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ORIGINAL ARTICLE

Investigation into the enablers and barriers of career satisfaction among Australian oral health therapists

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Abstract

Objectives: This qualitative study explored the enablers and barriers of career satisfaction among Australian oral health therapists (OHTs) and the reasons behind career changes.

Methods: Participants were recruited in 2 ways: 1) recruitment posts were made on the Facebook pages of two professional groups; and 2) an email was sent to the Doctor of Dental Medicine students of the University of Sydney School of Dentistry, inviting those with OHT qualifications to participate. Each participant completed a semi-structured interview which was guided by open-ended questions. The average interview length was 45 min. All interviews were recorded, transcribed verbatim and manually coded. Thematic analysis of the qualitative data was completed using an inductive approach.

Results: Twenty-one OHTs participated in this study. The enablers of OHT career satisfaction include clinical practice, job variety, career flexibility, being in a supportive team environment and the opportunity for constant learning and growth. The barriers to career satisfaction include musculoskeletal problems, restrictions on the scope of practice use, psychological stress and lack of recognition from others. OHTs remain in the profession due to stable income and employment opportunities. The main reasons for retirement were burnout and pursuing dentistry. OHTs pursue dentistry to expand their scope of practice.

Conclusion: This study revealed the enablers and barriers of OHT career satisfaction in an Australian context. OHTs are an important component of modern dental workforces, and reasons for attrition within the workforce are essential for maintaining responsiveness to community oral health needs.

KEYWORDS
career choice, career mobility, dental hygienists, health workforce, job satisfaction, occupational stress, oral health therapist

1 | INTRODUCTION

In New Zealand and Australia, oral health therapists (OHT) are dually qualified practitioners in dental therapy (DT) and dental hygiene (DH) that serve as prevention-focused generalists.[1-3] A broad-based education in oral health has enabled OHTs to become professionals that make significant contributions in advancing the oral health of society through clinical therapy, research, education and advocacy.[2,3] Clinically, the DT scope allows OHTs to deliver a range of restorative care and non-surgical extractions with a special focus on treating children.[2,3] The DH scope allows OHTs to deliver non-surgical periodontal therapy and other preventive care.[2,3] With changes in healthcare needs, OHTs are well equipped with the skillset to improve the outcome of care and reduce healthcare inequalities.[1] For populations with limited disease burdens and treatment needs, OHTs may shoulder the responsibility of delivering routine preventive and restorative care.[1] For populations with more complex needs, OHTs can serve as complementary providers by collaborating with dentists in delivering ongoing preventive and maintenance care.[1] OHTs are in a unique position to provide continuing care for low-risk individuals who have regular access to dental care.[1] In July 2020, Australian OHTs gained greater independence when the regulatory requirement that limited OHTs to practising within a structured professional relationship with a dentist was removed.[4] Nonetheless, some OHTs may still be limited to only providing restorative care to patients under a certain age due to the lack of adult restorative therapies (adult scope) in their clinical education.[4] OHTs could overcome this limitation via undertaking continued professional development (CPD) courses or pursuing post-graduate education.

Research from the United Kingdom (UK) revealed that many dental hygienists and dental therapists (DHTs) felt dissatisfied with their careers in areas such as remuneration, work variety and the opportunity to practice to their full scope of training.[5-8] Many practitioners faced limitations in using their full scope of practice by their employer dentists, and some have ceased practising due to this constraint.[5-8] Likewise, recently graduated OHTs from New Zealand faced limitations in utilizing their full scope of practice, and many were concerned about maintaining it.[9] Many OHTs indicated that dentists were often uninformed of their scope of practice which led to restrictions in their scope use and the patients they could treat.[5-11] In comparison, OHTs were more satisfied with their careers when they used their full scope of practice, received appropriate remuneration and when they felt respected by colleagues and accepted by patients.[10,11] Furthermore, it was not uncommon for practising and student DHs and OHTs to pursue a career in dentistry.[12-15] Studies found that some OHT students ranked dentistry as their primary career choice and hoped to use OHT as a stepping-stone for entry into dentistry.[13-15]

The current literature on OHT careers has mainly utilized quantitative studies to examine the factors associated with career satisfaction. Therefore, well-designed qualitative research is needed to critically examine the enablers and barriers to OHTs having a satisfying career. There has also been a paucity of research exploring the reasons behind OHTs who pursued a career change. Hence, the aims of this qualitative study were to explore the enablers and barriers of career satisfaction among Australian OHTs and the reasons for pursuing career changes.

