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More than Cleaning and Caring: The Profession of Dental Hygiene in Canada, 1951–2010

ABSTRACT

Dental hygiene has been a female-dominated profession that worked primarily for dentists who, until very recently, were usually male. This article explores the early history of dental hygiene in Canada during the 1950s and 1960s; its explosive growth in the 1970s; the influence of feminism on the profession; and the battles dental hygienists fought to improve the status of their profession including better educational opportunities; professional self-regulation and the right to practice independently of dentists. It argues that dental hygienists have made important gains, and yet the culture of 'caring' continues to complicate their professional status.

As a young woman in rural New Brunswick, Mary Pelletier thought that her career options were nursing, teaching or secretarial work but her mother pointed her to an article in the newspaper about new careers in dental hygiene. Intrigued, Pelletier applied for and completed a two-year diploma at Dalhousie in 1971. She moved back to New Brunswick and worked in public health, travelling across the province delivering care to rural areas. She became a president of the Canadian Dental Hygiene Association (CDHA) (1984–85), taught dental hygiene at Oulton College, promoted the importance of dental hygiene in long-term care facilities and got involved in delivering dental hygiene care in Honduras. Reflecting on her life she exclaimed 'dental hygiene has been the best career' for the variety of opportunities. She 'loved her patients' especially the children and the elderly.[1] Pelletier was not alone. Dental hygiene was a short but rigorous programme that led to well-paid jobs and abundant employment opportunities. It was also a flexible career with many part-time employment opportunities, making it a perfect fit for women who wanted to combine work and family.

At the same time, most dental hygienists (an almost entirely female-dominated profession) worked for dentists (an almost entirely male-dominated profession). One of main tasks of the dental hygienist – 'cleaning teeth' – could easily be seen as an extension of women's domestic duties. Not surprisingly, when second-wave feminism swept Canada in the 1970s, it had a significant impact on dental hygiene just as it did on other female-dominated professions. Dental hygienists began to resent their

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economic subservience to dentists, their lack of regulatory control over their own profession and their status as the 'girl who cleans teeth'. This paper will explore the early history of dental hygiene in Canada during the 1950s and 1960s, its explosive growth in the 1970s, the influence of feminism on the profession and the battles dental hygienists fought to improve the status of their profession including better educational opportunities, professional self-regulation and the right to practice independently of dentists.[2] Dental hygienists have made important gains, and yet the culture of 'caring' continues to complicate their professional status. As Tracey Adams and Ivy Lynn Bourgeault have argued for Ontario, dental hygienists' self-definition as caring indicates the prominence of cultural feminism in the profession but has perhaps hindered their professional project.[3]

Dental hygiene as a profession

The profession of dental hygiene was established in the early part of the twentieth century to provide preventive care – arguably the most important aspect of oral health. While dentists regarded hygienists as useful (and often attractive) helpmates in the dental office, many hygienists were inspired by a broader mission to provide preventive care, often to underserved populations. Indeed, dental hygienists have played a vital role in delivering oral health care to people who would not otherwise receive care including patients with disabilities, the elderly and children. If there had been more dental hygienists, and fewer restrictions on their scope of practice, a larger proportion of the Canadian population might have received publicly funded oral health care or less expensive private or insured care in the second half of the twentieth century. But it has taken many years for dental hygienists to gain the right to practice independently of dentists, and in the interim, the profession was shaped by the dentists' vision of what dental hygiene should be. Today, dental hygienists in every province of Canada [except in the Territories and Prince Edward Island (PEI)] enjoy self-regulation of their profession. In most provinces, they have also gained the right to practice independently of dentists.[4] These tools will allow them to deliver care to a broader portion of the population.

Like many other female-dominated professions, dental hygiene has defined itself as a 'caring profession'. While this has reflected their concern with underserved populations, especially children and the elderly in admirable ways, it has likely also come at a cost to dental hygienists themselves. As feminist historians have argued, 'caring' labour has long been regarded as a natural and innate female trait and has usually been undercompensated in terms of salary and prestige. Nursing historian Barbara Melosh has demonstrated how 'caring' has posed an obstacle for nurses in their quest for professionalisation because claims to women's humanitarianism often undercut their claims to expertise.[5]

As a 'caring' profession with a subsidiary role in the health care hierarchy, dental hygiene has shared much in common with nursing, but in other respects, it has differed significantly. By the Second World War, the majority of nurses worked in large hospital settings, while dental hygienists worked in a plethora of private dental offices.[6] Beginning in the 1960s in Canada, nurses joined the union movement in ever-growing numbers. For dental hygienists, their workplace settings made unionisation almost impossible. At the same time, both dental hygienists and nurses fought against the

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systemic devaluation of women's work.[7] Dental hygiene also has much in common with other female-dominated professions, such as dietetics and physiotherapy with their connections to domestic science and traditional female responsibilities, although again, because dental hygienists worked predominantly in private dental offices, additional barriers existed to organising them compared with other health professionals who often worked in hospital settings.[8] It is also important to note that dentistry has been even more male-dominated than medicine – women entered the dental profession later and it was not until the 1980s that female dental students became a significant portion of the student body. As Adams showed in *A Dentist and a Gentleman*, dentistry has long prided itself for its masculinist ethos.[9]

