

Guideline: Incorporating Culture Sensitivity into Dental Hygiene Care

BACKGROUND

All dental hygiene interventions are based on the Dental Hygiene Process of Care regardless of the clients' cultural or socioeconomic background. Dental hygienists must incorporate the elements contained in the CDHO *Code of Ethics*, *Dental Hygiene Standards of Practice* and "What to Expect from Dental Hygiene Care" into each client contact.

ASSESSMENT

Communicating with the client as to their dietary preferences as related to their general and oral health (e.g. increased staining of teeth may occur with certain food groups). Obtaining a thorough medical/dental history may require the assistance of a translator. In addition, the dental hygienist should discreetly enquire as to other concerns that may preclude the client being comfortable and engaged in the dental hygiene process.

Example: A sheet or blanket may be offered to cover the legs of a female client who is prone in the operator chair.

PLANNING

The client must be a willing and integral partner in the process. The use of basic terms and phrases to explain treatment options may reduce confusion. If necessary, a translator may be used. However, a copy of the written plan provided to the client will assist in minimizing any misunderstandings. Also, the scheduling of appointments should be with the consideration of the client's observance and dietary requirements. Expectations of both parties must be clear.

Example: A client who is fasting for religious reasons should have their appointments scheduled in the morning when their blood sugar is highest.

IMPLEMENTATION

As with all clinical interventions, the dental hygienist should explain each procedure to minimize any anxiety. These explanations may include an opportunity for the client to observe the instruments in operation external to the oral cavity. The length and number of appointments may require adjustment to accommodate the needs of the client.

Example: Clients who have not received oral care previously or have been in abusive situations may find the instruments frightening. Extra time in explaining each procedure may be required.

EVALUATION

Evaluation of the tissues and subsequent planning must be in consideration of the client's expectations, desires and abilities. Initially, a short interval may be necessary in order to provide feedback to the client and to assist with any problem areas.

Example: A client who has always had bridged calculus in the lower anteriors may perceive that parts of the teeth have been removed during clinical therapy. A short interval between appointments and subsequent evaluation may alleviate these concerns.

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