

Comparative Evidence-Based Review of Dental Hygienist Systems in Korea, the United States, and Japan

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ABSTRACT

Objective: This study aimed to compare dental hygienist systems in Korea, the United States, and Japan, analyze their institutional differences, and explore the development direction of Korea's dental hygienist system.

Methods:Literature on dental hygienist systems in each country was reviewed, and institutional differences were analyzed comparatively.

Results:Korea's dental hygienist system, established in 1963, offers 2- and 4-year programs with qualification through a national exam, and duties are limited under dentist supervision. The U.S., established in 1913, provides 2- and 4-year programs with qualifications via the National Board Dental Hygiene Examination and state licensure exams; some states allow independent practice under the ADHP system. Japan, established in 1948, offers 2- and 4-year programs with national exam qualification, but duties are restricted under dentist supervision.

Conclusion:Dental hygienist systems differ according to cultural and institutional contexts. Korea needs to expand the scope of practice and enable independent clinical duties.

Keywords: Dental hygienist; System comparison; Scope of practice; Curriculum, national licensure examination

INTRODUCTION

Dental hygienists play a crucial role in promoting oral health as healthcare professionals, responsible for preventive dental care and patient education. However, dental hygienist systems vary across countries due to cultural and institutional backgrounds, affecting scope of practice, curriculum, qualification requirements, and professional autonomy. Korea, the U.S., and Japan represent major Asian and North American systems, making comparative analysis relevant for international healthcare policy [1,2].

Korea's dental hygienist system, established in 1963, has evolved to provide 2- and 4-year education programs with national licensure. Duties are restricted under dentist supervision, and independent practice is not allowed [3-5].

The U.S. system, established in 1913, now permits independent practice in all 50 states. Education includes 2- or 4-year programs, and licensure requires the National Board Dental Hygiene Examination and state exams. Some states also allow Advanced Dental Hygiene Practitioner (ADHP) roles for advanced practice [6].

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Japan's system, established in 1948, offers 2- and 4-year programs with national exam licensure, but duties are restricted under dentist supervision and independent practice is not permitted [7,8].

Based on these backgrounds, this study compares the dental hygienist systems in Korea, the U.S., and Japan, analyzing institutional differences and exploring directions for the development of Korea's system.

RESEARCH METHODS

This study conducted a literature review to comparatively analyze dental hygienist systems. Existing research and official documents from Korea, the U.S., and Japan were collected and analyzed for institutional differences.

Curriculum: Compared program duration, content, and qualification requirements.

Qualification Requirements: Compared national exam content, difficulty, and requirements.

Scope of Practice: Examined duties, independence of practice, and supervision.

Professional Autonomy: Compared autonomy and dentist relationships. This analysis identified key characteristics and differences among the systems and suggested development directions for Korea's dental hygienist system [9-11].

RESULTS

Analysis revealed the following differences:

Curriculum: Korea, the U.S., and Japan all offer 2- and 4-year programs.

Qualification Requirements: Korea and Japan require national exams; the U.S. requires the National Board Dental Hygiene Examination and state licensure.

Scope of Practice: Korea and Japan require dentist supervision; independent practice is not allowed. In the U.S., some states permit independent practice.

Professional Autonomy: Korea and Japan have limited autonomy under supervision, while autonomy in the U.S. is higher in some states.

These results indicate that cultural and institutional contexts have shaped the development of dental hygienist systems differently in each country.

DISCUSSION

Based on these results, Korea's dental hygienist system can be developed through:

Expanding Scope of Practice: Allowing independent clinical duties.

Curriculum Improvement:Strengthening expertise and providing practice-oriented education.

Qualification Enhancement: Adjusting exam difficulty to improve professional competency.

Increasing Professional Autonomy: Enhancing autonomy to provide higher-quality patient care.

Such improvements would support the advancement of Korea's dental hygienist system and contribute to oral health promotion [12-15].

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CONCLUSION

Dental hygienist systems in Korea, the U.S., and Japan differ according to cultural and institutional contexts. Korea should expand the scope of practice and enable independent clinical duties to enhance professional development.

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