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Dentists' experiences of dentally anxious patients in a specialist setting: An interpretative phenomenological analysis.

Abstract

Since dentists play an important role in the emergence and maintenance of dental anxiety in patients, it is imperative to understand how dentists themselves evaluate their work with anxious patients and how they perceive their environment. Semi-structured interviews explored the working lives of six dentists. Interpretative Phenomenological Analysis revealed four superordinate themes*: Negotiating identities; Control; Perceptions of dentistry and being a dentist;* and *Stress related to treating dentally anxious patients*. Warranting investigation in other settings, specialist dentists experienced conflicts between being a helper and inflictor of pain, as well as dealing with conflicting views concerning their status as a dentist.

Introduction

Dentists experience high levels of stress and are at a higher risk of committing suicide than the general population (Newton, Allen, Coates, Turner, & Prior, 2006) or retiring prematurely due to ill health (Hill et al., 2010). The treatment of anxious patients was reported to have the highest impact on dentists' stress levels, with 91% of dentists in one study reporting that they feel stressed when treating fearful patients (Hill, Hainsworth, Burke, & Fairbrother, 2008). Stress perceptions in turn can affect dentists' assessments of their patients with some research indicating that dentists might have difficulties noticing anxiety or distress in

patients when they themselves are feeling under strain (Baron, Logan, & Kao, 1990). Other situations that dentists find stressful include being perceived as inflictors of pain (Kent, 1984), being perceived negatively by patients (DiMatteo, Shugars, & Hays, 1993), work load and scheduling demands (Hill et al, 2010; Cooper, Watts, Baglioni, & Kelly, 1988), and patients being too demanding or uncooperative (Baldwin, Dodd, & Rennie, 1999; Hill et al, 2010).

Dental anxiety, or phobia, is a widespread problem, which can have a detrimental impact on a person's oral health and often constitutes a barrier to proper dental care (McGrath & Bedi, 2004; Newton, Asimakopoulou, Daly, Scambler, & Scott, 2012; Ng & Leung, 2008). It is estimated that in the UK about 40% of adults are fearful about attending a dental appointment, with 20% being highly anxious about going to the dentist and 5% avoiding dental attendance altogether (Newton, Asimakopoulou, Boyle, Scambler, and Scott, 2011; de Jongh, Muris, Schoenmakers, and ter Horst, 1995). Despite considerable advances in dental technology and pain reduction, the prevalence of dental anxiety has remained unchanged over the past 30 years (Boyle, Newton, & Milgrom, 2009).

Existing research examining dentists' views of anxious patients utilises mainly quantitative methods that focus on dentists' stress in isolation from the dentist-patient interaction (Hill et al., 2008; Moore & Brødsgaard, 2001; Newton et al., 2006). What is more, studies that have examined dentists' attitudes towards anxious patients have focussed to a large extent on practitioners working in general dental practice (Brahm et al., 2013; Moore & Brødsgaard, 2001; Hill et al., 2008). Although these dentists have experience of working with dentally

anxious patients, they are rarely exposed to severe, rather than simply mild or moderate, dental anxiety and so often have little experience with regard to treating highly phobic patients (de Jongh, Adair, & Meijerink-Anderson, 2005). In addition, general dental practitioners do not get remunerated for spending more time with the treatment of anxious patients, with the result that many anxious and phobic patients are being referred to specialist dental services that provide pharmacological methods of anxiety management. Experiences of treating anxious patients in a specialist setting remain a neglected area of research; though some health psychologists are working with dentists and severely anxious patients in highly specialist settings it would be beneficial for such knowledge to be more widely distributed in order to improve the care of patients, and the experience of dentists.

The present study therefore aimed to investigate the experiences and perceptions of specialist dentists who regularly treat anxious patients using both pharmacological and behaviour management techniques. In order to explore the experience of dentists in greater depth, semi-structured interviews were used for data collection and Interpretative Phenomenological Analysis (IPA) was chosen as the method of analysis to allow us to work with participants' in-depth accounts of their experiences, and explore those processes by which they made make sense of themselves in their working world both as individual practitioners and in relation to their anxious patients.