2 | METHODS

The participants of this study were OHTs (dual qualified practitioners as both dental hygienists and dental therapists) who were currently or formerly registered with the Dental Board of Australia. Recruitment was done by two strategies: 1) recruitment posts were made on the Facebook pages of the Dental Hygienists Association of Australia (with over 4000 followers) and the DPR (formally known as dental product review, which is currently one of the largest dental Facebook groups in Australasia with over 17 000 members) inviting OHTs to participate; and 2) an invitation email was sent to all currently enrolled Doctor of Dental Medicine students of the University of Sydney School of Dentistry inviting students with OHT qualifications to participate. Members of the research team also shared the social media posts on their social media accounts. This broad-based recruitment strategy allowed the research team to reach OHTs from a variety of backgrounds and allowed recruitment to go beyond each member's professional network.

OHTs who were interested were invited to email the research team to arrange an interview on the video teleconferencing program Zoom. Prior to the interview, verbal consent was obtained, and the participant information statement was provided. Verbal consent was chosen due to this research being conducted using teleconferencing software during the COVID-19 pandemic. The University of Sydney Human Ethics Committee permitted consent to be gained verbally due to the restrictions imposed by the pandemic. Participation in this study was entirely voluntary, with no incentives provided. Interviews were conducted by one member of the research team (DC) in a semi-structured format. Participants were guided by open-ended questions which were developed collectively by the research team based on the findings of a previous scoping review conducted by the research team.[16] In the interview, participants shared their thoughts on the factors associated with career satisfaction in their OHT careers. The length of each interview was determined by each participant's responses to the pre-determined questions. Data saturation was achieved after completing 21 interviews. As suggested by Saunders et al, this was assessed during the process of participant recruitment, data collection and data analysis.[17] The interview guide is provided in Appendix A.

All interview recordings were transcribed verbatim. The qualitative data were analysed collectively by the research team for distinctive and repeating themes following the approach suggested by Braun and Clarke.[18] This was done to allow in-depth exploration into participants' perspectives, attitudes and beliefs. By adopting an inductive approach, each interview transcript was read over multiple iterations in search of meanings and features. Coding was then done manually using NVivo (v1.5) by one member of the research team

(DC). Codes were refined and collated collectively by the research team over multiple iterations. In the process, distinctive and repeating themes were identified and calibrated among members of the research team. These themes were then analysed collectively by all members to address the research question. Disagreements during data analysis were resolved through collective discussions among members.

The University of Sydney Human Research Ethics Committee granted approval for this study (Project No. 2020/726).

3 | RESULTS

Twenty-one Australian oral health therapists participated in this study (Table 1), of which 20 were currently practising and one was formerly registered. A total of twenty-one interviews were conducted, ranging from 25 to 63 minutes. All participants described their OHT careers as satisfying and fulfilling (Figure 1). Many stated that they greatly enjoyed clinical dentistry and the opportunity to help others (Table 2). Participants also appreciated the variety in their daily job and the overall flexibility of their careers. Many enjoyed working in a team environment and viewed OHT as a profession that enabled them to be constantly learning and growing.

However, participants sometimes faced major barriers in the scope of practice use and endured musculoskeletal problems and psychological stress. Thirteen participants also commented on the lack of recognition and trust for OHTs from dentists and the general public. Nine participants have either pursued or were actively considering dentistry as an alternative career. For participants who chose to stay in the OHT profession, they did so due to OHT's stable income and employment opportunities. On the contrary, the main reasons that many indicated for leaving the profession were burnout and pursuing dentistry.

