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**Sources of Work-related Stress among Salaried Primary
Care Dentists in the UK**

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Introduction

This 'BDA Findings' reports on some of the results of a survey of UK salaried primary care dentists which took place in summer 2013 focusing on levels of job stressfulness and the sources of work-related stress.

About the survey

In Summer 2013, the BDA undertook a national survey of dentists working in community and salaried primary dental care services to provide evidence for its submission to the Review Body on Doctors' and Dentists' Remuneration (DDRB) to support pay claims for dentists in the UK.¹

¹ DDRB is an independent body appointed to review evidence and make recommendations to Government in regards to the remuneration of NHS doctors and dentists. The BDA presents written and oral evidence to the DDRB to help it keep up to date on recruitment, retention, motivation and changes in practice expenses in dentistry. Evidence is submitted on behalf of dentists in England, Scotland, Wales and Northern Ireland in general dental practice and the salaried primary dental care service.

As well as collecting evidence on levels and sources of stress, the survey sought to identify what motivates salaried primary care dentists, gauge levels of morale and well-being, and assess the current state of community and salaried primary care services. The survey was administered online to 1,351 BDA members and valid responses were received from 499 dentists employed in such services.

The measure of work-related stress used in this survey

Smith *et al* (2000) developed a single-item measure of self-reported stress for use in *The Bristol Stress and Health at Work Study*. This measure has been widely applied in subsequent population surveys such as the Health and Safety Executive's *Psychosocial Working Conditions Survey* (HSE, 2012) and the *Scottish Health Survey* (2010, 2012). We modified the measure used in these surveys for use in our own survey of dentists. We asked respondents, "How do you find your current work as a dentist?" Responses were recorded using a five-point Likert scale ranging from "Not at all stressful" through to "Extremely stressful". In studies using a single-item approach such as HSE (2012), "very stressful" and "extremely stressful" have been used as a threshold to identify those with "high work-related stress" or "high job stress" (HSE, 2012:15; Houdmont *et al*, 2010). In our analyses, we have followed this approach.

How common is "high job stressfulness" among salaried primary care dentists?

High levels of self-reported stress at work are a concern because they are linked to mental well-being more generally (Smith *et al*, 2000). In the BDA's 2013 survey of salaried primary care dentists, the prevalence of high job stressfulness among salaried primary care dentists was estimated to be 37 per cent (N=486). This compares with estimates of 15 per cent for British workers more generally (HSE, 2012). That is, salaried primary care dentists are over twice as likely to report high levels of job stressfulness by comparison with other employees.

In addition, the survey found that salaried primary care dentists working for providers in England were more likely than those in other UK countries to report high levels of job

stressfulness (40 per cent, compared with 27 per cent for salaried dentists in Wales, Scotland and Northern Ireland combined).

Sources of work-related stress among salaried primary care dentists

Those respondents who said they experienced some stress at work were asked an open question about the sources of this stress, with 431 responding to this question. A simple thematic analysis of these data was then undertaken to identify the sources of work-related stress in these accounts. Table 1 shows the results of this analysis and Box 1 shows the different sources of stress identified by respondents organised into five sets of factors: organizational and service pressures; management and staffing issues; role-related sources of stress; patient care and treatment; and professional issues and concerns.

As Table 1 shows, among those who reported experiencing some stress in relation to their work, the most commonly identified sources of work-related stress were:

- time constraints or pressures
- challenging patients - for example, patient or carer expectations, anxious patients
- management - for example, poor quality management, managerial expectations, lack of support
- administrative duties and other non-clinical responsibilities
- workload - for example, too much work, work-life balance, working late
- staffing issues - this includes staff shortages (where there are insufficient numbers of staff employed by the service) and understaffing (where staff are temporarily absent or unavailable, for example, due to illness)

Providing care for and treating patients is often stressful in and of itself, but there are a number of service-level factors and aspects of the role that exacerbate this stress. For example, salaried primary care dentists are required to meet high levels of demand and maintain high standards of care while often receiving little support in poorly resourced and unstable services.

Table 1 Sources of work-related stress identified by salaried primary care dentists who reported experiencing stress in relation to their work

Sources of stress	Multiple response	
	Number of cases	Percentage of cases
Time constraints or pressures	114	26.5
Challenging patients - for example, patient/carer expectations, anxious patients, complaints/fear of litigation	112	26.0
Management - for example, poor quality management, managerial expectations	92	21.4
Admin, non-clinical responsibilities, paperwork	58	13.5
Workload issues – for example, too much work, overwork, work-life balance, working late	54	12.5
Staffing issues - for example, shortages or understaffing, turnover, being asked to cover other staff	51	11.8
Lack of support - for example, admin, manager, supervision	42	9.7
Role strain - for example, performing different roles, conflicting priorities, not having clear role	41	9.5
Treatment and patient care related issues - for example, difficult treatment, inappropriate referrals, domiciliary care	40	9.3
Service or organisational issues - for example, change, development, uncertainty, insecurity	38	8.8
IT, materials, equipment, facilities - for example, maintenance of equipment, equipment failure	37	8.6
Job security, pay and working conditions, including hours of work, sickness policies	35	8.1
Issues with staff or colleagues - for example, performance, skills, morale, HR issues	33	7.7
Targets - for example, targets unrealistic, clash with patient needs	29	6.7
Patient demand - for example, numbers of patients or referrals, long waiting times, high demand for particular types of care	27	6.3
Values and professional standards - for example, wanting to do best by patients	26	6.0
Relationships at work - for example, bullying, uncooperative colleagues, conflict, poor communication	24	5.6
Issues relating to professional development and training - for example, lack of career opportunities, difficult to fit in CPD	22	5.1
Lack of control over work, lack of involvement in decision-making	18	4.2
Financial and resource constraints	16	3.7
Management duties - for example, the stress involved in managing a service, managing or supervising other staff	14	3.3
Issues related to commissioning or commissioners	9	2.1
Issues relating to own skills, clinical competence/experience	9	2.1
Feeling undervalued - work not valued, lack of recognition	8	1.9
Other sources of stress	30	7.0
All cases	431	