Method

Participants

Purposive sampling was used to recruit six participants from a pool of specialist dental professionals employed at a London dental school and teaching hospital and included both male and female dentists, with between four and 35 years of professional experience. Participants had knowledge of and training in pharmacological treatment techniques, especially conscious sedation, and specialised in the treatment of dentally anxious patients who had been referred to them from the community. They had received no formal training in communication techniques or behaviour change techniques for fearful patients as part of their dentistry training. Participants were recruited using the following inclusion criteria: (a) specialist dental practitioners who predominantly treat dentally anxious patients, and (b) who had a minimum of one year professional experience in working with fearful patients.

Materials

An interview schedule was designed using open ended, non-directive questions and prompts, in order to explore the research questions ‘What is it like for you as a professional to be working with people who are anxious (or even phobic) about going to a dental appointment?’ and ‘Why do you think people are anxious about going to the dentist?’ (see appendix a) The interview schedule was used as a flexible tool that guided participants whilst allowing them to reflect sufficiently on topics that were of significance to them. Interviews were audio-recorded and transcribed verbatim.

Procedure

The study received ethical approval from the University Research Ethics Committee. Participants were then approached in person and provided with an information sheet outlining the purpose of the research. Upon agreeing to

participate, participants were asked to sign a consent form and advised that all information provided would be treated confidentially and anonymously using pseudonyms. Participants were interviewed individually at their place of work and were assured that data would not be used to inform a review of services, nor would participation in the research be disclosed to any other members of staff at the hospital. Participants were provided with a full written debrief, which also included contact details for the researcher should they wish to withdraw from the study. Prior to analysis, pseudonyms were assigned to each interviewee to ensure anonymity and confidentiality and passages that could have been used to identify participants (or that participants had requested be withheld) were removed from the transcripts. Interview transcripts were individually analysed following the IPA method in Willig (2008).

Results

As can be seen in Table 1., four superordinate themes emerged from the analysis: 'Negotiating identities: 'Lots of different personalities'', 'Control', 'Dentists' perceptions of dentistry and being a dentist' and 'Stress related to treating dentally anxious patients'.

Insert Table 1. About here

(1) Negotiating Identities: 'lots of different personalities'

The dentists' talk revealed the multiple selves of which they were aware in their work

[T, 1760-1768]:

I mean as a dentist you got lots of different personalities [...].

‘Calm on the surface’

When dealing with dentally phobic patients dentists said they had to be very aware of how their demeanour is perceived, in order to avoid further exacerbating the patient’s anxiety. The dentists in the study seemed to feel they had to present a very specific version of themselves to patients, one which belied their real experience.

[M, lines 483-484]:

You have to keep very cool or at least look cool when you’re not feeling cool

This process of ‘holding’ oneself in order to present a particular image is powerfully described by P by using the metaphor of a swan, which glides along calmly and effortlessly on the surface, giving the impression of serenity despite the fact that a struggle is taking place underneath the surface [P, 55-58]:

You look like a swan, and you glide along and the patient thinks you’re nice and calm, but you’re not really.

‘Causing pain and improving quality of life’

This subtheme quite clearly highlights the conflict the dentists are experiencing in their work with anxious patients. On the one hand dentists are aware of the impact dental treatment can have on the patient in terms of inducing anxiety - they are after all predominantly treating anxious patients - but also its potential to inflict pain and suffering on the patient. This seems to induce cognitive dissonance in the dentist, or as B stated [B, 490-492]:

The more [..] I think about if it affects me, I still feel bad for these people, [..], that I cause pain

This appears to be a difficult task, unifying one's ideals of the medical professions to help and assist people and to not cause any suffering. This puts the dentist in a unique position, which M so aptly describes [M, 345-346]:

