

# Embracing Psychological Ownership in Dental Education: A Potential Game Changer

## Abstract

Psychological ownership (PO) is conceptually defined as the state in which individuals feel as though the target of ownership or a piece of it is “theirs” (i.e., “It is MINE!”). Theoretical dimensions of PO are promotion oriented (self-efficacy, self-identity, belongingness, accountability, autonomy, and responsibility) and prevention oriented (territoriality). This paper describes the application of PO in dental education and assists us to establish or master numerous aforementioned skills during the learning process in dental school. This PO system will facilitate a gradual transition of students from the dental school environment to private practice smoothly without any apprehensions.

**Keywords:** *Accountability, autonomy, dental education, psychological ownership, responsibility, self-efficacy, self-esteem*

## Introduction

Psychological ownership (PO) is conceptually defined as the state in which individuals feel as though the target of ownership or a piece of it is “theirs” (i.e., “It is MINE!”).<sup>[1]</sup> The principle of PO is the feeling of possessiveness and of being psychologically tied to an object. One’s ownership is felt as extensions of the self.<sup>[2]</sup> PO satisfies three basic human motives.<sup>[3,4]</sup> First need is self-enhancement, which refers to an individual’s desire to achieve and maintain high levels of self-esteem. The second motive is that individuals need self-continuity, which implies that people attempt to maintain the stability of their self over time and across situations. Finally, individuals have a desire to bolster and demonstrate a sense of control and a sense of efficacy. The significance of each spur is to facilitate the development of the PO rather than directly causing this state to occur.<sup>[4]</sup>

## Background

Originally, Pierce *et al.*<sup>[4]</sup> proposed that PO constructs on the three dimensions of self-efficacy, self-identity, and belongingness. Avey *et al.*<sup>[5]</sup> had explained the development of this contrive by

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categorizing the elements of PO as either promotion or prevention orientated and by positing the concepts of territoriality and accountability as additional elements of PO. They also built the theoretical model of PO and reviewed the literature extensively.<sup>[5]</sup> Olckers *et al.*<sup>[6]</sup> had suggested that autonomy and responsibility should be included as a possible supplementary facet of PO. PO is a multidimensional construct that comprises seven breadths impacting the extent to which it is experienced.<sup>[6]</sup> The theoretical dimensions of PO are displayed in Figure 1.<sup>[6]</sup> Literature reveals that the application of PO plays an outstanding role in developing the ownership skills among physician’s acceptance of clinical information system,<sup>[7]</sup> advanced practice nurse working environment,<sup>[8]</sup> and has been found to be beneficial in restaurant industry.<sup>[9]</sup>

## Why Concept Like Psychological Ownership is Important in Dental Education?

In India or any part of the world, when a student graduates from dental school/institution, majority of them start their own practice either individually or in a group or join corporate practices. Apart from being the clinic owner, the dentist should also supervise other healthcare professionals inclusive of other dentists, dental assistants,

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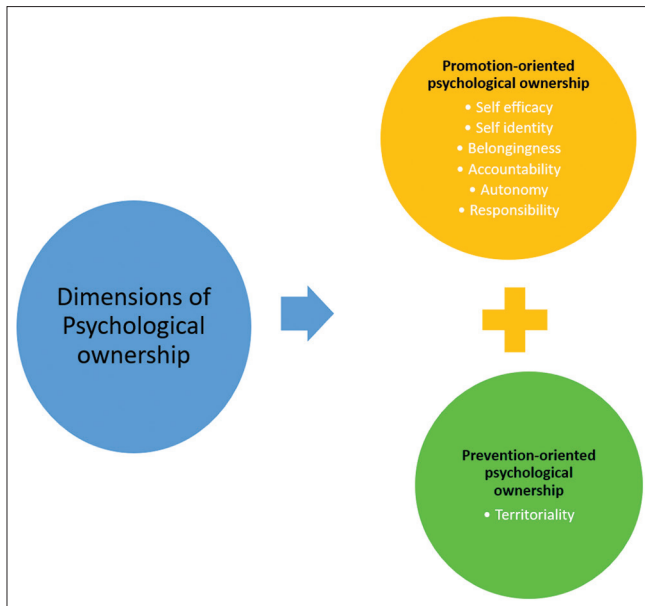


