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Everyday Dental Nurse Job

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Abstract

The work of the dental nurse begins with the reception of patients, and continues with the preparation of the workplace, mixing of materials, sterilization of instruments and disinfection, management of administration, requisition of materials and maintenance of the apparatus. The dental nurse prepares dental machinery, instruments, medicines and necessary materials as part of her job to make everything available to the dentist in a timely manner. Monitors the work of the dentist and adds the necessary instruments, medicines, tampons, and anesthetics. Sterilizes and maintains instruments. Calls patients, schedule reviews, prepares patients for x-rays, keeps records of services, fills in prescriptions, arranges the file.

Keywords: Hygiene, Prevention, Diseases, Fear, Health

Introduction

The majority of oral health educators/promoters are employed within the salaried dental service, Personal Dental Service or in hospital settings, although some are now employed in general dental practices [1]. Within the salaried service they not only work on an individual patient basis but also visit schools, care homes, Scout/Guide groups, and give oral health advice and messages to various target groups.

Within teaching dental hospitals oral health educators can have an oral health role for patients on wards in the main general hospital who have chronic illnesses or for those who have illnesses that have side effects affecting the teeth, gingivae or oral structures, such as cancer patients. They may also advise special needs patients visiting the hospital on an outpatient basis.

While individuals may not have an awareness of contemplating, actioning and maintaining change, the intention will be based on individuals deciding it is in their best interest to change [2]. The key to successful intervention is for the patient to be motivated. In oral health education, motivation for a long-term lifestyle change is challenging unless the patient is also aware of short-term benefits. It is difficult to maintain enthusiasm for restricting intake of sugar or for thorough daily oral hygiene for better teeth in later life. Feeling better or being more attractive now rather than later may be more influential in promoting the desired behaviour. Recent anti-smoking campaigns have started to include a greater emphasis on short-term improvements such as the reduction in blood pressure and heart rate after just 20 minutes. If a patient does not make the short-term change, there will be no long-term change either.

Promoting

Health promotion is the science and art of helping people and society change their lifestyles to attain optimal health [3]. It places an emphasis on improving quantity and quality of life for all and enables people to improve their health. Health promotion includes the use of any preventive, educational, administrative policy, program, or law to achieve this outcome. Oral health promotion is aimed at four preventable oral diseases: dental caries, disease of the supporting structures, oral pharyngeal cancers, and craniofacial injuries. The poor, minorities, and the elderly share a disproportionate amount of preventable oral disease. Prevention is vital to health promotion. The goal of any oral health program should be to empower people to attain equity in health and to reduce the incidence and prevalence of oral disease through education and interventions.

The role of the dental nurse is constantly developing [2]. In promoting oral health this can vary from translating the hard to hear or understand words of a dentist to active involvement in dental and general public health programmes. Scope of Practice has stated that dental nurses can undertake further oral health education and promotion activities subject to appropriate training and competence. It has also enabled dental nurses to undertake a range of other duties, such as the application of fluoride varnish in a programme overseen by a consultant or specialist in dental public health, and other activities, such as using plaque indices. These provide direct opportunities for further involvement in oral health promotion. It also enables dental nurses to perform other patient care duties, which will give them more oral health education opportunities. There is now opportunity for nurse-led clinics in dental practice and community settings. The scope for

oral health education and promotion is expanding.

Health visitors have a duty to all parents, carers and new infants [2]. Their public health role is expanding. It is now integrated into the child health surveillance programme which covers weight, height and the oral health status of each child. This programme enables the health visitor to offer advice and support to new parents. There is the opportunity to encourage toothbrushing as soon as the first tooth erupts, weaning advice and, of course, early registration with a dentist.

Community nurses visit people in their own homes and are therefore able to build a strong relationship with their patients over a period of time. This enables them to carry out extensive one-to-one education, such as encouraging a patient to remove and clean dentures to prevent oral infections, and this may in turn affect the eating habits of the patient.

