

Practice Management Forum

Sources of Stress for Orthodontic Practitioners

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Abstract. *This paper aims to examine and highlight the difference between sources of stress and burn-out. The first part of the paper examines stress and the second part looks at the concept of burn-out with reference to how orthodontists compare with other dental professionals.*

Index words: Burn-out, Depersonalization, Emotional Exhaustion, Personal Accomplishment, Stress.

A psychological view of stress can best be understood as an interactive model with three conceptual areas, 'the source of stress', 'the moderators of the stress response', and 'the manifestations of stress' (Cooper, 1978). This model can help our understanding of stress in dentistry.

Dentistry has long been considered a stressful occupation. Dentists today, more than ever, feel that they are subject to levels of stress that are unacceptably high (O'Shea *et al.*, 1984). An article by Lang-Runtz (1984) went as far as to suggest that stress in dentistry could kill. Whilst this may be over-stating the case, it is becoming clear that there are factors at work which can pose a serious threat to physical and psychological wellbeing.

Sources of Stress

Cooper *et al.* (1978) attempted to discover what were the sources of occupational stress among dentists. The study found that among 150 dentists the dentist 'at risk' tended to be older, somewhat anxious, and that he or she is perceived as an inflictor of pain. Pressures from work included trying to sustain and build a practice, too little work, administrative difficulties, and having to cope with different patients.

Ongoing research in this area has confirmed and added to the list of sources of stress. Blinkhorn (1992) examined sources of stress in the dental team. Dental surgery assistants (DSAs), hygienists, and dentists were interviewed. The results showed that DSAs felt, being blamed for mistakes, keeping patients waiting and having to work late at short notice sources of stress. Hygienists felt sources of stress came from the fact that dentists undervalued their role in prevention, patients were booked too closely together, and they were made to feel like outsiders by the other staff. The GDPs in the study felt that the government's pay system, being trapped in general practice, being undervalued, and trying to keep the practice running smoothly were all sources of stress.

Similar results were found in a study by Humphris and Cooper (1998). Characteristic stressors were found such as: seeing large numbers of patients, nervous patients, and collection of fees. However, additional new sources of stress were also identified including pressure or aggression and violence from some patients in the practice, the risk of cross-infection, and the ever present threat of litigation.

New developments in dentistry, such as complex new treatment techniques and increased administration were also seen by some to be an unwelcome source of pressure. Team working was generally thought to be a source of pressure and was recognized as not being an easy task to undertake.

The Manifestations of Stress

The manifestations of stress are well documented (Cooper *et al.*, 1987; Bayley *et al.*, 1994). Job satisfaction, and poor physical and mental health have been linked to sources of stress among GDPs and hospital dentists. Whilst this concept is interesting, a concept of greater interest is that of burnout.

Burn-out is a distinct psychological construct which has a number of features that separate it from occupational stress. Burn-out differs from stress in that it requires consistent pressures to be brought to bear on the individual. These pressures are usually of an emotional kind, and relate to the dentists having to constantly respond to an understanding and caring way to the demands of each patient. Thus, burn-out is strongly associated with the emotional effects of providing face-to-face patient services. Maslach and Jackson (1986) define burn-out as:

a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who do 'people work' of some kind.

Prolonged experience of burn-out may lead to depression so early recognition of the symptoms is important. Due to the nature of their work dentists may be susceptible to burn-out. Symptoms include:

- low energy;
- lack of control;
- helplessness;
- lowered motivation to engage in work;
- negative attitude towards self, work, and others.

Burn-out is caused by lack of participation in decision making, accurate perceptions of job uncontrollability, lack of social support from supervisors, and role ambiguity.

Burn-out in Orthodontics

In a study of three dental specialties Humphris *et al.* (1997) found the highest levels of emotional exhaustion, depersonalization, and reduced personal accomplishment in GDPs and those working in the oral surgery field. Lowest levels of burn-out were found in those working in orthodontics. Personal accomplishment was particularly good in the orthodontic group. One explanation for this difference among specialties may be related to the type of individual (i.e. personality) who enters orthodontics in comparison to other specialties. Another explanation may be the nature of orthodontic work (i.e. work environment). Orthodontic practice provides greater flexibility in the management of patients and the time in which tasks have to be achieved. This, in turn, enables the clinician to have greater control over events in the working environment than colleagues carrying out surgical procedures or extractions. Furthermore, as the nature of much of this work is elective the patient group may be more co-operative and, thus, influence levels of depersonalization and personal accomplishment.

Prevention of Burn-out and Stress Reduction

Despite the negative view that burn-out has, it may serve, albeit for a short time, to protect the dentist who becomes emotionally exhausted. Depersonalization can be viewed as a coping strategy. Distancing oneself from the patient when things become too stressful can be protective. Unfortunately, whilst such a strategy may protect the dentist it could upset patients and lead to feelings of dissatisfaction with treatment. A recent study (Westman and Eden, 1997) suggests that taking a break from work in the form of a holiday can relieve the symptoms. This effect, however, is only short lived and burn-out quickly returns to pre-holiday levels. Cherniss (1992) found that health professionals who suffered burn-out early on in their career were more likely to stay in their chosen career and adopt a more flexible approach to their working practices. This interesting finding suggests that not all the effects of burn-out are necessarily serious and detrimental. However, there are some ways of preventing burn-out and reducing stress. Work pressures can be alleviated by cognitive, behavioural, and physical approaches as outlined in Table 1. Humphris

TABLE 1 Behavioural, cognitive, and physical ways to alleviate work pressures

Behavioural	Cognitive	Physical
Anticipate problems	Reassess attitudes & ideas	Relaxation
Exercise control	Examine expectations	Diet
Problem solve	Don't catastrophize	Working habits
Time management skills	Clear appraisal priorities	(e.g. posture)
Communication skills		
Social and interpersonal skill		
Practice management skills		

(1998) has suggested several ways that burn-out can be prevented. These include recognition and understanding of the problem, organizing regular breaks from work so that levels of negative experience from burn-out are temporarily relieved. Teaching and research may divert and distract the burn-out dentist from patient contact. Changing the general attitudes of management and raising their awareness to the possibility of burn-out in staff is also vital in prevention and subsequent treatment.

Conclusions

Burn-out and stress are highly likely to occur in dentists of all grades and specialties. Higher patient expectations, higher targets for provision of dental care will put increased demands upon dentists. Those in practice can prevent burn-out in themselves and their staff with care, recognition, and planning.

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