Dentists are in the business of selling pain and expecting the patient to come back and buy more

Simultaneously, the dentist knows that their task is essential in maintaining the patient's oral health and preserving basic physical functions such as eating, drinking or the ability to speak properly. Apart from these physiological tasks, teeth also have significance in terms of appearance of good health, and attractiveness, and a dentist therefore often contributes greatly to a patient's overall quality of life [T, 126-132]:

When I fitted her dentures for her, she was crying because she was so happy, and it just made the difference between her actually going out, socialising, meeting other people or for her staying at home, because she wasn't happy with her appearance.

For this patient, having her teeth restored allowed her to eat effectively but also restored her confidence and ability to live a full life.

'The anxious patient self'

This subtheme further emphasises the divergence between the personal and professional selves of the dentist, as the dentists often described suffering from dental anxiety themselves. [T, 883-885]:

I know how to give local anaesthetic, but to receive it it's a different thing

The dentists further stated that being able to draw on their own experiences with dental anxiety was what made them interested in dental phobia and helped them with treating anxious patients [S, 36-38]:

I think because I'm anxious myself going to the dentist [..] I sort of understand or sympathise with them.

(2) Control

This was a strong theme which emerged early on in the analysis. It explores the need for dentists to feel comfortable and confident in firstly using their technical skills and secondly their behaviour management techniques for dealing with anxious patients.

'Confidence transmits itself to patients'

The dentists seemed to feel that this confidence, or sense of self-efficacy, is a crucial element of successfully treating anxious patients [M, 235-239]:

Patients like confident doctors and dentists. When you have to see a doctor or dentist you want to feel that person is really on top of what they're doing

The dentists seem to perceive their ability to feel in control and be confident of their skills as something which affects outcomes for anxious patients, the literature would seem to support this view. Once again there is a sense that the dentists in the study have a powerful sense of how they are perceived

Need to maintain control

I like things to be organised, [..] when they become disorganised that places me under stress maybe I fear that there'll be no end to this loss of control [M, 369-373]:

Here M describes the threat to her sense of control when her work situation is disorganised, she fears it will descend into chaos and we can catch a glimpse of the degree of anxiety she feels in regard to her work. This quote hints at the potential for the strict maintenance of control of how one is perceived and how

one's environment is managed to tip over into a more general work related anxiety – for example in the management of the patients themselves.

Control in the dental environment appears to be particularly relevant for the consultant treating phobic patients. The patient to a certain degree needs to be "controlled" or managed. Without the dentist being in control, treatment, which is the priority, is not possible:

[T, 962-964]

You have to then take control over them. That's when you have to become firm and assertive with them

Again, the need for the dentist to be in control signifies a conflict as the sensation of loss of control is also often a dominant factor in generating or aggravating dental fear in patients. These clashing needs for control between dentist and patient again leave the dentist in a difficult situation – how to allow the patient to feel in control without compromising the success of the treatment? The dentists therefore seemed to find themselves in a dual role of maintaining control over the dental environment and the patient while allowing the patient sufficient control as not to impact on their anxiety: the dentist has to be in control of the patient's control beliefs. There is something about the depersonalising language of 'them' in this quote which suggests the dentist distancing themselves from the patient.

(3) Perceptions of dentists and dentistry

This superordinate theme combines the dentists' perceptions of their profession but also looks at how they deal with the preconceptions of patients or third parties.