General practice has traditionally been a private consultation between doctor and patient. Health promotion may consist of opportunistic advice or information relating to oral health care. However, it has been recognised that the general practitioner has a lead role to play in the screening process for oral cancer, especially with high-risk patients who may be attending for medical reasons other than a dental problem. The general practitioner, whenever possible, should also be prescribing sugar-free medication for patients.

Socialisation

These are learned feelings that influence a person's particular circumstances [2]. This learning does not have to be based on personal experience; it may be the result of social, cultural or economic influences. These are extremely influential both in terms of primary socialisation, which occurs within families, and secondary socialisation, which takes place as people learn behaviours that help them to be accepted into a wider social group. This is refl ected in popular culture, family, social status, peer groups and the media.

When attitudes are being challenged it is essential that this is done in a non- threatening manner, as health professionals' values may well be resented by those from other backgrounds.
People's attitudes are made up of two components:

- cognitive: the knowledge and information they possess
- affective: their feelings and emotions, and their evaluation of what is important.

Primary socialisation takes place in the pre-school period. The most important influences on the child at this time are the immediate family, especially the mother. The attitudes, beliefs and values of parents are demonstrated in their behaviour patterns. A good role model in terms of regular, thorough toothbrushing will greatly assist the dental team in reinforcing the oral health messages.

Most parents are motivated to provide the 'best' for their children and therefore should have a positive attitude towards good oral health. Unfortunately there are many barriers to achieving the positive outcome of a healthy mouth. Confused beliefs (toothbrushing prevents decay) and contradictory attitudes (visiting a dentist is expensive, time-consuming and not worth the effort) all have a negative impact on good oral health.

A parent may believe that grandparents may be offended if they are not allowed to give the grandchildren sweets. Many grandparents as well as parents need to be offered support to recognise the hidden cost of using sweets to control or reward children; the dental team can play a valuable role in helping them first to understand and then to find alternatives.

Secondary socialisation begins when the child goes to school. This is when the child learns to relate to the outside world away from the security of the family. The influences in secondary socialisation are teachers, friends, classmates and the media. The process continues throughout life, so that later on neighbours, work colleagues and others will be important influences. Behaviours learnt in this stage are much more rational. They are based on decisions that are much less reliable than habit and routine. An example of this is toothbrushing where a patient may make a rational decision to start to brush their teeth more often. However, laziness, forgetfulness and shortage of time may influence the subsequent behaviour.

Saliva

The public and health professionals' image of saliva has changed drastically in recent years because of abundant information about the role of saliva in health and disease that is made available for public consumption via the Internet and the media [4]. In the view of most people, saliva was created for licking envelops and stamps. People rarely paid attention to saliva unless they were nervous, developed dry mouth, and had to deliver a public speech. Indeed, dry mouth caused by anxiety was used as a diagnostic aid by ancient societies in a lie detector test known as the rice test. An accused was given a mouthful of dry rice to chew and swallow. If the accused was anxious because of guilt, the emotional inhibition of salivation resulting from increasing activity of the sympathetic nervous system would have interfered with adequate bolus formation and swallowing; it was interpreted as proof of wrongdoing and resulted in beheading of the accused. What used to be described as 99% water today is viewed as a fountain of information that reflects an individual's state of health and disease. The quality and quantity of saliva, like urine and blood, are affected by a variety of medical conditions and medications, as well as the psychological status of the patient. The public and professionals are used to blood and urine tests but not a saliva test as a routine practice for risk assessment and disease prevention. Although a saliva test is less invasive than a blood test, and needs less privacy than a urine test, it has not been part of the everyday practice of medicine and dentistry in the past. However, saliva diagnostic tests are becoming more readily available to and utilized by healthcare providers in recent years.

Oral Diseases

The two main oral diseases – dental caries and periodontal disease – are both caused by an accumulation of plaque, either on the tooth surface or within the gingival crevice or periodontal pockets (when present) respectively [5]. Instruction from the dental team in how to remove this plaque effectively, as well as appropriate dietary advice, is the mainstay of good oral health promotion to prevent dental disease in patients.

