

Changing landscape of dental hygiene and leadership within the industry



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A Call for Leadership

As the years pass by and the landscape around us changes with the seasons, each generation experiences growth and change occurring in every facet of their lives. The medical and dental fields have also evolved in order to meet the needs of each generation. I have witnessed drastic changes that have occurred within the last 24 years that I have been a licensed dental professional. From the philosophy of dentistry, the atmosphere we are allowed to provide care in, the type of dental care with in our scope of practice, to the technology, continuous training and education required as a licensed dental professional. Looking into the future of dentistry it has been predicted in the year 2025 there will be a deficit in the number of dentists needed to provide care in the United States, yet there will be an abundance of registered dental hygienists who would be able to bridge the gap in caring for the underserved communities (HRSA, 2015). This becomes an opportunistic time for dental hygiene leaders to propel their field in a new direction. Leaders envision the future by imagining exciting and ennobling possibilities (Kouzes & Posner, 2017). The dental hygiene profession needs innovative leaders who can envision the future with compassion for the underserved populations and whom are courageous enough to overcome the barriers of change and who will ultimately lead their profession to the next level.

Opportunities for Leadership

It is important for the dental hygiene profession to inspire our founders and to create opportunities for new courageous leaders to pave the way for new

roles within the practice of dental hygiene. Collaborative leaders engage people and groups to work toward common goals that rise above their traditional roles, disciplines and past experience and beliefs (Rhea & Bettles, 2011). Currently the American Dental Hygienists' Association (ADHA) is one of the aspiring leaders supporting the changing landscape within the profession. As we look to address the complex access to oral health care crisis, ADHA is committed to working collaboratively with oral health partners and other health advocates to improve access to dental care throughout the country and to ensure that the public is receiving the best care possible (Majeski, Pera, Snyder, & Williams, 2012).

The future projected decrease in the overall dentist-population ratio will continue to aggravate maldistribution of dentists (Mertz & Mouradian, 2009). This unmet demand will likely exacerbate access problems for underserved populations who forgo basic oral health care because of lack of proximity to a provider, in ability to pay for care and limited oral health literacy (HRSA, 2015). These articles bring up a valid reason for leaders of the dental hygiene profession to push for universal mid-level oral health care providers across the United States. Currently, each state that has pursued a mid-level practitioner has created its own variation based on the needs of that state and the resources available in that state (Majeski et al., 2012). New opportunities for dental hygienists will emerge in community centers, health care organizations and retail locations, but they must work hard to secure these opportunities, leadership rolls will be needed to guide practitioners to new, growing fields of practice and ensuring they have the skills to succeed (Rhea & Bettles, 2011). Mertz & Mouradian (2009)

suggested by rethinking professional roles and responsibilities, giving new roles for dental providers, and embracing new types of dental providers there would be an increase the flexibility and capacity of the oral health workforce to meet children's needs. These articles are in agreement that creating new roles for dental hygienists will be successful in expanding opportunities for the community to receive dental care.

Changing Landscape of Dental Hygiene

Access to care continues to remain a concern to the public seeking oral health care and to dental hygienists attempting to provide care in all settings in order to improve oral health for all Americans (ADHA, 2005). This increased demand of dental care needed from the growing population created an opportunity for the dental hygiene scope of practice to expand by supplying mid-level providers who can work independent from dentists in non-traditional settings. These mid-level dental providers could be fully licensed as dental hygienists with an additional license as a dental therapist, making them dually licensed and qualified to practice the full range of dental hygiene procedures along with the scope of practice for dental therapists according to that state's laws (Majeski et al., 2012). Leaders in dental hygiene have helped to incorporate this new model of dental hygiene throughout several states. Leaders are still needed to challenge the legislative and governing boards to get all states to adopt these new dental hygiene models in the future.

As the population in the United States continues to increase and our culture becomes more diverse, so does the need for dental care. The practice of

dentistry has changed from being treatment based to educating patients about dental disease prevention. Dental hygienists are highly educated and capable of spending time with the patients, having a diverse workforce gives the ability of the provider to properly communicate with, gain trust from, and provide the necessary treatment to all patients. The diversity, capacity and flexibility of the dental workforce has evolved due to the new dental educational programs, innovative models for new practitioners, and expansion of roles for allied dental professionals (Mertz & Mouradian, 2009). Future benefits from these expanded dental hygiene roles and increased access to care would reduce the impact of dental emergencies in hospitals, which are not properly equipped to treat dental emergencies, and to reduce the severity of preventable dental diseases through proper education and treatment.

Another change the in dental hygiene field is that the largest and most influential generation will be retiring over the next decade and swelling the ranks of older patients with high demands for complex oral health care (Rhea & Bettles, 2011). This makes way for new leaders to step up to the frontline bringing new ideas and setting goals in alignment with the changing landscape of the dental profession. Through constant advancements and improvements to the technology, instruments, and techniques used in dentistry, dental hygienists will be successful in treating these older patients with complex oral health care needs. A more diverse workforce of dental hygienists will be able to care for the needs of these individuals in non-traditional dental settings, allowing for collaboration with the patients' other health care providers.

