Summary of: Job satisfaction of dental practitioners before and after a change in incentives and governance: a longitudinal study

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FULL PAPER DETAILS

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Objectives to measure changes in dental practitioners' job satisfaction following a contractual change, and compare differences between those transferring from a fee-per-item system (general dental service, GDS) and those previously working under a block contract with the primary care trust (personal dental service, PDS). **Design** Analysis of postal questionnaires conducted in 2006 and 2007. **Participants** Four hundred and forty dental practitioners responding to the 2006 baseline questionnaire. **Results** Although perceived workload was unchanged, global job satisfaction had decreased for 24.7% (31) of GDS dentists and 49.0% (95) of PDS dentists comparing their scores given before and after the contractual change. PDS dentists showed a significant change in attitudes towards feeling restricted in providing quality care (change in factor mean [SD] = -2.88 [0.82]; $p < 0.001$). They also showed less positive attitudes towards 'respect' (change in factor mean [SD] = -3.70 [0.48]; $p < 0.001$). **Conclusions** The 2006 contractual change appears to have had a negative impact on dentists' job satisfaction and has not addressed concerns which have led dentists to move into the private sector. The study indicates that the fall in job satisfaction is more a result of a perceived erosion of professional autonomy than a reaction to the change in the system of remuneration.

EDITOR'S SUMMARY

By now, some people may feel that there is no need for any more research into the effects of the new NHS dental contract for England and Wales, such is the general acceptance that the contract has failed in many of its aims for both dentists and patients. Previous work published in the *BDJ* has shown that practitioners are unhappy with local commissioning,¹ and the recent independent review into NHS dental services in England led by Professor Jimmy Steele has confirmed what many already suspected, recommending significant changes in order to improve NHS dentistry for patients.

This paper adds something new to the picture by comparing job satisfaction in a sample of primary care dentists before and after the introduction of the new contract. In doing so, the paper provides us with quite specific information about the consequences of the contract

for GDPs and the reasons for any dissatisfaction. For example, the dentists surveyed felt that their workloads were largely unchanged but nearly a quarter of general dental services (GDS) dentists and nearly half of personal dental services (PDS) dentists showed decreased job satisfaction after the contract was introduced. Interestingly, the research suggests that this fall in job satisfaction is a result of practitioners feeling that their professional autonomy has been eroded rather than because their remuneration system has changed. This was particularly the case for PDS dentists, who felt more restricted in being able to provide quality patient care and less respected.

A previous article investigating occupational burnout in UK dentists² found higher burnout and lower work engagement scores in dentists that spent a greater proportion of their time in NHS practice. Taken together, this finding and

the results of the current paper reinforce the argument that changes need to be made to the way that NHS dentists work in England and Wales. It is to be hoped that the recommendations made by Professor Steele's review will be followed and some necessary alterations made to improve NHS dentistry for practitioners and patients.

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 207 issue 2.

Rowena Milan,
Journal Editor

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IN BRIEF

- Describes a reduction in the job satisfaction of some GDPs following the implementation of new contractual arrangements in 2006.
- Highlights a group of GDPs where a reduction in job satisfaction was most widely experienced.
- Indicates that dentists' job satisfaction may have been impacted by a perceived erosion of professional autonomy.

COMMENT

The factors which make workers unhappy, known as 'hygiene' factors, are not the same as those which make them happy, known as 'satisfiers'.¹ Hygiene factors include working conditions such as pay, hours of work and workload. Satisfiers include the intrinsic nature of the work (such as relieving suffering), the opportunities to develop one's skills and the latitude for decision making (autonomy). The findings of Harris *et al.* illustrate this point. They found that overall job satisfaction among GDPs fell after the introduction of a new payment system. Hygiene factors were not the cause. Instead, GDPs reported a decline in satisfiers, notably the respect they gained as dentists and the ability to deliver high quality of care.

Attending to the job satisfaction of the workforce is important. Job satisfaction is known to be an important determinant of intention to quit work, which in turn predicts actual quits.² In this context, it is worrying that Harris *et al.* observed that the only NHS GDPs to report increased job satisfaction were those who moved entirely into private practice.

Attempting to change the behaviour of professionals by manipulating their payment system is risky. Most professionals respond by delivering more of the activities remunerated under the new system. However, unintended effects are commonplace.³ Harris *et al.* found that the proportion of NHS patients treated by GDPs declined, although the new contract was intended

to have the opposite effect. This suggests that the marginal financial benefits to GDPs may be higher in treating private compared to NHS patients.

Frey argues that the overall impact of incentives will depend on whether they 'crowd out' internal or professional motivation, or whether they enhance it ('crowding in').⁴ It may be that the new contract inhibited GDPs' ability to deliver as high a standard of professional care to their NHS patients as they would like, reinforcing the shift toward private practice.

The challenge for policy makers is clear. The financial rewards of NHS practice need to be increased relative to that of private practice and aligned with GDPs' own professional values in order to enhance workforce job satisfaction and extend NHS population coverage.

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AUTHOR QUESTIONS AND ANSWERS

1. Why did you undertake this research?

Longitudinal studies of job satisfaction are relatively rare, both in the dental context and within healthcare more generally. A longitudinal study design offers greater methodological strength because it offers more control of confounding variables than the more usual cross-sectional study. The reaction of dentists to work within the new contractual environment is an important aspect of evaluating the impacts of the 2006 system reforms. The research also allowed lessons to be learnt concerning the impact of changes in incentives and governance in a more general healthcare context.

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

Issues relating to 'control' and 'respect' have emerged as important factors related to the job satisfaction of dentists, and this bears further investigation. There are several aspects of 'autonomy' and clarity is needed as to what aspects are important in relation to job satisfaction in this professional group. We also need to explore further whether the value placed on 'autonomy' is a particular characteristic of this social group.