'Dentistry as unpleasant, but necessary'

Here, the interviewed dentists often referred to the fact that dentistry can be painful and uncomfortable. Particularly for one participant this theme seemed to be of all-embracing significance as the word "unpleasant" appeared seven times in the narrative [B, lines 374, 415, 417, 421, 444, 446, 453] and B stated:

Dentistry is never, I don't think is ever nice, no one ever likes having something done in their mouth, it would be slightly odd if they did [B, 333-336]

Earlier in their career this dentist had struggled with emotionally separating themselves from the patient's feelings they had said:

You can kinda feel their anxiety and their pain almost [B, 425-426]

An alternative interpretation for dominance of this concept of unpleasantness in the dentists' narrative might be that it reflects their assumptions about the interviewer's expectations. The dentists were aware that most patients might perceive a visit to the dentist as negative; they often stated that they had been confronted with these opinions since the beginning of their training .This suggests that the dentists have so internalised these perceptions that they emerge in the interview, whether consciously or unconsciously, perhaps as part of a mechanism to reassure patients and others that the dentists are aware of the potential for anxiety in this setting.

In the dentists' narrative, dentistry is also considered a necessity, albeit a dismaying one [M, 741-742]:

Dentistry is something that we have to do, it's uncomfortable

'Treating anxious patients as a rewarding experience'

Nonetheless, despite these negative perceptions, being a dentist provided scope for job satisfaction. All interviewed dentists declared that they considered their work with anxious patients to be extremely gratifying:

I think (that's) why I really like it, it's really rewarding [S, 164-168]

But it's always so rewarding [A, 254-255]

Perhaps surprisingly, the dentists stated that it was the patients, who, despite or maybe due to the difficulties they encountered when treating them, provided the most gratification, with one participant saying [P, 762-764]:

The dentistry is boring, but the patients are interesting!

These dentists seemed to enjoy the challenges associated with patients who are difficult to treat, but this may also be due to the fact that they have a vast collection of treatment methods at their disposal, which dentists in general practice would not have access to.

Public perceptions of dentists

A recurring theme for the dentists appeared to be being confronted with their 'professional self' at social occasions, where their being a dental professional was responded to adversely:

When you meet people socially and you say you are a dentist [..] some people usually [.] put their hand over their mouth and talk about their bad experiences [P, 275-281]

Although these negative comments about dentists did not disturb them in their professional setting, they seemed to be a source of frustration if they occured in a social situation [A, 571-580]:

I don't find it a problem, I'm here to help the person who says they don't like dentistry, you're in the right place! You know, that's not a problem. It's when people start discussing it socially you know sort of 'I don't like dentistry and dentists' and so on, you know, outside your work environment that's sort of, that's a nuisance you know.

These discrepancies become even clearer in A's account, in which they described the judgement of being either a 'bad dentist' or a 'good dentist':

You're a nice person then if you treat phobic patients and cancer patients! But not if you're just a dentist! [A, 640-644]

Again, from the narrative it is evident that the dentists are subjected to a source of divergence: their own perceptions of dentistry and those of others show clear negative connotations; however, despite this, the dentists have a distinct experience of their profession as being positive and rewarding. Dentists, who are perhaps not usually considered a 'helping profession', immediately receive more positive views as soon as they explain that they are alleviating suffering by delivering treatment. This narrative also shows that in these social situations the professional and personal identities may merge, with the result that the 'good dentist' is considered a 'nice person'.

(4) Stress related to treating dentally anxious patients

The fourth superordinate theme, 'Stress related to treating dentally anxious patients', is the only theme that has a direct connection to treating dentally anxious patients despite this being the focus of the interview. This could be due to the fact that dentists might not consider dentally anxious patients as a separate group of patients. The dental professionals that work in the surveyed department also treat special needs and oncology patients, so expecting the dentists only to talk about fearful patients might have been artificially compartmentalising the dentists' overall experience.

The subthemes involve concepts relating to stress as a result of taking care of anxious patients and stressors originating in the treatment environment.

‘Patient complaint as a stressor’

Patient complaint is considered extremely stressful. Dentists often described their frustration after exhausting all possible treatment options and being as empathic and understanding as possible: a complaint from a patient under those circumstances therefore seemed to be particularly devastating:

The most difficult part of being a dentist I think is complaint, [..] you’ve done everything you can for a patient [S, 257-260]

Patient complaints, however, could also arise as result of a discrepancy between a patient’s perceived needs and the limitations of the dental environment rather than being a personal attack on the dentist, the quote from S illustrates the degree to which complaints are taken personally.

