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Professional burnout: Its relevance and implications for the general dental community

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As very few studies regarding dentists' professional burnout have been published, we provide an updated review and recommendations with regards to the published dental literature of this phenomenon, which is relevant to the general dental community around the world. Professional burnout has been found to be prevalent among dentists and dental students. The challenge lies in early recognition and developing intervention programs specifically for the dental profession. Attention to realistic career expectation and the type of dentist

one prefers to be, attention to practice management skills and the stressfulness of work, as well as longitudinal monitoring of newly qualified dentists on burnout development are recommended. Learning about professional burnout and its potentially serious consequences, as well as increasing knowledge about how to prevent and treat it are crucial. It is not only a caregiver problem, but also a public health problem. (*Quintessence Int* 2014;45:87–90; doi: 10.3290/j.qi.a30763)

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Burnout is the end result of a process of attrition wherein motivated individuals lose their spirit. It is a state of physical, emotional, and mental exhaustion.¹ Professional burnout is considered as being one of the possible consequences of chronic work-related stress. It consists of emotional and mental exhaustion, depersonalization and cynicism, and diminished personal

accomplishment.¹⁻³ Dentistry is a profession with a wide range of possible stressors, and professional burnout can be considered a risk to the dental profession.³⁻⁵ The phenomenon has been found to be prevalent among trained dentists and dental students.³⁻¹⁰ Early recognition, efficient coping strategies, and valuable prevention of professional burnout are strongly and urgently recommended.^{4,5,10} The dental profession in Israel has gone through deep and extreme organizational changes in the last decades, including the inclusion of a dental component in the national health insurance service.¹¹⁻¹³ In 2010, we conducted an initial professional burnout survey among a purposive sample of 320 dentists. The professional burnout level was measured by the validated BMS (Burnout Measure Short Version) questionnaire, comprised of 10 items.¹⁴ Our findings indicated that 45% of the participating dentists experienced burnout, with 3% of them demon-

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strating severe burnout level. Physical and mental exhaustion were found to be prevalent among the Israeli dentists. As very few studies regarding dentists' professional burnout have been published, we consider it important and valuable to provide an updated review and recommendations with regards to the published dental literature of this phenomenon, which is relevant to the general dental community around the world.

REVIEW AND RECOMMENDATIONS

Since its introduction to the scientific community, burnout has been a focus of interest for both researchers and practitioners. Working in a dental practice is recognized to be a physically and mentally demanding activity. One of the possible consequences of chronic occupational stress is professional burnout.¹⁻³ Burnout can be considered a serious risk to the dental profession, causing both a threat to the workforce and a tragedy to the individual dentist. Attention to burnout prevention is strongly recommended.^{4-6,10}

It is recognized that the majority of dentists do not suffer from burnout.^{3,15} However, a recent study among dental staff in Northern Ireland demonstrated that burnout is a serious threat for the dental team, especially among general dental practitioners, as almost 16% of them suffered from a high level of burnout.³ This is an alarming finding when compared with a study in the Netherlands,¹⁶ in which only 2.5% of Dutch dentists fell into the highest burnout category, and with a recent UK study,¹⁷ where approximately 8% of the responding dentists fell into the highest burnout category. Burnout is best described as a gradual physical, mental, and emotional erosion of the person.^{3,4} The person is physically (tired, weak/sickly), emotionally, and mentally (helpless, hopeless, trapped, depressed, difficulties sleeping) exhausted, develops a negative attitude towards patients (disappointed with people, "I've had it"), and evaluates himself negatively (worthless/failure).^{1,2,14} The study among UK dentists¹⁷ revealed that dentists without postgraduate qualifications, those working in small teams, and those who spend a greater proportion of their time in the National

Health Service (NHS) practice, had higher burnout scores. Another study among UK dentists¹⁸ demonstrated that lower levels of social support among dentists in their workplace yielded higher levels of emotional exhaustion. Burnout studies demonstrated that lack of career perspective is a major source for burnout risk among dentists.^{3,10,15,19}

