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Promoting Work Well-being:
Professional Burnout &
Occupational Stress

Edited by: Alexander-Stamatios Antoniou

VOLUME C



Science is ever-changing

New research accomplishments and clinical experience has expanded the field of medical knowledge and represent an ongoing process. With this in mind, it is imperative that we make the appropriate changes as far as it concerns the course of action, in the treatment of our patients.

The content of this textbook reflects all the most recent knowledge and internationally accepted techniques as they are analyzed by experienced authors in the field, in each chapter.

Nevertheless, the authors and the editor acknowledge that every medical opinion is under the limitations of the time frame that this book was created, as well as possible mistakes that might have escaped their attention.

Readers of this textbook are encouraged to keep that in mind, while at the same time we hope that the information included will become a starting point for young colleagues or the more experienced ones, for new research projects, clinical trials or maybe an updated version of the book in the near future.

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Job Satisfaction and Occupational Stress During Dental Procedures: A Linear Relationship?

Chapter

12

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Introduction

What is the meaning of job satisfaction? According to Locke (1976), Job satisfaction is the positive emotional state resulting from the appraisal of one's job or job experiences. Locke also noted that job satisfaction is not an entity, but a complex interrelationship of tasks, roles, responsibilities, interactions, incentives and rewards.

Career satisfaction is a subject that has been constantly explored in studies that have been designed by dentists to identify trends. Why plan these studies? The answer is that that job satisfaction could be measured, while predictors of job satisfaction could be linked to relevant outcomes (Shugars et al., 1989). Most of the studies have tended to focus mainly on American dentists and less on U.K. dentists. The most comprehensive and most common instrument that was used to evaluate job satisfaction in such studies was the Dentist Satisfaction Survey (D.S.S.) (Shugars et al., 1991). It has been determined as a valid and reliable instrument for the assessment of job satisfaction.

Other studies (Gerbert et al.,1992; Lancaster et al.,1990; Page et al.,1968; Schwartz et al.,1994; Yablon et al.,1982) used single questionnaires to evaluate job satisfaction. All of the U.S. surveys (Brown et al.,2000; Logan et al.,1997; Shugars et al.,1991; Wells et al.,1999; Wingamore et al.,1994) used the D.S.S., which helped to make their data comparable. The mean average of job satisfaction among dentists reached 50-60%, but the satisfaction among Canadian orthodontics was 80% and this was the only specialists' study (Roth et al.,2003). Recent studies tend to report lower

levels of satisfaction among general dental practitioners. Canadian orthodontics are an exception. C.Cooper's national survey (1987) with general dental practitioners in the U.K. provides the first example of a more comprehensive analysis of stress levels and the resulting effects of those levels on mental health and job satisfaction.

None of these studies used national samples, with the studies taking place at a regional level only. Only the Gerbert's et al. (1992) study used a national random sample of 1262 U.S. dentists (using an alternative to D.S.S.) who had given up their practice. The conflicting results of those studies may be attributed to the different design of each study, and differences in the questions, the socialodemographic characteristics of each area in which the study took part and in standards of living. Numerous factors have been correlated with job satisfaction and have been thoroughly analyzed in many studies. The most important factors affecting job satisfaction are the following:

Income

The dentist's income influences his job satisfaction either positively, if it is high, or negatively if it is low. Most studies have shown that income is one of the main factors for dental job satisfaction (Lewis et al., 1993; Logan et al., 1997; Shugars et al., 1990; Sur et al., 2004; Wells et al., 1999). Income was the major reason for British dentists' dissatisfaction (Cooper et al., 1987) and the major reason for California (Shugars et al., 1990) and Iowa (Wingamore et al., 1994) dentists. In fact, income was the only demographic factor that correlated with overall job satisfaction in Shugars et al. study in California. Studies in Kentucky (Wells et al., 1999), and Iowa (Wingamore et al., 1994) followed up these findings. Income was strongly correlated with job satisfaction among Canadian Orthodontics (Roth et al., 2003). But the correlation was not so strong among general dental practitioners. In relevance to these studies, it would be wise to oppose the fact that dentists' income is strongly associated with the financial status and standard of living of each country or state, in which the study takes place.

