BURNOUT SYNDROME IN DENTAL PRACTICE

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ABSTRACT:

This paper aims to highlight the burnout syndrome among dentists, this phenomenon that affects between 22.2% and 55% of dentists, according to the data in the specialized literature. Besides the physical phenomena expressed by chronic fatigue, the syndrome determines and disturbs the behaviors with consequences like: absenteeism, alcohol and drug abuse, low performance. Psychological consequences include anxiety, depression, fatigue, dissatisfaction towards one’s own life. Pathological symptoms are heart diseases, cerebral strokes, digestive diseases such as gastric and duodenal ulcer, headaches and diverse infections. The most frequent risk factor incriminated is the overload at the workplace, followed by others, like: emotional factors, time since qualification, educational status and experience. Prevention of this phenomenon includes better time management, relaxation, maintaining an emotional balance and a mental well-being.

Key words: burnout syndrome, dentists, risk factors

A classical definition of the notion of stress indicates that it is a phenomenon resulting from a person’s confrontation with requirements, tasks, and situations that are perceived as being difficult, painful or of great importance for the respective person [1]. Most
of the times, stress negatively influences our health state (distress), but sometimes stress can even be benefic (eustress).

**Eustress** represents a state of stress characterized by the existence of some stimuli having a benefic significance for the individual, emotions, and feelings and which has favorable consequences for the body.

**Distress** is the term designating the stress having a negative influence on the body through the existence of hormones released during distress such as catecholamines that may favour cardiovascular diseases and cortisone which reduces the resistance of the body against infections and cancer.

**Burnout syndrome** belongs to the latter category and represents, according to Iamandescu, an overstress beyond the limits of intellectual capacity, including in terms of attention and memory parameters [2].

Maslash and Jackson in 1981 defined Burnout as being a syndrome of emotional distress, depersonalization and low personal accomplishment, in which the emotional distress is considered the initial symptom and the most obvious sign of Burnout syndrome is characterized by mental and physical exhaustion in which the person is without energy and willingness to work [3].

Thus, the World Health Organization included for the first time in 2019 the burnout syndrome on the list of medical disorders.

Today, *burnout syndrome* is a phenomenon widely spread in our society. Although efficient on a short term, it is unproductive on a long term because it reduces creativity and productivity. Overstress creates the illusion of increased efficiency, but adopted as a work style, it leads to exhaustion. Part from exhaustion and decrease of creativity, among the effects of overstress we may enumerate the problems in concentrating on important things, tight relations with those around us, depression, irritability, and health issues [4].

Cristina Clinciu indicates three large categories of stress symptoms: **physical exhaustion** with the presence of physical symptoms, **emotional fatigue** with symptoms relating to attitudes and feelings, and **behavioral symptoms** with low productivity and dissatisfaction at the workplace [5].

Behavioral consequences are absenteeism, alcohol and drug abuse, low performance, while psychological consequences include anxiety, depression, fatigue, dissatisfaction towards one’s own life.

In a multicentre study carried out in 2017 among the medical assistants of 5 European countries (Romania, Cyprus, Italy, Poland and Lithuania) who showed symptoms of
professional overstress, it was noticed that they were more prone to unmotivated absenteeism, low work productivity, low satisfaction and more sick leaves [6].

The instruments used to assess occupational stress are specially designed questionnaires validated for this purpose. The most used one are *Maslach Burnout Inventory* described by Cristina Maslach in 1981 with 22 questions, and *Perceived Stress Questionnaire*, elaborated by Levenstein in 1993, a questionnaire with 30 questions [7].

**The job of a dentist** faces a series of risk factors that may affect life quality, and among them we may mention physical overstress and stress with its multiple effects on our general health state, behavioral disorders and psychic symptoms.

The data in literature support specialists’ affirmations who consider that this syndrome must not be neglected at all since over time negative consequences of our body’s defense reactions start to appear such as heart diseases, cerebral strokes, digestive diseases such as gastric and duodenal ulcer, headaches and diverse infections [8].

In the study performed by Gilmoure and collaborators in England stress is considered the first dissatisfaction factor among dentists, while in Jordan the health problems caused by the practicing of this job occupy the first place [8, 9].

In Brasil, Carneiro and collaborators found 32% of dentists had symptoms specific to professional exhaustion, and 44% of them had a weekly working hours of 21-40 hours [10].

The same issue was developed by Hautefeuille in a study performed in 2013 in France. He showed that 43% of dentists from two French regions felt overstressed, and 41.2% of them considered that the dental office profitability represented the first cause of this phenomenon. Moreover, 48.1% declared that they had resorted to tranquilizers and alcohol in order to cope with the situation [11].

Professional and implicitly psychic exhaustion frequently leads to the appearance of depressions. Meral H. reached this result in a study carried out in 2015 in Turkey, Ankara, on a sample of 337 dentists. He says that 22.2% of the dentists had symptoms specific to depression, and that it was encountered more among women and among the dentists working in the public sector than to those working in the private environment [12].

Burnout syndrome may be also encountered among the manager of both public and private dental clinics. Recently, in 2019, in a study conducted in Taiwan by Chen-Yi Lee on a sample of 108 individuals belonging to the dental staff in private dental clinics and public
hospitals, it is shown that the stress factor occupying the first place resides in the solving of conflicts between physicians and patients [13].

In Iasi, in a study conducted by Murariu A. and collaborators on a sample of 165 dentists, it is shown that 55% of them considered that chronic fatigue is a factor of professional dissatisfaction which conjugated with the financial level and the degree of autonomy represents prediction factors in assessing satisfaction/dissatisfaction in the professional career [14].

Since 1994, in England, Osborne and Croucher found a number of variables relating to burnout syndrome: marital status, educational status, time since qualification, numbers of dentists in the practice, number of days per week spent in practice and the proportion of NHS/private work [15].

In 2017 Singh in a systematic review about burnout syndrome reported that over 26% of dental staff was at severe risk of burnout [16].

Regarding age distribution, Varella-Centelles et al. found no statistically significant differences in burnout scores in dentists of different ages in a cross-sectional study of primary care dentists from a very unique Spanish health care system [17].

Regarding gender distribution, in a study in Denmark in 2003, authors found that males reported higher levels of stress and reported working an average of 7.5 hours more per week than females [18].

But in another study of 307 Jordanian dental students found a greater prevalence of burnout in females [19].

To go out of this vicious circle, specialists suggest multiple options ranging from meditation and acupuncture to physical exercise and massage, but maybe the most important thing that must be analyzed is the cause of the phenomenon which proves that, regardless of the geographical location, this is the professional pressure to obtain additional income [20].

REFERENCES:


