Burnout among dentists: Identification and prevention

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The reason for a research project on burnout among dentists is the fact that demotivation was regularly observed among the profession in The Netherlands by the end of the eighties, beginning of the nineties. Furthermore, from insurance records it appeared that an increasing number of dentists left the profession prematurely for other reasons than physical ones. Burnout was considered a possible cause. This problem is not limited to dentistry. Among Dutch professionals in general, feelings of exhaustion, fatigue, or depression related complaints are increasing. The diagnosis “psychological complaints” was attributed as a reason for disability from about ten percent of all cases three decades ago, to about thirty percent in the nineties. As far as dentistry is concerned, two major initiatives were taken: the development of preventive counselling programs by Van Ede Consulting, and the start of a large scale research project on burnout among Dutch dentists, conducted by the department of Social Dentistry and Dental Health Education of the Academic Centre for Dentistry Amsterdam (ACTA). Both initiatives were financially supported by Movir Insurance. In this thesis, a report is given of the research project. Three research questions underlie this project: 1) what is the prevalence of burnout among dentists; 2) what factors can be associated with burnout among dentists; and 3) what is the effect of a preventive counselling program on dentists with a burnout risk.

In scientific literature, burnout is described as a possible result of chronic work stress. Burnout follows chronic routine, disappointment, or overload in work, and is expressed by, among other things, exhaustion and demotivation. The instrument most widely used to measure burnout, is the Maslach Burnout Inventory (MBI), a self-report questionnaire which contains the three defining elements of burnout: emotional exhaustion, depersonalisation, and diminished personal accomplishment. The symptoms that accompany burnout are, to a large extent, the same that accompany work stress in general. It is not quite clear which symptoms should be considered to be causes of burnout, and which are caused by burnout. Burnout has effects at a physical, psychological, social, behavioural, and attitudinal level. Apart from exhaustion, a negative attitude is characteristic of burnout, both with regard to patients / clients, and one’s own professional quality. Although programs to prevent or cure burnout have been
described in literature occasionally, the effects have seldom been proved scientifically.

Research on burnout in dentistry was conducted only sparsely. Yet, based on previous research on work stress, a long list of possibly related factors could be identified. In this thesis, an overview is given of what has been described in the international dental literature so far. Not all aspects mentioned are stressful for all dentists; the combination of personal characteristics, circumstances, and work determine the occurrence of burnout. What is considered pleasant by one dentist, can be a heavy burden for another. Risk factors for stress often mentioned in dental literature are: isolated working conditions, high work pressure, difficult patient contacts, financial pressure, governmental regulations, and lack of career perspective. Also striving for perfection seems to be a particular characteristic among dentists. Although numerous opinions and advice on the prevention of stress or burnout among dentists have been published, empirical research on this topic could not be identified.

Among dentists with a Movir Insurance policy, some 90% of the Dutch dentists in 1997, one out of six - 950 dentists - confidentially received a questionnaire. Both a diskette and a paper version were administered. Out of the 735 reactions (78%), after screening, a 75% response remained for further analysis. Every combination of gender, age, and region was well-represented among the respondents, therefore accurately representing the active Dutch general dental practitioner.

The Dutch version of the MBI (MBI-NL) appeared to be a reliable instrument, psychometrically speaking, to measure burnout among dentists. Several analyses showed results comparable with the manual. Both from explorative and from confirmatory factor analysis, the original three-factor structure emerged, with emotional exhaustion, depersonalisation, and personal accomplishment as distinguishable dimensions.

It appeared that the mean level of burnout among dentists is favourable on all three MBI-NL scales in comparison with reference norm scores. This goes both for men and for women. However, dentists in the highest percentiles on emotional exhaustion appear to have relatively unfavourable scores, when compared with the manual. No univocal criteria exist to determine who is burned out, and who is not. When a burnout “risk group” is defined by unfavourable median scores on all three dimensions, as was previously done among Dutch physicians, 21% is in this category. When the MBI manual definition of “a high general level of burnout” is applied, 13% is in this category. When preliminary, not yet validated clinical cut-off scores are taken, 3-4% could be considered “extremely burned out”.