Between 1986-1998 net real income increased 31% for general dental practitioners and 40.9% for specialists. This percentage equalled or exceeded income growth comparatively to other health professions (Meskin et al., 1988). Lack of income was one of the main reasons for leaving a dental job and pursuing a different career. Additionally lack of opportunities and freedom concurred to that decision. Leavers reported they were least challenged in dental schools by the principal technique curriculum (Chambers et al., 1989; Hayden et al., 1997). Eventually those de-

ntists were dissatisfied with their past jobs. It is obvious that as the financial stressors increase, satisfaction with income decreases.

Dentists may be affected by private work and its consistent income autonomy (Osborne & Croucher, 1994). There is also an absolute correlation between dentists' income and dental insurance. Since the introduction of dental insurance in the 1960's in U.S.A., dentists' incomes in real dollars have risen at a rate of about one and a half times the general economy while working hours have declined by 10 percent. Also, oral health in the U.S. has improved over this period (Chambers, 2001).

Relations with patients

Difficult patients can cause considerable confusion and chaos in any dental office. Patients' cooperation and compliance are the most serious problems that are daily faced by general dental practitioners. Some of them do not cooperate during their care, they forget dentist's advice, they do not comply with oral hygiene and do not show up for appointments. In 1981, 466 N.Y. state dentists were asked about the bothersomeness of patients behaviors. The results showed that poor oral hygiene, missing or late for appointments and not paying bills were the most annoying behaviors (Norman et al., 1982). Uncooperation to oral hygiene is a matter that completely dissapoints dentists and expresses patients' lack of importance about his oral health. Definitely each dentist may be particularly annoyed by other behaviors depending on their personality. Handling difficult patients was also a major stressor for dental surgery assistants of NorthWest England (Craven et al., 1995). Finally it has been observed that dentists enjoytheir jobs because of their relations with patients, but this was a very small sample of 21 dentists of Southern U.K. (Sims et al., 1977).

Dentists' behaviour is influenced by their patients problematic behaviour. Some dentists refuse to continue treating a bothersome patient. But how do the public feel about their dentist? 21% of patients consider their dentist to be rude or indifferent and this behavior prevented them from visiting the dentist as often as they should (Biro & Hewson, 1976).

In isolation (Kreisberg et al., 1962) and in relation to other professionals the public has long held dentists in high regard (Hugick et al., 1991). Such respect from the public has been considered as an important component of dentists' positive feelings about their profession (Gerbert et al., 1992). According to Shugars et al. (1991), overall job satisfaction was strongly correlated to the perception of respect from the public, this being the most important factor influencing job satisfaction. Orthodontists (Roth et al., 2003) reported, that good relations with their patients, gave them

the highest proportion of satisfaction among other dental professionals. The respect which is derived from being an orthodontist increases the levels of job satisfaction for them. California and Kentucky surveys reported that the most significant predictor of overall job satisfaction was respect, derived from their profession and may be associated with two types of reward: patients' relations and income. Job satisfaction is based largely on recognition of a job well done.

Dentists seem to be pressed by patients, while time scheduling tends to be a main source of stress for dental surgery assistants in NorthWest England. From these results it can be concluded that a vicious circle occurs (Craven et al., 1995). Lack of business experience can be counted as a significant stressor for young dentists. Learning to deal with patients in the real world is another marketplace stressor for young dentists. In the real world, dentists must recruit, treat and maintain difficult patients.

Gerbert et al. in 1992 believed that it was important to investigate dentists' beliefs about the public current view of dentistry. They performed the only national survey of a random sample of 1262 U.S. dentists. They used simple questionnaires and not D.S.S. They found that the possibility of a decline in public respect can affect dentists' satisfaction and stress regarding their job. Dentist should take the situation under control to improve his image. He should be organised and confident about what he is doing in his job.

The public image of Dentists was shaken in the early '90s because of the cases of HIV transmission to dental patients in Florida and the safety of amalgam and fluoride. Nowadays, this sense of fear has been dispelled by the development of technology, the progress of research in biomaterials and the safety measures for infections. Gerbert et al. (1992) found that dentists who had a highproportion of patients who expressed concerns about these issues tended to express more negative feelings about their profession (i.e. they were more likely to agree that outside sources harm the image of dentistry and to believe that dentistry receives little respect). Therefore dentists are responsible for their patients' problematic behaviour so they have to educate them in order to make them cooperative and improve dentistry overall.

