BURNOUT IN DENTISTS: EFFECTS AND SOLUTIONS

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Abstract: The aim of this article is to define, diagnose and present solution to an uprising phenomenon that affect the dentists in our time. Dentists are at a higher risk of burnout than members of most other professions. The dentist has a unique position as both healthcare provider and businessperson. This dual role can cause dentists to feel overwhelmed and suffer from significant levels of anxiety. Burnout usually presents in dentists as a feeling of hopelessness or dread about going to the office. It can affect the way you run your business, the way you interact with staff and patients, and even the way you practice dentistry. For all these reasons, it is extremely important to be aware of your risk for burnout and take practical steps to prevent it. We have taking in consideration the latest systemic analysis and the particularities of the Romanian health system to show the risk that the dentist should be aware of and present a set of solution for it.

Key words: burnout, dentistry, effects, solutions

The professional burnout is a psychological problem that occurs because of extreme exhaustion of emotional strength or motivation, because of chronic stress this usually leads to development of a negative or cynical attitude towards one's patients or staff and the tendency to evaluate oneself negatively. It is not a very well diagnose affection frequently being confused with stress.

The most widely adopted definition for burnout comes from Maslach (1981) who defines it as" emotional exhaustion, depersonalization and reduced personal accomplishment that occur among individuals who do" people work" of some kind". Additionally, one of the most radical definitions is provided by Maslach and Leiter (1997):" Burnout is the index of the dislocation between what people are and what they have to do. It represents erosion in value, dignity, spirit, and will an erosion of the human soul. It is a malady that spreads gradually and continuously over time, putting people into a downward spiral from which it is hard to recover".

Dentistry requires a working knowledge of medicine, physics, materials, and artistry all with great attention to detail. It takes many years of higher

education to become a dentist. It then takes years of experience and continuing education courses to become good at dentistry. To run a practice, the dentist is also a business owner with the associated risks and responsibilities such as capital expenditure decisions, marketing decisions, overhead control, bank notes, lease payments, dental insurance headaches, supply bills, lab bills, human resources etc. The business of dentistry is difficult and comes with high risks. Therefore, one deserves a financial reward. The problem for many dentists is that the financial reward is much less than the risks encountered daily. In fact, the lack of financial reward actually becomes an added risk and stresses on top of everything else. Over a period of time, the risks assumed consistently outweigh the rewards received, resulting in burnout.

Dentistry is both a rewarding and a demanding profession, and the professionals well-being may depend largely on how successfully one learns to keep the rewards and demands of the profession in proper prospective. Either diverse and extreme demands or a lack of resources which exceed the ones coping capacities can be viewed as the sources of occupational stress. Additionally, the profession demands physical and mental effort as well as personal contact which can result in a condition known as ” burnout”.

Level of burnout has been investigated by various authors in the literature. According to Gorter and Forbes (2014) >26% of dental professionals showed very high risk of burnout, according to Singh’s systematic review (2016) which analysed the factors effecting burnout in dentists and Huri *et al* published two studies evaluating the relationship between burnout and occupational participation. In 2016, according to review of Singh *et al*. showed the factors associated with burnout in dentists and Huri *et al* enriched the literature with evidence of the relationship between burnout and occupational participation among dentists and dental students form occupational therapy perspective.

Burnout which is commonly said to be a result of the chronic occupational stress is basically interplay of many factors that have been described by many authors. The most structured and comprehensive classification is the one proposed by Cooper CL et al who found out various stressors among the dental practitioners which potentiate burnout:

Factor I: Time and Scheduling Pressures

1. Working under constant time pressure

2. Keeping to appointment schedules
3. Too much work
4. Maintaining high levels of concentration for long period of time with few breaks.
5. Running behind schedule
6. Working quickly to see as many patients as possible
7. Seeing more patients than you want to for income
8. Long working hours.

