



Why do many DCPs still struggle for recognition, status and remuneration? **Debbie Reed*** encourages all DCPs to raise their professional voice.



Visions of the future

A year on from the introduction of statutory registration, there are a number of signals that the provision of oral health care is likely to become more democratic and collaborative in nature.

It is possible to believe the visions of the future: employed within a dental workplace which is tolerant, flexible and mutually respectful of other professional viewpoints. Where all members of the dental team have a distinct professional identity and work together as conscientious and knowledgeable colleagues, equally committed to raising the standards of oral health care.

Imagine a workplace where the DCP, working within their particular scope of practice, provides professional and informed care, which was appreciated and recognised as significant to the overall treatment of the patient. Think of working in an environment, as some of our fellow DCPs already do, where their professional identity has been established and is recognisable; that of a responsible and accountable professional, with their own unique and essential part to play in meeting the oral health needs of their local community.

Professional audibility

In order for DCPs to achieve this it is important that society understand our roles and recognises the contribution we make in the treatment and care process. Evidence suggests that when society values the contribution that a profession makes, this leads to reward. However, as with other healthcare professions in the past, the DCP contribution remains largely invisible. This is predominantly due to the willingness of DCPs to provide silent support. This silence, nothing to do with stealth or secrecy, is everything to do with lack of

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significant noise in a professional sense.

Professional silence is about lack of professional audibility rather than simply about making meaningless noise. This professional audibility can be gained through establishing a professional voice which focuses attention on DCP professional roles. Professional voice should not be misconstrued with raising the profile of an individual, rather than emphasising the profile of a profession. This audibility can be achieved through an increased understanding and visibility of DCPs by other colleagues within the health care community, as well as patients and society in general.

Agency and worth

The concept of constructing professional voice is bound up in the notion of professional identity and the idea of professional agency. Agency stems from the Latin *agere* meaning to act or to do, therefore an agent can be defined as a person who is an instrument ‘through whom power is exerted’. Developing a sense of professional empowerment through professional agency is dependent on the recognition and importance placed on the work that is carried out by a particular group. As some DCPs already realise, this can be attained by displaying a sense of professional worth, which is achieved through the power of expression. Such powerful expression is essential to progressing DCP career opportunities and expanding the bounds of current career pathways.

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Developing a voice

Developing professional voice and engaging in professional agency appears simple; rather than being a passive recipient, it is necessary for DCPs to actively

promote understanding of their professions and encourage other dental colleagues to do the same.

Many DCPs will say that they do this already by involvement and interaction with the patients but in reality what appears to occur is that DCPs do not actually talk about their job role – yes they talk about treatment – but not about their role within that treatment.

If we reflect on how many times we actually talk about our role in a single day or week or even month, not about treatment of oral health care, but actually about the part we play in treatment. There are few of us who could honestly say that even our closest friends and family really understand what we do as a DCP, are there?

Could it be time for DCPs to wrestle with the fear of disinterest and start to tell the world about what we do? As individual DCPs, failure to talk about our work and to raise awareness to what we do, is detrimental and perpetuates a gap in public perception. Failure to talk about our work will result in society not understanding, not recognising, not respecting, not valuing and therefore not rewarding the contribution we make.

Through statutory registration, DCPs understand the serious implications of professional accountability. Part of the richness and reward of this responsibility is the requirement to broaden our DCP professional knowledge, through participation in continuing professional development and education. In doing

so we build our capability to meet the challenge of evolving practice and establish ourselves as colleagues within the dental community, accelerating towards a mutually respectful and fully collaborative team working.

DCP knowledge and practice

As DCP roles are predicted to evolve further, so too is the extent of the clinical function. Critical and perceptive, DCPs are increasingly seeking to improve and provide an ever discerning standard of care. Modern DCPs are noticeably curious and enquiring, keen to question and explore their own practice through the process of reflection, recognising that developing and maintaining contemporary knowledge is linked to the dental team’s shared goal of improved patient care.

Reflective practice is one of a number of characteristics common to employment groups that are known as ‘professions’. Another key feature identifiable in most ‘professions’ is an associated distinct body of knowledge, which is known by that profession and that profession alone. However, searching for, and defining, a separate body of DCP knowledge within dentistry, ie one which is the sole preserve of an individual DCP group, may prove futile and potentially problematic.

Therefore it is incumbent on DCPs to ensure that their role and professional knowledge in the process of diagnosis, treatment and care of each patient is better recognised and understood, so that patients, and the public at large, do not continue to assume that the dentist is ‘an army of one’, and that in reality the dental body of knowledge belongs and involves a number of professions.