TABLE 1 Participant demographics

Characteristics	Participant no. ($n = 21$)
Sex	
Females	15
Males	6
Status	
Currently practising	20
Formerly registered	1
Practice settings	
Private clinical practice	14
Public clinical practice	7
Education background	
Bachelor's degree in OHT	19
Diploma/Certificate in OHT	2
Additional qualifications at bachelor's level or below	9
Career plans	
Consider pursuing graduate education (non-dentistry)	6
Consider pursuing dentistry	9
Scope of practice	
Practising with adult scope	12
Practising without adult scope	9
Years of experience as an OHT	
1–5 years of experience	9
6–10 years of experience	7
More than 10 years of experience	5

3.1 | Enablers of a satisfying OHT career

Most participants were attracted to the hands-on and problem-solving nature of clinical dentistry. Many enjoyed performing a variety of restorative procedures and treating different cases. Some participants expressed that they enjoyed the biomedical aspects of dentistry and appreciated seeing the relationship between oral and general health. Many participants stated enthusiasm in seeking opportunities to build rapport with patients and help improve patients' well-being. Participants also reported that they enjoy working in a team environment and the opportunities to collaborate with and learn from colleagues. Several participants expressed enjoyment in variety in relation to their jobs. All participants indicated that they enjoyed tasks that were non-repetitive and mentally stimulating.

> '*OHT was such a beautiful blend of clinical work, but also a mix of education and communication. It was about working with patients directly. I really liked the way those three aspects merged together*' [OHT8, female, 10 years of experience, private/public practice].

The structured work hours and flexible schedules allowed many participants to achieve a good work–life balance. Having a flexible work schedule also allowed many participants to undertake CPD education such as adult scope training or different certificates/diplomas while still maintaining employment. Many were positive about the great degree of freedom of being an OHT as they were able to explore different career pathways and work in different settings. In addition, OHT's career flexibility and work schedule allowed participants with parental responsibilities to work either full time or part time. These participants stated that they had the freedom of working in one (e.g. clinical practice) or multiple settings (e.g. business, clinical teaching and administration), which encouraged many female participants to stay in the workforce.

> '*Because of that flexibility, it's given me a work/life balance… I've been able to enjoy a life outside of dentistry, and not just be bogged down by work all the time*' [OHT2, male, 7 years of experience, private practice]

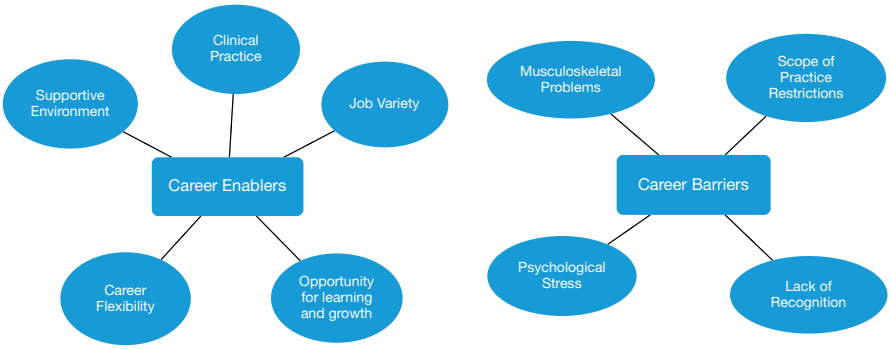

FIGURE 1 Enablers and barriers of OHT career satisfaction

Many participants felt engaged and satisfied when they had the opportunity to learn and grow as healthcare professionals. Participants appreciated acquiring new knowledge and learning new techniques. Many enjoyed completing additional qualifications in nutrition, practice management, periodontics, orofacial myology and aged care to complement their clinical practice. For the participants who considered pursuing or have pursued graduate education, they saw it as an opportunity to obtain new knowledge and venture into new career pathways in non-clinical domains such as academia, government and health promotion (e.g. designing and implementing oral health promotion programmes). Participants who pursued graduate education did so after feeling satisfied with their clinical careers. Many also believed that the knowledge they discovered through the research aspect of graduate education could potentially benefit an entire community and inform decision making in clinical practice:

> '*You're constantly updating your skills, trying to make sure that you're providing the best care for your patients. It's been very fulfilling*' [OHT2, male, 7 years of experience, private practice]

> '*Getting me into the PhD was obviously helping me get on that academic career pathway and I enjoyed doing the work… it's so translational… you're researching or investigating something that can benefit, not just one person… I think that's amazing*' [OHT19, female, 7 years of experience, public practice/research]

The participants greatly enjoyed working in a supportive and collaborative environment. In clinical practice, many enjoyed the autonomy they had and the opportunity to be involved in treatment planning. Participants felt appreciated when they were being valued as healthcare professionals. Thirteen participants expressed that their scope of practice was respected and not limited or extended by their employers. Furthermore, these participants enjoyed receiving mentorship from senior colleagues and collaborating with professionals from other disciplines.

