

The Effect of the Relationship Between Expertise Area and Daily Working Periods in the Levels of Dentistry: The Field Research in Istanbul

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ABSTRACT

In this study, it was aimed to investigate the relationship between the working hours of the health professional groups according to their expert status and the dimension of the burnout of dentists.

In 2018, 532 dentists working in a clinic and working in the public sector were interviewed. A questionnaire regarding the occupational burnout was prepared. The data was collected as a result of the face-to-face interviews. The data was analyzed by using the SPSS program (chi-square test) and the results were reported in our study.

2.2% (8 people), 10.7% (39 people), 36.0% (131 people), 40.1% (146 people) and 11.0% (40 people) of the dentists who have no specialization (364 people) in participant group have worked 0-2 hours, 2-4 hours, 4-6 hours, 6-8 hours and more than 8 hours per day, respectively. 4.8% (8 people), 8.9% (15 people), 30.4% (51 people), 41.7% (70 people) and 14.3% (24 people) of the dentists who have specialization (168 people) in participant group have worked 0-2 hours, 2-4 hours, 4-6 hours, 6-8 hours and more than 8 hours per day, respectively ($p=0,283$).

Burnout levels differ between occupational groups, according to our research. There is a distinction between burnout in a teacher and in an academic, or between burnout in an academic and in a physician. The medical profession has a similar characteristic. In other words, there are differences between the burnout of a surgeon and a dentist. The relationship between specialization in the field of dentists and working time, which is a factor affecting burnout, was investigated in our study, and no relationship was found between dentists' working time and their specialization.

Keywords: Dentistry, Questionnaire, Burnout.

1. INTRODUCTION

Burnout related to the profession is a condition caused by long-term stress from the work carried out by the individual in the long term. In other words, burnout, emotional exhaustion, away from the socialization of other people and individual is a state of mind with the reduction of success (Maslach, 1981:99). The concept of burnout was used as the voluntary workers in the field of health to express the observed exhaustion by Freudenberg (Ergin, 1996:30, Freudenberg, 1974:160). In addition, Maslach expressed burnout in three dimensions; an individual's alienation from the work, alienation of the individual's work, and the decrease of individual success (Lee, 1990:743).

Studies against the assumption that burnout is a result of the interaction of the individual with the working environment. Cases, not only individuals but also poses quite important in terms of revealing

the effects of the negative aspects in terms of institutions and the business environment in detecting conditions will reduce negativity down causing burnout (Budak-Sürgevil, 2005:105). Conducted among health care workers in Turkey Studies show that most of the depletion is more in health personnel. Nursing is one of the leading areas due to many negative factors arising from the working environment (Ari, 2008:145).

In another study, an academic career is a condition that occurs with the advancement of the age of service. In many studies on burnout, as in this study, it has been determined that burnout decreases or increases with years, unlike expected (Bryne, 1990:205; Mazur, 1989:349).

In recent years, research on burnout in all occupational fields contributes to the literature by focusing on any aspect of burnout. In this study, it was aimed to investigate the relationship between the working hours of the health professional groups according to their expertise status the dimension of the burnout of dentists.

2. MATERIALS and METHODS

In 2018, 532 dentists working in a clinic and working in the public sector were interviewed. A questionnaire that was thought to affect occupational burnout was prepared by Ph.D. / Expert Dentist Mutlu KESKİN.

In 2018, when the data of the study were collected, no application was made to the ethics committee, as there was no obligation to obtain ethics committee approval for researches that did not include surveys, interviews, etc. (The obligation to comply with the relevant regulation was published by Tübitak in 2020). Aim of the study was explained to participants in detail and they were informed that participation is voluntary, their confidentiality and privacy will be reserved and they can quit the study whenever they want and informed consent was taken from participants for conducting and recording interviews. Helsinki Declaration principles were observed in the research.

The dentists' field of specialization, age, gender, and experience (years) were all included in the survey questions, along with parameters such as the average daily working time, the branches that receive intensive care, the average daily stay in the clinic, the daily active working time, the frequency of participating in sports, and the diseases encountered in the previous year (head-neck region pain, shoulder pain, injector needle injuries, scalpel injuries, burs injuries, and percutaneous injuries).

