

Practice settings and dentists' job satisfaction

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Changes are occurring in health care service delivery. Owing to many factors including the Affordable Care Act, rising student debt, a drive for increased efficiency, and changing work-life preferences of professionals, more health care providers are working in larger organizations and interprofessional settings.¹ In the medical sector, large group practices have developed from consolidations and

 Supplemental material is available online.

vertical integration around hospitals so that providers can gain bargaining leverage and remain competitive. Hospitals do not play a significant role in dentistry, but large group practices are developing in the dental sector as well. Although the primary practice model still is the solo dentist owner, practice consolidation is one of the key forces that will reshape the dental care sector in the coming years.² Group dental practices are not new, but the size and nature of some of them have changed, as have the number of dentists and allied dental care professionals engaged in group dental practices.³

In large practice settings, providers may lose autonomy and feel enhanced pressure to produce revenue when

ABSTRACT

Background. The nature and organization of dental practice is changing. The aim of this study was to explore how job satisfaction among dentists is associated with dental practice setting.

Methods. A survey measured satisfaction with income, benefits, hours worked, clinical autonomy, work-life balance, emotional exhaustion, and overall satisfaction among dentists working in large group, small group, and solo practice settings; 2,171 dentists responded. The authors used logistic regression to measure differences in reported levels of satisfaction across practice settings.

Results. Dentists working in small group settings reported the most satisfaction overall. Dentists working in large group settings reported more satisfaction with income and benefits than dentists in solo practice, as well as having the least stress.

Conclusions. Findings suggest possible advantages and disadvantages of working in different types of practice settings.

Practical Implications. Dentists working in different practice settings reported differences in satisfaction. These results may help dentists decide which practice setting is best for them.

Key Words. Dentistry; dentists; job satisfaction; surveys. JADA 2015;146(8):600-609

<http://dx.doi.org/10.1016/j.adaj.2015.03.001>

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making treatment decisions. They may have less flexible hours and schedules that could cause dissatisfaction. Conversely, they may benefit from administrative assistance, which can allow for having more predictable income and hours. Dentists working in solo or small group practices may have more autonomy; however, they are not immune to pressures to produce revenue, and they may have to perform more administrative tasks on top of their clinical duties. Running a small business may not suit every dentist; the burdens of financing, fixed costs, and reimbursement could lead to dissatisfaction even among dentists in solo practice. Each practice setting has characteristics that could lead to dentists feeling more or less satisfied. It is unclear exactly which characteristics of practice settings cause dentists' satisfaction levels to differ as well as the degree to which the levels of satisfaction differ among dentists.

Research results related to dentist satisfaction across practice settings are limited. Attitudes are fundamental in predicting behavior.⁴ Job satisfaction is one attitude that predicts job performance,⁵ and it can affect customer satisfaction inside and outside the health care sector.⁶⁻⁸ The investigators of many studies have examined job satisfaction and its effects among physicians⁹⁻¹⁷ and dentists.¹⁸⁻²⁴

Some evidence has revealed that practice setting can impact physician satisfaction,^{10,11} but evidence is limited related to the link between practice setting (that is, solo, small group, and large group) and dentist satisfaction. Investigators have studied the impact of practice setting or practice characteristics on dentist satisfaction,^{18,25} but to our knowledge, no studies have occurred in the United States. Our study explored job satisfaction among US dentists working in 3 types of dental practice settings. It is the first study to compare the levels of dentists' satisfaction within several modes of practice that are operating currently in the US dental care marketplace.

METHODS

Survey instrument. Our survey measured satisfaction with income, benefits, hours worked, clinical autonomy, work-life balance, emotional exhaustion, and overall satisfaction (see [Appendix](#) for a copy of the survey instrument, available online at the end of this article). We developed Web and paper forms of the survey, drawing items^{21,22,26-28} from surveys of satisfaction with occupations in health care and other professions and a measure of burnout,²⁹ as well as including our own additional items. The American Dental Association's (ADA) institutional review board reviewed and deemed the survey exempt from the US Department of Health and Human Services' Policy for the Protection of Human Subjects (see Section 45 CFR 46.101 [b] [2]). We pretested the survey to check functionality, clarity, coherence, and content. Participants implied consent by completing the survey and submitting their responses.

Sample. Practice settings. We defined large group practice as a single practice entity owned and operated by dentists, usually organized as a partnership or professional corporation with many dentists at multiple locations, or a group practice affiliated with a dental management organization. We defined small group practices as those with multiple dentists at 1 location. We defined solo practices as those owned and operated by a single dentist.

Sampling frames. We used the ADA's master file to build 3 sampling frames. To identify dentists in large group practices, we used 2 membership lists, 1 from the American Academy of Dental Group Practice, and the other from the Association of Dental Support Organizations (formerly called the Dental Group Practice Association). A member of the research team (M.N.W.) confirmed the identities of these dentists. The final large group sampling frame contained 5,208 dentists (with e-mail addresses) from 63 group practices. The median number of dentists in a large group practice was 26 (mean = 82.7).

To identify dentists in small group practices, we used the ADA's master file to detect all dentists with a reported office address; we used this information to determine the number of dentists who were working in a given practice location. We included dentists who shared an office location with at least 1 other dentist and whose name did not appear in the large group practice sampling frame (Authors' note: our definition of small group practice differs from the current accepted definition.). Of those, 47,561 had provided an e-mail address. The median number of dentists in a small group practice was 2 (mean = 2.3). We included dentists with a single office location who did not appear in the large or small group sampling frames and who did not share the office location in the solo practice sampling frame. Of those, 75,099 had an e-mail address.

Samples. The large group practice sample contained all 5,208 dentists in the large group practice sampling frame. We drew random samples of 14,000 dentists from the small group and solo practice sampling frames. After excluding dentists who were not in practice or retired, the small group practice sample contained 10,761 dentists, and the solo practice sample contained 11,813 dentists. In total, the survey went to 27,782 dentists.

Data collection. Data collection occurred in 2 waves. In wave 1, we e-mailed the Web survey link to all 27,782 dentists. The initial survey distribution resulted in insufficient numbers of responses from dentists younger than 40 years who were working in solo and small group practices and dentists working in large group practices.

ABBREVIATION KEY. A: Agreement scale. ADA: American Dental Association. L: Likeness scale. OLS: Ordinary Least Squares. R: Recommendation scale. S: Satisfaction scale.

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