> '*I am respected as a dental clinician… I'm very much involved in the treatment planning process that I have with my patient*' [OHT3, male, 9 years of experience, private/public practice]

> '*It's very good in that [my dentist] won't expect me to do anything that I don't feel comfortable doing, that I don't want to do*' [OHT5, female, 4 years of experience, private practice]

3.2 | Barriers in OHT career satisfaction

Almost all participants reported experiencing some degree of musculoskeletal disorders in their neck, back, wrists and fingers. Fourteen participants attributed the cause to the laborious nature of clinical practice. Participants often had to compromise their ergonomics when working with challenging and uncooperative patients, especially in paediatrics and geriatrics. As these participants indicated, it was especially challenging working with uncooperative children in a dental chair that was not designed for paediatric dentistry. Some participants associated the musculoskeletal disorders in their hands and wrists with the repetitive and strenuous nature of periodontal scaling.

> '*I don't have any colleagues who do not have back pain… because of the bending… [and] repetitive motions… and also a lot of workplaces that don't give… assistants… [you have to do your own] notes… changeovers, often [your own sterilisation], so people just… burn out*' [OHT8, female, 10 years of experience, private/public practice]

The participants also dealt with various kinds of psychological stress. Some experienced the stress of finding employment and transitioning from being a student practitioner to a practising professional. Several participants also felt mentally exhausted when working with patients who were medically complex or had unreasonable expectations such as refusal of diagnostic tests and unrealistic treatment requests. A few participants reported having psychological burdens related to feelings of not doing enough for their patients. This thought was often triggered when they were forced to work without an assistant or were overwhelmed by the workload. These participants also worried about doing more harm than good, especially when working with uncooperative children. Participants also described the stress related to the production requirements in public and corporate clinics which involves fulfilling

TABLE 2 Codebook for thematic analysis

Code	Description	Examples
Enablers of OHT career satisfaction		
Enjoying clinical practice	Attracted to undertaking various clinical tasks (e.g. restorative procedures), solving different clinical problems, caring for patients, and collaborating with other healthcare professionals	"OHT was such a beautiful blend of clinical work, but also a mix of education and communication. It was about working with patients directly. I really liked the way those three aspects merged together" [OHT8]
Enjoying variety	Attracted to opportunities that allowed OHTs to fully utilize their scope of practice and the possibilities of venturing into different career pathways (e.g. teaching and research)	"I get to do different things… [from] treating private patients to tutoring students and mentoring them… I do have a bit of variety in my work… [and] satisfaction from each areas in a different way" [OHT4]
Enjoying career flexibility	Attracted to structured work hours, flexible scheduling and the ease of finding employment	"Because of that flexibility, it's given me a work/life balance… I've been able to enjoy a life outside of dentistry, and not just be boggled down by work all the time" [OHT2]
Enjoying personal growth	Attracted to opportunities in acquiring new knowledge, learning new skills and becoming a more competent professional	"You're constantly updating your skills, trying to make sure that you're providing the best care for your patients. It's been very fulfilling" [OHT2]
Enjoying working in a supportive environment	Feeling respected and supported by colleagues and employers	"I am respected as a dental clinician… I'm very much involved in the treatment planning process that I have with my patient" [OHT3]
Barriers of OHT career satisfaction		
Experiencing musculoskeletal problems	Endured musculoskeletal pain in back, wrists, neck and fingers	"One of the other reasons I wanted to take a year off was because… bad back and I was in a bit of pain just from overworking… and not paying attention to my ergonomics. I was only three years into my career" [OHT19]
Experiencing psychological stress	Sense of mental exhaustion due to reasons such as transitioning from school to work, treating patients with complex needs and heavy workload	"In public practice you feel like you're part of a conveyor belt, just drilling, filling, extracting without actually making any impact or change" [OHT8]
Lack of recognition	Encountered incidents where patients or dentist colleagues being unaware of OHTs' professional role and scope of practice	"I just call myself a hygienist for the most part because people at least can understand what that is [comparing to OHT]… then they're surprised when you're the one doing the extractions, and also the fillings" [OHT8]
Scope of practice restrictions	Being restricted by employers or dentist colleagues from fully utilizing OHT's scope of practice	"Dentists have different expectations of what you're able to do, and what you should be doing" [OHT6]