The need to explore whether the beginning of the crisis of professional burnout starts at the very early stages of the training period of the professional career is highlighted and dealt with in the literature. Studies among health professional students, including dental students, demonstrated a reality of stress, exhaustion, and other burnout symptoms already present at a very early stage of professional training.⁹ Findings indicated that the highest incidence of stress occurred in medical students, followed by dental students.⁹ Studies among medical and nursing school students in Hong Kong, Pakistan, Taiwan, Scotland, and Australia demonstrated high levels of stress and other symptoms of burnout at the first years of professional training.²⁰⁻²⁴ A study among first-year dental students from Amsterdam, Belfast, Cork, Greifswald, Helsinki, Liverpool, and Manchester, revealed higher than expected levels of emotional exhaustion (22% compared to 5% among first-year medical students).⁷ A study that examined the extent of stress, burnout, and health problems experienced by fourth- and fifth-year dental students from the three universities of Dresden, Freiburg, and Bern demonstrated alarmingly high levels of burnout symptoms.⁸ Thus, it is apparent that the level of psychological distress in dental students embarking on their training is already substantial, and they exhibit relatively high levels of emotional exhaustion and other symptoms of burnout. The important question is, what can be done and by whom? Undoubtedly, the challenge for the dental profession lies in early recognition and the development of intervention programs specifically for the dental profession.²⁵⁻²⁷ Dental organizations and the individual dentist have to be aware of this dilemma and take part in these efforts.

A study among general dental practitioners in The Netherlands²⁵ measured the effects of a career counsel-





ing program on burnout and concluded that, in general, the prevention program has a positive effect on burnout scores among dentists; however, prevention cannot be regarded as a single-dose cure. It was stated that career planning and attention to personal expectations in professional life is not part of any dental curriculum in The Netherlands, or in other countries as well, and that a large vacuum exists in the current supply of continuing education to the individual dentist. Another study from the UK²⁶ described an intervention aimed at general dental practitioners who reported high levels of work-related stress, and argued that interventions should be tailored to individual need within a structured intervention framework. In addition, it was stated that there has been no published research investigating the efficacy of primary prevention in the management of stress among the dental team, including in their training period.

In order to try to explore and confront the burnout problem in the health profession education setting, several studies describe prevention intervention programs with the aim of measuring stress and other burnout symptoms, and suggest coping strategies and health promoting behaviors among students in their professional training, with the hope and belief that early intervention will have the most effective influence on the training period as well as on the future career.²⁰⁻²⁸

The results provided valuable information for clinical educators in identifying students' needs, facilitating their learning in the clinical setting, and developing effective interventions to reduce stress. The necessity to identify the individuals with a tendency towards burnout was revealed in order to establish preventive measures and avoid future negative behavior at work as well as at the personal level. There is a need to review the curriculum and evaluate what impacts on students' stress levels and other burnout symptoms, to introduce strategies to reduce stress levels, and to design intervention and prevention coping programs for health profession students. Social competence training to enhance communication skills might be helpful, and social skills are a recommended part of clinical training.

With regards to the dental profession, additional attention to realistic career expectation and the type of dentist one prefers to be, attention to practice management skills and the stressfulness of work, as well as longitudinal monitoring of newly qualified dentists on burnout development, which will facilitate assessing the maintenance of effects and the prediction of psychological problems in subsequent years, are recommended.^{3-9,15-17,25-28}

As professional burnout affects all aspects of life, including marital problems, emotional disorders, problems with alcohol, and drug abuse, and has devastating effects on the patients, such as medical errors and reduced compliance to medical advice,²⁹⁻³¹ this problem should not be ignored. Learning about professional burnout and its potentially serious consequences as well as increasing knowledge about how to prevent and treat it, are crucial. The ability to work physically, mentally, and emotionally with satisfaction over the years necessitates a knowledge and awareness of burnout. Additionally, it is obvious that dentists' burnout has implications for the oral health of the patients. Hence, professional burnout is not only a caregiver problem, but also a public health problem.

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