Burnout In Dentistry – A Bird's Eyeview !!!

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Abstract

Professional burnout is a psychological problem that occurs because of extreme exhaustion of physical or emotional strength or motivation, because of chronic stress that usually leads to development of a negative or cynical attitude towards one's patients or client and tendency to evaluate oneself negatively. The present review represents a bird's eyeview, focusing on the development of burnout, evaluating the contributing factors in dentistry, with an emphasis on its diagnosis, management and prevention.

Keywords: Burnout, Dentistry, Management and prevention.

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Introduction

Dentistry is a noble profession providing benevolent care and a great opportunity to meet new people on a regular basis.[1] The reactions to stress depends on the coping mechanisms, a person develops. One such mechanism is burnout,[2] a response to the chronic emotional strain of dealing extensively with other human beings.[3] The term 'Burnout' was introduced to the medical lexicon as a behavioral entity, in 1974 by a German psychiatry resident in the US, Herbert Freudenberger.[4,5] Freudenberger elaborated it as a state of exhaustion (emotional and mental) observed among volunteer workers with varied physical and behavioral outcomes.[6,7] In 1976, Cristina Maslach introduced the term "burnout" into the public domain at the Annual Congress of American Psychology Association. Over a stretch of time, these relations sum up to an extent leaving the professionals "burnt" out.[5]

Burnout was "in the air" after its "discovery," becoming a very popular topic in the USA - The home country of burnout. The first so-called pioneering phase marked the publishing of many articles and periodicals for professionals such as teachers, social workers, and nurses; with tremendous proliferation of workshops, training, and other interventions. The empirical phase marked the discovery of self-report inventories in the early 1980's - most notably the Maslach Burnout Inventory (MBI) and research pitched up. This means that already before the introduction of burnout, Dutch practitioners were trained to diagnose and treat "overstrain;" and burnout was labeled to indicate chronic and severe "overstrain."[8]

Definition of Burnout

Maslach defined it as "Emotional exhaustion, depersonalization and reduced personal accomplishment that can occur among individuals who do 'people work' of some kind".[9] Maslach and Leiter defined it as "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's hard to recover."[10]

Burnout is the result of chronic interpersonal work related stressors. Emotional exhaustion (stress dimension), depersonalization (interpersonal dimension) and diminished personal accomplishment (self-evaluation dimension) comprise the three dimensions of burnout which could lead to depression, reduced work performance and fatigue[11]. A study

by Ahola and Hakanen[12] found a reciprocal relationship between burnout and depressive symptoms. Depersonalization can be considered a self-protection mechanism against emotional exhaustion, resulting in a negative and cynical attitude toward the patient as well as an attitude of detachment. Chronic exhaustion with consequent emotional and cognitive distancing leads to a perception of inefficacy[13,14]. According to Burke and Richardson[15] burnout often develops into a chronic condition, thus posing a significant threat to good dental care[16-17].

Burnout has often been mistaken for stress. Stress can intensify burnout with time although it may not be the main cause of burnout. The time aspect implicates that the two can be differentiated retrospectively. In addition, stress symptoms may be more physical rather than emotional. Stress produces urgency and hyperactivity. Burnout, on the other hand, produces helplessness. Stress leads to over reactive emotions; whereas burnout leads to a more blunted state. Stress refers to temporary adaptation to changing conditions which can be performed successfully, whereas burnout reflects a breakdown in adaptation, causing structural deviation from normal functioning.

Incidence of burnout among dentist

Several studies have reported a high prevalence of burnout among dentists. This can be largely ascribed to the interpersonal context of the job. As health care provider the dentist is subject to interpersonal stressors due to the demanding nature of the occupation and close proximity to the patient. Work-stress and long working hours may have a negative effect on the dentist's psychological well-being and family life. Peterson et al study on service workers (including dentists) showed an association between burnout and depression, anxiety, alcohol consumption, sleep and memory problems as well as musculoskeletal complaints.[19-23]

Causes of Burnout

Forrest[24] listed a few factors which would potentiate occupational burnout in the daily life of dentists: Confinement, patient anxiety, compromised treatment, stress of perfection, economic pressures, and low self-esteem. Cooper et al.[25] outlined stressors in dentistry such as: Time and scheduling pressures, pay related stressors, patient's unfavorable perception of the dentist, staff and technical problems and problems dealing with patients. Others have also[26] reported dissatisfaction in the relationships with the patients, problems relating to the physical environment, uncomfortable working posture, and unhappy marriages, as contributors to burnout in dentistry.

