Burnout among dentists: Identification and prevention
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CHAPTER 1

GENERAL INTRODUCTION

1.1 Background

In the late eighties, early nineties, a growing number of signals could be perceived, indicating that job dissatisfaction had become a serious problem among Dutch dentists. Some of these signals were the following. At the department of Social Dentistry and Dental Health Education of the Academic Centre for Dentistry Amsterdam (ACTA), a thesis appeared on treatment planning in general dental practice, in which dissatisfaction with certain working conditions was described as a relevant factor. Post academic courses on dental practice management, given by the same department, regularly attracted participants who openly admitted that participation was driven by the need to escape practice for a day and the wish to experience more job satisfaction. The Dutch Dental Association (NMT) published a report on work stress among dentists, in which the negative effect of stress on job satisfaction was explicitly mentioned. Movir Insurance, a Dutch mutual insurance company for disablement among free entrepreneurs, noticed an increase in claims over the years 1985-1990 when compared with previous five-year periods. In the company’s records, dentists structurally showed an above average incidence of claims on other than physical grounds. Also, their revalidation profile was relatively unfavourable. During subsequent discussions of these observations between the insurance company and representatives of the profession, the impression was strengthened that demotivation in general, and, more specifically, burnout were decisive underlying factors.

The observed signals led to two major initiatives. The first was the development, by Van Ede Consulting, specialists in professional career development counselling, of programs specifically designed for dentists. In these programs, personal “resourcement”, realisation of the risk of burnout, and working on career satisfaction were key objectives. The second initiative was the start of a research project on burnout in dentistry. Both initiatives were financially supported by Movir Insurance. In this thesis, a description will be given of the research project, including an evaluation of the career counselling programs such as given by the consulting agency. Preceding this thesis, a
confidential report appeared - *Als de lont is opgebrand* - in which parts of the present research were described.

### 1.2 A case history

Before further introducing the background and aim of this thesis, the issue at stake is probably best illustrated by the following life story of a dentist (Box 1.1). The dentist in this case history is male, forty years of age, married with children, graduated fifteen years ago, and owns a general dental practice. He agreed to be interviewed and cited anonymously. After his story was first published in a Dutch dental journal, an unusually high number of personal reactions from dentists all over the country came to the author’s office, revealing a high degree of recognition after reading.

**Box 1.1 A dentist’s case history**

"After graduation, I made high investments to open a new practice. I started with zero patients and worked incredibly hard to pay back the loans.

I took no time for creating an agreeable atmosphere for my assistant. To me, the patient was important, and everything that wasn’t directly related to this patient care was unwanted.

When there were patients in my waiting room, I felt stressed for them, because I hated it to have them wait. Another thing was pain. Sometimes you can’t avoid pain, but it felt like I hurt myself when my patients had pain. So, it was tempting to offer a somewhat poorer quality of treatment, for instance by not excavating, because then the patient would say: you are a good dentist, because you didn’t hurt me.

I never left activities to others, because I thought no one could do them better than I did, also in my social life. And at home, I felt more and more irritated towards my wife and my children. The last few years I felt tired in the morning, before the day actually had begun.

Because of concentrated looking in the mouth, my eyes started to hurt so much that I could not even watch television in order to relax.

When on holiday I felt the contrast between the limited space of the mouth and the openness of nature. At the end of the holidays, I hated it to go back to the small world of the mouth.

There had been some pressure on my chest before. But a medical check up showed no physical defects. My physician advised me to slow down, but my patient book was always filled. So, I continued the way I did before.

I have always been ruthless for myself. When I had the flu, I used to swallow some medicine and keep working. Those who could not deal with the stress I considered weaklings who were not disciplined enough.

In my social environment some people warned me. But I was not open for their warnings. They saw me running and running, becoming more irritable, having outbursts of anger, et cetera."
Until, one day, I went crazy in my office. A patient called with some innocent question, and I burst out screaming. I kicked at the door, knocked on the wall, yelled at the patient and at my assistant. Finally, I broke out in tears and I went home.

