

Summary of: A survey of stress levels, self-perceived health and health-related behaviours of UK dental practitioners in 2005

FULL PAPER DETAILS

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VERIFIABLE CPD PAPER

Objective To record stress levels and self-perceived health and health-related behaviours of dentists. **Design and Method** A questionnaire was sent to a random sample of 1,000 BDA members in April 2005. Respondents were questioned about self-perceived general health, medicine and drug use, tobacco and alcohol use, self-perceived general well-being, sexual health, occupational health, physical activity and nutrition. There were also some questions about women's health. Results were compared to a BDA study of dental professionals' health and well-being carried out in 1996. **Results** A response rate of 55% was achieved (545 replies). Two-thirds (67%) of respondents considered themselves in very good or excellent health and 53% were happy and interested in life. Only 42% were free from pain and discomfort and 26% experienced levels of pain that prevented them from taking part in a few or some activities. The majority (86%) had very or fairly stressful lives but most (83%) were either very or somewhat satisfied with their lives. Nearly all respondents (90%) planned to take action to improve their health during the 12 months following the survey: popular actions planned included increasing exercise (58%) and losing weight (42%). Very few respondents used tobacco (4% daily and 4% occasionally) and most (59%) said that only a few of their friends smoked: 36% had no tobacco-using friends. Only 3% of respondents had never had alcohol. The Short Michigan alcohol screening test revealed that 6% of dentists had a drink problem and 9% had alcoholic tendencies. The most common factors contributing to stress at work were patient demands (75%), practice management/staff issues (56%), fear of complaints/litigation (54%) and non-clinical paperwork (54%). More than half (53%) of respondents were relatively inactive during the day but 57% took some form of physical exercise at least 3–4 times per week. Nearly half (49%) of respondents felt that their level of physical activity was very likely or somewhat likely to cause them health problems. **Conclusion** In spite of the dramatic recent changes to dentistry, the differences between the results of this study and the results of the research carried out in 1996 are minimal. Claims that dentistry is a dangerously stressful occupation are not justified and dentists seem to be as well and happy as other professional groups. There is however, a slight increase in the use of alcohol. Stress management and personal and professional awareness training should be included in the undergraduate curriculum, so that threats to physical and mental well-being which might occur during a dentist's professional life may be avoided or addressed.

EDITOR'S SUMMARY

Everyone experiences a certain level of work-related stress; indeed for many people, this stress helps them perform well and prevents them from becoming bored or complacent. That too much stress can have detrimental effects on an individual's life both inside and outside the workplace is also well-known.

The authors used a questionnaire to record the self-perceived stress, health and general well-being of general dental practitioners in April 2005. The results were compared with a similar study carried out in 1996 and the differences

were found to be minimal. While most respondents indicated that they had very or fairly stressful lives, the majority also said that they were satisfied with their lives. In general, dentists felt well and happy.

This result is both interesting and encouraging. The fact that dentists' stress levels appear to have changed so little, appears to be contrary to the common picture of current dentistry. The study does have its limitations, as pointed out clearly by Dr Craven in his commentary on the paper (right), and it would be interesting to know whether a wider sample of

dentists would have affected the results. However, the paper is nonetheless a very useful benchmark and it is to be hoped that similar research will be carried out in another ten years, when it is quite possible that dentistry in the UK will look very different again.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 204 issue 11.

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IN BRIEF

- Dentists do not appear to be any more stressed than they were in 1996.
- Dental practice can cause stress but stress can be positive.
- Use and abuse of alcohol within the profession does not appear to be a major problem.
- Greater awareness of the role of occupational health services may be helpful to many dentists.

COMMENT

Health and quality of life are complex concepts, as this study nicely demonstrates. Despite most respondents admitting to currently experiencing stresses, most also reckoned their health as excellent or very good and the vast majority expressed satisfaction with their lives. Clearly, whilst we seek to avoid pain and stress these do not preclude satisfaction with our health and life.

Here are two surveys of BDA members asking about health and related behaviour. Overall the results are reassuring that generally members are coping reasonably well with the stresses of work – but there is no room for complacency. For example, having five portions daily of fruit or vegetables is a key health message and over a third reported that they were achieving this. Such rates compare favourably with the latest national survey of diet¹ where only 13% of men and 15% of women were achieving that goal. Yet, health care professionals might be expected to be achieving better rates than this given they are offering health advice to others and expecting behaviour change from them! It is also an unfair comparison in that the national survey used detailed dietary analysis whilst this study used a broader self report question.

There is always a caution with questionnaire studies. Might non-responders have a different experience? We might picture the busy GP, too stressed to respond to surveys, for instance. Might respondents have modified their

answers to be more socially acceptable? Probably both factors are at work here. So, some of these results become more concerning. The reported uptake of screening for cervical and breast cancer is likely to be an overestimate and the levels of alcohol consumption underestimated. The survey also took place before recent upheavals in NHS primary care dentistry.

The message for the profession from this study is to take more care of itself for the sake of our own health and as an example for others. Even if we fail in changing our own behaviour we might better appreciate the struggles of our patients.

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1. Hoare J, Henderson L, Bates C J, Prentice A *et al.* *The National Diet and Nutrition Survey: adults aged 19 to 64 years.* Vol 5. London: TSO, 2004.

AUTHOR QUESTIONS AND ANSWERS**1. Why did you undertake this research?**

This research was undertaken because many PCTs have not commissioned occupational health services for the dental team, despite in 2004 being provided with funds to do so. A further stimulus to the study was the great changes and upheaval which were starting to take place within dentistry just prior to the study. Finally, the study is a follow up to an investigation carried out almost ten years previously.

2. What would you like to do next in this area to follow on from this work?

A number of important consequences arise from this work. What needs to happen next is as follows:

- Further research into the precise nature and causes of the stress experienced by dentists needs to be carried out. The potentially positive aspects of stress should be examined as well as the negative effects
- Further research into the use of alcohol amongst dentists should also be undertaken and the relationship between alcohol use and stress needs to be explored in depth
- Finally a detailed analysis of potentially useful inputs into undergraduate dental curricula should be undertaken. There is a need for dental school deans to truly understand the threats to physical and mental well-being posed by, or associated with the practice of dentistry. Educationalists then need to work with occupational health experts to devise evidencebased teaching and learning opportunities.