Burnout has been alternately described both as a condition and a process. As per Weber and Jaekel- Reinhard, it is a dynamic process on a continuum with various stages between hyperactivity and despair. In this process, a wide variety of symptoms ranges from fatigue, loss of cognitive function to psychosomatic disorders.[27-28] It is insidious, often developing as an adaptation to short-term stress, which becomes ineffective and harmful over the long-term. What may begin as protective emotional distancing may transform itself into Emotional Exhaustion (EE) and callousness. The result is the transformation of a previously committed professional to the one who is disengaged from one's work.[29]

The social-medical point of view describes burnout development at three levels. Micro-level discrepancies are explained by the job-strain model: "Negative stress" (accretion of stress i.e. psycho-social or psycho-mental with a decreased threshold of stress tolerance) can result in a high level of strain. Apart from psychological and social factors, biological and biochemical factors are also suggested to play a major role. Hormonal and endocrinological changes during burnout (increase in the cortisol level) are presently under research. The "person-environment misfit" concept explains the meso and macro level interactions that emphasizes the role of "social support" systems and "coping" strategies. Dentists pass through various stages in burnout development before reaching the stage of "pulpout" - The final stage **(Table I)**.[30-31]

Components of Burnout

Table I: Stages in Burnout development.

Stages	Description
Practice honeymoon	Where one overworks oneself due to enthusiasm and ambition to develop one's practice.
The drill and fill blahs	Where one's laboratory becomes boring due to monotonous work.
The operatory blues	Where depression sets initially as a result of monotonous work.
The crisis	Where agitation and frustration appear due to conflicting mental state.
The pulpout	'Burnout' the final stage.

There are mainly three components described in the literature[22]–

1. Emotional Exhaustion (EE) : Continuous interpersonal interactions might lead to emotional wasting and the progressive loss of energy.
2. Depersonalization (DP): Negative attitude and cynical responses toward the clients, reaching a point where the latter ones are considered as simple objects.
3. Reduced Personal Accomplishment (RPA): 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.

Measurement of Burnout

Currently, a number of screening instruments are available that seem to "measure" burnout. Broadly, they measure burnout as one-dimensional construct (Burnout Measures; Shirom-Melamed Burnout Measure) and as dimensional construct (MBI;[32-33] Oldenburg Burnout Inventory;[34] Copenhagen Burnout Inventory; MBI-Students Survey[35]). Among these, MBI is the most commonly used among dental personnels.[36]

Diagnosis

As per the International Classification of Diseases - 10th edition, burnout is included in the residual category "problems related to life management difficulty" (Z73.0)[37] and discussed as a syndrome. **(Table II)**

Table II : Burnout signals at individual, interpersonal and organizational levels.[10]

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, EE, 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, labeling 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	Not applicable

Levels of prevention

As per the levels of prevention following measures can be considered.

- Primary prevention: Avoidance/elimination of the factors that make the patient ill.
- Secondary prevention: Early recognition/ intervention of manifest disease; and
- Tertiary prevention: Coping with the consequences of disease/rehabilitation and relapse prophylaxis.

Coping Strategies

Coping strategies, customarily being defined as specific methods, directed to specific objectives:[52]

- Coping oriented to the problem (by retorting to the stressful situation directly)
- Coping oriented to the emotion (to restrain the emotional response to stressful events)

Three categories of coping are identified

- Active-cognitive coping-management of assessing potentially stressful events.
- Active-behavioral coping-apparent efforts to manage a stressful situation.
- Coping by avoidance to face a problematic or stressful situation.

Conclusion

One should always remember the zeal and enthusiasm with which they had joined dentistry and start focusing on the brighter aspect of this career option rather than looking at its negative demeanor. Dentistry is a profession that holds many opportunities for those being part of it and one should never forget the hard work that was put in for acquiring the professional license. There is no uniformly agreed definition of burnout syndrome. Health professionals including dentists are particularly prone to burnout. Hence, there is need to discover innovative preventive strategies, to protect the dental workforce from the ravages of this sinister.

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Conflicts of interest

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