‘Questioning patient authenticity’

This subtheme explores the dentists’ doubt that their patients are always truthful about their phobia or the level of their anxiety in order to ensure that they receive treatment.

If they are pretending, if you feel like they are pretending, you could be, frustrated [T, 515-517]

If they have a boyfriend or someone other in the room, they’re usually, [..] much more anxious, but if you ask the other party to leave the room [..] you can manage them better [S, 521-525]

Patients may display greater anxiety in front of partners or family members accompanying them to their treatment appointment. They might present this behaviour for example to convince a non-supportive partner about the necessity of having treatment under sedation. It would also be possible that the dentist’s frustration with the patient’s behaviour highlights the difficulties a dentist might

experience when trying to accurately differentiate between dental anxiety and general anxiety disorder or other medical or psychological problems. Clinical measurements of dental anxiety are most likely not available to dentists at this point of time, if at all.

‘Frustration with restrictions in the workplace’

Continuity of care is considered essential by most of the dentists if a patient is to overcome their dental anxiety, and a lack of continuity of care considered stressful. As a teaching hospital, the departmental setup often does not support comprehensive and continuous care provided by one dentist, which the interviewed dental professionals found difficult to deal with:

I don't think that's as good as being seen by the same dentist in an environment in which you're more comfortable [M, 118-123]

One dentist even regarded continuity of care as a possible substitute for sedation treatment:

Continuity of care might be an alternative to sedation [A, 766-767]

This might indicate the dentists' overall desire to ensure their patients conquer their dental anxiety, which may be surprising given that the department they work in predominantly uses pharmacological methods to treat anxious patients. The dentists interviewed seemed to find it frustrating if their work environment did not appear to be supportive of their own and their patients' needs.

And sometimes it's the constraints that are the difficulty [P, 399-400]:

I'm very sympathetic towards the patients who are very anxious [..] I'll do what I can within the remit that I have to work in because I am confined by what we can do here [M, 596-601]

Stressors arising from being subjected to working with highly anxious patients have been noted as difficult with regard to patients complaining and assumptions that patients might not always be truthful about the level of their anxiety. However, dentists also had strong views about their involvement with patients and their desire to 'help'. It is therefore debatable whether the main source of stress for the dentists is not the difficult and anxious patient, but the seemingly restrictive environment they are working in.

Discussion

Dental professionals working in a specialist setting are subject to specific conflicts and stressors. They are experiencing divergences between their professional and private identities as a dentist and a person and patient, conflicts between being an inflictor of pain and a helper as well as having to deal with conflicting views concerning their status as a dentist, both their own and those of others. Conflict further arises in the treatment of dentally anxious patients where the need for control is concerned. Additional stressors stem from the psychological demands put upon the dentist working almost exclusively with fearful patients; however, environmental restrictions might have an equal or even greater impact on the dentists' stress levels.

In contrast to earlier research (e.g. Hill et al., 2008), while working with anxious patients was perceived as stressful by the dentists in this study it was also a positive challenge and a means for gaining job satisfaction, this finding could be the result of the dentists in this study choosing specifically to work in a specialist setting. Time constraints have often been described as a main stressor (e.g. Hill et

al, 2010; Moore & Brødsgaard, 2001) and the fact that these are mainly absent in this context might also contribute to dentists not perceiving their anxious patients as exceedingly stressful. Interactions with anxious patients were only perceived as stressful where patients complained and the dentist regarded these complaints as unjustified. This is consistent with previous research conducted by Myers & Myers (2004) who in a survey of almost 2,500 dentists demonstrated that over half of the dentists considered dissatisfied patients to be a source of stress, and dentists viewed complaining patients more stressful than anxious patients.

