# Other journals in brief

A selection of abstracts of clinically relevant papers from other journals. The abstracts on this page have been chosen and edited by **Paul Hellyer**.

## The workforce in general dental practice

Holloway J A, Chestnutt I G. It's not just about the money: recruitment and retention of clinical staff in general dental practice – part 1: dentists. *Prim Dent J* 2024; **13:** 38–54. Holloway J A, Chestnutt I G. It's not just about the money: recruitment and retention of clinical staff in general dental practice part 2: dental care professionals. *Prim Dent J* 2024; **13:** 55–63.

#### Job satisfaction is key.

Access to NHS dental care has become a significant issue in the UK, with increasing numbers of practices becoming fully private and thus creating a barrier to those from lower socioeconomic backgrounds. Oral health inequalities will therefore be exacerbated, particularly in remote or deprived areas. Understanding factors which affect job satisfaction may inform recruitment and retention and help to provide a more stable workforce, able to meet the needs of the whole population.

Herzberg's 'motivation and hygiene' theory postulates that job satisfaction and dissatisfaction exist on different continuums. Motivations – achievement, recognition, repsonsibility, work itself, advancement, personal growth – increase job satisfaction but their absence does not increase dissatisfaction. Hygiene factors – work conditions, co-worker relationships, policies and rules, supervisor quality, salary – prevent job dissatisfaction but do not contribute to job satisfaction.

Following a narrative literature review, 22 papers were found relevant to dentists' job satisfaction. The most frequently mentioned cause of job dissatisfaction was working under target-driven, restrictive contractual arrangements, the consequences of which are mentioned as insufficient time with patients, unfair remuneration arrangements, and lack of quality equipment. Motivators include autonomy and control over workload, the ability to provide high-quality care and to help people, skills development, a variety of work, the opportunity to take on additional roles (develop a portfolio career), and a structured career path. Hygiene factors include a non-corporate environment, reduced risk of litigation, employment status, peer mentoring, and the availability of professional networks.

Fewer (n = 11) papers were found relevant to dental care professionals (DCPs). For all groups – hygienists (DHs), therapists (DTs), nurses (DNs), technicians (DTs) and clinical dental technicians (CDTs) – recognition by other members of the team, particularly dentists, was a motivational factor. Feeling valued, positive team relationships, and increased collaboration were all considered hygiene factors. For DTs, a variety of work was a motivator, but the majority of DTs are expected to carry out only hygiene work. For DNs, further training and extended duties were a motivator but frequently, within the NHS, remuneration and opportunity did not follow. Fair remuneration and access to NHS employment benefits may improve DN retention. Similar to DNs, DTs and CDTs were motivated by opportunities to progress with skills development, with remuneration a source of dissatisfaction.

https://doi.org/10.1038/s41415-024-7412-x

### Transitioning overseas professionals

Rajpoot A, Merriman C, Rafferty A-M, Henshall C. Transitioning Experiences of Internationally Educated Nurses in Host Countries: A Narrative Systematic Review. *Int J Nurs Stud Adv* 2024; DOI: 10.1016/j.ijnsa.2024.100195.

#### Support is essential for success.

There has been a significant rise in the recruitment and migration of nurses from other countries, which may help address recruitment issues, but also poses several risks because of cultural differences, language barriers and practices. This review highlights factors which aid the transition.

Nurses seek alternative work for a variety of reasons (lack of opportunity in the home country, improved financial reward in the host country) but integration into the new role is often hampered by a lack of pre-departure planning and education, leading to misunderstandings of cultural norms, regulatory processes and clinical procedures. Integration is frequently seen as the incoming nurses' responsibility and not that of the host organisations.

By providing better pre-departure support and information, tackling discrimination and racism, and proactively addressing communication and language barriers, healthcare organisations can create a more inclusive and supportive work environment. This should then lead to improved patient care benefiting the entire healthcare system.

https://doi.org/10.1038/s41415-024-7413-9

## The transition to dentures

Gibson B J, Baker S R, Broomhead T et al. 'It's like being in a tunnel': Understanding the patient journey from tooth loss to life with removable dentures. J Dent 2024; **145:** 104964.

#### A trusting dentist/patient relationship is essential.

The social and emotional impacts of tooth loss are complex, but are known to impact self-worth, appearance and confidence. Denture wearing has been associated with ageing and a stigmatising shame. The journey to successful denture wearing has been little studied. Using narrative interviews, targeted participant observation and a focus group, this study describes the journey to denture wearing through the phases of construction: tooth loss = trauma; impressions = entry to the emotional tunnel; try-in = light at the end of the tunnel; and fit = ready to go into the prosthetic compromise.

In constructing the denture, the dentist and the patient, together, 'mask' the absence of teeth. If this absence is unmasked (termed professional privacy) and compromised – eg a loose or lost denture – patients tend to withdraw from social situations. The technical challenges of the denture making do not necessarily lead to good outcomes. The passing of information about denture wearing is less important than an understanding of the emotional journey the patient is travelling on.

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