Graduate Outcomes of Dental Hygiene Baccalaureate Education

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INTRODUCTION

There is a scarcity of studies on Canadian baccalaureate dental hygienists. As discussions about baccalaureate education continue on a national level, examining outcomes of earning a dental hygiene degree is paramount.

According to the Canadian Dental Hygienists Association (CDHA) Job Market and Employment Survey,1 19% of dental hygienists practice with a bachelor’s degree as their highest credential. Only 6% have earned a bachelor’s degree specifically in dental hygiene.

OBJECTIVE

To investigate the motivating reasons and graduate outcomes of the University of British Columbia (UBC) Bachelor of Dental Science in Dental Hygiene (BDSc) graduates.

METHODS

UBC dental hygiene entry-to-practice (ETP) and degree-completion (DC) graduates (n=116, 32%) from 1994 to 2016 participated in an online mixed-methods survey.

Survey questions explored:

- Motivating reasons for pursuing the BDSc degree
- Participant Demographics
- GRADUATE EDUCATION
- ABILITY-BASED OUTCOMES
- PRACTICE OUTCOMES
- IMPACT ON CARE
- CONCLUSION

RESULTS

Chi squared tests were used to compare ETP and DC graduates and to compare these results to the CDHA survey.1 Ethics approval was received from the UBC Behavioural Research Ethics Board (H16-02221)

Motivating reasons for pursuing the BDSc degree include:

- Personal satisfaction
- Increase knowledge base
- Increase employment opportunities
- Status/recognition of a degree
- Access to graduate education
- Improve critical thinking abilities
- Enhance salaries/potential
- Improve writing abilities
- Family/peer influences

Graduate education outcomes show that 75% of DC respondents indicated that the BDSc degree expanded their career opportunities.

Practically, a significantly greater proportion of ETP respondents work outside of the clinical practice setting compared to DC respondents (88% vs. 55%, p<0.01).

PRACTICE OUTCOMES

- 75% of DC respondents indicated that the BDSc degree expanded their career opportunities
- 45% of all respondents work outside of the clinical practice setting.
- A significantly greater proportion of ETP respondents work in a clinical practice setting compared to DC respondents (88% vs. 55%, p<0.01).

Impact on care differences between diploma and degree abilities are more closely linked with cognitive abilities rather than technical elements or clinical skills. Improved cognitive outcomes related to knowledge level, critical thinking, and evidence-based care.

"The degree allowed me to think more critically and make my clinical decisions more evidence-based." 

"I feel more confident in researching and relating information to patients and I have a better understanding of my facts and knowledge when discussing or debating issues with other health care collaborators." 

"The degree courses deepened and broadened my knowledge base beyond what I learned in my dental hygiene diploma, particularly courses related to policy analysis and research methods."

CONCLUSION

The results highlight the impact of baccalaureate education on dental hygiene practice.