



Career Development throughout the Life Span

By Linda Meeuwenberg, RDH, MA, MA, FADIA

Each of us guards a gate of change that can only be unlocked from the inside.

—Marilyn Ferguson

I have a long history as a registered dental hygienist, having graduated in 1968 with an AAS degree. There were few career options for women at that time, and I didn't want to be a teacher, nurse or librarian. In my senior year of high school, I participated in a cooperative education experience at our community's only dentist's office. That's where my passion was ignited for dentistry. The dentist and his wife suggested a career as a dental hygienist, and that's when my journey began. I had no idea what a dental hygienist was, and neither did my high school counselor. The dentist took me to a local dental society meeting and to visit a new dental hygiene program at Ferris State College in Big Rapids, Mich. I continued to work for them on college vacations, learning all that I could, and I am forever grateful to them for their guidance.

Dental hygiene jobs were prevalent in the 1960s, and dentists rarely asked for any credentials like a license or resume/references. On my first interview, the dentist asked, "Can you start yesterday?" There were only two RDHs in my county, and one was a dentist's wife who didn't work outside the home. Many young women chose to study dental hygiene as secondary to getting married and worked only part-time. Fast-forward to 2013, and times have really changed! Most hygienists now select dental hygiene as a career and are in it for the long term. They juggle families and career while they continue their education and face life transitions that include marriage, divorce, widowhood, re-marriage, parenting, caring for aging parents, health issues and relocating.

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I've seen several changes in dental hygiene over nearly three decades of teaching. As professor emeritus at Ferris State, I had 60 dental hygiene students in each class. I made lifelong friends with former students and have watched them grow into seasoned professionals. They often share their current dilemmas with me. Hygienists attending my seminars stay after the program to discuss their stories and seek advice in a changing world. Some suffer from musculoskeletal issues that make it difficult to work full-time or have forced them to leave clinical hygiene altogether. Others are concerned with the economy and unable to retain full-time employment and/or benefits. Yet others express concerns of

burnout or boredom: after looking at the thousandth mouth at the end of day, they ask, "Is this all there is?"

Based on these questions and concerns, I developed an interactive CE course, "Surviving and THRIVING in Your Profession," that I have delivered in four states. I started taking a look at hygienists at all stages of career development and studying what made them successful, passionate and motivated in their careers. I studied business books and career development articles. I developed introspective questionnaires for my participants. Every attendee left with a plan of action to address their new goals, and each one was inspired by others and by new insights. Although the feedback for my course was excellent, I think I learned more from the participants than they learned from me!

I came to the realization that we go through transitions throughout our life span. Sometimes, unexpected circumstances change the course of our lives. One thing we can always expect is change. In fact, a career counselor told my students that they can expect to change careers five times.

When I began my career in the 1960s, I never intended to be anything other than a traditional dental hygienist. But even though I was already working six days a week, I also enrolled in college courses. I lived in a university town, and knew I wanted more education. As a graduate of a two-year curriculum, I had had only one elective, and I wanted more. Extra course work in psychology, sociology, anthropology, art, philosophy and ethics improved me as a hygienist and was a nice break from the sciences. I gained a better understanding of human beings!

I became active in my local dental hygiene society and enjoyed learning more about my profession from other professionals. Little did I know I would become a lifelong learner and pursue three more degrees as I encountered transitions. Continuing education was not mandatory in those days. That was not my motivation. I enjoyed interacting with my colleagues at local component meetings, participating in community service projects and listening to engaging speakers.

The first transition in my life involved a divorce — a major life change for many of us. Shortly before, I had received a letter from my alma mater, Ferris State, asking if I would be interested in clinical teaching. That letter changed the course of my life. I didn't respond right away, but I kept the letter — and the idea.

Relocation brought me closer to Ferris State, and one day, when I had time off from work, I followed a whim and drove there. I produced the letter and announced that I was interested in learning more about becoming an adjunct instructor. I was met with enthusiasm, as they had a desperate need for adjunct clinical instructors and a new program — Allied Health Teacher Education. I transferred all my courses to apply toward the BS degree I would need to pursue as a

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condition of being hired. I divided my time among teaching, practicing hygiene and taking classes to finish my BS degree. Never in a million years would I have seen myself teaching! I found working with students in clinic to be exhilarating. The following year, I was appointed as a full-time tenure-track faculty member. Terrified of lecturing in front of 60 students, I was encouraged by my program director and other faculty that I could do it. Little did I know that, in my later years, I would make a full-time career as a public speaker. We can change!

It was following a whim on my day off that changed the course of my career. I have talked with many hygienists who have similar stories. My teaching career was cut short due to the musculoskeletal issues. Once again, I faced another transition. I am happy to report that now, in my 60s, I love dental hygiene as much as I did when I was a new graduate — and I enjoy being self-employed. I have experienced life as a clinical practitioner, educator, author, volunteer, change agent, advocate, entrepreneur and now writing this column. In addition, I enjoy a little acting/modeling, participate in volunteer projects, and serve as a corporate trainer for clients like Disney. “So much to do — so little time” is my mantra!