Figure 1: Theoretical dimensions of psychological ownership<sup>[5]</sup>

laboratory technicians, and receptionists. The new emerging dentist would largely be focusing on administrative tasks such as human resources, purchasing equipment, insurance plans, maintaining inventories, and advertising. Each of these areas requires skill sets, which must be mastered to lead and manage a successful business enterprise. Excellent communication skills, self-discipline, and sound business background are essential to thrive in private practice as well. Development of this skill is frequently not a primary focus in the dental school setting.<sup>[10-12]</sup>

The introduction of a concept like the PO can assist them to establish or master numerous aforementioned skills during their learning process in dental school. This PO system will facilitate a gradual transition of students from the dental school environment to private practice smoothly without any apprehensions. The following paragraph explains briefly on how this notion of PO can be integrated into the system of dental education in dental schools/institutions across the country and if feasible, globally as well.

### Application of Psychological Ownership in Translating the Clinic Setup for Dental Students (Undergraduates and Postgraduates)

This cogitation of PO in dental pedagogy is translating the clinic setup of an individual (at postgraduate [PG] level) or a group/team practice among students (as a pair of two or three for undergraduates [UG]) within their clinical postings. This implies permitting the students to set up their clinic within an assigned space (dental chair and cabinets, etc.) at the UG/PG clinic sections. At the UG clinic wing, a team of two or three students should be authorized to establish a clinic within each department. They should be encouraged to name their clinic by themselves and mentored to take responsibility of reporting to their clinic every day.

For example, if a student is posted in the department of pediatric and preventive dentistry, the student team having their clinic will be working during their clinical postings. If all the departments can come to a consensus, then the team can move from one department to the other, with the same clinic name. In other words, the team is moving their practice to different departments wherever they have their clinical postings. At the PG level, each student can establish/launch their clinic for the entire duration of 3 years. This approach can bring a sense of ownership that they are setting up their private clinic within their department where they are posted. It can potentially aid them to develop a better rapport with the patients reporting to their clinics. Consumables such as gloves, masks, head caps, syringes, and needles and dental materials such as Type II and Type IX glass ionomer cement, pit and fissure sealants, and flowable and packable composite resin, which are required to run their clinical practice, can be allocated by the material in-charge staff of the department to the individual clinics. Generally, materials will be furnished to all the clinics on the 1<sup>st</sup> day of the month in the PG section and at the commencement of posting in the UG unit. Additional materials/consumables can be provided to the clinics when there is a request for a “required material/consumable.” A log-book should be maintained for each clinic to record the details of the materials issued (date of issue, name of the material, and its expiry date) to that respective clinic. This will be monitored by the faculty in-charge of that particular year. This practice fosters a sense of responsibility and accountability regarding the various materials that are allotted to the students. Further, a considerable amount of time is saved as the students working on a patient need not to leave their place/run around to get materials from the concerned person of material in-charge or the department sister in between the treatment procedure. The clinical performance of these individual clinics can be measured in terms of monthly auditing (for PG students) or posting wise (for UG students as portfolio PowerPoint presentation). With this approach, multifarious performance indicators can be computed regularly by the faculties and objective feedbacks can be given to the students or the team regarding enhancing their clinic services. Several metrics such as patient retention rate, regular feedbacks from patients whose treatment has been completed, and income generated from various categories of dental procedures can be measured periodically. Quantum of exposure to a variety of dental procedures can be assessed. This also provides identification of the areas and procedures that have to be addressed for each individual, where remedial measures can be planned for upgrading. Initial attempts were made to introduce this PO model to other clinical departments of our college, but it was not accepted since three clinical departments (prosthodontics, periodontics, and conservative dentistry and endodontics) were following comprehensive clinic system (three departments

are functioning under one roof). However, with 7 years of experience and success, we have put forward this PO model to other clinical departments through student feedbacks who had already undergone this system in the pediatric and preventive dentistry department.

## Conclusion

This approach of PO can effectively deliver the six domains cited above namely self-efficacy, self-identity, belongingness, accountability, autonomy, and responsibility amid the dental students. A very organized and meticulous planned approach toward this concept of PO might change the way of schooling among dental students and bring in a new-fashioned way of learning with an idea, “*anything which is measured will progress.*” Successful implementation of this PO model has given immense benefits to the UG and the PG students, faculties, patients, and overall to the Department of Pediatric and Preventive Dentistry, SRIHER, in the last 5–7 years.

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## Conflicts of interest

There are no conflicts of interest.

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