The growth of dental hygiene took place at a time of tremendous change in the delivery of health care services in Canada. The federal government began funnelling money to the provinces to provide hospital care in 1958 and physician services in 1968. Dentistry has never been included in Canada's system of government-funded health insurance, although municipalities and provinces have provided some dental care, usually for children. When companies were freed from providing other medical benefits to their employees in the 1970s, employer-provided dental benefit programmes expanded dramatically. In the 1950s, many adult Canadians visited the dentist only for emergencies, but by the 1970s and 1980s, regular dental care became increasing common for the middle class and unionised working class. At the same time, the success of water fluoridation and fluoridated toothpastes meant that Canadians were keeping their teeth for far longer, creating a greater need for preventive adult care. The business of dentistry was also changing. By the early 1980s, there was a glut of dentists in urban centres. To cut costs, dental practices grew in size and more of them employed dental hygienists. Simultaneously, the growth of employer-provided dental benefits reduced the pressure on provincial and municipal governments to provide dental services. By the 1980s and 1990s, many dental public health programmes were cut.

To understand these changes, this paper examines a wide range of sources, including fourteen interviews. The paper includes many interviews with former presidents of the CDHA. The CDHA kindly provided me with contact information for many of these individuals. I also reviewed every issue of the *Canadian Dental Hygienist* (later called *Probe*) from 1967 to 1999 in addition to government reports and policy documents, dissertations and other relevant material. In the time period under examination here, the vast majority of dental hygienists were white. Unlike nursing, where there was significant recruitment of foreign trade nurses, especially from the Caribbean in the second half of the twentieth century, which helped to diversity that profession, there were few trained dental hygienists coming from other countries.[10] The very successful career of the Mohawk and Oneida dental hygienist, Nina Burnham, who worked on the Six Nations reserve in addition to travelling to reserves across Ontario and treating Indigenous peoples in northern Canada, shows the tremendous value of having dental hygienists from minority communities. Unfortunately, there seem to have been very few dental hygienists of colour until fairly recently.[11]

The first school of dental hygiene was established in the US state of Connecticut in 1913. From the beginning, it was intended to be a female-dominated occupation. Alfred Fones, the so-called founder of dental hygiene, said that: 'A man is not content to limit himself to this one speciality, while a woman is willing to confine her energy and

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skill to this one form of treatment. A woman is apt to be conscientious and painstaking in her work. She is honest and reliable'.[12] The same sentiment applied in Canada. Wesley Dunn, the Register–Secretary of the Dental Surgeons of Ontario, revealed that by 1961, little had changed. While arguing for the opening of the profession to men, Dunn revealed that many dentists felt that:

> female employees, psychologically, are quite content and happy to work under authority whereas the male is not so inclined. Secondly, it is contended that the male would be much more likely to operate beyond the scope of his legal authority … . Lastly it is agreed that the female is prettier than the male.[13]

The first dental hygiene programme in Canada was established at the University of Toronto in 1951. It was a two-year diploma. Only ten students were permitted to enrol and only six took the course in the first year. Reflecting the fact that dental hygienists were intended to play a supportive role in the dental office, the course was only open to women, a restriction that remained in place until 1968.[14] To qualify, *The Globe and Mail* reported, the student must have 'personal qualifications – appearance, manner and interest in people'. In short, they needed to have the 'caring skills' of women. The successful graduate, the newspaper promised, would wear 'an all-white uniform, the cap banded with garnet and blue'.[15] The white uniform – suggesting antiseptic sterility as well as the wedding dresses worn by virgin brides – was seen to be appropriate for and attractive on the young white women the programme intended to enrol.[16] The hope was that the dental hygienists could provide dental health education in the schools, work for departments of public health or assist a dentist in his private practice. These roles were different from those of the dental assistant, who, at that time, was usually trained by dentists themselves and did not work directly in patients' mouths.[17]

For the first ten years, dental hygiene remained small. The University of Toronto was the only school in Canada offering the course and, by 1959, only fifty students had graduated.[18] A second programme, operated under the Canadian Armed Forces, opened in 1956. This programme trained dental therapists who performed duties similar to a dental hygienist but were only allowed to practice in the military setting. Canadian Armed Forces Dental Therapists were nearly always male and after they left the military, they became some of the first male dental hygienists in Canada.[19] The number of male dental hygienists remained vanishingly small. In the 1960s, additional university-based diploma programmes opened including Alberta (1961), Dalhousie (1961), University of Manitoba (1963) and University of British Columbia (UBC) (1968). The CDHA was formed in 1966, and the organisation started a journal the following year. By January 1971, Canada had 776 registered dental hygienists.[20]

Working conditions of dental hygiene

Many of the women who went into dental hygiene did so because it was a short programme (two years) that provided good career possibilities. Some were tempted by medicine or dentistry but did not have the time or money for a long course of training. Others were attracted to the bursaries provided by many provinces in the early years.[21] When I asked dental hygiene instructor Mai Pohlak (Toronto 1960) who went into dental hygiene, she immediately responded: 'Smart people'. She explained that the women who went into dental hygiene were women that might go into dentistry,

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law and medicine today. But things were different then. Dental hygiene was well paid with lots of opportunities for part-time work; you could have a family and continue to work as many hours as you wanted to. She emphasised that admission standards for dental hygiene were extremely high.[22] She, herself, had wanted to be a dentist, but she was married and had a child; dentistry took too long and was too expensive. Patricia Johnson (Toronto 1958) explained that she too was interested in becoming a dentist, but she was the eldest of four and her mother was a widow. As she put it, 'Going to university was something, let alone tying … [me] up for four or five years with the others coming along. Dental hygiene seemed like a better fit'.[23] Others chose dental hygiene because they were advised that it was a more suitable career for a woman. Pelletier's (Dalhousie 1971) high school principal discouraged her from going into dentistry, so she set her sights on dental hygiene.[24] Salme Lavigne's (Toronto 1965) dentist recommended dental hygiene as a better profession than dentistry for 'a woman'.[25]

