How Far We’ve Come

The Journal of Dental Hygiene has a rich history, one that has not only established a quality body of research for the dental hygiene profession, but one that has also chronicled the many historic events the profession has experienced. When compiling this commemorative issue, it became apparent that we had to include some of the unique pieces of literature the Journal has published. And what better way to share this information than by having ADHA members select and vote on the content found within this issue.

Journal staff spent weeks poring through all 87 volumes to find the articles and manuscripts that best illustrated how far the profession has advanced over the last 100 years. After much deliberation, a total of 11 manuscripts were selected. These manuscripts were placed online and ADHA members were asked to vote for the manuscript they felt highlighted just how far we’ve come.

The top 3 winning entries are included over the next 11 pages, starting with the manuscript that received the most votes. They cover a broad range of topics, and illustrate just how comprehensive the Journal has been over the past 86 years.

The Journal of Dental Hygiene staff would like to thank all of the members who participated in this contest, and who helped to make this commemorative issue one that truly celebrates 100 years of dental hygiene. Here’s to 100 more!

- JDH Staff

Can Dental Hygiene Become A Developing Profession?

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Introduction

Nursing, considered a “developing profession” in university settings, has recognized the need to promote the advancement of academic education. The number of nursing programs at the doctoral level increased from four in 1964 to nine in 1975 with 20 additional programs in the planning stage. During the same time period, master’s level programs increased from 48 to 89, and at the bachelor’s level, from 188 to 314. Unequivocal and meritorious progress toward achieving the educational preparation needed for eligibility of nursing faculty in the scholarly academic community is reflected in these statistics.

The most recent action taken by the American Nurses’ Association is the strongest indication of nursing’s commitment to educational advancement. At its annual meeting, action taken by ANA’s 1978 House of Delegates stated that by 1985 the minimum preparation for entering into professional nursing practice would be the baccalaureate degree in nursing and that national guidelines for implementation should be identified and reported back to ANA membership by 1980. The mechanism for implementation does not include transfer of associate degree graduates into existing bachelor’s programs or the promotion of the career ladder concept from the licensed practical nurse to registered nurse - a concept that within the last decade has been endorsed by nursing. In taking this bold stance, the nursing profession has wisely recognized that the development of a cadre of scholars requires transferring the preparation of nurses into four-year college and university environments. This will raise the quality of educational programs to a level more nearly equal to other professions, thus insuring the provision of the strong knowledge base possible.

As in every discipline, the status of the profession and its contributions to society are based on the quality of the knowledge base and the productivity of the community of scholars. Dental hygiene educators and those in leadership positions in ADHA need to consider moving into the arena of “developing professions.”

If dental hygiene is to survive in the university setting, faculty must establish credibility. Dental hygiene faculty must be prepared to meet the same academic qualifications and promotion criteria as their colleagues in other fields. Since one of the major functions of universities is to promote the advancement of knowledge through research, dental hygiene faculty must demonstrate scholarship in this area of a quality comparable to other university faculty. Assurance of scholarship and research of comparable quality will require dental hygiene educators prepared at the doctoral level.

Dental Hygiene Educational Development

Dental hygiene educators in the university system of higher education are becoming increasingly aware of the problems that exist due to the emphasis on technical-level education in dental hygiene. This difference between academic and technical-level education becomes a problem when 1) considering qualifications and expectations of dental hygiene faculty in university settings; 2) recruiting dental hygiene students for graduate programs in dental hygiene; and 3) identifying curricular content to advance new knowledge in dental hygiene. These three factors are interrelated and will determine whether dental hygiene has the resources to develop into a true profession. As in nursing, this potential will only occur with the development of a “community of scholars.” Academicians will be required to analyze and critically evaluate the theory and practice of dental hygiene and to develop new combinations of knowledge, skills, and values in dental hygiene through research. In addition, they will have to possess the knowledge, interest, and desire to pursue scholarly research in the biological and social sciences, for new knowledge will be generated from these fields of study. Through faculty’s research efforts, a body of knowledge "unique" to dental hygiene could be developed. With an expanding knowledge base, dental hygiene would become accountable among health professionals for decision-making and would function in a significantly different manner from the present boundaries of dental hygiene practice.

Master’s Programs

Similarly, master’s degree programs in dental hygiene will have to focus on providing students advanced scientific knowledge, especially in the biological and social sciences and with basic research skills. From these...
fields of study, new combinations of knowledge can be generated to provide the contextual perspective from which new aspects of professional practice can develop.

When master of science degree programs in dental hygiene were established, emphasis was placed on preparation for teaching careers. This was a logical educational direction, for at that time dental hygiene was experiencing an acute shortage of educators. These early curricula focused primarily on instructional methodologies and on teaching the clinical technology of dental hygiene. Until recently, only one of these programs included a thesis as a degree requirement. Furthermore, few graduates of these programs qualified for admission into doctoral programs in the biological sciences because of lack of in-depth theoretical knowledge.

Faculty and Undergraduate Preparation

The level of in-depth knowledge in master’s degree dental hygiene programs is directly related to the educational preparation of the dental hygiene graduate faculty. Again, dental hygiene cannot be recognized as a subject suitable for university study if it continues to ignore the acceptable level of educational preparation required for graduate program faculty. The main criterion for including a subject within a university program is that the subject requires a considerable body of theoretical knowledge.

