

Summary of: Dental practitioners and ill health retirement: a qualitative investigation into the causes and effects

K. B. Hill,¹ F. J. T. Burke,² J. Brown,³ E. B. Macdonald,⁴ A. J. Morris,⁵
D. A. White⁶ and K. Murray⁷

VERIFIABLE CPD PAPER

FULL PAPER DETAILS

¹Lecturer in Dental Public Health and Behavioural Science, ²Professor of Primary Dental Care, ³Senior Lecturer, ⁴Associate Professor of Dental Public Health, Primary Dental Care Research Group, University of Birmingham School of Dentistry, St.Chad's Queensway, Birmingham, B4 6NN; ⁵Research Fellow, Healthy Working Lives Group, ⁶Head of Healthy Working Lives Group/Honorary Professor, ⁷Research Fellow, Healthy Working Lives Group, Public Health and Health Policy Section, Division of Community Based Sciences, 1 Lilybank Gardens, University of Glasgow, Glasgow, G12 8RZ

*Correspondence to: Dr Kirsty Hill
Email: k.b.hill@bham.ac.uk; Tel: +44 (0)121 237 2811

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Introduction Data published in 1999 from the Government Actuary on the National Health Service Pension Scheme (1989–1994) have indicated that the frequency of ill health premature retirement (IHR) was four times more prevalent among dentists at age 42 years compared with doctors. **Objective** The aim of this project was to determine the factors that contributed to IHR in dental practitioners, and the effects of IHR on their lives. **Method** Semi-structured interviews were carried out during 2007. A topic list was developed, piloted and used to guide the interviewer. A purposive sampling technique was used to recruit the respondents from an insurance company database. A framework approach to data analysis was utilised. **Results** Twenty-three respondents were interviewed, 19 male and 4 female, aged between 39–59 years. Depression, stress and anxiety were reported by respondents to be major causes of their retirement, followed by musculoskeletal disease and premature disability caused by trauma. This is illustrated by the following: '*...just went straight into general practice but with some regrets. Practice was so depressing*' (GDS/NHS); '*I withdraw, I don't engage... I found it more and more difficult and one morning... I collapsed in tears at the practice*' (GDS/NHS). Dentists reported both negative and positive comments in relation to support received from their health insurance company. **Conclusions** The main causes of IHR were depression, musculoskeletal disease and specific skin conditions. Respondents expressed concern regarding the level of support available to dentists in distress. Respondents to this study found that continuing to work had a positive impact on their health.

EDITOR'S SUMMARY

This second paper from the authors' study on ill health retirement reports the results of the qualitative part of the research, in which a purposive sample of the respondents to the original questionnaire took part in a semi-structured telephone interview. The interviews enabled greater insight to be gained about the effects of premature retirement on these dentists and the overall combination of the quantitative and qualitative parts of the study presents an interesting picture of ill health retirement in dentistry.

While musculoskeletal disorders were the most common reason for ill health retirement in the overall questionnaire survey, in the subset of respondents who were interviewed the most common cause of retirement was depression, anxiety or stress, with musculoskeletal disorders the second most common factor. The state-

ments made by the interviewees illustrate just how stressful dental practise can become. Interestingly, the constant changes in NHS practice and the pressure of having to be a business manager as well as a clinician were frequently cited by the interviewed dentists as reasons for the stress they experienced. It seems likely that the increasing burden of regulation and further changes to NHS practise expected in future may well result in more practitioners retiring for reasons of ill health.

Most respondents said that they would have liked to be able to continue working in some form, and the interviewees' comments clearly convey their opinion that there is a lack of support available for dentists who retire prematurely, both before and after retirement takes place. Respondents felt that guidance on ways to deal with stress and career

advice when things start to go wrong should be more widely available to dentists. Since the dentists interviewed felt a loss of professional status after retirement which further contributed to their depression, it seems likely that increased support could significantly improve the prospects of some practitioners.

Overall, the two papers that make up this study give an interesting picture of ill health retirement in dentistry. The follow-up research mentioned by the authors will provide a useful comparison and a basis for assisting dentists facing premature retirement in future.

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

Rowena Milan
Managing Editor

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IN BRIEF

- This was a qualitative study using semi-structured interviews.
- A purposive sampling technique was used to recruit the respondents from an insurance company database.
- Depression, stress and anxiety were reported by respondents to be major causes of their retirement.
- Dentists reported both negative and positive comments in relation to support from their health insurance company.

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.*¹ 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.