You can expect to hear more stories of transition, tips on career development, interviews and inspirational words in this column. As you can see from my story, continuing education, mentors and belonging to ADHA have been central guideposts throughout my transitions. Please feel free to submit suggestions and/or questions to me as we collaborate on transitions in our careers. Let’s begin this new year with the same passion we had as new graduates eager to pursue new beginnings!

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how well we scale teeth or how much revenue we generate for the practice, but rather about how many people can get access to our services and how that can improve the quality of their lives.

Lessons for Us All

No one ever imagines the type of life-altering health crisis that beset Irene. Yet it could happen to any one of us at any time. What would Irene want us to take away from what has happened to her? Find your voice and use it now. Tomorrow is no guarantee.

Today, Irene resides in a long-term care facility in Chicago. She is cared for and supported by her daughters, Charlotte and Amanda, and her three grandsons. She is beloved by staff and all that meet her. Part two of this series on Irene will chronicle her life today and the physical and oral health challenges that she faces.



Carol A. Jahn, RDH, MS, is a lifelong ADHA member who has had many roles and elected positions including ADHA treasurer. Currently, she is ADHA’s representative to the International Federation of Dental Hygiene and serves on its Leadership Development Committee. She is employed by Water Pik, Inc. as senior professional relations manager. She can be reached at cjahn@waterpik.com. ■

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dent spoke about the toll-free number, he said that it would appear on billboards, in PSAs, on milk cartons, and “even on toothbrushes!” ADHA had partnered with corporations to provide toothbrushes imprinted with “A.D.H.A. 1-877-Kids Now” to schoolchildren in targeted areas of need throughout the country identified through the Centers for Disease Control and ADHA’s Council on Public Health Chair Dolores Malvitz, RDH, DrPH. The toll-free number directly connected the caller with someone who would provide information on access to medical/dental care for children in his/her locality. ADHA was the only dental-related association present. I was honored to represent the association at this prestigious event and doubly proud that ADHA was acknowledged nationally for its efforts to increase access to oral health care for children ... definitely the highlight of my presidency!

The dental hygiene profession has changed drastically over the past 100 years. In the beginning, only women were involved. According to Wilma E. Motley, RDH, BS, “Although males had been licensed as dental hygienists in some states, Jack Orio, graduating from the University of New Mexico in 1965, became the first male graduate dental hygienist.”¹ Initially dental hygienists were concerned only with teeth and the mouth. Advances in research have shifted today’s emphasis to oral health’s connection to total body health. Collaborating with other health care professionals to help patients/clients achieve optimal overall health has become increasingly important. In 1913, antibiotics were yet to be discovered and/or developed. Today, a myriad of both prescription drugs and over-the-counter medications are available for treatment of oral health maladies. What a difference fluoride and sealants have made in preventing dental caries.

For more than half the century, dental hygienists practiced standing. Now we sit in ergonomically designed chairs, wear gloves and protective eyewear including loupes and lighting to enhance our vision, and we wear masks. Cold “sterilizing” solution and boiling water sterilizers have been replaced by steam, dry heat and chemical units. Changes in armamentarium include ultrasonic and electromagnetic scalers, ergonomic manual instruments designed for specific areas of the dentition, air polishers, irrigation devices, lasers and cordless handpieces.

The pioneers of our profession wore long, white cotton dresses that needed to be laundered, hung outside to dry, starched and ironed. White cotton stockings were held in place by garter belts or girdles with uncomfortable metal attachments. Synthetic fabrics and pantyhose were yet to be invented. White leather shoes required daily polishing. Cotton caps required constant care. I remember unfolding my cap, scrubbing it clean with a brush and laundry soap, dipping it into a concentrated starch solution and pressing it against the flat smooth surface of the refrigerator to dry.

Dental hygienists first practiced in the Bridgeport, Conn. schools. In my opinion, one change we need to consider is returning to our roots. Along with other public health settings, that’s where advanced dental hygiene practitioners belong today: in the schools where children in need are accessible. This would greatly increase access to care to one segment of the underserved population.

Although dental hygienists may now wear comfortable colorful scrubs instead of stiff white dress uniforms, one important aspect of the profession has not changed. Dental hygienists continue to be dedicated, caring professionals who provide clinical services and education and also advocate for the oral health needs of all people.

Reference

1. Motley, WE. The history of The American Dental Hygienists’ Association 1923 – 1882. Chicago: ADHA, 1986; p. 232.

Beverly P. Whitford, RDH, BS, ADHA president, 1998–99, has practiced clinical dental hygiene for half a century and was a corporate professional representative/consultant for 14 years. Currently she is employed part-time in two general dentistry practices and is co-owner/business manager of Whitford Marine LLC. Bev and husband, Bob, reside in Old Mystic, Conn., where she volunteers at a local elementary school and holds many church leadership positions along with her continued commitment to her component, constituent and ADHA. Bev and Bob’s greatest joy is spending time and traveling with their two granddaughters. ■