Unlike other graduate fields of study, the highest educational level obtained by most dental hygiene faculty teaching in master’s level dental hygiene programs is the master’s degree. Of the five Master of Science programs in dental hygiene, only two dental hygienist teachers hold doctorates; one in oral biology, the other in higher education and administration. It is apparent that a lack of faculty qualified to strengthen the knowledge base in dental hygiene affects the quality and level of instruction provided in a graduate dental hygiene program.

Dental hygiene faculty qualifications at the master’s level must be strengthened and additional master’s level programs must be promoted. In contrast to nursing, the number of master’s level dental hygiene programs has remained constant. In 1965, two graduate programs (Columbia University and University of Michigan) offered the Master of Science degree in dental hygiene and in 1975, only five did (Columbia University, University of Michigan, University of Iowa, University of Kansas City in Missouri and Old Dominion University). In contrast, 48 master’s degree programs in nursing existed in 1965, and by 1975, 89 were in progress. The need to increase the number of master’s level programs is basic to the professional advancement of dental hygiene. If dental hygiene is to be recognized as a collegiate program of study, then dental hygiene faculty must have the minimum academic preparation expected and generally required for undergraduate teaching. Also, if dental hygienists are to be employed in higher-level decision-making positions, they must possess academic credentials comparable to those who work in similar capacities in other fields.

Since recruitment of master’s level students is restricted to dental hygiene graduates of bachelor’s degree programs, the level of undergraduate preparation becomes a critical factor in the framework for developing future scholars. If undergraduate study is restricted to survey or technical level coursework, excluding basic-knowledge courses, then graduate study in the sciences will be limited. Graduate programs will be diluted or void of the content required for scientific inquiry. Repetition and perpetuation of advanced education becomes self-defeating if its ultimate goal is to develop a core of scholars who can expand the boundaries of dental hygiene knowledge and practice.

Status of Dental Hygiene Programs

At this time it is questionable if the dental hygiene profession possesses a sufficient theoretical base to warrant study in four-year colleges and universities. The questionable status of four-year dental hygiene programs is further compounded by the fact that dental hygiene, unlike other occupations, provides little, if any, professional recognition for the bachelor’s degree graduate. Although there are two levels of education, there is only one level of practice. It can be said with some certainty that dental hygiene practitioners can achieve that status through a greater diversity of post-high school educational programs than almost any other professional, as dental hygiene programs are found in four different educational institutions. An incongruity exists in that an individual can achieve dental hygiene practitioner status from any one of four settings, each of which has significantly different goals, objectives, and environments in the milieu of higher education. This diversity of educational levels serving dental hygiene creates a fundamental flaw in the system, which does greatest damage to baccalaureate dental hygiene.

As long as dental hygiene graduates of two-year programs are afforded the same professional responsibilities and financial rewards as graduates of baccalaureate dental hygiene programs, the incentive to pursue advanced study is stifled. The promotion of such an undergraduate educational system is as self-destructive as the promotion of graduate programs that are diluted or void of content required for scientific inquiry. Potential graduate students of dental hygiene find intellectual opportunities in professions that recognize and reward advanced education. Dental hygiene must begin to recognize and advance career opportunities at the doctoral, master’s, and bachelor’s levels. Unless dental hygiene values the advanced educational preparation of its members, it cannot expect to receive such recognition from others. It is difficult, if not impossible, to identify educational content that belongs to dental hygiene. Dentistry has delegated specific functions to dental hygiene and any extension of knowledge or skill has come from dentistry. Unfortunately, because dental hygiene has not discovered or generated new knowledge, it continues to depend on dentistry. Dental hygiene not only finds it difficult to identify content “unique to dental hygiene,” but also encounters a problem when attempting to identify the subject matter as “upper division” or “lower division” study. If the educational emphasis is to be directed toward a more restricted knowledge base, dental hygiene goals must be defined in terms of technical performance criteria. However, if the educational emphasis is to prepare hygienists for entry into broader decision-making career roles and graduate programs of study, the nature of education must be concept formation in the biological and/or social sciences.

Conclusion

The need to provide students with marketable skills beyond the technical ones required for clinical dental hygiene practice is apparent. National predictions of future employment patterns speak of rapidly changing job markets, phasing out of known traditional occupations, career transformation, and second career level training. These factors strongly suggest the need for dental hygiene to de-emphasize applied skill learning at the undergraduate level and to increase curricular emphasis on the acquisition of basic or foundational knowledge. This would enable graduates to adapt to broader managerial and facilitating roles in the initiation and provision of dental health care.

Ironically, moving in to the arena of a “developing profession” will require higher risk-taking and selfless commitment than perhaps dental hygiene is willing to make. As is true with high-risk occupations, the esteem, satisfaction and rewards are great but the chance for survival is uncertain. Some dental hygiene professionals will elect to maintain the status quo, some will consider the chance too costly and will blame others for dental hygiene’s demise, and some will accept the challenge with bold optimism, for the arena of a “developing profession” is more fulfilling than one quietly slipping into obsolescence.