

REVIEW ARTICLE

Burnout Syndrome in Dentistry

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ABSTRACT

Burnout can pose a serious problem to the dental profession, especially since it is difficult to detect early and that most individuals are unaware of the fact that they suffer from it. Being a serious threat to the dental profession, it is considered as a public health issue. Extensive research on burnout has been done in psychiatry since a long time. Burnout is a complex phenomenon enclosing emotional exhaustion, depersonalization, and reduced personal accomplishment. Despite surplus proposed mechanisms, philosophies, opinions, and different models, diagnosis is challenging. This literature review focuses on the onset of burnout, the predisposing factors, the developmental models, and the practical methods to address the problem.

Keywords: Burnout, Dentistry, Prevention, Stress.

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INTRODUCTION

Dentistry has traditionally been considered as a financially lucrative, prestigious, and prosperous profession. In India, the reason for majority of the students choosing dental profession could be that they have been suggested by a family member who is already practicing dentistry. It gives an opportunity of being self-employed. It is considered as a convenient profession for maintaining a balance between work and family life, and it gives a great opportunity for meeting people on a regular basis.^{1,2} Dental work is a unique social combination of clinical practice, personal traits, and emotions of a health care provider and its recipient.

Dental professionals are academicians, clinicians, or those engaged in both. In reality, the economic factors involved like the cost of dental education, practice start-up cost, unrealistic expectations of perfectionism from doctors, long working hours, limited time available for family life and recreation, low satisfaction in three domains: Relationships with patients, relatives, and staff; professional status/esteem; and scope for intellectual growth could add to the stress in susceptible individuals resulting in burnout.³

Burnout syndrome is defined as a psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among people who work with the general public in some capacity.⁴ Burnout is multifactorial secondary to chronic occupational stress. Predisposing factors responsible for occupational burnout are patient anxiety, compromised treatment, stress of perfection, economic pressures, staff and technical problems, time management issues, dentist-patient relationship, physical posture and uncomfortable working environment, and unhappy personal life.^{5,6} There are three primary components of burnout—exhaustion, cynicism, and inefficiency.⁷ Exhaustion can be described as a feeling of inability to give more effort toward work. Cynicism is a distancing of oneself from job and colleagues, whereas inefficiency is a feeling of inadequacy and incompetence while focusing on a certain work at hand.³

Burnout can pose a serious problem to the dental profession, especially since it is difficult to detect early and that most individuals are unaware of the fact that they suffer from it. Thus, it needs to be addressed swiftly, especially in India, where the dental needs of a large population are dependent on limited professionals. Limited literature is currently available on burnout in the dental profession. Therefore, the purpose of this literature review is to discuss profession-specific stressors and the potential impact of burnout on the dental profession.

HISTORY

In 1974, a German psychiatry resident in the United States, Herbert Freudenberger introduced the word "burnout" as a behavioral entity to the lexicon. Herbert elaborated it as a state of exhaustion (emotional and mental) observed among volunteer workers with varied physical and behavioral outcomes. In 1976, at the Annual Congress of American Psychology Association, Cristina Maslach

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introduced the term “burnout” into the public domain. Meanwhile, Dutch practitioners used the term “overstrain” in their clinical practice to indicate burnout. The introduction of Maslach Burnout Inventory (MBI) scale in the 1980s was a major landmark in assessing professional burnout research.⁷

STRESS AND BURNOUT

Stress refers to a set of cognitive or environmental stimuli. Stress presents itself with varied intensities. Stress factors include life disturbances, long-term tensions, failures, job stress, and conflicts. Burnout, on the contrary, is associated with effects of an individual’s mental health on his career. Career vicissitudes like organizational changes, recruitment, remuneration changes, promotion, or workforce layoff and social change may impose mental pressures upon the individual and expose them to confusion, worry, anxiety, and stress.⁸

As per Maslach, “Emotional exhaustion, depersonalization and reduced personal accomplishment occur among individuals who do ‘people work’ of some kind.” As per Maslach and Leiter, “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. It is 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.”⁹ Burnout has three primary components: Exhaustion, cynicism, and inefficiency. Exhaustion is a feeling of being unable to give any more effort toward work. Cynicism is a distancing behavior toward our job and colleagues, whereas inefficiency is a feeling of inadequacy and incompetence while focusing on a certain task at hand.

