

Commentary on a Nationwide Survey on Working Environment, Education and its Role in General Practice

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Abstract

One of the biggest problems in healthcare delivery is sustainable human capital, and the way dentists operate also has a huge effect on oral health services. It is recognized that oral diseases are among the world's most prevalent diseases, decreasing the quality of life of those affected and causing severe health and economic burdens.

Keywords: Oral diseases; Periodontal disease; Cancer

Description

One of the biggest problems in healthcare delivery is sustainable human capital, and the way dentists operate also has a huge effect on oral health services. It is recognised that oral diseases are among the world's most prevalent diseases, decreasing the quality of life of those affected and causing severe health and economic burdens. In particular, oral health is often low in older adults, and common oral diseases such as caries, periodontal disease, and malconditions associated with dentures, hypo salivation, and oral pre- and cancer conditions can contribute to tooth loss, pain, local and systemic infections, as well as impaired oral function. Moreover, the prevalence of oral health problems has been associated with higher risks of frailty and frailty growth in older adults; hence, the identification and management of poor oral health in older adults may be important for frailty prevention. 46.1-58.4 per 1000 individuals receive care for oral diseases, which is the third most treated condition after hypertension and diabetes mellitus, according to the latest national survey of group inhabitants in Japan. In 1961, Japan achieved universal healthcare coverage and publicly guaranteed dental care. Older adults appear to have several problems and their dental treatment is often too difficult to be managed in a normal primary care clinic. As a result, there is an increasing expectation in community hospitals for secondary dental care. As the disease structure changes, countries with ageing populations therefore need to respond to the necessary dental and oral health services. In order to deliver oral health services efficiently and sustainably, the workload of the health practitioners involved must also be assessed. There have been past reports of occupational stress in the dental profession and different causes of stress have been raised in their workplaces, such as years of work experience and the number of patients treated daily. In particular, younger age, male gender, student status, high work-strain, and number of working hours in the clinical degree programmes were factors associated with burnout in dentistry. Task-shifting is, therefore, an effective technique to reduce the pressure on dentists. There is a shortage of dentists in the US; therefore, to transform dental education and practise, a new workforce development programme will be appropriate. In addition, the long-term extension of oral healthcare coverage could be explored by a plan involving physician assistants and advanced practise registered nurses. In England, to optimize a healthy workforce in the future, factors that decide the career advancement of dentists and dental healthcare professionals should also be evaluated. We intended to investigate the working condition of hospital dentists in this study and to explain the relevant factors through self-reported working hours. Through this, it is possible to expose the time spent on clinical practise as well as time spent on self-learning, meetings, and

conferences that are important for medical practitioners but are often undercounted in terms of hours spent.

Discussion and Conclusion

In order to avoid health problems due to overwork among young generations, especially at GHs and in the specialty of oral surgery, long working hours should be carefully monitored. In hospitals, a working climate to promote child-rearing is still inadequate and consensus on the role of male dentists in childcare is required in the workplace.

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