Introduction

Dentists in the UK face challenging working conditions and are exposed to occupation-specific stressors, which put them at high risk of work-related stress. This BDA Research Findings summarises learning about community dentists’ working conditions, and, in particular, seeks to identify those aspects of their work that put them at high risk of stress.

In June-July 2014, the BDA undertook a UK-wide survey of community dentists to learn more about the relationship between their working conditions, job morale, stress, and personal well-being.

The survey was administered online to 1,643 community dentists who were members of the BDA. Of these, 554 responded, yielding a response rate of 34 per cent. Of these, 481 were confirmed to be working as community dentists.

This survey was undertaken to support the British Dental Association’s evidence submission to the Review Body on Doctors’ and Dentists’ Remuneration (DDRB).¹

To estimate levels of work-related stress among BDA members, we incorporated an indicator of stress developed by Smith et al (2000). This measure has been used in several national surveys of working conditions and health, such as the Scottish Health Survey (The Scottish Government, 2010, 2012) and the Health and Safety Executive’s Psychosocial Working Conditions Survey series (HSE, 2012). We asked dentists: “In general, how do you find your job?” Responses were given on a five-point Likert scale ranging from “extremely stressful” to “not at all stressful”.

¹ DDRB is an independent body appointed to review evidence and make recommendations to Government in regards to the remuneration of doctors and dentists.
The psychosocial working conditions of community dentists were assessed using the Health and Safety Executive’s Management Standards Indicator Tool (HSE, 2012; Clarke, 2004). The Health and Safety Executive (HSE) developed this tool to enable organisations to identify those working conditions which put employees at an increased risk of stress (Bartram et al, 2009).

**Key findings from the research**

The main findings from our research relating to work-related stress among community dentists are summarised here:

**Work-related stress**

In June-July 2014, around 39 per cent of community dentists reported experiencing high levels of job stressfulness. This is close to the 37% recorded one year earlier for this group (Kemp and Edwards, 2014) (see Figure 1).

This compares with just 15 per cent of British workers (HSE, 2012). That is, community dentists are two and a half times more likely to report high levels of job stress than workers in general.

**Figure 1 Perceptions of work-related stress among community dentists, 2013 compared with 2014**

![Bar chart showing perceptions of work-related stress among community dentists, 2013 compared with 2014](image)

Base: community dentists

*Note: In 2013, community dentists were asked, “How do you find your current work as a dentist?”. In 2014, the question was modified slightly so that it corresponded with the wording used in national population surveys to “In general, how do you find your job?”*
Respondents’ likelihood of rating their level of stress as high is not significantly related to their demographic characteristics (sex, age-group, and marital status). Nor is it related to their hours of work, or, among those working in England or Wales, with their grade or band.

**Job strain**

Action to prevent damaging levels of stress at work depends on identifying those working conditions that put workers at greatest risk. We incorporated three indicators of job strain into the survey (workload, time pressure, and working hours) and investigated their links with work-related stress:

- Most community dentists perceived their workload as excessively heavy; around three-quarters rated their workload as ‘high’ and, of these, 27 per cent rated their workload as ‘very high’.
- Around one-third (34 per cent) reported being under significant time pressure, saying that they “never”, “rarely” or only “sometimes” have enough time in appointments to treat their patients.
- More than one-half (54 per cent) of respondents said they had “usually” or “always” worked more than their contracted hours during the year preceding the survey.
- High levels of job stress were significantly linked to all three areas of work strain; for example, on average, those who said they worked more than their contracted hours or who reported a heavy workload also reported much higher levels of work-related stress.

**Psychosocial working conditions**

According to NHS advice on stress at work, the main reasons people give for stress at work include: “Work pressure, lack of support from managers and work-related violence and bullying”. These stressors are commonly faced by dentists. But the sources of stress they experience vary according to the contexts in which they work and according to their areas of practice.

HSE has developed a set of standards to help organisations identify the main sources of stress faced by workers. The Management Standards relate to features of the working environment over which managers have some control (Clarke, 2004; Royal College of Nurses, 2012) and which are thought to represent “the primary sources of stress at work”.

In conjunction with the Management Standards, HSE has also developed a Management Standards Indicator Tool to help organisations identify the main stressors in the workplace, track changes in working conditions over time, and compare their performance with population-level data (HSE, 2012; Clarke, 2004). This tool consists of 35 items organised into

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3 According to the UK Government, HSE is “the national independent watchdog for work-related health, safety and illness. It acts in the public interest to reduce work-related death and serious injury across Great Britain’s workplaces” Source: https://www.gov.uk/government/organisations/health-and-safety-executive  
4 HSE (n.d.) What are the management standards? Available at: http://www.hse.gov.uk/stress/standards/index.htm
a set of seven sub-scales broadly corresponding with the Management Standards (Cousins et al, 2004; MacKay et al, 2004).

We incorporated this tool into the BDA’s 2014 survey of community dentists so we could identify those aspects of their working conditions which place them at greatest risk of stress.

**Demands**

Time pressures and the intensive nature of community dentists’ work were identified as common stressors. For example, almost one-half of community dentists said they “often” or “always” have to work under unrealistic time pressures; and two-thirds (63 per cent) said that they “always” or “often” have to work “very intensively”.

**Control**

Many said they are free to make decisions about what they do at work and how they do their work. For example, around four out of every ten said that they “often” or “always” have a say in deciding how they work and how fast they work (42 and 39 per cent respectively).

However, many reported having little control over their working times or how much work they do. For example, one-half (52 per cent) said that they are “never” or “seldom” able to decide when to take a break - and six out of ten (61 per cent) did not perceive their working times as flexible.