At the same time that dental hygiene was growing, Canadians debated about how oral health care might be effectively delivered to more people, especially children. Canada experienced a severe shortage of dentists in the 1960s, most notably in rural areas. In 1968, the federal government appointed an ad hoc committee on dental auxiliaries (the Wells committee). In keeping with the condescension with which dental hygienists were treated, the committee did not include a single dental auxiliary. [26] In 1970, the committee recommended an expanded list of potential duties for dental hygienists including the placing and finishing of restorations. They also thought that with additional training, hygienists could administer temporary sedatives. The committee recommended that dental hygiene education move out of the university setting into the college setting and that a bachelor's degree in Dental Hygiene Education be established at universities to train the future faculty of the college programmes. The CDHA supported the idea of giving more responsibilities and duties to dental hygienists.[27] Just after the Wells Committee reported, the PEI Dental Manpower Study released their results. This study trained dental hygienists in inserting and finishing dental restorations that were prepared by a dentist. The author reported that the quality of restorations provided by the dental hygienists was excellent.[28] In short, studies and policy reports suggested the dental hygienists could play a larger role in oral health care than they were currently providing. Over time, dental hygienists have successfully fought to have additional procedures added to their scope of practice including restorative and orthodontic procedures, minor periodontal surgeries and the administration of anaesthetic.[29]

While the shortage of dentists and increased demand for oral health care made it desirable to increase dental hygiene's scope of practice, the real impact of the perceived shortage of oral health care professionals was that dental hygiene education devolved from the university to the college sector. This was part of a much larger expansion of college and vocational training that took place across Canada in the 1960s and 1970s.[30] The first programme in Ontario was at Algonquin College in 1974, followed by George Brown College in 1976.[31] In 1971, the Université de Montreal opened a baccalaureate programme in dental hygiene with the goal of providing dental hygiene educators for the community colleges. By 1975, Quebec had dental hygiene programmes at seven Collèges d'enseignement général et professionne (CEGEP's) including three in the Montreal area (one English and two French), and programmes in

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Trois-Rivières, Québec City, St. Hyacinthe and St. Jérôme. British Columbia, Alberta and Manitoba maintained their university-based programmes, as did Nova Scotia.[32] The Université de Montréal baccalaureate programme stopped accepting new students in 1976. That same year, the first degree programme for English-speaking students was established at the University of Toronto, while the diploma programme was closed two years later.[33] UBC closed its diploma programme in 1986 and students were transferred to Vancouver Community College. [34] These new programmes greatly increased the number of dental hygienists.

The devolution of dental hygiene to the college sector in Canada's largest provinces had disadvantages for the profession: given the greater prestige attached to university education, dental hygienists knew that the status of their profession would be higher if they were university trained. [35] They also feared that moving dental hygiene to the college sector would cement their role as helpmates to dentists and prevent their expansion into other fields of endeavour. By the mid-1970s, dental hygienists and health economists complained that dental hygienists were overqualified for the duties they assumed in dental offices. As the director of the School of Dental Hygiene at the University of Manitoba, Margery Forgay, put it: 'hygienists are over-educated – not for what they are capable to do if legislation is changed, or what they can do under existing law if they are utilised effectively, but for what many employers want them to do'.[36] She felt that 'grassroots' dentistry was not eager to expand the possibilities of what dental hygienists could do, despite the important reports and studies that recommended an expanded role for dental hygienists.[37] Many dental hygienists also felt that it was important to be able to take higher degrees in dental hygiene. With that option unavailable, many who sought further education and career opportunities found themselves in parallel fields such as education, community health and sociology.

By 1980, there were almost 4,000 registered dental hygienists in Canada – five times as many as a decade earlier. Because most dental hygienists were relatively recent graduates, the majority of them were in their twenties. With just a few exceptions, they were female. They were part of a generation of women who experienced unprecedented changes in their work and family lives. The second-wave feminist movement, which encouraged women to seek educational opportunities and to demand equal opportunities in the work force, helped make women, including hygienists, aware of the significant discrimination they faced, both in the workplace and under the law. [38] At the same time, the economic squeeze of the 1970s, and the rapidly rising divorce rate, meant that many women were now responsible for supporting their families. Many dental hygienists may have entered the field thinking that it was a well-paid job that would see them through to when they married and had children. Indeed, a US study in the early 1970s suggested that 86 *per cent* of dental hygiene students believed they would quit working full time within five years of graduation.[39] But labour surveys in the 1970s showed that dental hygienists were working much longer than policy makers (and perhaps dental hygienists themselves) had expected. While many dental hygienists took time away from the job when their children were young, large numbers returned to the field as their children grew older.