Most of our colleagues who are dentists acknowledge the truth that maintaining the dentists’ reputation for technical mastery and expert treatment is dependent and reliant on DCP work, knowledge and skill. Why then does the DCP contribution, along with the specifics of the DCP roles, remain misunderstood, not only by the public but also within the dental community?

It is interesting that DCPs now deciding to emphasise their professional partnerships are starting to discuss their role in the collaborative provision of dental care, which results in the excellent clinical treatment carried within dentistry.

Seeking recognition

Establishing research to support a DCP knowledge base is not without difficulty. The dental care professions are still seen



Fig. 1 A professional introduction

‘Hello Mr/s (surname)... I am (first name and surname). I am the Registered (Dental Nurse, Dental Hygienist, Dental Therapist, Orthodontic Therapist, Clinical Dental Technician) who is part of the clinical team carrying out your treatment today.

I am going to take you through to the surgery and you will meet my colleague (first name and surname) who is the dentist.

If you have any questions please don’t hesitate in asking me or my colleague (first name and surname)’.

by some as gender specific jobs and as with other similar health care professions DCPs remain predominately female professions. This is especially relevant to the issue of professional voice because roles involving talking to patients, caring, listening and supporting patients are still seen to some extent in society as women's work which requires little skill and therefore little reward. Further, DCP roles are viewed as mainly practical professions, and that it is not necessary to have qualifications to be a good DCP.

Partly as a result of such attitudes, the DCP professions have little research which focuses on them and explores the extent of their practice and the effects their practice has on patient care. This lack of evidence may contribute to and account for the struggle for recognition, status and remuneration, a struggle which is comparable to that previously experienced and overcome within other health care professions from whom DCPs might take inspiration.

Why silent?

So then why do DCPs remain silent? Interestingly, it has been suggested that DCPs are afraid to talk about DCP practices, fearful that they might invite a question which they are unable to answer or make a mistake. Other DCPs suggest their silence indicates fear or susceptibility of accusations of disloyalty, or out of concern that they might generate conflict within the workplace. Another view is that DCPs are concerned that raising their professional voice might result in dismissal by their employer. Finally, the worst fear of all, that the public do not actually care about what DCPs do! Although plausible, such self-limiting beliefs should not be sufficient reasons not to do anything.

As DCPs it is important to remember that the GDC Standards Guidance (2006) *Principles of team working* states 'that all the dental professions have a professional responsibility to patients to inform them of who is involved in their treatment'.

The way in which DCPs present themselves to the patients conveys a message about the status, agency and esteem of the profession. By failing to introduce ourselves to the patient DCPs are communicating that our role is not significant and that we accept our role is in the background.

What would happen, I wonder, if we personalised scripts, such as the one suggested in Fig. 1, to suit our own particular circumstance and context, and used this to raise our professional identity, exercise agency and raise our professional voice?

Individual responsibility

As DCPs the ability to depict ourselves and build understanding is an individual responsibility and not a burden that should be shouldered by the representative organisations alone.

So how do we respond when someone says 'I don't know how you can do that job?' Do we answer with 'well let me tell you a little about my job and then you will understand what makes it rewarding for me and why I do it...?'

Or if asked a question that cannot be answered, instead of responding with 'I will ask the dentist', do we reply with 'I will consult my colleague' or 'I will discuss that with my colleague'?

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Or if someone defines the role of dental nurse as a 'spit sucker', or a dental hygienist as 'someone who cleans teeth', do we take the opportunity to say 'let me tell you a little more about that job and what I really do and why it is important and you will understand...?'

It is noticeable that other health care colleagues, generally held in high esteem by the public, prevent their roles being dismissed by taking every opportunity to construct and reinforce positive and strong professional images. Having listened to other health care colleagues describing how they respond to patients, I wonder if it

is possible for DCPs to depict themselves and their role in a similarly positive way. In such a way which demonstrates confidence and high self-esteem, ie as professionals who are knowing about the valuable role they carry out. DCPs who, as a matter of routine, are able to depict and convey the clinical and technical aspects of their job, as well as the extent of the care, compassion, and education necessary to work within a contemporary dental team.

Surely the main messages have to be: who we are as DCPs; what we do; and finally, why what we do is important.

Crucial action

In the past other health professions have found it useful to present themselves and their role in the treatment of patients by depicting their knowledge in language which elevates their position to that of colleague.

This simple action has been crucial in the negotiation of professional status with society. By having an audible professional voice we, like others before us, are able to help society to construct an understanding of the importance of what we do.

So colleagues: speak up!

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