**Management support**

Lack of supportive feedback was identified as a common stressor, with 52 per cent claiming they are “never” or “seldom” given supportive feedback by their line managers. In addition, four out of ten community dentists (42 per cent) said they do not feel supported in emotionally demanding aspects of their work.

**Peer or work-colleague support**

On the one hand, most community dentists surveyed said they felt supported and respected by their colleagues; for example, six out of ten community dentists said they receive the help and support they need (61 per cent) and the respect they deserve (62 per cent) from their colleagues.

On the other hand, a substantial minority of community dentists do not feel properly supported by their peers; for example, almost one-quarter (24 per cent) thought that their colleagues would not be available to support them if their work became difficult. In addition, one in five (19 per cent) said that they “never” or “seldom” receive the respect they deserve from their colleagues.

**Relationships at work**

Many of those surveyed perceived that their workplaces are characterised by social disharmony. For example, one-half said that relationships (at work) are “often” or “always” strained and 37 per cent said there is “often” or “always” friction or anger between their colleagues at work. One in five of those surveyed (101 cases or 22 per cent) said that they are “always”, “often”, or “sometimes” bullied at work. And 30 per cent said that they are “always”, “often”, or “sometimes” subject to personal harassment at work in the form of unkind words or behaviour.
Role

Community dentists are mostly clear about what is expected of them at work and understand their duties well. However, a minority indicated that they struggle to see how their own work relates to the strategic aims or priorities of the organisations they work in; for example, around one in six said they were unclear about how their work fits in with these wider aims or indeed what these aims are.

Change

One-half of those community dentists surveyed said they do not feel they have sufficient opportunities to question managers about change at work. And most (57%) felt that staff where they work are not properly consulted about such change.

These findings raise concerns about how organisational changes are managed and communicated in community dental services. Clearly, there is scope here to improve communication between community dentists and senior managers in those organisations employing dentists who provide care to vulnerable patients.

As already noted, many community dentists do not feel they receive adequate levels of support or supportive feedback from their service managers. Where dentists feel excluded from organisational decision-making, this may reflect more general problems with the quality and style of management they receive.

Comparing the psychosocial working conditions of community dentists with other workers

Figure 1 shows that, when compared with three other professional groups and British workers in general, community dentists recorded the lowest average scores on three out of seven of the subscales. These were for “Relationships (at work)”, “Peer Support”, “Management Support”. In addition, the average score for community dentists on the “Control” and “Change” factors was well below that of employees more generally.

Tackling work-related stress

It is not just that the type of work dentists do or the pace at which work that puts them at risk of high levels of stress, but the quality of the working environments in which they practice can also increase the risk. In particular, poor quality management, lack of support, and the poor quality social environment at work may be responsible for the high levels of job stress reported by community dentists.

Tackling stress means, in the first instance, understanding how and why it occurs, and then developing strategies to reduce it based on this understanding. Newton and colleagues (2006), for example, have pointed out that any help given to individual dentists to cope with stress should be supplemented by primary-prevention measures which aim to improve the working conditions of dentists.

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5 Vets, nurses, and lecturers
The findings from this research suggest that improvements in working conditions might help to reduce levels of stress among community dentists: providing them with good quality and supportive management; fostering positive and supportive relationships among staff; ensuring that they are consulted on decisions that affect their work; and taking action on bullying and harassment at work.

Tackling the underlying sources of stress is not enough, however. Alongside preventive measures, dentists also should be able to access to one-to-one support when they experience difficulties at work that cause them to experience high levels of stress or distress.

The BDA has identified a number of sources of advice, guidance and help for both managers and individual expressing stress, emotional distress, or difficulties at work (www.bda.org/stress).
Recommendations For NHS employers

Our research has identified several features of community dentists’ psychosocial working conditions that may be putting their well-being at risk. It follows that in order to improve dentists’ well-being at work, action needs to be taken to improve working conditions in these areas. For example,

**More supportive and better quality management:** Reducing levels of stress among community dentists means improving how they are managed and supported; it means having managers who are approachable, supportive, and encouraging; and it means ensuring that community dentists are closely involved in decisions and organisational changes affecting their work.

**More socially harmonious workplaces:** NHS organisations employing community dentists need to identify ways to improve the quality of the social environment in which dentists work and promote a more supportive environment at work. Given the high proportion of community dentists reporting harassment and bullying, NHS organisations employing dentists need to do more to recognise and prevent bullying and harassment in the workplace. This means ensuring that they have formal anti-bullying and harassment policies in place.6

**Recognise the risk factors for stress at work and take action to address them:** To better tackle the sources of stress at work, NHS employers might consider adopting a risk assessment approach to managing stress (MacKay et al, 2005) such as that embodied in the HSE Management Standards. For example, HSE (2007) have developed guidance for employers on how to apply the Management Standards approach.7 This involves identifying and evaluating the risk factors, and then management, employees and employee representatives identifying and agreeing solutions which then form the basis for an action plan.

Implications for further research in this area

The findings from this research point to the need for further research in four main areas:

- Research to assess how NHS organisations employing dentists currently manage and respond to stress and mental health issues among their employees.

- Research to understand the relationship between mental ill health, burnout, high job stress and working conditions among dentists, and how these relationships vary across the settings that community dentists work in.

- Research and further analysis to identify how high levels of stress affects community dentists’ work engagement, morale, and job satisfaction.

- Research to understand dentists’ experiences of bullying and harassment at work and the consequences this can have for their mental well-being.

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6 For example, see https://www.gov.uk/workplace-bullying-and-harassment

References


Report 265/2000, HSE Books, Sudbury. Available at: 


**Further information**

The full research report of which this is a summary is available to download https://www.bda.org/dentists/policy-campaigns/research/workforce-finance/sal-serv/working-conditions-and-stress

If you have any questions or would like to learn more about this research, then you can contact the BDA Research Team by email at Research@bda.org