Effective Qualities of Leadership

I've come to believe that a leader is anyone who holds themselves accountable for finding potential in people and processes, it has nothing to do with position, status, or number of direct reports, it is anyone who is willing to dare greatly and lead (Brown, 2012). People want effective leaders who intentionally create changes for the common good and who are prepared to lead even when faced with challenges. Effective leadership qualities and strategies required for negotiation, compromise and advocacy to support the changes occurring within the profession can vary between individual leaders. Honest, competent, inspiring and forward-looking are some of the essential characteristics people want in a credible leader, someone whose direction they would willingly follow, or build a relationship with (Kouzes & Posner, 2017). My husband served in the U. S. Army and efficiently lead his troops to safely complete their missions in ways that would not work in the same way for me to use as the office leader of the dental hygiene department. Although there is not just one way to be a great leader, an effective leaders should be able to morph their leadership skills to the situation and environment they are presented with. Kouzes and Posner's (2017) five leadership practices -Model the Way, Inspire a Shared Vision, Challenge the Process, Enable Others to Act, and Encouraged the Heart - provide an operating system for what people are doing as leaders when they are at their best, and there's abundant empirical evidence that these leadership practices matter. A strong leader who is confident in what they stand for and believe in will be able negotiate and advocate for the future of the profession. Feedback allows leaders the ability to compromise in support

of the changes occurring within the profession. Without feedback there could be no transformative change, it is a function of respect; when we don't have honest conversations about our strengths and our opportunities for growth, we question our contributions and commitment (Brown, 2012).

Barriers to Change

We have to pay attention to the space between where we're actually standing and where we want to be, we don't have to be perfect, just engaged and committed to aligning values with action (Brown, 2012). The thought of change within the profession can provoke fear and anxiety in some practitioners, leaders embrace it, challenge it, and conquered it. The dental hygiene profession has faced many barriers to change across the nation and will continue to in the future. There is a shortage of appropriately educated dental hygiene faculty members, no universal plan for the various levels of dental hygiene education, lack of control over accreditation standards for dental hygiene education by the dental hygiene profession and the threat of preceptorship or career tracks that do not require a formal accredited education (ADHA, 2005). These barriers show the inconsistency from state to state in education and lack of autonomy in governing their own laws and regulations. With leaders guiding the profession to obtain universal policy reform allowing expansion of the scope of practice within the workforce of public health dental hygienists, many underserved communities would benefit from access to oral care.

Personal Reflection

Practicing in the progressive state of California gives dental hygienists ability to further their education to become licensed as a mid-level provider titled Registered Dental Hygienist in Alternative Practice (RDHAP). I am thankful to our past leaders who had to overcome barriers to change in order for our state to be on the forefront of our changing profession. Effective January 1, 2019, the Dental Hygiene Committee of California (DHCC) becomes the Dental Hygiene Board of California (DHBC) which is a huge victory for hygienists in California, showing that we have achieved all the hallmarks that define a true profession, including self-regulation as well as control and approval of the profession's educational programs (CDHA, 2018). I will fully support future dental hygiene leaders in making changes to drive our profession forward in order to be able to meet the dental needs of our communities. It is clear that California has had to jump through hoops and overcome barriers to obtain such a big accomplishment to celebrate this new year.

I have never considered myself a leader until I was hand selected by the dentist to be the lead hygienist of our team of seven. As a leader one of the biggest challenges I have helped our team achieve was the goal of the office to have patients be interchangeable between different clinicians and have them feel that they are getting the same level of care. Respectfully, I honored the autonomy of each hygienist who came together with different educational and skill set backgrounds. With the big picture in mind, I broke down the challenge into smaller wins to make it achievable. I started with signing all members up for an ultrasonic course, lead monthly meeting with open discussions between the team, and offered myself for one-on-one

instrumentation training. This ongoing practice helps to keep all team members working towards the same goals together. No matter the size of a successful achievement, whether it is amongst seven team members or if it effects a whole state of licensed professional, effective leaders are the ones who continue to inspire and make changes happen.

When choosing a career in dental hygiene, one must remain up to date on the scope of practice, laws and regulations, and technology to provide the standard of care. Supporting leaders who are paving the way for us to follow is important for the future of the profession. Having dental hygiene leaders who strive for changes and advancement towards great things will help inspire others to reach their next goal in their profession. I do believe that having a variety of dental hygiene degrees keeps the diversity amongst the workforce and the ability to increase access to care for those underserved populations. Not all dental hygienists want to expand their scope of practice or further their education to obtain a higher degree. Out of the seven dental hygienists in our office only one holds a bachelor's degree, I am in the process of obtaining my bachelor's degree, and the other five are content with their professions. This shows the diversity of one office, which is a weak representation of the dental profession as a whole. I do believe that having strong leaders in our profession that continue to fight for educational, legislative and regulation changes will be needed throughout our careers as dental hygienists. Although these changes provoke fear in some individuals, it allows other dental hygienists the chance to become leaders in their fields by evolving to fulfill the needs of the current and future generations.

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