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ORIGINAL ARTICLE

Stress among dentists in Yemen



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Abstract: *Objective:* The objective of this study was to assess the stress level among Yemeni dentists and to evaluate their stress manifestations and stress management.

Materials and methods: Nearly 368 dentists were given a self-administered questionnaire and 119 returned the filled questionnaire form. A questionnaire was composed of four sections including, demographic information, professional practice characteristics, work stress factors and response of dentist to stress as well as methods to deal with stress. 56 females and 63 males were incorporated, 83.2% of them were general dental practitioners. The descriptive data were analyzed and Chi-square, *t*-test and *F* tests were used for statistical significance ($P < 0.05$).

Results: The response rate was 32.3%. Of the whole, 71.4% of them were aged less than 30 years, 73.1% have experience less than 5 years. Among stressors, those related to dental procedure have highest mean scores (SD) of stress 2.93 (1.46). The most prevalent factors that contribute to stress were uncooperative patients (72.3%), amount of work (too much, too little) (60.5%) and constant drive for technical perfection (54.6%). Stress was reflected in dentists by many signs among them are musculoskeletal fatigue in 63% and nervousness in 57.1%. Praying and reading the Quran was reported by over two thirds (70.6%) of the participants to manage stress.

Conclusions: Dentistry is a stressful profession in Yemen. Lack of experience, low income, uncooperative patients, and dental procedure-related factors were the main significant factors that caused stress. Political instability in the country and the lack of laws governing the dental profession in addition to conservative nature of the community may be considered as sources of stress.

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1. Introduction

Because of the nature and working conditions within the dental surgery, dentists are highly prone to stress.^{1,2} Excessive communication and handling of individuals can result in a disorder known as Burnout. Burnout, consequently, is defined as 'a disorder of emotional exhaustion and cynicism that occurs frequently

among those who do 'people-work' of some kind'.³ Stress is characterized by three key aspects: emotional exhaustion, depersonalization, and reduced personal accomplishment.^{4,5}

Stress can never be totally eliminated from dental practice. However, it must be minimized as much as possible in order to avoid many stress-related physical and emotional problems that it causes. The highly technical and intensive nature of work, handling uncooperative patients, heavy workload, the repetitive nature of the work, and fear and anxieties concerning patients and payments may all contribute to why dentists are the most stressed of health professionals. The origins of this stress may also lie in the process of dental education.⁶⁻⁹

Additionally, a study has shown that the highest overall stress levels among general practitioners were associated with those respondents who had greater job dissatisfaction, long working hours, and working under constant time pressure.¹⁰ Isolation from other dentists also is common.¹¹

Many of the psychological signs of stress manifest themselves as physiological responses. The physical disorder reported most frequently by dentists is lower back pain. Other physical manifestations include headaches and intestinal or abdominal problems. Among the psychological disorders associated with stress are anxiety and depression. While in most cases these disorders are not so severe that they require intervention, they may interfere with the dentist's professional performance and quality of life.¹²

Several studies have been conducted to assess stress among dentists and dental students all around the world. In Yemen such scientific data are insufficient. This study was designed to evaluate stress level among dentists in Yemen and to evaluate their stress manifestations and stress management.

2. Materials and methods

This study was approved by the Research Ethics Committee, Faculty of Dentistry, Sana'a University, Yemen. A total of 368 participants were randomly selected from a list of 1376 registered professionals in the Yemeni Dental Association delivered the questionnaire hand-by-hand. A pre-paid return post-mail envelope was included with each questionnaire and all responses kept anonymous. A reminder was sent to each dentist 15 days later. Among them 119 responded. The time period of the study was between January 2014 and April 2014.

2.1. Questionnaire design

The questionnaire was written in Arabic and English and was composed of four sections:

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|---|---|
| 1. Demographic information | Gender and age, marital status, education, and place of work |
| 2. Professional practice features | Working hours/day, income level, job satisfaction, number of patients treated/day and years of experience |
| 3. Work stress factors ¹³ | Professional practice factors, patient factors, dental procedure factors and office management factors |
| 4. Responses to stress and methods used to deal with it | |

The previous questionnaire has been used and tested in a pilot study on 30 dentists in Sana' City in October 2013 and modified in the light of experience derived from the pilot study. These dentists completed the questionnaire two times. Between the two measurements there was a period of three to four days.

Work stress factors were slightly modified from the work stress inventory for dentists (WSID)¹³ to suit the nature of the society and reduce the number of options for greater specificity.

2.2. Statistical analysis

The statistical package for the social sciences 13.0, IBM Corporation, New York, NY, was used for statistical analysis and the level of significance was set at $P < 0.05$.

The following statistical analyses were performed:

1. Classification of data and calculation of frequencies for non-parametric variables.
2. Calculation of the general stress score by summing up answers to stress induced factors.
3. Calculation of statistical parameters such as mean, standard deviation (SD) for stress induced factors and analysis of differences between categorical variables by student *t*-tests with two categories or *F* test for variables with three or more categories.
4. Chi-square test (for determining differences between work stress factors).

3. Results

Out of 368 participants included in the survey only 119 responded, of whom 56 were female and 63 were male giving a response rate of 32.3%.

Table 1 represents the relationships between the general stress score and demographic characteristics of the study sample. More than two thirds of the sample (71.4%) were below 30 years of age, whereas 28.6% were aged 30 years and above. Of them, only 16.8% were specialists while the majority (83.2%) were general dental practitioners. Over two thirds of the surveyed dentists (68.1%) practice dentistry in private clinics, while the other third work either in government or universities.

Table 2 shows the interaction between the general stress score and respondents' professional characteristics. The majority of the sample (73.1%) were with clinical experience less than 5 years, and 75.6% of them spent 4–8 h per day in work.

Between one and ten patients being treated per day was reported by 73.9% of the contributing dentists, with 26.1% of the sample complaining of health problems and about 31.9% expressing job dissatisfaction. Of all examined demographic and professional characteristics, the general stress score was significantly correlated to working hours/day (Table 2).

Among factors contributing to stress in Yemeni dentists, those related to dental procedures have the highest mean general stress scores \pm S.D (2.93 \pm 1.46). Of those dental procedures factors, constant drive for technical perfection was established by 54.6%, whereas 48.7% of study sample reported

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