Delivery of care

Taking into consideration that the dental job is more than a profession, the dentist is incumbent upon his patients to meet their needs and take care of them, while keeping his vow to Hepokratu. Cornerstones of satisfaction in dentistry consist of service to humanity, diversity of patients and their problems, and the ability to meet their needs and take care of them. Results of surveys which have taken place until

now have shown that there is a strong correlation between delivery of care and dentist's satisfaction (Roth et al., 2003). 93% of Swedish dentists feel positive about their work and they believe that it is highly appreciated by their patients (96%) and colleagues (84%) (Hakeberg et al., 1992). In 1981, in Utah (Scwartz et al., 1981) and in 1986 in Washington (Chapko et al., 1986) practitioners were most dissatisfied with issues in delivery of care. According to J.M. Lewis et al. (1993) who studied both physicians and dentists regarding their work satisfaction found that the three of the five highest rated satisfaction factors are the ability to diagnose accurately and treat successfully, the diversity of patients and their problems and service to humanity. These factors were the same for both groups.

Findings from surveys that took place in California and Kentucky showed that dentists tended to be more satisfied with delivery of care and patient related activities and less satisfied with the professional environment and practice management. It is possible that dentists from other geographical areas might have reacted differently. It would be wise to note that there are cases in which dentists trying to offer dental care to as many patients as possible, deviate from their aim which is to offer the right dental care to humanity. When a dentist works in a rapid manner to see as many patients as possible and compromising quality of delivery of care, he/she may encounter conflict between earning money, satisfaction in offering quality dental care and ethical considerations (Cooper et al., 1987). Whenever dentists provide health care, gain recognition, estimation and respect from both patients and colleagues.

Relations with colleagues

Healthy relationships among colleagues can contribute substantially to the easier performance of the dentist's duties. Gerbert et al. (1992) assessed dentists' confidence in their dental colleagues, which may indicate how dentists view their profession. Results showed that most dentists would consult only some of their colleagues if they were seeking dental care, demonstrating a lack of confidence regarding the quality of dental practice of their colleagues.

Stress

According to Sloan and Cooper (1986), the heavy work load, the repetitive nature of the work, the fears and anxieties of patients and concerns about payment, may all contribute to dentists being the most stressed of health professionals. Stress has direct effects on dentist's health. Practitioners with low levels of satisfaction were found to have significant deteriorating levels of mental well-being (Cooper et

al., 1987). The major stressors which have been documented for dentists include time-related pressures, fearful patients, high case-loads, financial worries, staff problems, equipment breakdowns, defective materials, poor working conditions, the routine and the boring nature of the job (Cooper et al., 1980; Dunlap & Stewart, 1982; Furnham et al., 1983; Lewis et al., 1982; Sebor et al., 1984). Additionally new stressors were identified by Waddington et al. (1997) including pressures of aggression and violence exhibited by some patients in the practice, the risk of cross-infection and also the threat of litigation.

Dentists seem to be pressed by patients while time scheduling tends to be a main source of stress for dental surgery assistants in NorthWest England. From these results it can be concluded that a vicious circle occurs (Craven et al., 1995). Lack of business experience can be counted as a significant stressor for young dentists. Learning to deal with patients in the real world is another marketplace stressor for young dentists. In the real world, dentists must recruit, treat and maintain difficult patients. The fear of making mistakes and of litigation is a significant restricting factor for dental practice. Patients are more demanding of staff that work in health professions. Additionally dangers for the dentists vary from concerns relating to the use of potentially toxic materials, to fears associated with the treatment of patients who may be HIV positive and thereby be perceived as potential occupational hazards (Watt & Croucher, 1991). Other potential stressors are the ethical and financial issues associated with the treatment of patients who may be HIV or hepatitis B positive. According to a study in Canadian orthodontists, occupational stress is significantly related to overall job satisfaction, quality of life and all job satisfaction facet scale scores (Roth et al., 2004). Most of the facets seemed to involve time management and organisation issues.