a quota for certain procedures or selling certain products in a given time frame. These participants frequently felt depressed and drained. They described themselves as workers on an assembly line, doing the same procedures over and over and again to meet the production demands:

> '*With corporate dentistry… I feel like they're almost using you like a pair of hands… just pumping out work and making money*' [OHT5, female, 4 years of experience, private practice].

> '*In public practice you feel like you're part of a conveyor belt, just drilling, filling, extracting without actually making any impact or change*' [OHT8, female, 10 years of experience, private/public practice]

Many participants encountered patients who were unaware of the OHT's professional role and were often mistaken as dentists or dental assistants. Some even experienced distrust as some patients viewed OHTs as less qualified than dentists. On the contrary, participants indicated that being mistaken as a dentist often brought a degree of

authority and credibility to their professional image. On some occasions, patients were more receptive and cooperative when they mistook OHTs as dentists.

> '*I just call myself a hygienist for the most part because people at least can understand what that is [comparing to OHT]… then they're surprised when you're the one doing the extractions, and also the fillings*' [OHT8, female, 10 years of experience, private/public practice]

Ten participants reported having worked with dentists who were not well informed of their scope of practice. This has either led to distrust in OHT's ability in performing certain procedures, or unreasonable expectations of OHTs to perform procedures that were clearly outside of their scope. Furthermore, several participants experienced rejections for employment as the employer dentists did not understand OHT's professional role. Some participants attributed the confusion and misunderstanding of OHT's professional role and scope of practice to the different education programmes that graduated practitioners with different scopes. Several participants also suggested that the different CPD programmes that allowed OHTs to expand their scope of practice created extra confusion. As a result, the distrust and confusion from dentists precipitated restrictions in OHTs' scope of practice use and interference in clinical decision making:

> *'There are so many different oral health and hygienist and therapy courses… when I first graduated with the dentists I started with… he didn't really understand what I could and couldn't do… '* [OHT9, female, 5 years of experience, private practice]

This has left many participants feeling discouraged and subordinate. Before the structured relationship requirement was rescinded, different dentists had different interpretations of the requirement which resulted in participants practising under different degrees of independence and autonomy:

> '*Dentists have different expectations of what you're able to do, and what you should be doing*' [OHT6, female, 30 years of experience, private practice/clinical education]

On some occasions, participants experienced dentist colleagues taking over their patients and verifying their work even though they were practising well within their scope. A few participants also encountered dentist colleagues overriding their decisions and providing conflicting information to patients which undermined their credibility and professional image. The dominance of dentists was especially evident for adult restorative cases in private practice. Several participants reported being expected to transfer their patients to dentists when dentists have availability in their scheduling. As a result, many participants felt that they were being treated as auxiliaries not as professionals, as they could only perform procedures and take on patients that were not wanted by dentists:

> '*[Taking over is] more so with the adult restorative work… [It's as if] the dentist would do a better job… It might even be because they have like time next week that they want to fill up… we're… not really seen as an equal*' [OHT4, female, 10 years of experience, private/independent practice]

A few participants had the feeling of being constantly scrutinized by dentists when it comes to the quality of their clinical work. Several participants felt that if they made any mistakes, especially in the clinical setting, they risked tarnishing the professional image of the entire OHT profession. Some participants expressed displeasure when seeing OHTs being mislabelled by dentists as the inadequately trained clinicians that are constantly trying to intrude into dentists' scope of practice. In addition, participants have witnessed dentists openly mocking the OHT profession both in person and on social media:

> '*If you know that there's a possibility that a restoration could fail, not only from making sure that the patient's well taken [care] of but also just with the politics of OHTs and the Australian Dental Association. I just don't want to find another reason for OHTs getting the backhand… as an OHT everything that I do has to be perfect*.' [OHT3, male, 9 years of experience, private/public practice]

A few participants expressed discontent on their scope of practice and described how they were often restrained from doing more. They expressed the need to achieve greater autonomy and independence and were not satisfied with OHTs being viewed as mid-level providers. Several others commented on the need for more CPD programmes to help OHTs to learn more and expand their scope of practice.