From statistical testing, no significant differences in age, gender, or region could be identified with regard to burnout. Neither could differences in work place characteristics account for differences in burnout scores. From additional analyses, a trend to higher burnout scores could be identified among male dentists between forty and fifty years of age. Remarkably, whereas the pattern on emotional exhaustion and depersonalisation among dentists was rather similar, on personal accomplishment a deviating pattern was observed. It is suggested that this latter dimension rather reflects manual-technical skills, which grow with number of years of professional experience.

Apart from examining work place characteristics, an instrument was developed to measure experienced work stress: the Dentist’s Experienced Work Stress Scale (DEWSS). It appeared that (lack of) career perspective most strongly correlated with each burnout dimension. Work pressure and influence of work on private life were related to emotional exhaustion, and difficult patient contacts was related to depersonalisation. Apart from the relation with burnout, difficult patient contacts, time pressure, and interference by government or insurance company were considered most stressful work aspects by dentists.

A number of person related aspects could be shown to be related to burnout. Dentists with a passive coping style, and dentists experiencing social support the least had higher burnout scores. Also the relation between health and burnout was examined. Dentists with a high burnout risk had more health complaints and showed more unhealthy behaviour on several aspects.

Dentists identified with a high burnout risk - the 21% mentioned above - were invited to participate in a preventive counselling program. Also, dentists with high scores on both emotional exhaustion and depersonalisation were invited. About a quarter of the invited appeared for an intake. Eventually, 19 dentists, 11% of the invited, participated in an intensive group program. From pre- and posttest comparison, it is shown that participants had more favourable mean scores at posttest time. Those who were invited, but chose to not participate in the program could be divided in dentists who had self-initiated preventive measures, and those who had not. It appeared that dentists with self-initiatives also had more favourable posttest mean scores, but to a lesser degree. Those who had not self-initiated preventive measures, had, statistically speaking, similar posttest mean scores. The percentage of dentists in the burnout categories “high” to “very high” at posttest time was lowest among program participants. These dentists also had lowest percentages in these categories at the pretest, nevertheless, their decrease was most outspoken. The results of the study indicate a positive evaluation of the programs. It is recognised that in the programs more attention should be given to individually different needs. Also, it
is suggested that personal feedback on burnout scores has a therapeutic effect. This is useful with regard to burnout prevention. From self-initiated preventive measures also a beneficial effect was shown. For those dentists reluctant to participate in a program as described, the development of alternative, individual programs, and programs with more emphasis on practice matters in stead of personal changes to start with, is recommendable.

The outcomes of the present research are not only of value for the dental profession, a contribution to burnout theory is also offered. First, by giving a further frame of reference for future research among free-entrepreneurs, in- or outside health care. Second, by raising questions about personal accomplishment as a burnout indicator among professions where one can rely on manual-technical skills. And third, with respect to depersonalisation the question was raised if assertiveness could be adequately distinguished from aloofness by the MBI-NL scale used.

There is reason to believe that the burned out dentist can not be captured within one stereotype. From a series of interviews, five distinguishable profiles could be drawn of dentists with burnout related problems. These profiles are: the treadmill walker; the crushed idealist / perfectionist; the frantic runner; the disgusted dentist; and the depressed dentist. The dentist who frantically runs until all sources of energy are exhausted differs essentially from, for example, the dentist who realised early in his career to disgust the whole profession, but felt he had to carry on. The profiles, developed in an explorative way, are likely to have a potential value in prevention when dentists can recognise their own situation in the description.

Generally, in burnout prevention emphasis is put on limiting stress generating aspects. In line with recent developments in burnout theory, in this thesis the importance of increasing energy providing aspects in work is underlined.

Finally, some suggestions are made for dental schools and dental associations. Basically, a plea is made for a broader career orientation in the dental curriculum, while also facilitating more support among dentists is suggested, in order to exchange worries about professional and personal functioning. Apart from schools and associations, also the individual dentist is pointed to his responsibility in preparing himself for burnout pitfalls, such as a lack of career perspective is. After all, when the fire has gone, burnout threatens.