Many dental hygienists worked part time.[40] Employing a dental hygienist was still relatively new in many dental practices, and many dentists preferred to start with a part-time position to see how it worked out. Some hygienists combined multiple

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part-time positions. But people also worked part time to balance their family responsibilities. A Statistics Canada survey in 1978 showed that only a quarter of dental hygienists with children worked full time. A little under half of them worked less than sixteen hours per week.[41] This was also true for the people I interviewed. Forgay (Eastman 1952) worked full time until her family moved to Winnipeg. By that point, she had two young children and she stayed at home for a number of years. In 1962, the University of Manitoba wanted to start a dental hygiene programme and they recruited her to help establish it. She worked half-time for a number of years until she became the full-time director of the programme.[42] Anne Clift (Dalhousie 1974) worked full time in Newfoundland and Nova Scotia before her first child was born. While her previous jobs had been in public health and at the Janeway Child Health Centre in St. John's, she decided to go into private practice after her kids were born because, as she put it: 'I could make as much money in private practice working three days a week as I would make working full time at the hospital. I got to spend more time with my baby so I did that'.[43]

The type of work dental hygienists performed changed as the profession grew. Over the course of the 1970s, a greater percentage of dental hygienists worked in private practice and a smaller percentage worked in public health.[44] This reflected the growth in private practice job opportunities.[45] Dental hygienists working in private practice usually had fewer opportunities to use the skills they learned over the course of their degrees, especially their educational skills. They also had far less independence: in public health in most provinces, dental hygienists were able to work under 'general supervision' meaning that they could carry out procedures without a dentist being present, although a dentist would need to be cognizant of the tasks being performed. By contrast, dental hygienists in private practice worked under the 'direct supervision' of a dentist although it was common for private practice dentists to allow a dental hygienist to continue working while he was on holidays or away from the office.[46] Small dental practices offered few opportunities for advancement. Aware that the career trajectory of a dental hygienist could be flat, *The Canadian Dental Hygienist* ran a regular feature on career options for dental hygienists that included possibilities like working in post-secondary education, in a hospital setting, or organising courses in continuing dental education.[47] Some researchers also suggested that dental hygienists could be put to better use in dental offices: instead of having them do endless prophylactic treatments (scaling and fluoride), they could be put in charge of developing and implementing preventive programmes that educated patients on diet and toothbrushing. [48]

During the 1980s, when dentists were finding it harder to establish a successful practice, the demand for dental hygienists remained strong.[49] As one article put it, '1987 sees an unprecedented demand for dental hygienists in almost every region of Canada'.[50] In 1986, Quebec opened two new college programmes to meet the demand for hygienists, while Ontario increased enrolment in its programmes by 10−12 *per cent* in 1987. British Columbia opened a second dental hygiene programme in Prince George.[51] Part of the growing demand for dental hygienists was the increased focus on periodontal disease. As oral health improved, people no longer believed that dentures were inevitable and came to expect that they would keep their teeth for life. Also, more people had workplace dental benefits that gave them access to regular cleanings.

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About 50 *per cent* of the population was regularly seeking dental care and as the patient population aged, their need for dental hygienists' services increased.[52] By 1986, there were over 6,000 licenced dental hygienists in Canada. [53]

By 1987, when another survey was completed, the average age of a dental hygienist was rising, although on the whole, dental hygienists were still very young. The majority of respondents were in their late 20s or early 30s. Nearly 90 *per cent* of all dental hygienists worked in private practice.[54] Clearly, the hope that dental hygienists would be used in public health programs was fading. Dental hygienists spent the vast majority of time delivering clinical care. A majority worked full time. Hygienists with dependents were more likely to work part time.[55] Dental hygiene continued to be fairly well paid. In the mid-1980s, dental hygienists made an average of $30,000/year (this would be $60,087 in 2020) with average earnings in BC, Alberta and Ontario rising to almost $40,000/year. [56] That said, dentists made two or three times as much as dental hygienists. [57] Also, dental hygienists' wages did not increase with experience and they received few benefits.[58]

In the 1970s and 1980s, dental hygienists were predominantly young women who were balancing their career aspirations and home responsibilities. They were relatively well paid and it was easy to find work but their career opportunities were relatively limited: while a number of people found opportunities in education, hospital or public health settings, the vast majority worked in private dental offices, and spent most of their time delivering prophylactic care. Professionally, they prided themselves on being prevention oriented, they sought out continuing educational opportunities, and a surprising number of them contributed to their professional organisations. In the 1970s, *The Canadian Dental Hygienist* urged their readers to think about dental hygiene as a career, rather than as a job. The journal advised dental hygienists that the work world was changing rapidly for women, and that they should seek personal growth and satisfaction in their career, not just through home and family. In 1975, for example, Judith Puhl, a dental hygienist, who was then completing her master's degree at the University of Minnesota, complained that dental hygiene education needed to go beyond the teaching of technical skills so that dental hygienists could get out of the 'father–daughter' relationship that currently prevailed in the dental office, take more responsibility for patient care and get more out their careers.[59]

Feminism in the profession

Puhl was not alone in urging dental hygienists to be more ambitious. In honour of the United Nations Year of the Woman (1975), Sharon French, a dental hygienist who worked for the Health Manpower Careers Department at National Health and Welfare encouraged dental hygienists to think about going into dentistry. She complained that many provinces still restricted dental hygiene to women. She advised hygienists to take a close look at their own employment situation: were they contributing to a pension plan, were they eligible for maternity leave? She warned that some dental hygienists found the career boring, and that dental hygienists needed to strategise to ensure that their careers continued to be fulfilling over the life course. She concluded: 'The challenge is there – it is up to you to seek it. Do not short-change yourself and your career with short-term goals'.[60] That same year, the *Canadian Dental Hygienist* ran a guest editorial by the Dean of Women at UBC, Joyce Searcy. Searcy counselled

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women that they would likely spend many years in the workforce 'either from necessity or choice' because marriages might end and women's home responsibilities were less onerous than they once were. She told women graduates that they were lucky to have a profession and urged them to 'fulfill your full potential as a human being within both marriage and career'.[61] The journal urged dental hygienists to think of themselves as professionals and career women.