Factor II: Pay Related Stressors

1. Conflict between profit needs and professional ethics
2. Earning enough money to meet lifestyle needs
3. Inability to meet one's expectations/standards
4. Quoting fees and collecting payments.
5. Inability to meet your own standards

Factor Ill: Patient's Unfavourable Perception of the Dentist

1. Feeling underrated by the patients
2. Lack of patient appreciation and awareness of the complex nature of the job.
3. Being perceived as an inflictor of pain
4. Repetitive nature of work
5. Feeling isolated

Factor IV: Staff and Technical Problems

1. Staff related problems like (absenteeism, personal friction)
2. Unsatisfactory auxiliary help
3. Equipment breakdown and defective materials
4. Unsatisfactory laboratory items/laboratory delays
5. Interpersonal problems with colleagues.

Factor V: Problems Dealing with Patients

1. The possibility of making mistakes e.g.- breaking a root tip
2. Actually making mistakes
3. Dissatisfied patients
4. A patient having medical emergency in the surgery
5. Treating an extremely nervous patient
6. Coping with difficult/uncooperative patients.

New Zealand Dental Association & Dental Council of New Zealand have classified potential stressors in dentistry as:

a. Factors intrinsic to the job: occupational risks, work overload, the working environment, potential health's risks, time scheduling, new technology – keeping up to date

b. Relationships at work

c. Lack of career development

Other risk factors are: age, with a peak around 30 – 35 years, gender, the women being the most susceptible ones, personality, the introvert sensing type being more vulnerable, speciality, working hours, working environment, marital status, lifestyle.

Apart from these factors for the dentists in Romania, we can add the lack of a model of practice, being a young market, the unstable legislation, the unstable reference prices for dental material and equipment. Also, excessive patients claims associated with the rather poorly paid treatments and with less respectable and aggressive attitudes towards the doctors. This attitude regarding the" white coats" is fuelled by the media, also misinforming the patients (see the Netflix documentary regarding root canal treatments).

Regarding the evolution and installation of the affection in general, Maslach (1982) described three stages of burnout as:

1. An imbalance between the demands of work and personal resources, which results in hurried meals, longer working hours, spending little time with the family, frequent lingering colds and sleep problems. The sensible response at this stage of job stress is for the professional to take stock, seek advice and reorganize his or her life and practice.
2. The second stage involves a short-term response to stress with angry outbursts, irritability, feeling tired all the time and anxiety about physical health. The informed response to this stage of stress is to get away from it all by going on a course, a short holiday or letting someone else take the strain for a while.
3. A few progresses to the third stage of 'terminal' burn out which creeps up insidiously: the sufferer cannot re-establish the balance between demands and personal resources. The burnout professional treats individuals in a mechanical way, goes by the book, is late for appointments, refers to patients in a derogatory manner and uses superficial, stereotyped authoritarian methods of communication. This stage has many of the characteristics of 'bad' doctors, and is seen too in social workers, nurses.

However, it has been suggested that dentists undergo five stages leading to burnout:

1. Practice Honeymoon - where one overworks oneself due to enthusiasm & ambition to develop one's practice

2. The drill & fill blahs – where ones laboratory becomes boring due to monotonous work
3. The operatory blues - where depression sets initially as a result of monotonous work.
4. The Crisis - where agitation and frustration appear due to conflicting mental state.
5. The Pull-out – „Burnout" the final stage.

When we tried to describe this affection the existing literature mainly describes three components as:

1. Emotional exhaustion (EE)
2. Depersonalisation (DP)
3. Reduced Personal accomplishment (RPA)

The first component: physical and/or psychological tiredness is known as emotional exhaustion. It is referred to a sensation of extra physical effort, progressive loss of energy and emotional wasting, all of which are generated as a consequence of continuous interpersonal interactions that certain professionals maintain among themselves as well as with clients. It is characterized by an increasing sensation of exhaustion at work," not being able to give more of oneself" at a professional level. To protect him/herself against this negative feeling, the subject tries to isolate him/herself from others, developing an impersonal attitude, dehumanising the relationships with other people and becoming distant, cynical and condescending with colleagues.

The second component: The depersonalisation is characterized by a negative attitude and cynical responses towards the clients, reaching a point where the latter ones are considered as simple objects. This attitude of isolation that is adopted by a subject with" burnout" appears as a way to protect him/ herself from exhaustion.

