

# Summary of: Dental practitioners and ill health retirement: causes, outcomes and re-employment

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**Aim** The aim of this project was, by means of a questionnaire to ill health retirees, to determine the factors which have contributed to the premature retirement of general dental practitioners (GDPs) due to ill health. **Methods** A questionnaire was designed to determine the effects of illness and ill health retirement (IHR) on the lives of those dentists who were affected. This was distributed to 207 dentists who were known to have retired because of ill health but were not suffering from serious, debilitating or life-threatening illnesses. **Results** A total of 189 questionnaires were returned. The mean age at retirement of respondents was 51.5 years, with a range of 31 to 62 years. Of the respondents, 90% selected general dental practitioner as their last job title. The most common cause of IHR was musculoskeletal disorders (55%), followed by mental and behavioural disorders (28%). A majority of respondents (90%) considered that their ill health was work related. Sixty-three percent of respondents stated that they were able to keep working until their retirement, 34% of respondents stated that they would have liked to have been offered part-time work as an alternative to full retirement, and 27% of dentists reported to have found re-employment since their retirement. In univariate analyses, re-employment of dentists after IHR was significantly associated with age, having dependants, cause of IHR, health having improved and wanting to work again. Multiple logistic regression analyses showed that a combination of age, having dependents and cause of IHR was predictive of re-employment status ( $p = 0.024$ ). **Conclusion** This study used a database of dentists who were ill health retired and who were not suffering from life threatening illnesses The results confirmed that the majority were able to work up to their retirement and a similar number would have liked to continue working, particularly if part-time work had been possible. It seems likely that many of the ill health retirees could have been retained in the dental workforce with better support or opportunities for more flexible working.

## EDITOR'S SUMMARY

This is the first of two papers reporting the results of a study of dentists who retired for reasons of ill health. In this article, the authors report the quantitative findings of the study, which used a questionnaire to determine the factors that contributed to dentists' ill health retirement and the effects retirement had on their lives.

It is well known that dentistry can be a stressful occupation, and also that daily practise can often take a physical toll on the dentist. It is therefore perhaps unsurprising that the most common cause of ill health retirement cited by the respondents was musculoskeletal disorders, with the second most common being mental and

behavioural disorders. In his commentary (right), Professor Newton suggests a possible link between the psychological and physical disorders, something that is also picked up by the authors in the discussion section of the article. This raises interesting questions about the true prevalence of psychological reasons for ill health retirement. Importantly, the majority of respondents considered that their ill health was in some way related to their work as a dentist.

Only 27% of respondents to the questionnaire reported that they had found re-employment after retiring for reasons of ill health. While there are likely to be various reasons for this relatively low

number, 34% of respondents indicated that they would have liked to have been offered part-time work instead of taking full retirement and the authors state that there is a likelihood that many retirees could have continued to work as dentists given more support or opportunities to work flexibly. As the authors state, early retirement need not be the final outcome for many of these dentists.

The full paper can be accessed from the *BDJ* website ([www.bdj.co.uk](http://www.bdj.co.uk)), under 'Research' in the table of contents for Volume 209 issue 5.

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Managing Editor

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**IN BRIEF**

- The most common cause of IHR was musculoskeletal disorders. A majority of respondents considered that their ill health was work related.
- The majority were able to work up to their retirement and a similar number would have liked to continue working.
- It is likely that many of the ill health retirees could have been retained in the dental workforce with better support or opportunities for more flexible working.

**COMMENT ON PAPERS E7 & E8**

It has long been established that dentistry, though a potentially rewarding career, can be experienced as extremely stressful both physically and psychologically. The consequences of such stress may range from minor to major, the latter having a severe impact on the individual's quality of life. Such impact is costly both in terms of personal distress for those practitioners affected, their family and friends but also to the healthcare of the nation which potentially loses a valuable, highly trained and experienced individual from the dental workforce. The research described here by Hill *et al.* and Brown *et al.* has demonstrated that stress-related disorders are clearly a major contributor to premature retirement on the grounds of ill health, in particular musculoskeletal disorders. Given the findings of the qualitative study we might suspect that the physical disorders are used to provide a rationale for a decision which may be more closely related to psychological distress.

It is no longer acceptable both on humanitarian and economic grounds to abandon dental practitioners to suffer the consequences of occupational stress. Research is needed to identify those factors which are protective, for example Denton *et al.*<sup>1</sup> showed that high levels of job engagement were associated with greater specialisation and working in larger teams. What is it about these characteristics that give rise to greater work satisfaction, and how could this be incorpo-

rated into improving the working lives of practitioners?

There is clearly a need for interventions to assist dental practitioners in dealing with the stress and strain of dental practice. Some of these should be preventive, for example interventions to improve musculoskeletal health, such as investigations of the ergonomics of chair design and use and decreasing the physical stress of practice, and interventions to enhance the career progression and job involvement of practitioners, for example identifying techniques of team working and career progression similar to those found in medical practice, which would enable practitioners to develop over the course of their working lives rather than feel they are on a treadmill performing the same role for their entire career. For those situations where practitioners have developed burn out or other extreme responses to stress, effective techniques to intervene at this level are also required. These should address not only the symptoms but also the sources of stress and build in strategies for return to work, since as the authors' questionnaire survey demonstrates, such a goal may be valued by those who otherwise end up taking premature retirement.

**J. T. Newton, King's College London**

1. Denton D, Newton J T, Bower E J. Occupational burnout and work engagement: a national survey of dentists in the United Kingdom. *Br Dent J* 2008; **205**: E13.

**AUTHOR QUESTIONS AND ANSWERS FOR PAPERS E7 & E8****1. Why did you undertake this research?**

This research was undertaken because previous work (Burke F J T, Main J R, Freeman R. The practice of dentistry: an assessment of reasons for premature retirement. *Br Dent J* 1997; **182**: 250–254) had demonstrated the reasons why dentists took ill health retirement, but did not evaluate the effect on the retirees' lives or whether they might like to continue working in a different way. There was also the question of whether a dentist's happiness in his/her work had an effect on his/her decision to retire prematurely. It was the aim of this research, therefore, to examine these questions.

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

The follow-up research, which is ongoing, will assess, using a similar questionnaire to that used in this project, the health of dentists who are working and compare this with the findings of the present project.