The journal also highlighted specific examples of gender discrimination. For example, in 1974, they highlighted that widows received a death benefit as well as a substantial monthly allowance from the Canada Pension Plan (CPP), including an extra allowance for young children. By contrast, widowers only received the death benefit. And yet, men and women paid equally into CPP.[62] In 1979, unemployment insurance was denied to people who worked two part time jobs if neither job was at least twenty hours/week. This included many hygienists. CDHA launched a successful campaign to have dental hygienists covered, even if they worked in two separate offices.[63]

Dentists and advertisers patronised dental hygienists, even in their own journal. Guest contributor Murray McDonald, the executive director of the Canadian Fund for Dental Education, wrote in 1975: 'In this year of the "women", what does a mere male and a rather ancient one at that, have to say to dental hygienists who fortunately tend to be delightfully feminine?'[64] In 1968, an advertisement for an electronic tooth-cleaning tool was headlined, 'Nicest thing my Doctor ever did for me' suggesting that dental hygienists were to view the relationship with the dentist they worked for in paternalistic terms: their employers might do 'nice things' for them for which they should be grateful. This was instead of expecting that they be provided with the best tools available in order to complete their jobs in a professional manner.[65] A dental public health survey that asked dental students whether or not they would hire a dental hygienist for their practice turned up some interesting comments: one student replied 'Yes' and added 'She's going to be something else too', while a respondent who replied in the negative commented 'Too damn undependable – they get married and quit'.[66]

The sexism did not go unnoticed by dental hygienists themselves. A 1969 editorial in *The Canadian Dental Hygienist* commented that:

> Within the four walls of many dental offices in our country, there is an untapped potential – the dental hygienist. Her potential for performance so far exceeds her present role that there is small wonder she complains of boredom, of being cramped, by restrictive practice laws, of being smothered by an over-protective dentist who is afraid he may lose some 'status' to a pretty young girl.[67]

However, the editorial went on to say that 'the blame for these feelings must not be placed on the dentists alone. Unless the hygienist asserts herself in a positive way to relieve her restrictions, she should expect little in the way of assistance from others'.[68]

A few years later, further signs of feminist awakening within the profession came when the president of the CDHA, Sherita Clark, suggested that dentists and even dental hygienists themselves should stop referring to dental hygienists as 'girls'. Referring to the history of the profession, Clark complained that 'when the career of dental hygiene was first developed it was written that the duties should be limited to females, as they are more patient, less aggressive and more subservient …'. But things were changing – there were more female dentists as well as male dental hygienists, and 'we have an ever broadening awareness of the capabilities of all people'.[69] Clearly, her complaint made little difference. In 1980, the editor of the journal complained that her

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'blood pressure rises' every time she was referred to as a 'girl' by her employer. She asked if male hygienists were referred to as 'boys' who clean teeth?[70] Margaret Forgay commented that when she started the dental hygiene programme at the University of Manitoba in the early 1960s, 'it took me absolutely no time to realise what the pecking order was. I was doubly disadvantaged because I was a dental hygienist (which was obviously a lesser breed) and also a woman'. Her strategy was to make her programme 'excellent' and focus on the battles she could win. Even so, it was difficult. Dental hygiene wanted to establish a degree programme, but the faculty defeated the proposal. Forgay commented 'it was just some paranoia that we were going to take over the world if they gave us an inch. That certainly wasn't peculiar to dental hygiene – I think any female dominated group or profession felt these tensions'.[71]

Dental hygienists also resented their economic and regulatory subservience to dentists. As Fran Richardson (Toronto 1971) put it: 'dentistry has always tried – and is still trying – to take over and make decisions regarding dental hygiene. I mean it's better now than it has ever been, but let's face it, it was very paternalistic'. The view was 'let's keep the girls in their place because the reality is dentistry makes millions of dollars off dental hygiene every year'.[72] As Forgay put it: 'I never met a dentist yet who employed a dental hygienist and lost money doing it'. She added: 'Dentists had such control over dental hygienists. It was a double whammy because most dental hygienists worked in individual dental offices … but dentists also regulated the professional status and life and development of dental hygiene'. Forgay argued that it was not in dentists' interests to have dental hygiene develop: 'there was a lot of what I would call is absolute repression of dental hygiene at the regulatory level'.[73]

Dental hygienists also discussed the sexual harassment they experienced on the job. In 1972, their journal published 'Lust Control: Prevention and Treatment of the Offensively Amorous Patient'. The article advised hygienists to tolerate patients like the 'nice man' who gave an approving glance, the developmentally delayed man/boy who gave a kiss or a hug, or the older man who tells an off-colour story to prove that 'there is still some blood flowing in his veins'. But it encouraged hygienists to stop the 'hand dangler, the fanny pincher, the leg-grabber' and the 'bosom bumper'. The recommended technique was to let the patient understand that you thought that the bumping was your fault, to explain to the patient that you understood that the chair wasn't very comfortable but that he should sit as quietly as possible and 'keep his hands in his lap because any sudden or unexpected movement might cause your VERY SHARP instruments to SLIP and SERIOUSLY INJURE him'. The article advised that this should prevent a re-occurrence, but that if it failed, 'use karate or have him rinse his mouth with Phisohex (a cleanser intended for topical use)'.[74] For the man who leered or made inappropriate comments, the author recommending playing mute and continuing to work. The author advised asking about the man's wife and family, suggested saying that 'considering your age, your gums are in pretty good condition' and talking about boyfriends or husbands. While the suggestions were undoubtedly helpful, the article encouraged dental hygienists to put up with a certain amount of unwanted attention, and counselled hygienists to efface themselves before expressing anger. Tellingly, the article did not suggest that the hygienist bring the matter to her employer's attention.

