

# Dental hygiene essay



Traditionally, dental hygienists have been professionally trained, are given licenses, but usually cannot practice on their own. In the US, dentists can appoint dental hygienists to work under their supervision. This kind of a strict system is followed in 49 of the 50 states in the US, and state laws prohibit setting up of an independent practice by a dental hygienist. Many hygienists suggest that they be given a chance to be practice alone (Rothweiler, L. A. , 1990). A lot of issues need to be considered before a decision is made in this regard including social, professionally, legal, statutory, ethical, etc.

Professionalization is a state in which individuals belonging to an organized occupation claim to possess expert knowledge and skill and demand exclusive rights to conduct a certain type of work, to enable training, and to allocate and monitor work to others. Professionalization usually ends up in professionalism (systematic ideas, scientifically-conducted work and occupational independence) (Clovis, J. , 1999). In Canada, dental hygienists have matured as professionals. This may be due to certain factors developed within the profession.

However, the external environment has slightly changed by the development of new specifications in health and healthcare. Besides, professional rules have also been altered for their benefits. Professionals in the healthcare sector possess specialized knowledge and skill, and hence their position seems to be rigid. One of the main essences of professionalism is the competent problem-solving technique that each and every individual has in his/her own unique profession. Four characteristics of professions include specialization, rigidity, scientific and standardization (Clovis, J. , 2000).

According to the attribute theory, all professions possess certain traits namely, utilizing scientific theory, appropriate social beliefs, specialization, oriented to provide service, commitment, community approval, group culture and ethical code of practice (Clovis, J. , 1999). It may be an art or a science that utilizes certain diagnostic methods or techniques to understand the problem and application of certain skills or technical knowledge to solve these problems. Dental hygienists do seem to possess all the characteristics and components a professional should possess.

Professional implies application of abstract knowledge to real-life situations, and this linkage of application of knowledge is known as ‘jurisdiction’ (Abbot). In order to achieve a professional status and compete with others, the hygienist should be able to apply his professional knowledge to real-life cases through a high-degree of abstraction. The abstraction test can be utilized to comprehend the issues that exist between upcoming and established professions. Mainly two types of problems exist during professional work, namely, subjective and objective.

The objective issues include the duties or the objective tasks the dental hygienist has to perform, whereas the subjective issues include the manner in which the work has to be performed (such as diagnosis, inference and treatment). Subjective characteristics usually relies on learning, cognitive structure, experience and logic. Routinely, in dentistry, the practitioners permitted their subordinates to carry out simple treatment under their supervision. Frequently, they were being allocated preventive work, and slowly dental hygienists began to diagnose, plan and treat patients for several dental disorders.

A dental hygienist is not permitted under law to diagnose a patient's illness, but can define the patient's hygiene needs. The dental hygienists further diagnosis the patient's condition; deduces an inference; and executes treatment interventions. The method utilized by dental hygienists in carrying out their work is scientific and evidence-based. Even customers prefer the manner in which hygienists manage their dental hygiene problems. Dentists are increasingly using the services of hygienists in their routine practices.

However, in Canada the technique of providing diagnosis, inference and treatment (which is scientific) is performed only by a few hygienists, especially those who are involved in research work or function in advanced practice settings. The process of diagnosis, inference and treatment plays an important role in the development of inter-professional competition. Dental hygienists have to demonstrate their ability in performing these three tasks, if they want more independence. Besides, they also have to demonstrate that their claims are socially acceptable, in relation to the work of dentists.

However, dentists usually do not support the dental hygienist performing independently, as they do not consider it to be a separate profession. They feel that the processes of diagnosis, inference and treatment cannot be effectively conducted by a hygienist (Clovis, J. , 2000). Traditionally, in medicine and dentistry work is managed under a hierarchical system in which the physicians and the dentists are divided between their dominant professions. In the second form of division, the specialists are divided into a hierarchy.

In the third level the associated healthcare professions such as nurses and dental hygienists are classified, whereas in the last level paramedical groups are listed. Dentistry operates on the same structure of medicine. Previously, several professions related to dentistry such as denturists and dental therapists were legally allowed to provide patient care independently. The dentists initially permitted independent practice, but later rebelled against it (Clovis, J. , 1999). The dentists have to have suggested that hygienist not be allowed to practice independently.

In about five states in Canada, dental hygienists are given limited subordination along with maintenance of certain self-regulatory norms. They are permitted to provide patient care, but have to do so under the supervision of a dentist. In Ontario, dental hygienists are permitted to provide routine dental hygiene care, but on the order of the dentist. However, the term ‘ on the order of’ is not defined. Several organizations have demanded the removal of this clause. Dental hygienists can provide care provided; the dentist has conducted a thorough dental examination during the last one year, in British Columbia.