The third component: The feeling of personal inadequacy or lack of personal accomplishments is a consequence of reduced personal realization, associated with loss of self-confidence, development of negative self-concept and low self-esteem, all of which lead to a decrease in productivity on a job and poor or complete absence of personal realization. Emotional exhaustion and cynicism are considered the core burnout dimensions. Conceptually, professional efficacy has been criticized as reflecting a personality characteristic rather than a genuine burnout-component.

The signals and signs where very well structure by Hakanen JJ, Schaufeli (2012), in this easy to follow table.

LEVEL	COGNITIVE SIGNALS	AFFECTIVE SIGNALS	MOTIVATIONAL SIGNALS	BEHAVIORAL SIGNALS	PHYSICAL SIGNALS
Signals at individual level	Helplessness / loss of meaning and hope, Feelings of powerlessness / feelings of being "trapped", Sense of failure, Poor self-esteem, Guilt, Suicidal ideas, Inability to concentrate / forgetfulness / difficulty with complex tasks	Depressed mood / changing moods, Tearfulness, Emotional exhaustion, Increased tension / anxiety	Loss of zeal / loss of idealism, Resignation, Disappointment, Boredom	Hyperactivity / impulsivity, Increased consumption of: caffeine, tobacco, alcohol, illicit drugs Abandonment of recreational activities, Compulsive complaining / denial	Headaches, Nausea, Dizziness, Muscle pain, Sleep disturbances, Ulcer / gastrointestinal disorders, Chronic fatigue
Signals at interpersonal level	Cynical and dehumanizing perceptions of clients / service recipients / patients Negativism / pessimism with respect to clients / service recipients / patients Labelling recipients in derogatory ways	Irritability Being oversensitive Lessened emotional empathy with clients / service recipients / patients Increased anger	Loss of interest Indifference with respect to clients / service recipients / patients	Violent outbursts Propensity for violent and aggressive behavior, Aggressiveness toward clients / service recipients / patients, Interpersonal, marital and family conflicts, Social isolation and withdrawal	
Signals at organizational level	Cynicism about work role, Distrust in management, peers and supervisors	Job dissatisfaction	Loss of work motivation, Resistance to go to work, Low morale	Reduced effectiveness / poor work performance / declined productivity, Turnover, Increased sick leave / absenteeism, Being over-dependent on supervisors, Increased accidents	

To quantify burnout level the literature is proposing of two measuring systems. The firs one is measuring the work engagement (vigour, dedication and absorption) and is it called the Utrecht Work Engagement Scale and the second one is evaluating the emotional exhaustion, depersonalization and personal accomplishment the Maslach Burnout Inventory.

The recognition of burnout is important for **prevention**. According to Maslach et al. burnout can be most effectively addressed using a combination of individual and organizational interventions with engagement as a positive goal for intervention.

Various studies have been conducted to determine the efficacy of prevention programs in health care workers. Gorter et al. recorded a reduction in symptoms of burnout in dentists after participation in a prevention program aimed at the restoration of personal balance by gaining insight into one's situation and formulating a personal plan of action. Salyers et al. reported a significant decrease in emotional exhaustion and depersonalization in mental health professionals, following a one-day workshop to reduce burnout, namely, BREATHES (Burn-out Reduction: Enhanced Awareness, Tools, Hand-outs, and Education).

The Burnout Self-check provides an informal report while the Maslach Burnout Inventory (MBI) is widely used by researchers. According to Gorter et al. the recognition of burnout by means of feedback or a self-check questionnaire could be important for prevention. The prevention of burnout should also be viewed as a continuous process. According to Morse et al., prevention should focus on the development of positive qualities, e.g. role-fulfilment and a sense of meaning and gratitude in addition to stress management.

The following person-directed interventions may be effective for prevention of burnout

Stress management: Stress management should be structured and focused on the individual needs of the practitioner with regards to incorporation of personality traits, results of the Maslach Burnout Inventory and the Perceived Stress Scale. Allostatic load, the long-term consequences of stress, eventually undermines immune system and memory functioning .

Cognitive-behavioural training: The maintenance of a positive stance leads to work-related hope and engagement. According to Schaufeli and Bakker, work engagement is a multidimensional affective-cognitive measure of well-being characterized by vigour, dedication and absorption. The development of role fulfilment, a sense of gratitude and meaning are considered important .