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Many female employees experienced sexual harassment in the 1970s – many found it difficult to even describe, much less counter until the feminist movement drew attention to it in the late 1970s and 1980s.[75] While research in the Canadian setting is lacking, American studies suggest that sexual harassment continued to be a common experience for dental hygienists through the 1980s. A 1990 study in Washington State found that more than a quarter of dental hygienists had experienced some sort of sexual harassment on the job: 54 *per cent* reported that they had been harassed by male employers and 37.1 *per cent* reported having been harassed by patients.[76] A study from Virginia found that 54 *per cent* of the dental hygienists reported experiencing sexual harassment: 73 *per cent* from male dentists and 45 *per cent* from male patients.[77]

As dental hygiene grew as a profession, and as the principles of second wave feminism spread, dental hygienists fought hard to improve the status and working conditions of their profession.[78] The male-dominated dental organisations generally opposed any measures that would give dental hygienists greater professional autonomy and control. In the 1980s and 1990s, the dental hygienists' main demands became: (1) baccalaureate degrees in dental hygiene, (2) the right to self-regulate and (3) the right to practice independently of dentists. These goals, especially the last one, were often tied to their desire to provide service to a broader range of the population. But as dental hygiene matured, dental hygienists continued to emphasise the preventive nature of dental hygiene and prided themselves on their caring approach to patients.

Advancing education opportunities in dental hygiene

While many leaders in dental hygiene in this period went on to get advanced degrees, including PhDs, the educational opportunities for dental hygienists in dental hygiene remained limited. Through the 1980s, the CDHA urged governments to expand the educational opportunities for dental hygienists by creating baccalaureate programmes in dental hygiene.[79] In 1983, Forgay completed a study at the University of Manitoba that showed that there was a demand for baccalaureate-educated dental hygienists in Western Canada and northern Ontario, especially for hygienists occupying positions in education and public health.[80] In January 1998, the CDHA went further, adopting a Policy Framework for Dental Hygiene Education in Canada. They felt that because of the expansion of knowledge in the field, changing demographics and the associated changes in oral health and the increased need for oral health services, dental hygiene required a baccalaureate degree. The demand for a baccalaureate degree reflected the fact that many dental hygiene programmes required a year of university prior to enrolment, and often required nearly as many courses as an honour's degree in the arts and sciences. According to Sandra Cobban, an instructor of Dental Hygiene at the University of Alberta, 'the credential awarded has not always been consistent with the amount of education required by the programme'.[81]

Gradually, university-based programmes in dental hygiene adopted baccalaureate degree programmes. UBC introduced a degree completion programme in September 1992. It became the second degree completion programme in Canada (there was also a programme at the University of Toronto, although the Toronto programme closed in 2001).[82] After a quarter century of discussion and failed proposals, the University of Alberta started a bachelor degree programme in 2000.[83] The Faculty of Dentistry at Dalhousie University began planning a baccalaureate degree in dental hygiene in

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the late 1980s, but because of significant opposition from dentists, it did not gain a Bachelor of Dental Hygiene degree until 2008. [84] In the late 1980s, Manitoba's degree completion programme was approved by their Senate, pending funding, but the money was not made available until 2010.[85] The paucity of degree options, especially advanced degree options like MSc and PhD degrees, is very different from the United States, where more than fifty schools offer a baccalaureate degree in dental hygiene and more than twenty schools offer a master's degree in dental hygiene in addition to several PhD programmes.[86] The educational marginalisation of dental hygiene has many causes: the high expense of dental education is likely a factor. The devolution of dental hygiene education to the college sector in Canada's three largest provinces also plays a role. The provinces where dental hygiene education remained in the university setting have been more successful at expanding the opportunities. But opposition from dentists eager to keep dental hygiene in a more subservient role is also a cause.

The fight for self-regulation

To counter their professional and economic subservience to dentists, one of the key demands of dental hygienists became the right to regulate themselves. In most provinces, dental hygiene was regulated by the dental board, often with little or no representation from dental hygienists themselves. The one exception was Quebec, where dental hygiene became self-regulating as soon as it came into existence as a profession in 1973.[87] This was part of a larger overhaul of all of the health professions.[88] Self-regulation did not mean independent practice: it meant that a dental hygiene regulatory body would be established to determine entrance into the profession and enforce professional conduct. Dental hygienists who became self-regulating might still need to work under the supervision of a dentist, depending on the legislation. By contrast, independent practice would allow dental hygienists to practice independently of a dentist, although they still might need an 'order' from a dentist to carry out their services.

