

# 30 seconds with...

Dental hygienist and social psychologist **Yvonne AB Buunk-Werkhoven** shares some her experiences of practising in Amsterdam

## Why did you want to be a dental hygienist?

I think it was a combination of things. I had a fall when I was 12 years old that resulted in me getting a crown on my front tooth. I was afraid of losing my tooth, and felt that everybody would see that the replacement was not a real tooth but a crown.

Moreover, at that time, I did not know what I wanted to study, and started a part-time job in a dental practice. After a written course, including a diploma in 1987, I started a two-year dental hygienist training programme in Utrecht.

## How has the role of dental hygiene and therapy changed since you qualified?

Training has gradually become more intensive. In 1988, the dental hygiene school in Utrecht became independent when the dental school there closed. The hygiene course went to three years in 1992.

After the Bologna Declaration put a common framework of higher education in place across Europe, the Dutch training programme went up to four years in 2002. This meant that major changes were made in higher vocational education as well as scientific education. In a similar vein the working field started moving in the direction of more evidence-based dentistry/oral healthcare as well.

I think more research is needed into the role of dental hygiene and therapy and efficiency of care provided by these oral health professionals in everyday dental services.

## Are more general dental practices now aware of a therapist's role?

I think the awareness of therapists and dental hygienists among the public and, of course, among other dental professionals has improved.

The role of these professionals has changed too, thanks to developments in the field of (preventive) oral care – the growth of dental implants, increasing numbers of medically



Patrick van der Sande

and the past president of the Dutch Dental Hygienists' Association

5. Rob Barnasconi, a dentist and past president of the Royal Dutch Dental Association.

## How do you think the DCP role will evolve?

I think the importance of treating the young, as well as the elderly, will come more to the fore.

Our professional ethos should be that a healthy mouth contributes to a feeling of social wellbeing and better general health. With that in mind, the ultimate goal for oral health professionals is to promote health, particularly, optimal oral health for everyone – a healthy mouth, be it functionally, emotionally or even aesthetically.

## Where and when do you feel you have been the most successful in your career to date?

In January 2013, when my basic research publication 'Determinants of oral hygiene behaviour: A study based on the Theory of Planned Behaviour' was picked up by Harvard University. I was honoured when the *Journal of Periodontology* published the paper 'Using the Theory of Planned Behaviour to Identify Predictors of Oral Hygiene: A Collection of Unique Behaviours' by Daniel J Brein and co authors (2015), which is based on my earlier mentioned work. And last April (2015), I was considered as one of the candidates for a position as full professor of Quality and Safety of Oral Healthcare.

## What keeps you awake at night?

My husband always says that I sleep like a baby, so generally not very much! That said, it can happen, and it is usually about the health of my loved ones.

## How would colleagues describe you?

As an authentic, ambitious and trustworthy person who encourages and motivates others to get the best out of themselves – while enjoying life as much as possible! ■

compromised patients, wider data processing and changes in society, such as ageing and increased immigration, for example.

## What is it like to be a dental care professional at the moment?

I don't think it's easy; the dental landscape is a complex environment at the moment where discussions about the scope of practise are still ongoing. That isn't likely to change while some dentists are unwilling to relinquish certain aspects of care – especially preventive oral healthcare – to dental hygienists.

Even since the implementation of direct access I still think it can be a challenge to foster collaboration between the diverse groups of oral healthcare professionals.

## Who has inspired you most in your career to date?

1. Herman Overmars, the first dentist I started working with
2. My husband Dr Bram Buunk, a professor of evolutionary social psychology
3. My PhD-supervisor Dr Arie Dijkstra, a professor of psychology of health and illness
4. Corrie Jongbloed-Zoet, a dental hygienist

### Yvonne AB Buunk-Werkhoven

is a dental hygienist (1989, Utrecht) and a social psychologist (2005, University of Groningen). In 2010 she obtained her doctoral degree in the behavioral and social sciences. She has extensive knowledge and years of experience with research and practice at the interface of social psychology and preventive oral healthcare. She is involved nationally and internationally as a scientific consultant and researcher in promotion, prevention, education and behavioural change within healthcare. Dr Buunk-Werkhoven is a board member of the Dutch Dental Hygienists' Association with a special focus on Research and Education, and she is a member of the Dutch Dental Society. She is an executive member of the chief dental officer/public health section of the FDI, and chair of the Professional and Public Relations Committee of the IFDH.