DISCRIMINANT VALIDITY OF BURNOUT

A variety of different constructs, which had similar phenomenon like burnout, were considered. They included depression, job satisfaction, and anxiety, but the distinguishing concepts included predominance of dysphonic symptoms, such as mental or emotional exhaustion, fatigue, and depression. Emphasis was on mental and behavioral symptoms. Burnout symptoms are work-related. Negative attitudes and behaviors lead to decreased effectiveness and work performance. There have been speculations about burnout and job dissatisfaction as to what serves as the precursor.⁷

DEVELOPMENTAL MODELS

Multiple theories about the developmental trajectory of burnout have developed over time. One of the folk theories proposes that dedicated people end up working

too hard in support of their ideals. When their sacrifices are not sufficient to achieve their goals, it leads to exhaustion and eventual cynicism. A second theory is that burnout is the end result of long exposure to chronic job stressors. Several developmental models were presented to explain the dimensions of the burnout syndrome. The phase model proposed that each of the three dimensions are divided into high and low scores, so that all possible combinations of these three dimensions resulted in eight phases or patterns of burnout. One of the combinations explained that depersonalization (cynicism) is the first phase of burnout, followed by inefficacy, and finally exhaustion. Another alternative was that different dimensions developed simultaneously, but independently, thereby resulting in eight different patterns.⁷ Different scales used to measure burnout include Shirom–Melamed Burnout Measure,¹⁰ Oldenburg Burnout Inventory,¹¹ Copenhagen Burnout Inventory,¹² and MBI scale.¹³ The most widely used scale is MBI scale. Diagnosis of burnout is a multidisciplinary approach, and it includes a thorough medical, social, and occupational history, physical examination, and details of symptoms. Appropriate psychometric tools, such as MBI and special laboratory tests for stress biomonitoring are also needed.¹⁴

TREATMENT AND PREVENTION

Burnout can be managed either by individually directed, organization directed, and combined approaches. Individual-directed intervention programs include cognitive–behavioral alterations, whereas organization-directed interventions are usually a change in the work procedures. Intervention can be either etiological and/or symptomatic. Etiologic intervention includes cognitive restructuring about oneself, others, and job. Also included are developing self-administered techniques of managing emotions and mastering techniques of active coping and role playing. Symptomatic interventions include physical relaxation, developing hobbies, and identifying areas of interest and motivation. Person-directed interventions, such as stress management, cognitive–behavioral training, mindfulness-based stress reduction, mindfulness meditation, yoga, powerful yogic breathing practice called “Sudarshan Kriya”,^{15,16} and rapid relaxation can help in reducing burnout. Additionally, recognition of daily stress factors and narrative counseling can help in prevention of burnout. Frequent breaks and relaxation exercises can reduce stress induced by patient interactions.¹⁷ In addition, active membership in various levels of organizations can decrease the feelings of professional isolation and help improve professional environments of starting practitioners.¹⁸

CONCLUSION

There are multiple definitions of burnout syndrome. Burnout can be described as a syndrome or a condition. It was earlier classified as a stress-coping mechanism; it has now become increasingly evident that burnout is no more a protective syndrome. Health professionals including dentists are particularly prone to burnout. Burnout has been associated with various types of job withdrawals like absenteeism from work or changing jobs leading to reduction in turnover. Burnout leads to lower productivity in individuals who continue to work. Subsequently, all these lead to decreased job satisfaction and a reduced commitment to the job or the organization. Hence, there is a need to discover innovative preventive strategies to protect the workforce from the damages of this menace.

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