In 1980, the CDHA submitted a brief to the Health Services Review Commission. They recommended that dental hygienists no longer be regulated by dental colleges, arguing that dentists were in a conflict of interest. Dentists were not interested in expanding the duties of dental hygienists because they themselves served to lose by this.[89] The CDHA also recommended eliminating the requirement that dentists directly supervise the work of dental hygienists. They wanted to investigate the possibility of dental hygienists practicing independently from dentists and recommended that quality assurance programmes be put in place to enable this transition. The CDHA also recommended expanding the role of the dental hygienists in the community. They felt that their public health skills could be put to better use, and that they could be employed in hospitals, personal care homes, senior citizen's centres, veterans' hospitals and centres for the mentally and physically handicapped to improve oral health.[90] This was in keeping with their 'caring' ethos. Angered by these proposals, the Canadian Dental Association, which had granted dental hygienists voting rights on several of their committees, rescinded those privileges. [91]

In 1981, the federal government established a working group on the practice of dental hygiene, chaired by Forgay. In 1988, the committee recommended that the regulation of dental hygienists be turned over to bodies composed primarily of dental hygienists and that dental acts be changed to recognise the fact that many of the

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tasks performed by dental hygienists did not require the supervision of a dentist.[92] Two years later, Alberta became the first province outside of Quebec to make dental hygienists self-regulating. The Alberta Dental Hygienists Association (ADHA) had fought for this since the late 1960s.[93] In 1990, after the provincial government published its 'Principles and Policies Governing Professional Legislation in Alberta', the dental hygienists renewed their campaign: the ADHA presented its brief to the civil service, negotiated with the Alberta Dental Association and encouraged their membership to write letters to their legislators pushing for self-regulation.[94] In 1990, the province of Alberta proclaimed the Dental Disciplines Act. This made the ADHA the registering body for dental hygienists in Alberta, although it also introduced a supervisory requirement that had not previously been there.[95] Even so, an article on the process in *Probe* argued that self-regulation had great advantages: government was now asking ADHA's opinion on oral health issues and the membership appeared to be more interested in the activities of the ADHA and took greater pride in their profession. More dental hygienists enrolled in continuing education courses. The relationship with the Alberta Dental Association was said to be improved (something that did not take place in other provinces), and the ADHA was given voting representation on several important committees in the Division of Dental Hygiene and the Faculty of Dentistry. [96] That said, three years after self-regulation was achieved, a study by Charla Latour found that 88.9 *per cent* of hygienists in Alberta believed themselves to be members of a profession; only 41.5 *per cent* of dentists agreed. [97]

Perhaps inspired by the Alberta example, in June 1991, the CDHA met to reaffirm their goals. The goal of achieving self-regulation moved from priority #7 to priority #2. According to the president, Terry Mitchell, there were several reasons for putting self-regulation higher on the agenda. Hygienists felt that there were needs in the community that they had the capacity to serve but were prevented from doing so as a result of overly restrictive legislation. While provinces wanted to put more emphasis on prevention, dental hygienists were often not able to take advantage of their training in 'health promotion and disease prevention'.[98]

In the interim, the struggle to gain self-regulation in Ontario continued. The Ontario government announced that in 1982, it would review the legislation surrounding all health professionals. The dental hygienists raised $25,000 in support of their campaign for self-regulation.[99] They argued that it was a 'conflict of interest' to have their employers regulate them, asserting that 'it is clearly in the economic self-interest of the employer-dentist to define regulate and control the practice of dental hygiene'. [100] While fighting for self-regulation, they also made the point that independent practice would allow dental hygienists to provide care to underserviced populations in nursing homes and prisons. In her book on the Ontario's Regulated Health Professions Act of 1991, Patricia O'Reilly singles out dental hygienists as being particularly articulate and knowledgeable advocates for professional self-regulation.[101] In March 1987, as part of its larger re-organisation of the regulation of health professions, the province announced that dental hygienists would be self-regulating.[102] This was enacted into law in 1991 and the College of Dental Hygienists of Ontario began operations in 1993. As in Alberta, dental hygienists were disappointed that the achievement of self-regulation did not mean that they could practice independently – instead, they could only perform their licenced duties with an 'order' from a dentist. The provision

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was the result of lobbying from dentists, their regulatory body and Ontario Dental Association.[103] British Columbian dental hygienists became self-regulating in 1993, while dental hygienists in Saskatchewan won self-regulation in 1997.[104] The other provinces followed a decade later with Manitoba in 2008, New Brunswick and Nova Scotia in 2009, and Newfoundland and Labrador in 2010.[105]

Fighting for the right to practice independently of dentists

Dental hygienists in many provinces also fought for the right to self-initiate dental hygiene care or to practice independently from dentists. Independent practice would allow dental hygienists to deliver care to underserved populations in old age homes, institutions and community centres. Some also wanted the flexibility to run their own practice, based on the principles of dental hygiene that placed prevention first. Many of the first independent practices aimed to serve clients ill served by traditional dentistry. British Columbia gained the right to self-initiate treatment in 1995, although a client had to have been examined by a dentist within the previous year. That same year, Arlynn Brodie in Kelowna, BC, opened a practice to bring care to residents of short- and long-term care facilities.[106] Another hygienist, Barbara Crosson, opened a mobile practice soon thereafter – the mobile practice allowed her to serve homebound clients, those living in long-term care homes, as well as the disabled who could not access dental offices.[107] In Ontario, Pat Spencer opened Mobile Oral Services in 1996, providing dental hygiene care to residents of long-care facilities and to the housebound. She opened the business after families complained that they could not get the help they needed for their loved ones. Unfortunately, due to the order requirement that was in place in Ontario at that time, she could not provide scaling (removing tartar) to many of her clients, which greatly limited what she could do for them. [108] In June 1995, the CDHA's board of directors adopted a Complementary Practice Position Statement supporting the efforts of dental hygienists who wanted to establish their own practice. The president of the CDHA, Forgay, argued that 'as the public discovered that they could access quality preventive oral health care for less, there would be a significant demand for independent dental hygiene services'.[109]