It was so emotional. For more than fifteen years I had given everything I have for my practice and my patients. And now I had to face the reality that it had been too much for me.

I have been out of my practice for more than half a year now. This problem is not cured with a few weeks rest. I have professional psychological counselling. I will have to reorganise my way of working. And also, together with my wife I will have to work to save our marriage. My life has been out of balance for too long, and it will take time before it is in balance again”.

The first question to answer is, of course, whether dentists as the one described do indeed suffer from burnout, and if they do, to what scale burnout is prevalent among the profession. This question will be addressed in chapters 4 and 5 of this thesis, where an instrument is described to measure burnout, and information on the prevalence of burnout among dentists is given.

The second question to answer is: what are the characteristics of dentists who are at a risk for burnout? In the above case history, many possibly relevant factors can be distinguished. Some aspects mentioned refer to the dentist himself. These are his personal characteristics or personal style, like the tendency to control everything, and the high demands that he puts upon himself. Other aspects refer to demographic characteristics, such as having a solo-practice, and having been a dentist for fifteen years. Also, several workplace related aspects are mentioned. They can be divided in work contents, work situation, work conditions, and work relations. The dentist’s reactions to stress become also clear; they are physical, behavioural, cognitive, emotional, and social by nature. In the following chapters some of these themes will be addressed, both by research of literature and analysis of empirical data.

![Figure 1.1 Relation between workload and stress (Adapted from: Joppen & van Leeuwen9)
One may ask whether the case history is not too much focused upon one kind of stress. From stress literature it is known that not only an overload of work, but also underload may cause stress.\(^9\) Too little challenge in work may frustrate a highly educated professional, such as a dentist. Figure 1.1 illustrates this balance between demands and experienced stress. With regard to burnout in dentistry, both aspects – overload and underload – are considered highly relevant. In order to explore the diverse ways of how burnout may manifest itself among dentists, parallel to the quantitative research line a tentative qualitative research line was started by sketching possible profiles of dentists with burnout related complaints. In chapter 10 of this thesis, the General Discussion, a section will be reserved to discuss these profiles briefly.

### 1.3 Burnout

At this point, a brief comment on burnout needs to be given. Although burnout has a relatively short history as an object of scientific research, the amount of evidence-based knowledge is rapidly growing.\(^{10-12}\) Since other authors, such as the ones just referred to, have provided for a clear and extensive discussion of what is known about burnout to date, only some key characteristics will be described.

To start with, the experience that one is running out of energy is nothing new, but the first description of burnout in a scientific context stems from Freudenberger.\(^{13}\) He described idealistic volunteers, working in a clinic for substance abusers, who not only lost their energy and idealism after a period of disappointing experiences, but also became more cynical, and showed an increase in health complaints, sick leave and turnover. A few years later, Maslach & Jackson introduced an instrument to measure burnout: the Maslach Burnout Inventory (MBI).\(^ {14}\) Although its concept has been subject to change, and alternative instruments have been developed, the definition of burnout as operationalised in the MBI appeared to be most influential.\(^ {15,16}\) Burnout, according to Maslach & Jackson, is considered the result of chronic work related stress among people who professionally work with other people, such as nurses, teachers, social workers, physicians, or police officers. It is foremost characterised by emotional exhaustion. Simultaneously, to protect oneself, one preserves more distance from one’s patients, pupils, or whoever receives professional attention. This distance reaches a stage where cynicism and aloofness have become part of one’s regular pattern: depersonalisation. Finally, independently of these two dimensions of burnout, a third characteristic develops: the feeling that less is being accomplished.\(^ {11}\) Although it is possible that the availability of a compact instrument (the MBI) has contributed to the acceptance of Maslach & Jackson’s definition of burnout, to date, their definition and instrument are without competition.\(^ {16}\) In recent years, the concept of burnout is no longer exclusively reserved for people “doing people work” (as
Maslach & Jackson phrased it). Examples of burnout research among people working in other professional fields, such as computer engineers, or even outside any professional realm at all, such as burnout in marriage, appear with some frequency.