Several mid-career participants experienced boredom and dissatisfaction due to the sense of career stagnation. This was particularly evident among participants without adult scope and those who were restricted to practise primarily dental hygiene:

> '*I knew that I couldn't practice as an OHT forever, it's too repetitive, too limiting… not a huge amount of room for progression*' [OHT5, female, 4 years of experience, private practice]

3.3 | Commitment to the OHT profession

The participants who remained in the profession enjoyed their careers. These participants were satisfied with their remuneration, enjoyed the career flexibility and appreciated opportunities to help others. A few participants indicated that a career change often requires additional training and investments in time and money which did not suit their plans. Additionally, a few participants became

indifferent with clinical practice but regained their passion after they ventured into non-clinical career pathways:

> '*There have been times in my career that I've wanted to leave… I felt like I'd achieved everything… But… once I explored things outside of the clinic that sort of renewed my enthusiasm for still being an OHT*' [OHT15, female, 16 years of experience, private practice/clinical education]

For participants who considered leaving the OHT profession, the two main reasons were burnout and pursuing dentistry. Many participants experienced musculoskeletal problems and psychological stress due to heavy workload, long work hours and being in an unpleasant work environment. For these participants, the degree of stress they were enduring led to burnout which prompted them to consider retiring either temporarily or permanently:

> '*I think leaving the profession is inevitable for most OHTs… I'll leave the profession mainly for my back and my neck… I would like to stop before my damage becomes irreparable*.' [OHT8, female, 10 years of experience, private/public practice]

In addition, several participants indicated that it was not uncommon for OHTs to consider another career as OHT was many individuals' first qualification.

For participants who pursued dentistry, OHT was viewed as the stepping stone. These participants explained that OHT, in comparison with other degrees such as medical science, had better employment prospects which could provide optimal financial security if they were unsuccessful in their dental school application. The primary motivators for pursuing dentistry for these participants were the desire to learn more and expand their scope of practice. These participants felt limited by their theoretical knowledge in aspects such as internal/general medicine, emergency medicine, anatomy and pharmacology. In the clinical aspect, they developed strong interests in paediatric dentistry, endodontics, prosthodontics and oral surgery. As there were few opportunities to enhance skills and experience in these disciplines as an OHT, these participants chose to pursue dentistry. Some also felt that they were not reaching their full potential as an OHT. Hence, they chose to pursue dentistry:

> *'I've always wanted to pursue dentistry but then it's more like the feeling got stronger throughout my OHT program… I just want to do even more things that I saw in dentistry… I wanted to acquire more of that knowledge, and also being able to handle a lot of thoses cases myself instead of just having to refer them'*. [OHT21, male, 3 years of experience, private practice]

Interestingly, participants had mixed opinions about their OHT identity if they were to depart from the profession. Some participants saw themselves carrying the OHT identity with them to other professions. They wished to continue contributing as oral health experts and advocate for the OHT profession. Several participants who pursued dentistry also saw the continuity in the professional identity between OHT and dentistry. They viewed themselves more as dually qualified OHTs and dentists. These participants wished to advocate for OHTs as dentists and bring more recognition to the OHT profession. However, for several participants who pursued dentistry or careers in academia, they considered their professional identity changed and no longer saw themselves as an OHT. Moreover, one participant highlighted the identity conflict he experienced as someone with an OHT background in dentistry. This individual faced difficulty deciding his belonging, especially when encountering clashes between OHTs and dentists:

> '*I'm kind of torn… it's like where does my loyalty stands now? Is it with OHT or ADA [Australian Dental Association]*?' [OHT3, male, 9 years of experience, private/public practice]