Moreover, stress and burnout is a main reason for leaving the dental profession. Beside this, the availability of other career opportunities, lack of income and boredom conduce to this decision (Gerbert et al., 1992). Many dentists are described in the literature as perfectionist and competitive. But perfectionism, characterised by unrelenting and critical demands, goes beyond a desire to do one's best, and is self-defeating since the perfectionist is never satisfied. According to Forrest (1978), the striving for perfection is a major cause of stress and frustration in dentistry. This is the reason why dentists take little time off (an average 2 days per year and 5 days per year when they are unfit). This suggests that dentists who work under pressure do not have the ability to cancel patients, even if they are ill (Firth-Cozens et al., 1995). On the contrary, the number of vacation days and professional meetings per year are positively associated with satisfaction (Lewis et al., 1993). Furthermore women dentists may develop greater stress-related he-

alth problems because they work more competively in an increasing, demanding work place. Conclusively, it should be mentioned that there is a necessity to develop effective stress management training in universities.

Environment/practice management

The dental office is the place where dentists spend most of their lives trying to provide a health service to humanity. It is important for dentists to arrange everything so as not to encounter problems. The dental office is also dissatisfying because of the annoying noises, powerful lights, smells of dental material and disinfectants. This may constantly stimulate the senses affecting mood and overall mental state (Cooper et al., 1987). Isolation from the outside world in addition to the amount of working hours may affect the dentist's feelings about his job.

Time schedulling problems were found to be associated with dentists' job satisfaction. Sometimes it is difficult even for a senior dentist to manage his working time and appointments. The presence of dental auxiliaries is helpful to improve dental office's working conditions. It is also a significant factor that affects overall satisfaction (Sur et al., 2004) and is associated with the quality of dental care provided. Dental auxiliaries make dentist's life easier. Correlations between satisfaction with staff and occupational stress scores was lower in dentistry than in orthodontics. This might indicate a greater reliance on auxiliaries in Canadian orthodontic practices (Roth et al., 2004).

Running a practice with different systems of payment is also associated to dentists' dissatisfaction (and poor mental health). Those working partly for National Health System (N.H.S.) in England and partly in private practices seem to be more dissatisfied than those who are working only at N.H.S. Those working fully independently reported least pressure (Baldwin et al., 1999). In 1998 Wilson et al. showed the growing pressure of working with the constraints of the N.H.S. Finally the influence of more external demands and controls of their work setting on clinicians, may reduce the belief that they have a high level of discretion in their work and hence reduce job satisfaction (Humphris et al., 1992).

Other satisfiers and dissatisfiers

Women doctors are more vulnerable than their male counterparts especially in hospital practice (Baldwin et al., 1999). However in dental practice, Cooper suggested an opposite effect of gender. Additionally, Hodson et al. (1989) found minor differences

in the process of job satisfaction between women and men (in favor of men). In California and Kentucky surveys the most satisfied were older male practitioners who were well-established in their practices. Their dental experience and the respect from the public may reduce some factors which were mentioned as dissatisfiers. Additionally a significant positive association was found between dentists' and their spouses' work satisfaction and their levels of marital satisfaction (Lewis et al., 1993).

It should be mentioned that there are rapid changes in dental practice which dentists may not be able to follow up. Accordingly it is necessary for a dentist to be informed about new technologies, and to attend meetings and keep abreast of new clinical techniques. All these have also been recognised as potential sources of stress for dentists (Katz et al., 1987; Morretti et al., 1985). In the future, information technology will satisfy dentists who obtain information rapidly and timely.