1.4 Differential diagnosis of burnout

Is it necessary to talk about burnout, in stead of calling the phenomenon under research depression, fatigue, or just stress, to name apparently related terms? To a certain extent, burnout does show overlap with related constructs indeed. Especially the emotional exhaustion component is known to share a substantial amount of variance with some of the phenomena mentioned above: about 30% with stress, and about 25% with depression. For comparison with the Chronic Fatigue Syndrome (CFS) no empirical data are available. The depersonalisation and personal accomplishment components share considerably less variance with each of the constructs mentioned, indicating only modest relationships.

Apart from analyses based on empirical data, theoretical differences can be summarised as follows. Burnout is considered a possible consequence of chronic job stress, to appear only when one is not capable of coping with stress adequately. Negative attitudes, such as depersonalisation and personal accomplishment do not necessarily appear when someone is under stress. Another point of difference is that burnout is usually seen as happening to those with high expectations and ambitious goals in their careers, those who were enthusiastic once. For stress, this is not necessarily so. Finally, the time aspect is important. Whereas stress refers to temporary adaptation to changing conditions which can be performed successfully, burnout reflects a breakdown in adaptation, causing structural deviation from normal functioning (Figure 1.2). The time aspect implicates that the two concepts can only be distinguished retrospectively.

When compared with CFS, the exhaustion component overlaps, while negative attitudes and behaviours are characteristics of burnout only. The most prominent difference, however, is the primarily physical symptomatology of CFS against the primarily psychological nature of burnout symptoms. Furthermore, burnout is job related, whereas CFS has no restriction to a particular life sphere.

Whereas depression is classified in psychopathological systems, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) or International Classification of Diseases (ICD), burnout is not defined in psychiatric terms. Schaufeli & Buunk explicitly state that burnout occurs in "normal" people without psychiatric history, whose functioning at work has always been satisfactory. Some other differences that have been described based on clinical observation are: feelings of guilt are part of depression but not of burnout; burnout is job related whereas depression is not; a burnout victim is
angry, or sad; patterns of sleep disturbances differ as depressed persons usually wake up early, while burned out persons usually find it difficult to fall asleep.21,22

When mentioning psychopathology, the question arises if burnout is to be seen as a pathological reaction. The diagnostic criteria for adjustment disorders, as can be found in the DSM-IV19, are difficult to apply to burnout. For instance, the time limit mentioned in the criteria (an emotional or behavioural reaction within three months following the stressor) is often exceeded by burnout victims. Furthermore, a distinctive psychosocial stressor is often hard to identify in a burnout process.21 Some authors suggest to diagnose burnout when: the criteria for work related neurasthenia as defined by the ICD-1020 are met; complaints are work related; professionalism has diminished; and one can speak of chronic overload during several years. All of these criteria have to be met.22

In conclusion, there is enough justification for focusing on burnout as a distinctive phenomenon. Although the emotional exhaustion component does show some overlap with related syndromes, research attention among dentists for burnout with its multidimensional character is expected to provide information fundamentally different than would have been achieved by measuring stress, depression, or fatigue.

1.5 Social relevance

Burnout, or, more broadly, psychological fatigue and stress in the work situation, is not a phenomenon among dentists exclusively. In The Netherlands, currently many professionals experience mental problems with regard to work. The Netherlands Statistics reports that in 1997 burnout complaints were found
by approximately 10% of the Dutch working population.\textsuperscript{23} The intake of new cases under the disablement benefit act (WAO/AAW) because of psychological complaints has grown from 11% in 1968, up to 30% in 1990 in The Netherlands.\textsuperscript{24} More recent figures show that from 1993 up to 1995 this percentage has remained stable, while, compared to other causes, psychological complaints have become the most frequent factor.\textsuperscript{25} This percentage is an underscore since, apart from psychosomatic cases, a considerable amount of those in categories such as “miscellaneous” or “not yet classified” are likely to also be classified under psychological complaints eventually. In another publication, it is stated that more than half of those incapacitated for work on psychological grounds report that work is the main cause.\textsuperscript{26} The same authors cite that among clients seeking professional psychological assistance at the regional institute for mental welfare (Riagg), 60% of the men, and 45% of the women report that work is either the main cause or at least one of the causes for their problems.\textsuperscript{26}