Box 1 Sources of stress among salaried primary care dentists, by category

Organisational and service pressures

- Financial and resource issues
- Service change, uncertainty, insecurity
- Staff shortages, understaffing
- Targets
- Issues related to commissioning or commissioners

Management and staff issues

- Quality of management - for example, poor quality management, managerial expectations
- Relationships at work - for example, bullying, uncooperative colleagues, conflict
- Managing others
- Issues with staff or colleagues - for example, performance, skills, morale, HR issues
- Lack of support - for example, administration, manager, supervision

Role-related sources of stress

- Lack of control over work, lack of involvement in decision-making
- Role strain - for example, performing different roles, conflicting priorities
- Administration, non-clinical responsibilities, paperwork
- Time constraints or pressures - for example, not enough time, unrealistic deadlines, running late
- Workload

Care and treatment

- Challenging patients - for example, patient or carer expectations, anxious patients, complaints/litigation
- Treatment - for example, difficult treatment, inappropriate referrals
- Patient demand - for example, numbers of patients or referrals
- IT, materials, equipment, facilities - for example, maintenance of equipment, equipment failure

Professional issues

- Values and professional standards - for example, wanting to do best by patients
- Feeling undervalued - work not valued
- Issues relating to professional development and training - for example, lack of career opportunities, difficult to fit in Continuing Professional Development (CPD)
- Job security, pay and working conditions (including hours of work, sickness, etc.)
- Issues relating to own skills, clinical competence or experience

Working with special-care patients and the nature of the treatments provided is one of the most commonly identified sources of stress among salaried primary care dentists. From Table 1, it is clear that the stress experienced when treating patients and managing their care is exacerbated by unrealistic targets and high numbers of patient referrals.

The capacity of services to cope with high levels of patient demand is affected by a number of service-level factors, including: service instability; financial constraints; understaffing and other staffing problems; staff shortages and other staffing problems; inadequate equipment or systems that do not work properly. Constraints on service capacity in the face of high patient demand mean that dentists' workloads are bound to increase and the tension between 'clinical time' and the time required to complete administrative tasks ('admin time') becomes more acute. Being overburdened with administrative tasks and having to cover gaps in staffing further erode the amount of time available for patient care ('clinical time').

This combination of high patient demand, limited service capacity, and a high administrative burden means that dentists sometimes struggle to find the time required to perform their principal role: treating patients. Where the quality of management is poor and managerial or administrative support is inadequate, then the capacity of dentists to respond to and cope with these pressures may be eroded further.

It is this conjunction of factors that may explain why dentists working in salaried primary care and community dental services are at much higher risk of reporting high levels of work-related stress by comparison with British workers more generally.

Conclusion

The results from our survey show how salaried primary care dentists often feel caught between conflicting sets of demands on their time and the expectations of patients, managers and the organisations they work in.

The capacity of salaried primary care dentists to perform their role and meet these expectations are sometimes undermined by a number of factors which may put them at greater risk of high levels of work-related stress. These factors include: poor quality

management; conflict or lack of cooperation between staff; job insecurity or poor working conditions; lack of support from colleagues or managers; lack of administrative or technical support.

How dentists respond and cope with work-related stress and how much support they are able to call upon when they are under pressure may determine whether such stress translates into more negative consequences for their work and personal well-being.

The results reported here point to a number of measures which may help to reduce the risk of high levels of work-related stress among dentists working in salaried primary care and community dental services:

- The healthcare organisations, for example NHS Trusts, employing salaried primary care dentists need to identify the main triggers for job stress among their clinical staff and develop strategies for preventing and effectively managing stress at work. This means promoting a greater awareness of work-related stress and its causes, and introducing measures to promote mental well-being at work.
- Salaried primary care dentists must be able to call on effective and supportive management to assist them in managing the demands placed upon them. In particular, each service must be led by a dentally qualified clinical director who can understand the nuances of the issues affecting dentists and has the managerial authority to address these.
- It is critical that salaried primary care dentists have sufficient clinical time to provide patients with the best possible care - this means not over-burdening salaried primary care dentists with administrative tasks which compete with clinical time.
- Service-level targets and managerial expectations should be realistic. How they impact on individual dentists and the care they provide needs to be considered carefully by service managers and commissioners.
- Adequate funding and resources must be available to ensure that high quality dental care is provided to all patients referred into salaried primary dental care services. There needs to be sufficient staffing to meet the level of demand for these services and to ensure that individual dentists' workloads do not become excessive.

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Further information

To learn more about the research, you can contact the British Dental Association's research team at Research@bda.org