In Britain, in 1998 (Humphries) and in 1994 in Iowa (Wingamore), dentists were dissatisfied with the role of the government but this is a fact that changes from country to country and from year to year. When government is mentioned, it appears that there are certain laws about dental treatment and the dentist may be judged for every treatment he or she offers. Therefore, every dental procedure takes place under the threat of litigation (Shugars et al., 1990). The threat of litigation is a common situation in US because of differences from other continents. Spare time is beneficial for everyone no matter what his job is. Everyone, even dentists, need plenty of personal time in order to rest, to focus on their interests and on their needs and to improve themselves. Obviously the amount of personal time affects dentist's job satisfaction (Logan et al., 1997; Shugars et al., 1990)

Conclusion

Consequently, we conclude that dental job satisfaction directly affects both performance and quality of work of the dentists. Taking into consideration that dental practice ought to be more than adequate in terms of both quality and quantity, and since the quality of life of dentists also needs to be improved, it is recommended that surveys be conducted on a regular basis in order to identify the factors that affect job satisfaction. The findings of surveys that have been conducted over the last 30 years have shown that factors that mostly affect the majority of dentists worldwide include dental income, relations with patients and colleagues, delivery of care provided to mankind, occupational stress, environment, management of their practice and other social-demographic factors, social interactions, family life and life satisfaction in general.

As expected, income was found to determine the levels of satisfaction that dentists have with their work, as also happens with other professions. There have been several cases where low income was the main reason why dentists quitted dental practice for another occupation. Dentists often claim that income, regarded as a dentist's reward in connection with the difficult nature of their profession and the relations they maintain with their patients, are closely related to the respect shown for their profession. The admiration towards the dentist, the respect and mutual esteem results in good cooperation with the patient concerning the treatment followed. Furthermore, a patient's trust in his/her dentist's enables the former to relax, decreasing any feelings of anxiety and eliminating any doubts about the development of his/her treatment; naturally, this reflects on the dentists as well, by improving both their daily working conditions and their mood.

Along with a well-set relationship between the dentist and the patient, healthy relationships and good cooperation among colleagues are equally indispensable. There are several ethical rules that are to be respected and applied by all sides. These rules involve disinterestedness, mutual respect, common objectives and decent behavior towards both patients and colleagues. Under these circumstances, the satisfaction deriving from working relations determines to a significant extent the overall satisfaction that dentists derive from their occupation.

As far as delivery of care is concerned, this seems to be a factor that appeals to the vast majority of dentists. Delivery of care is the source of several ethical dilemmas that involve stress and quality of dental care provided, in terms of treating as many patients as possible. These dilemmas should always be taken into consideration during dental procedures. Only then the provided care will prove to be effective and satisfying enough for both sides.

Stress is found to be another factor that plays a significant role in the matter of job satisfaction, since it is highly associated with the dentist's psychological state. The problem seems to be the fact that stress actually impedes the development of a positive psychological state, therefore undermining job satisfaction. Stress can have an influence on all aspects of dental practice. This is the reason why many dentists have given up their profession. It would also be useful to mention that dentists' stress is caused from the fear of possible mistakes that could have a serious impact on their reputation, their relations with their patients and the possibility of legal implications. Other factors that are considered stressful by dentists include time management, payment by patients, problematic behaviors and issues concerning the personnel and the technical equipment. Therefore, it is recommended that courses of stress management at both an academic and a seminarial level are introduced.

When it comes to job satisfaction, the environment of the dental office as well as the matter of practice management ought to be dealt with, too. For most people "dental office" is a phrase that evokes images of annoying noise, fear and other negative emotions in general. As a result, it is quite acceptable to think that such an environment could have an equally negative effect on the dentist's psychology as well. Moreover, running a clinic can be an extremely stressful task that requires the participation of more than one person, which is why auxiliaries can play a significantly helpful role in both time and work management. Consequently, such an effective management can have a positive impact on the psychology of the dentist and as a result on job satisfaction.

Other factors that can possibly affect dental job satisfaction include gender, family status and time of leisure that dentists dispose. Furthermore, governmental attitude towards this profession is also considered as a significant factor. Finally, another matter that should be mentioned is that of rapid changes taking place in dental practice. These can have a negative effect on dentists who find it impossible to keep track of the ever-changing technological achievements. This is also another source of dissatisfaction deriving from their job.

The importance of these studies seems to be the exhortation of promising young people into dentistry. Dentists' satisfaction with their jobs can affect the attractiveness of dentistry as a career option. Research has shown that positive experience with a dentist is one of the most important factors that influences people to enter the dental profession (Grogono & Lancaster, 1988). 52-60% of dentists would encourage their children to enter the dental profession.

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