Given the magnitude of psychological incapacitation for work, it is clear that seeking solutions is of high social relevance. In Dutch society, several activities have been initiated. For example, from Dutch governmental side, funds have been made available for a concerted research action under the name \textit{Fatigue at Work}.\textsuperscript{27} Another example is a campaign by the largest Dutch labour union (FNV), in which 1998 was proclaimed as the year to combat work stress as enemy number one (as was reported in \textit{de Volkskrant} of 13 January 1998). All in all, a sense of awareness of psychological incapacitation as a serious risk among professionals is clearly present.

Notwithstanding this awareness, it must be noticed that usually attention is given to people working as employees in larger organisations. The burnout risk among those working as free entrepreneurs and / or working in more socially isolated working conditions seems to have been object of research not too often. Having said this, a study conducted in the early nineties on burnout among Dutch physicians deserves to be mentioned as a positive exception, and will be referred to in this thesis several times.\textsuperscript{28} Empirical studies on prevention of burnout in general, let alone among dentists, have not been conducted often.\textsuperscript{29} Given the possible consequences of neglecting burnout, both for the individual dentist, and for the patient, and for the image of the profession in society, the effects of preventive attention are well-worth investigating. Therefore, in chapter 9 of this thesis, room is given for the evaluation of a counselling program as mentioned in the first paragraph of this General Introduction.

1.6 Aim of the study

The aim of this thesis is to identify dentists with high burnout risk at an early stage, and to examine the effect of a preventive program on burnout. In order to meet this aim, three research questions were formulated:
- first, the prevalence of burnout among practising Dutch dentists is to be measured;
- second, factors that accompany potential burnout among Dutch dentists are to be identified;
- third, the effect of preventive counselling programs for dentists on the development of burnout are to be measured.

In this thesis, the general burnout model as described by Maslach et al.\textsuperscript{11}, introduced somewhat more in detail in chapter 2, will serve as a theoretical basis. Since burnout theory is relatively young, plenty of elements that may be part of an explanatory model for burnout are still to be explored. Although not formulated as a research question \textit{a priori}, it is to be expected that the variables under research in this study, including new knowledge about burnout prevention, will bring valuable input to be able to also further explain burnout theoretically.

1.7 Thesis structure

The structure of this thesis is as follows. In a literature search, an overview will be obtained of what has been published on burnout and work stress in dentistry previously (chapter 2). This information will lead to the construction of a questionnaire by which experienced work stress among dentists will be measured (chapter 3). A burnout measure will be tested for suitability among dentists (chapter 4). Burnout levels and prevalence among dentists will be measured (chapter 5). The relation between burnout, work place characteristics, and experienced work stress will be researched (chapter 6). The role of coping style and social support in relation to burnout will be examined (chapter 7). The relation between burnout and health complaints will be described (chapter 8). Among dentists with an identified burnout risk, the effect of a preventive counselling program will be tested (chapter 9). Finally, in a general discussion of the findings, main conclusions will be drawn and implications for prevention and future research will be postulated (chapter 10).

Most chapters of this thesis have been recently published in scientific journals, or are presently under review for publication. In doing so, the advantage was that findings could be communicated to the profession without much delay. Regrettably, the disadvantage for the reader of this thesis is that some overlap in information is unavoidable. In particular some phrasings of the chapter introductions, as well as parts of the methods sections will contain the same information. Another stylistic imperfection is that, in order to avoid repeatedly referring to both genders, wherever “he” is written both the male and female dentist are meant, unless indicated otherwise.
References


