



Comparative Evaluation of the Complementary and Alternative Medicine Therapy and Conventional Therapy Use for Musculoskeletal Disorders Management and Its Association with Job Satisfaction among Dentists of West India

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ABSTRACT

Musculoskeletal problems have become a significant issue in the profession of dentistry. There are currently no recommended effective disease-preventing and modifying remedies. High prevalence rates for musculoskeletal disorders (MSDs) among dentists have been reported in the literature. Complementary and alternative medicine can be helpful in managing and preventing the MSDs. The purpose of this study was to determine if dentists in the western part of India are using complementary and alternative medicine therapies for MSDs, and also to find if those who use complementary and alternative medicine therapies have greater job/career satisfaction compared to conventional therapy (CT) users. Dentists of western India registered under the Dental Council of India ($N = 2166$) were recruited for the study. Data were analyzed using univariate and bivariate analyses and logistic regression. A response rate of 73% ($n = 1581$) was obtained, of which 79% ($n = 1249$) was suffering from MSDs. The use of complementary and alternative medicine or CT was reported by 90% ($n = 1124$) of dentists with MSDs. Dentists using complementary and alternative medicine reported greater health ($P < 0.001$) and carrier satisfaction ($P < 0.001$) and were able to work as many hours they wanted ($P < 0.001$) compared to CT users. Complementary and alternative medicine therapies may improve the quality of life and enhance job satisfaction for a dentist who suffers from MSDs.

Key words: Complementary and alternative medicine, Dentist, Musculoskeletal disorders

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INTRODUCTION

Dentistry is a mostly a social interaction between a dentist and the patient in their limited job setting and with personal characteristics. A healthy dentist is one of the most important components in a successful dental practice. Like all other professionals, dentists are exposed to occupational health hazards which predispose them to develop a multitude of health problems.^[1] Maintaining the steady hand and posture by the dentist comes at a cost to the health of the dentist. High frequency of musculoskeletal disorders (MSDs) in dentists has been reported in the literature.^[2-4] A recent review of the literature that examined the prevalence and risk factors of MSDs in dentists reported that the prevalence of general musculoskeletal pain in dental professionals ranges between 64% and 93%.^[5] There are many factors that contribute to MSDs in dental professionals, including repetitive motion, pinch-grasp, vibration, force, and awkward positions, sitting for a long period of time, operator position, poor posture, lack of flexibility and strength, poor ergonomics, and insufficient work breaks.^[6] It is generally agreed that the physical posture of the dentist should be relaxed while they work. Postures outside of this neutral position are likely to cause musculoskeletal discomfort.^[7] Dentists can, and do, experience illnesses and problems that can disrupt or impair their practice. Many dentists have reported work stress caused by MSDs. Some have chosen to leave the profession because of their musculoskeletal pain.^[8,9] Career and job satisfaction are the indicators that may have an influence on career longevity. Change in the work environment of the dentist might increase his/her career longevity. Complementary and alternative medicine (CAM), as defined by National Centre for Complementary and Alternative Medicine (NCCAM), is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. The commonest reason for the use of CAM in the general population is pain. A large number of patients using CAM are those who suffer from chronic musculoskeletal pain. The cause of chronic pain is usually multifactorial and complex. Many studies have reported CAM therapies, including yoga, ayurveda, homeopathy, reiki, acupressure, massage, prayers, and acupuncture, to be effective in managing chronic musculoskeletal pain and other discomforts in the general population.^[10-14]

There are currently no reports that link musculoskeletal pain, CAM, and career satisfaction among dentists working in western India. Since a large number of dentists all over the world report MSDs, this study was conducted in western India with an aim to determine if dentists are using CAM therapies to manage their MSDs and, if so, to determine if CAM therapies are associated with their job satisfaction and longevity, compared with conventional therapy users.

MATERIALS AND METHODS

The survey was conducted with the approval of the Institutional Review Board of Teerthankar Mahaveer University (TMU). Dentists registered under Indian Dental Association (IDA) were recruited to complete a 21-item questionnaire under 5 domains. A pilot study was conducted among dentists working in the Teer-

thankar Mahaveer Dental College and Research Centre. Following these pilot tests, the questionnaire was further modified and was uploaded on the web-based survey software. All dentists of western India who are current members of the IDA were recruited to participate. The final version of the questionnaire was formatted using web-based survey software for electronic distribution. Subjects were mailed the link to fill up the web-based questionnaire. This study included all registered dentists residing in western India with their e-mail addresses ($N = 2166$). Dentists were sent the link to their e-mail address for completing the survey. Dentists who participated in the pilot study, dental students, members of the general public, dental hygienists, dental assistants, and others who were not registered dentists were excluded. The questionnaire consisted of five domains: Demographic profile of the dentist, experience with musculoskeletal pain, use of conventional therapies or use of CAM therapies for its management, opinions about CAM and conventional therapies, and job/career satisfaction related to CAM.

Statistical analysis

Statistical analyses were conducted using SPSS 21. Univariate and bivariate analyses were performed to determine the demographic information, frequently reported areas of location of pain, the number of respondents that used CAM or conventional therapies, types of CAM or conventional therapies frequently used, work disruption caused by MSDs, and job satisfaction by using CAM and conventional therapies. Association between conventional therapy and CAM use in relation to career variables was assessed using Odds Ratio (OR). Independent samples *t*-tests were used to determine the opinions about CAM and conventional therapies for MSD management.

RESULTS

A total of 2166 survey e-mails were sent electronically, with a response rate of 73% ($N = 1581$). The nonrespondents were assumed to be similar to the respondents based on the notion that the group under study was somewhat a homogeneous group.

Findings of the demographic status of the dentists showed that a majority of the study population was males (75.7%) and worked primarily in their own private dental clinics (85.7%). A total of 79% ($n = 1249$) reported having MSDs, with the mean duration of pain being 8.3 years (median = 3.5). Other demographic characteristics of respondents are presented in Table 1. Frequent areas of location of pain in the body are depicted in Figure 1. Neck and lower back were the most common sites, followed by shoulders, upper back, wrist, elbow/arm, knee, hips, and legs.

Figure 2 shows work disruption among dentists as a result of MSDs. When comparison was made between individuals who used CAM therapies or conventional therapy alone and those individuals who used both CAM and conventional therapies, the latter group had 4 times lower odds of temporarily quitting work for longer than 1 month [OR = 3.4, 95% confidence interval (CI) = 1.7-17.8].

Figure 3 depicts the use of CAM modalities by dentists. About 81% ($n = 1012$) dentists reported using both CAM and conventional therapies most frequently to manage MSDs. Also, of the 1249 individuals who reported MSDs, 31% ($n = 388$) used

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