# **BECOMING INTERPROFESSIONAL:**

# Exploring Japanese Dental Hygienists' Identity Formation through Interaction in Healthcare

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## **BACKGROUND**

- "The mouth is the mirror of general health". In a super-ageing society, effective medical-dental collaboration has become increasingly important for patient care.
- In developing an IPE program, learners' readiness for and attitude toward medicaldental collaboration need to be explored.
- In Japan, the dentist assumes decision-making responsibility for the services to be provided by a DH.
- This study aims to investigate dental hygienists' (DH) interprofessional identity formation and perceptions of interprofessional collaboration from two perspectives: undergraduate dental hygiene students and hospital DHs.

## **METHODS**

- 11 dental hygiene students (S1-S11) in their final year of a three-year programme at a technical college who experienced interprofessional collaboration in their clinical placements
- 5 DHs (DH1-DH5) engaging in the interprofessional oral healthcare at a university hospital. Their clinical experiences were 10–25 years.
- ☐ Semi-structured interviews (40-60 min)
- A thematic analysis approach was used to extract the key themes regarding barriers and perceptions of interprofessional collaboration.

#### **FINDINGS**

#### Study 1: Student perspectives on interprofessional care



Reflection after clinical placements



Clarification of DH's roles in team: I think a nurse is a professional for general health with a strong sense of saving the patients' life. As a dental hygienist, I realized that I need to contribute to the improvement of patients' oral health with confidence, which is directly connected to their general health. As we are working for supporting the patients, which are the same goals as those that other professionals have, we need to make more effort to get other professionals to understand the responsibilities of dental hygienists. (S5)

#### Less responsibilities for critical problems related to patients' life:

The nurse has established the professional autonomy and has responsibility for problems directly related to patient life and death. They can give patients a shot. Compared with such responsibility of nurse, I felt dental hygienists have less responsibility as a professional. In this sense, I felt a sort of power relation between professionals. (S8)

#### Decision-making responsibility:

During the clinical placements, I saw a conflict situation between DH and nurse which made me felt they had different viewpoints even for the same goal. I thought nurse had power over DH. At that time, they discussed when the patient needed to take tea jelly. Although DH actively shared her opinions in the ward, nurses finally made decision on what approach to patient care they would take finally. This reminded me that it is a similar situation to dental practices and decision making by DHs which cannot be performed without dentists. (33)

#### Limited patient contact time:

The nurse probably spends a longer time for patient contact. We only do oral function training, meal support, tooth brushing and oral cleansing after a meal, thereby spending a shorter time. The nurse would have more patient information and establish a good relationship due to the longer time of patient contact. So, I felt nurse is superior to us. (SS)

#### Roles limited to oral health:

It's a bit hard for me, as a dental hygienist, to express my opinion to a nurse and doctor. They are responsible for the health of whole system, while we are just looking at only the oral health. So, I tend to think that they have a higher ability than us. I feel small in front of them. (S1)

#### Stereotypical perceptions of other professionals:

I feel the doctor is the 'absolute' in healthcare. Patients also see the doctor as something like this. So, the doctor can be more trustable profession than us. (S6)

#### Study 2: Hospital DH perspectives on interprofessional care

We need to continuously meet societal expectations towards healthcare. Particularly, I have to train novice DHs to be able to effectively collaborate with other professionals. So, we can provide holistic patient care more effectively in the future. (DH4)

Educator

#### Interprofessional practice

- Perioperative oral management for patients in the acute care unit
- Oral patient care in emergency and critical care centre, ICU, and general ward
- Interprofessional case conferences regarding nutrition support and dysphagia rehabilitation.

#### **Collaborator**

Many patients have expressed their true feelings and complaints to us. They seemed to feel relaxed with dental hygienists who take a supporting role in practice. A doctor said my information on the patient was really helpful in better understanding the patient's real intention. (DH2)

#### Manager

It's also important to pay attention to the organization's management. Our staff from several divisions at this hospital regularly have meetings for organizational improvement. In there, DH is also expected to contribute as to how we can improve the organization in terms of interprofessional collaboration. (DH3) Reconstruction of identity

Mutual

engagement

## **Dental expertise**

It's important to be confident in my clinical skills and knowledge. Without a sense of responsibility for and confidence in my 'expertise', I can't make a substantial contribution to the medical team...I thought I have to deepen my dental knowledge and become the top in this field. (DH3)

#### Generalist view

Through oral care practices at this university hospital, I've gained a more holistic view of patient care. In particular, I can now relate the patients' oral conditions with their systemic disease. (DH2)

Dental (uniprofessional) team

Interprofessional team

# **IMPLICATIONS**

- ✓ Developing professional identities as collaborators is mutually related to effective interprofessional communication. Therefore, continuously promoting their interprofessional identity formation is key for effective communication across professionals.
- ✓ Identity of DHs in interprofessional practice is lived and negotiated, social and a learning process, and a nexus of multimembership (i.e. dental team and interprofessional team) (Wenger, 1998)

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