Dentists claimed that independent dental hygiene practice was unsafe. Dental hygienists were understandably cynical about this claim. A 1978 survey of Ontario dental hygienists showed that less than 60 *per cent* of supervising dentists were in the office at all times when they performed intra-oral procedures. Only half reported that their supervising dentists examined their work when it was completed. Twenty-five *per cent* of the people who reported that they worked without the legally required supervision said that they did so because they feared losing their jobs if they did not.[110] In short, the right to self-initiate care would in fact just make legal what was already standard practice in many offices. Moreover, dental hygienists who worked in public health had long functioned with minimal supervision from dentists. As dentist Don Lewis put it in a report for the College of Dental Hygienists of Ontario 'there has been no documentation of undue patient harm caused by dental hygienists'.[111] He added that, since dental hygienists received limited supervision in private dental offices, 'it is difficult to believe that these same services could cause patient harm when they are provided in unsupervised dental practices'.[112] In their study of the regulation of dental hygiene, health administration scholars Pran Manga and Tarry Campbell concluded 'restrictive

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supervision requirements appear to be more a function of turf and territoriality (by dentists) than the protection of consumers's oral health'.[113]

On the other hand, considerable evidence supported dental hygienists' claim that independent dental hygiene practice would provide more options for underserved clients. In one study from California, over 40 *per cent* of new patients to five independent dental hygiene practices did not currently have or had never had a dentist. In another study, eight out of nine independent dental hygiene practices accepted Medicaid patients, while surveys of California dentists showed that very few dentists were willing to accept patients on Medicaid.[114] In their study of health care costs, Evans and Williamson concluded that independent dental hygiene practice would bring down costs for consumers, as dental hygienists would likely use price as a way to lure patients away from dentists. Sixteen years later, Manga and Campbell agreed, arguing that US evidence suggested that what dentists were charging for dental hygiene services were about triple the salary being paid to dental hygienist.[115]

There were fierce disagreements among dentists and dental hygienists on this issue. When sociologist Adams completed a study of dentists' and dental hygienists' attitudes towards independent practice in Ontario in 2002, 71 *per cent* of dental hygienists agreed that they should be able to practice independently of dentists, only 4 *per cent* of dentists agreed. Moreover, 66 *per cent* of dentists felt that it was important for their professional organisations to fight against independent dental hygiene practice.[116] One of the arguments made by dental hygienists was that although dentists were trained in all aspects of dental hygiene practice, dental hygienists received a far more extensive training in the scope of practice of dental hygiene, including most notably scaling, root planning, curettage and oral prophylaxis. A study from the American Dental Hygiene Association found that dental hygienists graduated with approximately 700 hours of clinical experience in these fields, while the average dentists received only 200 hours. They concluded that 'supervision of dental hygienists by dentists does not seem logical'.[117]

Saskatchewan hygienists gained the right to self-initiate in 2000, although the legislation required that they work for a dentist, or for an employer who had a contract with a dentist. Alberta followed suit in 2006 and Ontario, the next year. Manitoba hygienists gained the right to self-initiation in 2008, although the conditions were highly restrictive. Nova Scotia dental hygienists gained the right to self-initiate in 2009, the same year that they became self-regulating.[118]

Conclusion

The struggle for self-regulation and self-initiation did not distract from dental hygienists' sense of themselves as a caring profession. When she was president of the CDHA in 1981, Pat Grant wrote: 'dental hygiene is a serving profession. We are at our best when helping others; whether it be helping patients accept responsibility for their own health or helping a student learn the art of our profession'.[119] When Mitchell concluded her term as president in 1992, she pronounced: 'Continually dental hygienists put the needs of the public first and foremost. Dental hygienists prefer to practice in a collaborative practice setting, contributing towards the health of clients but helping the clients to take responsibility for their health'.[120] Another former president of the CDHA, Pelletier, put it – 'I think we're the caring ones. We're the empathetic ones.

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We kind of overlook what the cost of the treatment will be'. In her experience, private practice dentistry 'was so money-based. It was so productivity based'. Dental hygiene, on the other hand,

> is so about the caring and about making people feel good about themselves … . For us, preventive was so important. For the dentists, it was so important to drill a bit and extract and get that new crown and bridge in there and do some of those new aesthetic procedures.[121]

Despite this emphasis on caring, dental hygienists have made significant progress in their fight for professional respect and autonomy. Today, dental hygienists in every province of Canada (except in the Territories and PEI) enjoy self-regulation of their profession. In many provinces, they have also gained the right to practice independently of dentists. The drive for independent practice has been motivated, in part, by their desire to provide care to underserviced populations including people with disabilities, the elderly and children as well as a desire to work independently from dentists, who profit substantially from the dental hygienists' labour.

By the early twenty-first century, dental hygienists had become increasingly successful at combining 'caring' and expertise in their quest for greater professional recognition. Even so, dental hygienists continue to be, in the main, a subservient member of the 'dental team', responsible for cleaning teeth and the emotional caretaking of patients. It remains to be seen if recent professional gains will encourage employers and patients to grant the work of 'caring' and 'prevention' the same respect as that of 'curing'.

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