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A Study of Visible Tattoos in Entry -Level Dental Hygiene Education Programs

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A Study of Visible Tattoos in Entry –Level Dental Hygiene Education Programs

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Developing an observational method for assessing dental hygienists' injury risk

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Purpose: The purpose of this study was to survey entry-level dental hygiene program directors in the United States (US) to assess their perceptions of dental hygienists with visible tattoos as well as to determine current policies related to dress codes in US dental hygiene programs.

Methods: Data was collected with an online survey emailed to 340 dental hygiene program directors from March to April 2016, yielding a 43% (n=141) response rate. Participants indicated their opinions of visible tattoos on the basis of professionalism and school policy requirements.

Results: Eighty percent of respondents reported their program had dress code policies on visible tattoos, with the majority (97%) requiring visible tattoos to be covered.

Results revealed that both students (M=5.57, $p<.0005$) and faculty (M=5.76, $p<.0005$) with visible tattoos were perceived as being significantly less professional. Most participants agreed that faculty should discuss the impact of visible tattoos on future employment opportunities, and that the surrounding community would view the school as less professional if students had visible tattoos ($p<0.0005$). Tolerance toward tattoos in general ($p<0.001$), but not age, ($p=0.50$), was significantly associated with satisfaction concerning the dental hygiene program's tattoo policies. A lower tolerance towards visible tattoos ($p<0.001$) was associated with an increased likelihood that there was a program dress code policy on visible tattoos.

Conclusion: Results showed that visible tattoos were not perceived favorably in general, and that the dental hygiene program director's personal perceptions may have influenced existing school dress code policies. These findings provide evidenced based information for hygienists, students, faculty, administrators and hiring managers as they formulate institution policies relating to body art.

Problem: Dental hygienists have a high prevalence of work-related musculoskeletal disorders (WMSDs) due to repetitive motions and sustained postures. No standardized method exists for evaluating risk factors in the clinic. The purpose of this study was to evaluate risk for WMSDs in dental hygienists using video observations.

Methods: Videos of five volunteer student dental hygienists were obtained during patient care for this IRB approved study. Two stationary cameras captured a wide-angle view of body positions and a close-up view of the hand and wrist during scaling. Videos were coded by activity, time spent in each clock-position (CP) and area of the mouth (AOM). Sustained postures (i.e., >45-sec in one CP/AOM) were evaluated using the rapid upper limb assessment (RULA).

Results: Average appointment time was 178 minutes (2.9 hours). Instrumentation took 57% of appointment, 82% of which was spent performing hand scaling. Students worked most frequently in the 9-CP (40% of the time), with equal time in each AOM. Sustained postures were noted in 71 video segments. Overall RULA scores were distributed around modes of 4 and 6, and the most frequent poor postures were wrist flexion and neck flexion. 18% of video segments were unable to be assessed due to a blocked view.

Conclusions: RULA scores of 4-6 indicate moderate risk for these students. The observational method was found to be feasible; however, adding a third view may improve analysis of sustained postures. Additionally, assessing hand strain during scaling may assist in evaluating risk for WMSDs.

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