4 | DISCUSSION

This study is unique as it provides insight on the enablers and barriers of OHT career satisfaction in an Australian context. The findings revealed that Australian OHTs were generally satisfied with their careers. Many enjoyed caring for patients, practising dentistry and having a flexible career. Participants appreciated receiving good remuneration, being supported and respected by others and having the opportunities to grow and learn. One unique finding was that many participants endured musculoskeletal problems and psychological stress associated with clinical practice. This often led to burnout and several participants considered either retiring early or transitioning to non-clinical career pathways. Similar studies from the UK and New Zealand found that DHTs and OHTs were more satisfied with their careers when they were able to practice full scope, respected and valued by colleagues and the general public, and had variety in jobs and the opportunity to learn and grow.[5-11]

The participants of this study reported a sense of dissatisfaction due to feeling limited by their scope of practice, experiencing inadequate recognition from dentists and patients and being restricted by dentist employers in clinical practice. These findings resonate with the findings from the UK and New Zealand where many DHTs and OHTs experienced limitations in scope of practice use and had limited opportunities to undertake complex restorative procedures.[5-11] Some individuals were also unhappy about the lack of recognition from dentists.[5-9]

Dentists have been extremely reluctant and sceptical of letting non-dentist providers undertake procedures in restorative dentistry.[19,20] Many continued to advocate for direct supervision of non-dentist providers for the consideration of patient safety.[19,20] Csikar et al and Nash et al have found that dentists were often unaware of the OHT's scope of practice and unconvinced about OHTs' clinical competencies.[7,19,20] As a result, many OHTs

faced restrictions from their employer dentists to practise full scope.[7,19,20] This phenomenon was observed in this study. Often, participants' scope of practice was arbitrarily determined based on the dentists' personal preference. Participants in this study also reported that it was not uncommon for dentists to override their clinical decisions and recommendations to patients. This had left many participants feeling frustrated and subordinate. In addition, some participants in this study confided about the feeling of being constantly scrutinized by dentists and suggested that any clinical failures could result in tarnishing the reputation of the entire OHT profession. However, Calache et al and Hopcraft et al reported that the technical quality of restorative procedures performed by non-dentist providers was to the same standards as those performed by a dentist.[21,22] Moreover, there have been no documented issues of safety and harm as a result of non-dentist providers providing care.[19,20]

The findings of this study revealed the intricate relationship between OHTs and dentists. This could stem from dentists distrusting non-dentist providers in undertaking restorative procedures which encroached onto dentists' scope of practice.[19,20] Traditionally, physicians and dentists possessed a monopoly of knowledge and services in their respective fields and served as the 'captain of the ship' while other healthcare professions functioned as supporting team members and undertook tasks that are often below their skill level.[23,24] This has resulted in role ambiguity, reduced career satisfaction and increased practitioner turnover in allied healthcare professions.[24] However, in the past few decades, changes in the socio-political landscape and shifts in consumer power resulted in allied healthcare professions gaining more autonomy and recognition.[23] Furthermore, with changes in population healthcare needs, an innovative workforce model with greater stratification on care delivery was proposed to improve efficiency, effectiveness and access to care.[1,25] In this model, OHTs serve as the primary care provider for patients with routine treatment needs and collaborate with dentists in treating patients with more complex needs.[1,25] As prevention-focused oral health generalists, OHTs are capable of providing ongoing preventive and maintenance care both independently and collaboratively with other healthcare providers.[1,25] In countries with a public-funded oral healthcare system, an integrated team of OHTs and dentists where dentists provide support, consultation and receive referrals for complex cases could greatly improve efficiency and access, especially in rural areas.[1,25] As Brocklehurst and Tickle suggested, the key aspects to OHT utilization include patient acceptance, dentists' knowledge of OHT's scope of practice, financial incentives and the professional culture of dentists.[25]

Many OHTs in this study experienced musculoskeletal problems in their wrists, lower back, neck and fingers. Participants also faced stress when treating medically complex patients and uncooperative children. It has been well documented that dental professionals are at high risk for burnout due to undertaking psychologically demanding work.[26,27] Also, dental professionals are more likely to have musculoskeletal disorders in the shoulders, back and wrists due to having awkward posture and performing tasks with repetitive motions.[26,27] As a result, some participants in this study have considered retiring prematurely to avoid further deterioration of their health.