Mindfulness-Based-Stress-Reduction (MBSR): Significant improvement in burnout scores for the Emotional exhaustion, Depersonalization

and Personal Accomplishment scales on the Maslach Burnout Inventory was recorded for health care workers after a course in MBSR (developed by J Kabat-Zinn in 1979) which was completed in 8 weeks (2.5 hours per week) with a 7-hour retreat .

Mindfulness meditation (MM) and Rapid relaxation (RR): Lovas et al. proposed the incorporation of mindfulness practices in the dentistry curriculum in order to enhance professionalism, stress management and self-care. Mindfulness meditation fosters attentiveness, active listening, empathy, equanimity, presence, patience and acceptance. These qualities are important for the dentist-patient relationship. The rapid **relaxation technique** helps the dental student to manage anxiety in the self and in the patient. Quality of life can thus be improved for the clinician and the patient. In the current multicultural student population, mindfulness practices could be a unifying basis for the promotion of professionalism and self-care.

Recognition of daily stressors: A stress response may be physical, behavioural, emotional, or cognitive.

Narrative counselling: By means of a narrative approach, the dentist can be assisted to gain insight into his interpretation of the situation as emotionally stressful and be empowered to become an agent of change in his own life story. This empowerment is engendered through the realisation of one's strengths, coping skills and personal attributes in the narrative process. A clear perspective on goals or the re-setting of goals in terms of a more effective family-work balance can also be achieved.

Technology: Technological tools could enable clinicians to determine their level of burnout and electronically access burnout intervention strategies. Feedback and self-check instruments may assist in burnout prevention.

Additional preventive factors are social and peer support, assertiveness training, physical exercise, progressive muscle relaxation (PMR), positive imagery and yoga. According to Morse et al., the use of multiple prevention strategies may be advisable instead of relying on one technique.

Make Your Work Environment Empowering - An office environment where there is a high level of mutual respect and everyone on the team feels safe to communicate has been strongly associated with lower burnout levels, yet many offices still promote a traditional top-down hierarchy and often treat staff members with a certain level of disrespect.

Research has shown that burnout decreases for doctors and teams when negative communication is minimised, and team members are encouraged to communicate in constructive ways. Develop an office that has open communication and encourages communication in all directions. Create an environment that has a zero-tolerance policy on gossip and negative talk. By doing so, you will decrease your likelihood of burnout.

Positive relations between dentists and assistants can be assumed to buffer the negative effects of emotional dissonance on dentist performance (Rodríguez-Sánchez, Hakanen, Perhoniemi, & Salanova, 2013). Possibly, assistant's' burnout may affect also their dentists, carrying further consequences for dentists and their patients.

Take Control of Your Schedule - Dr. Christina Maslach is the foremost researcher on burnout, writing and cowriting more articles and books than anybody else on the topic. She emphasizes that one of the keys to overcoming burnout is to control workload problems by evaluating your workload frequently. For dentists, this comes down to your schedule.

The key is to remove workload problems and find what works best. The workload can increase burnout, so the dentists have to manage their schedule and reduce its risks.

You Need to Feel Fairly Compensated - Dentistry can be extremely rewarding. However, if the practitioner, is not getting time off, not saving for retirement, and not getting paid appropriately, the problems outweigh the rewards.

First thing is to determine what rewards would be fair for you and start to compensate yourself. You may need to work differently by scheduling for production. Or, you may need to raise your fees.

Engage in Dentistry and Diversify - Many dentists have said that learning a new technique or attending an institute reinvigorated their professional life. Research on burnout supports this notion. Furthermore, if you couple diversifying your work with supportive relationships like a mentor or coach, you become more resilient, accomplish more, and feel more worthwhile.

Conclusion

According to Maslach et al. engagement is the direct opposite of burnout. The three dimensions of engagement, namely, energy, involvement and efficacy may be viewed as the opposites of emotional exhaustion, depersonalisation and

diminished personal accomplishment (the three dimensions of burnout). It is clear how detrimental burnout is to the dentist-patient relationship and that the maintenance of a stance of engagement is of paramount importance. In addition to maintaining the well-being of the clinician, dental health service delivery can therefore be improved by early recognition and treatment of burnout.

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