Self-regulation does seem to be a near possibility for many dental hygienists (Clovis, J. , 2000). Dental hygienists have adopted several unique techniques that should be considered. They have a significant impact on improving the oral health. They play a very important role in dental health promotion and disease prevention. Many people feel that dental hygienists could be utilized to primary oral health care in primary health centers (Clovis, J. , 2000). Another impediment that dental hygienists could be facing is that the

profession is completely being feminized. This was first observed in Canada in 1979.

About 98% of all dental hygienists in Canada are females (Clovis, J. , 1999). Often a paternistic pattern exists between dentists and hygienists. Dr. A. Fones, in 1914 felt that women were preferred as hygienists as they were more honest and reliable than men. Children also preferred women to work on them. In a home, the father makes important decisions, whereas the mother provides care to the children (Clovis, J. , 2000). The same is the case being followed between dentists and hygienists. Hygienists are not allowed to make decisions, but can provide care only under the supervision of a dentist.

Dental hygienists are in a better position than other dental auxiliary staff to provide independent care. Other dental auxiliaries could be utilized to provide care under the supervision of the dentist, and instead hygienist could be used to provide care independently. Many people feel that, economically, dental hygienists would be preferred by the patients for providing basic care. As the hygienists exist at the secondary level and as they pay less for education and training, cost of providing treatment would be significantly less than dentists.

The income generated through the work provided by the hygienist is substantial and forms a major portion of the dentist's earnings (Clovis, J. , 2000). In Canada, dental hygienists began to be legally accepted as a health occupation in 1947, much later than accepted in the US. Ontario was the first state in Canada to accept dental hygienists (CDHO, 2007). About 85% of the

dental hygienists in Canada are employed by dentists, whereas the 15% are employed in the public sector. To a large extent, dental hygienists have been able to achieve the ideas of professionals and fulfill all the requisites professionals require.

The fulfillment of the attribute theory is one of the strong points dental hygienists possess in enabling them to practice independently. Dental hygienists possess both skill and sound technical knowledge, and a lot of scientific research are being conducted independently by dental hygienists so that their initiatives taken during treatment are purely done based on strong evidence. Dental hygienists are beginning to consider the importance of research that could be exclusively applied to their profession (Clovis, J. , 1999).

Dental hygienists seem to endeavor in improving the quality of life of the patient by encouraging and maintaining oral wellbeing. They also work on the preventive aspects so that the quality of life is not compromised (Clovis, J. , 1999). One of the characteristics all professionals should possess in the attribute theory is the need to have adequate amount of education, which is usually perceived as the quantity of education. Usually dental hygiene education is pursued in Canada in colleges, and the level of education is mostly a diploma.

The need to have a baccalaureate system has been understood in 1968. Many universities are making an initiative to start these types of programs (Clovis, J. , 1999). Specialization has also been considered under the attribute theory, and dental hygiene being the only science concerned with

prevention of oral diseases, requires a lot of specialization. Educational programs and research need to be developed further to ensure that dental hygiene emerges as a highly specialized field in the future (Clovis, J. , 1999). A Study was conducted in Alberta, Canada in 1999.

About 1200 people from rural and urban areas were asked whether they preferred dental hygienists to provide services independently. More than 65% said that they would seek treatment from independent hygienists. They felt that hygienist were effective in maintaining oral health, were another option available to promote oral care, and were more economical compared to conventional dentists (Edgington E. et al, 2000). In many American states, Registered Dental Hygienists Alternative Practitioners (RDHAP) can practice as alternative practitioners, independently.

They are also allowed to practice under the prescription of a dentist. In California, an RDHAP by name Kate Zimmermann opened her own alternative dental practice. She also initiated a mobile dental unit. She was one of the first dental hygienists in California to set up her independent practice following changes in the law. She is being preferred by patients than dental practitioners (Zimmemann, K. , 2006). Studies have shown that in spite of the development of oral healthcare services and the awareness of maintaining good oral hygiene, there has been an increase in the decay rates and the rates of gum disease.

Hence it is urgently required that dental hygienists be allowed greater amount of integrity so that the oral health status of the population could improve. The ADA in the year 1997 has made an initiative of encouraging



evidence-based practice by dental hygienists. It called for greater amount of research by all members belonging to the profession. They also called for a better understanding of the relationships between oral health and systemic diseases by the profession.

In 2002, the ADHA initiated a working body of dental hygienists to conduct annual sessions and organize research studies. Hygienists from many different areas provided their ideas and beliefs, and it became established that the individuals of this profession are beginning to develop common ideas and practices (ADHA, 2005). In 1993, the Regulated health Professions Act was announced, and dental hygienists could perform scaling, root planing and curettage of the gingival tissues independently in Ontario.

However, following protests from the dentists, this act was withdrawn. No the dentist has to give an order before any patient is treated by the hygienists (CDHO, 2007). Although all dental hygienists agreed that their profession was emerging, professionals working in the private sector had different perceptions to those working in community care or alternative practice. Dentists on the other hand considered hygienists to be competent and experts in their profession and preferred to have control over them in the future (Lautar C, 1996).