Several OHTs in this study entered the profession with the desire to pursue dentistry at a later day. Surveys among OHT students revealed that a significant portion ranked dentistry as their primary career choice and viewed OHT as a gateway to dentistry.[13-15] Similarly, OHTs who pursued dentistry in this study indicated that they somewhat used OHT as a stepping stone. Some participants in this study pursued dentistry with the desire to expand their scope of practice, do more for patients, acquire additional knowledge and achieve self-fulfilment. Generally, these participants were strongly attracted to clinical practice. Similarly, studies from DH revealed that DHs who favour clinical practice and felt restricted by their scope of practice pursued dentistry to advance their clinical skills and gain more knowledge.[28]

This study shed light on the enablers and barriers that are associated with Australian OHTs' career satisfaction. Further research is needed to help formulate strategies that address the musculoskeletal problems that many OHTs are facing. The Australian OHT profession is a female-dominant profession with more than 87% of registrants being female.[29] Therefore, additional studies are also needed to examine how gender could influence OHTs' career experience. In particular, studies should explore male OHTs' experience in a female dominant profession. Since it is not uncommon for OHTs to pursue career changes, additional research should also examine the relationship between career changes and the change in professional identity. For the long-term prosperity of the OHT profession, it is crucial to develop measures that will improve the well-being and satisfaction of all members of the profession.

The participants of this study all came from diverse backgrounds. Many participants have held employment positions in a variety of settings ranging from clinical practice to academia. The entire cohort was evenly distributed in their years of practising experience ranging from two to 30 years. This provided a wide representation of Australian OHTs coming from different generations. The number of individuals with and without adult scope was almost evenly distributed as well. This provided an accurate depiction of OHTs experience in clinical practice that is independent of the scope of practice. Therefore, the findings of this study should provide an accurate depiction of the enablers and barriers associated with career satisfaction among Australian OHTs. The results may serve as a guide for future studies in this area.

However, the findings of this study were a collection of individuals' personal experiences bounded by social, cultural and professional values. Therefore, these findings should not be interpreted outside of the given context. Also, the 21 participants recruited may not be a representative sample of the entire Australian OHT profession. Hence, the findings should not be overly generalized. It should be noted that a different research team at a different juncture interviewing a different cohort could yield different findings. Although an inductive approach was adopted, the analysis and interpretation of the qualitative data were done through the lenses of the researchers which were inevitably bound by their professional

and cultural perspectives.[30] The research team was comprised of a specialist dentist in public health dentistry (AH), an academic dental hygienist (MH) with qualifications in career development and a dental hygienist (DC) who is currently pursuing a Doctor of Dental Medicine degree.

5 | CONCLUSION

This study revealed that the enablers of OHT career satisfaction include clinical practice, job variety, career flexibility, being in a supportive environment and having the opportunity for learning and growth. The barriers to OHT career satisfaction were musculoskeletal problems, scope of practice restrictions, psychological stress and lack of recognition. This study is one of the few qualitative studies that explored the enablers and barriers related to Australian OHTs' career satisfaction and the reasons behind OHTs who pursued a career change. Future research should explore more in-depth the effects of musculoskeletal problems on OHT career satisfaction. Furthermore, additional studies are needed to examine how gender affects OHT career experience. As prevention-focused healthcare professionals, OHTs have become integral members of the modern dental workforce. Thus, reasons for attrition within the workforce are essential for maintaining responsiveness to community oral health needs.

ETHICS STATEMENT

The University of Sydney Human Research Ethics Committee granted approval for this study (Project No. 2020/726). Verbal consent was obtained from all participants.

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CONFLICT OF INTEREST

All authors declare no conflict of interest.

AUTHOR CONTRIBUTIONS

In this study, Dennis Chen contributed to the conception, design, data collection and analysis and manuscript preparation. Alexander C L Holden and Melanie J Hayes contributed to conception, design, data analysis and manuscript preparation. All authors provided the final approval and agreed to be accountable for all aspects of the work.

DATA AVAILABILITY STATEMENT

This research was undertaken with the understanding and consent of all participants. The data that support the findings of this study are already included in this article.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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