Only the most dedicated of patients are likely to maintain a high standard of oral hygiene without any intervention or advice from the dental team, so it is likely that many patients will require regular reinforcement of key oral health messages throughout their time with the practice. As this patient support is often best delivered in one-to-one sessions and can be time consuming, a dental nurse with appropriate training in these extended duties is a huge benefit to the workplace, by allowing the dentist and other dental care

professionals to provide treatment to some patients while the dental nurse delivers personal oral health education to others.

Dental Nurses

The role of the dental nurse during specific chairside, or patient-orientated, activities is discussed in detail in each of the following clinically relevant chapters [6]. However, as a key member of the dental team, there are many overall duties that must be carried out by the dental nurse on a daily basis to ensure the efficient running of the dental workplace, as well as administrative or reception duties. This is achieved by ensuring meticulous attention to detail during completion of the many background activities that allow the workplace to run smoothly, like a well-oiled machine. These background activities have traditionally developed as dental nurse roles, while the dentist (and now also the hygienist and therapist) have concentrated more on the patient-centred, hands-on activities of delivering treatment. The actions of all members of the dental team working together in this way culminate in a pleasant and successful experience for the patient at each attendance.

Dental nurses play an essential role in the smooth running of the treatment room by assisting dentists, therapists and hygienists in the provision of dental treatments [7]. With detailed knowledge of treatment procedures, nurses make materials and instruments readily available to clinicians as required and provide suction to keep the operating area clear and dry for the clinician to work in and for the patient's comfort. Nurses are responsible for ensuring the patient's comfort and safety during their appointment.

Before each appointment, the dental nurse prepares the treatment room. During assessment visits (examinations), the dental nurse records the dentist's findings in the patient's records. When the patient leaves the treatment room, the dental nurse performs stringent cross-infection control measures, decontaminating clinical areas and sterilising all of the instruments. Some dental nurses also work on reception or do a variety of administrative tasks.

Prevention

The main dental diseases are preventable [2]. Individuals who can control their frequency of sugar intake can prevent themselves from developing caries. Those who can clean their teeth thoroughly every day can prevent themselves from suffering from periodontal disease. Restriction of alcohol intake and not smoking reduces the risk of oral cancer. Prevention relies mainly on the person looking after their own oral health with the support of their family, carers and peers. The dental team can help by giving scientifically correct messages in a way that the person can understand and act on. They can also help through the application of preventive agents such as fluoride.

Communication is the process of exchanging information [8]. The person giving the information first thinks about what information must be transferred and then sends that information to the other person. That person accepts the information, processes it, and responds and the cycle continues.

In the dental environment, communication is very important. Patients must receive accurate and high-quality information to enable them to make an informed decision on dental treatment. If the information given is unclear, a patient could become confused about the treatment being offered, which could lead to treatment the patient later regrets. If a patient does not fully understand the information, they cannot give informed consent, which in turn has legal implications. Good communication between members of the dental team is also of great importance. Team members should be able to communicate information to each other so that they can work together effectively and provide a high standard of care for their patients.

Fear

A small percentage of the population in any country actively avoids attending a dentist because of fear and those who do attend declare themselves anxious in a dental environment [9]. The two main reasons for non-attendance are fear and associated costs. Patients who do not attend because of fear can be classified as being phobic, whereas others can be termed anxious. Other reasons for non-attendance can be attributed to lack of dentists in the area, difficulty in registering with a dentist or inability to access a dentist because of factors such as mobility problems. The provision of sedation in oral, intravenous,inhalation and transmucosal (off-licence) forms helps to overcome a patient's fears and anxieties, but not necessarily their phobia. However, by accepting sedation patients are able to undergo the dental care required to maintain a healthy mouth.