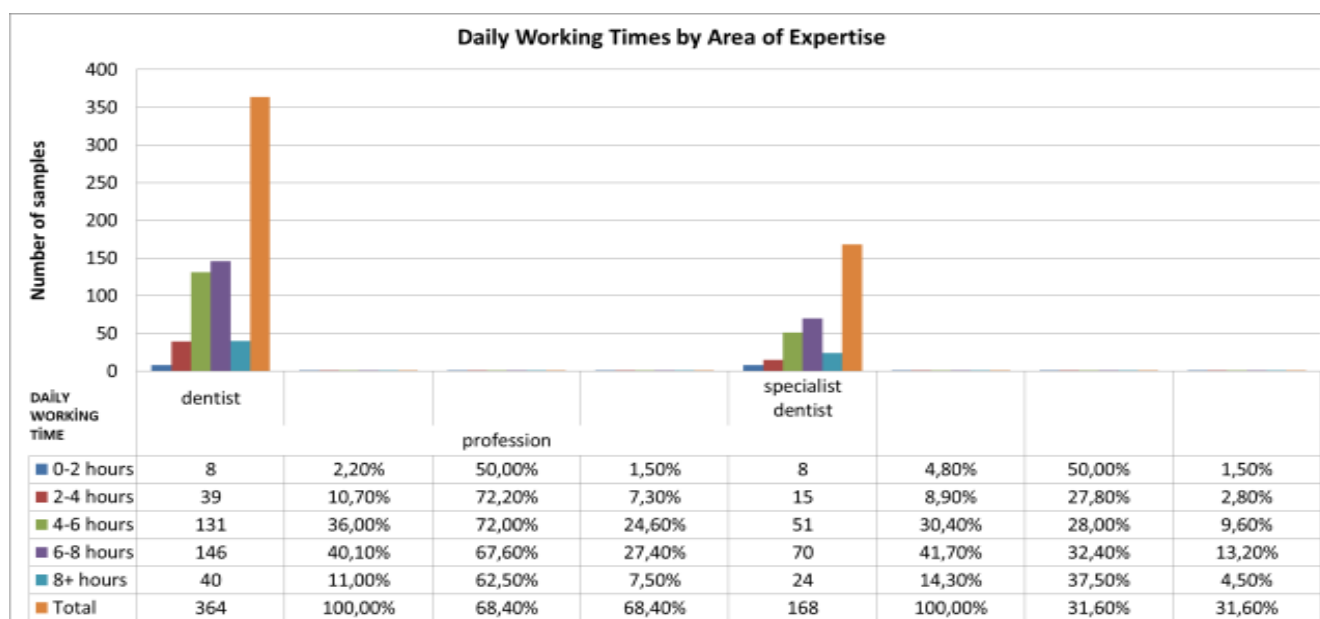
By conducting face-to-face interviews with the help of students performing internships in the clinic, the data was applied to dentists working in both public and private clinics. The data was then processed in a virtual environment using the SPSS package program and Excel. The data was examined with the SPSS program (chi-square test and descriptive statistics), and the results were presented in our paper. The association between dentists' fields of specialization and working hours was investigated in this study, and the findings were assessed.

The dentists who participated in the study, 68.4% (364 people) were dentists without specialization while 31.6% (168 persons) were dentists with the title of specialist.

3% (16 people), 10.2% (54 people), 34.2% (182 people), 40% (216 people), 12.00% (64 people) of the participant group (dentists and specialist dentists) have worked 0-2 hours, 2-4 hours, 4-6 hours, 6-8 hours, more than 8 hours per day, respectively.

2.20% (8 people), 10.70% (39 people), 36.00% (131 people), 40.10% (146 people) and 11.00% (40 people) of the dentists who have no specialization (364 people) in participant group have worked 0-2 hours, 2-4 hours, 4-6 hours, 6-8 hours and more than 8 hours per day, respectively.

4.80% (8 people), 8.90% (15 people), 30.40% (51 people), 41.70% (70 people) and 14.30% (24 people) of the dentists who have specialization (168 people) in participant group have worked 0-2 hours, 2-4 hours, 4-6 hours, 6-8 hours and more than 8 hours per day, respectively.



Graphic 1. Relationship between the area of expertise and working time (Cross Table)

3. RESULTS

The association between working time and professional burnout, in general, was not identified in the literature for the relationship between working time, which we considered a sub-factor of burnout, and expertise ($p = 0.283$, $p < 0.05$). (Table 1). Therefore, no relationship was found between whether a dentist was a specialist dentist or not and the duration of his or her employment.

Table 1. The Relationship Between Expertise and Working Times (Chi-Square Test)

| Chi-Square Tests | Value | df | Asymptotic Significance (2-sided) |
|--|--------|----|-----------------------------------|
| Pearson Chi-Square | 5,047a | 4 | 0,283 |
| Likelihood Ratio | 4,869 | 4 | 0,301 |
| Linear-by-Linear Association | 0,303 | 1 | 0,582 |
| N of Valid Cases | 532 | | |
| a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 5,05. | | | |

4. DISCUSSION

When the literature is examined, it has been seen that different results have emerged in different occupational groups in terms of burnout. According to Baysal, the burnout level studies on teachers and the burnout level studies on health personnel have higher burnout levels than those with the lowest burnout level (Baysal, 1996:198). The burnout levels of academics working in five different colleges were investigated in a study undertaken by Çam and Yıldırım (2010:78). Another study focused on the effects of workplaces on mental health, claiming that the socioeconomic structure has changed due to the rapid transition from the industrial production economy to the service economy. In this study, burnout was identified as a more common situation in certain professions, particularly health workers. Furthermore, it was stated that burnout in physicians and psychiatrists is primarily caused by their excess responsibilities and the need to respond quickly to patient demands.

In the most advanced emotional exhaustion doctoral students, depersonalization and individual success were found in professors. Another study conducted by Kapoor et al. (2014:21) to assess dental burnout found that dentists tend to burnout.

5. CONCLUSION

In this context, it is possible to assert that competence and burnout are linked. However, in our study, when we looked at the relationship between the working time, which is one of the sub-factors of the burnout level of the dentists, no relationship was found between the level of expertise and the working time ($p < 0.283$, $p < 0.05$). From this perspective, the fact that dentists are specialists or not specialists have little bearing on their professional working hours, and thus on their burnout.

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