Anxiety is a state of unease that a person can often relate to because of the memories of whatever is causing them to feel anxious. This existing memory may be something that was experienced by the patient or it could be a translated experience from their family, friends or media. Very often the patient is able to explain and relate to the specific cause or occasion in their life that results in their anxiety when faced with a similar situation/ experience. As anxiety is controllable to a degree, patients who are anxious will attend the dentist for treatment and with good patient management they undergo treatment, with or without the aid of sedation, depending upon their treatment plan. These patients are often found to have sweaty palms and an elevated heart rate, so monitoring their vital signs is very important to ensure their well-being. Most patients are worried or concerned when attending the dentist, while some are frightened. Feelings of fear are a major contributing factor to how elevated a person's anxiety level will be. Basic fears experienced by patients are based on the following factors:

- Pain. Nobody likes pain and patients can associate the dentist with it and think/feel that they will experience some pain during their treatment.
- Fear of the unknown. Not knowing what is going to happen allows a person's imagination to flourish. Patients who associate the dentist with discomfort may think that they will experience pain when receiving treatment.
- Surrendering oneself into the total care of another. This could possibly make a person feel helpless and dependent, making them feel trapped and not in control.
- Bodily change and disfigurement. Some dental treatments can lead to an irreversible change in the person's appearance. Patients may fear that it could alter their appearance drastically and they would not be happy with this.
- Claustrophobia. During treatment lots of instruments are used in the patient's mouth. Some patients find this intolerable and are concerned that an item could be lost intheir airway or that their mouth may fill withdebris, making it impossible for them to breathe.

Recognized as somewhat separate states that exist along continua in the general population, dental fear and anxiety may be so extreme that the patient can be diagnosed with a Specific Phobia, or a related behavioral health problem [10]. While highly dental-anxious/fearful patients can be placed into general categories,

there are innumerable unique manifestations. In spite of advancing dental treatment technologies, dental fear and anxiety appear to be at static levels from a population-wide perspective. Across the globe, dental fear and anxiety are associated with avoidance of oral health care, and so may best be conceptualized as dental care-related fear and anxiety. The avoidance behavior is linked to greater oral disease and poorer oral healthrelated quality of life, with implications for systemic health and quality of life in general, and is therefore a major public health problem worldwide. Understanding dental care-related fear and anxiety from both conceptual and clinical standpoints is critical for the oral healthcare professional. Appreciation of conceptual issues will inform assessment, management, and treatment of patients with high levels of dental carerelated fear and anxiety.

Health Education

Health education can be defined as any learning activity that aims to improve an individual's or community's knowledge, attitude and skills relevant to their health needs [2]. However, until the mid - 1980s the term health education had been used widely to describe intervention by health professionals who decided there was a health need. Health education is an integral part of health promotion offering relevant information to individuals or groups. The recipients can then make an informed choice about their health.

The World Health Organization (WHO) defines health promotion as a process of enabling people to increase control and improve their health. To reach a state of complete physical, mental and social well - being, an individual or group must be able to identify and realise aspirations, to satisfy needs and to change or cope with the environment. Health is therefore seen as a resource for everyday life and not the object of living. Health is a positive concept emphasising social and personal resources as well as physical capacities. Oral health is certainly encompassed within this definition because a healthy, functioning dentition throughout life will ensure that an individual is free from dental pain, able to eat properly and has a socially acceptable smile.

Conclusion

Dental nurses assist dentists in their daily work. This primarily refers to the making tooth extensions or missing tooth extensions and the creation of tools to correct tooth and jaw growth anomalies. Dental nurses participate in the implementation of measures for the prevention of dental diseases by health education in kindergartens, pre-schools and counseling centers for pregnant women. Dental nurses participate in the admission of patients for dental interventions; in the preparation of workplaces, instruments, medicines and materials for dental interventions; assisting the dentists while performing dental interventions; in providing first aid for unconsciousness, in sterilizing non-sterilizing instruments and materials; maintain dental supplies and machinery; keep dental records; draw up reports; need and store necessary supplies, instruments and accessories; implement preventative measures and health care work.

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