Of equal importance, the working environment is a potential cause of stress, despite the fact that specialist dental practitioners in this study had far greater access to different methods of anxiety management, they still identified their work environment and the restrictions imposed by it as demanding. Frustrations arose from not being able to provide patients with continuity of care, which dentists experienced as a major barrier to patients' managing their dental phobia. Constraints that are a result of working in public healthcare can be challenging and restrictions and changes occurring within the UK health service structure have been recognised as upsetting (Hill et al, 2010; Myers & Myers, 2004).

Rutter et al (2002) further highlighted the significance of the dentists' working environment by stating that dentists experience more stress if they feel responsible for patient care but are unable to determine how these services are being delivered, i.e. they lack control over their work environment. Dentists' perceived conflict between their professional and personal identity also links to the literature concerning stress and burnout in health professionals. Burnout is defined by

emotional exhaustion, depersonalisation and reduced accomplishment, and often occurs among health professionals such a dentists (Rutter, Herzberg, & Paice, 2002). Particularly the element of depersonalisation, such as referring to patients as 'them' or suggesting that patients are behaving in ways that exaggerate their anxiety, seems to reflect the emotional distancing processes dentists had to undergo in order to cope with treating anxious patients in a restrictive environment.

Being perceived as an inflictor of pain by patients has been rated as having a profound psychological impact on dentists (Kaney, 1999). For the dentists in this study it appeared to be one of the reasons why it was very important for them to maintain a separate professional identity. Nonetheless, despite the fact that earlier research had clearly highlighted this concept as important (Cooper, Mallinger, & Kahn, 1978; Kent, 1984) and in some more recent studies has still been identified as one of the major stressors for dentists (Moore & Brødsgaard, 2001), current research does little to investigate it in more detail. One of the reasons for this lack of consideration could be the advancement of local anaesthetics and sedation techniques to reduce pain and discomfort, which may have led to the conclusion that investigating the notion of the dentist as a cause of pain is no longer relevant.

Perception of control in the dental environment is vital for the anxious patient, and a loss of control can have detrimental effects (e.g. Abrahamsson et al., 2002; Armfield, 2006; 2010; Bernson et al., 2011; Edmunds & Buchanan, 2012; Humphris, & King, 2011; Milgrom et al., 1992; Sartory et al., 2006). Research on work-related stress has highlighted that especially for dentists, who are prone to

symptoms of burn-out, control perceptions and beliefs of self-efficacy in the work environment are essential in order to circumvent high levels of stress (Polychronopoulou & Divaris, 2005; Tetrick & LaRocco, 1987). The need to be in control of their working environment, as well as feelings of confidence about professional abilities, are fundamental to the dentists' ability to treat anxious patients successfully. There is however little research examining how dentists perceive their patients' need for control and how they negotiate their patients' control needs in relation to their own. As this study highlights, negotiating control between dentist and patient seems to be a demanding and challenging task for the specialist dentist.

In a recent review of the literature, attention was drawn to the contradictory image of the dentist, on the one hand dentists have long been a quite respected profession, but they are still subjected to outdated perceptions of causing pain and unpleasantness (Wolf & Ramseier, 2012). The ever present negative image of the dentist as portrayed in the media does further contribute to these preconceptions (e.g. Cartwright 2010). In the current study the specialist dentists were still struggling with these divergences: they saw themselves as having the potential to contribute to patients' quality of life but on the other hand had adopted the view that their work caused unpleasantness and pain, and the prejudices encountered socially affected their private lives. It is perhaps due to this conflict that the specialist dentists felt the need for a separation between their private and their professional selves.

Concluding remarks

This study highlights the conflicts inherent in the dental profession that have an impact on dentists' self-image, which are still prevailing, yet hardly considered in the published literature. There is a need for control, which has been a dominant theme in this research and which has been given so much attention with regard to patient perceptions has not been considered in its relevance for dentists. With regard to the shortcomings of this study we examined a very specific sub-group of dentists, those working with phobic patients in a public healthcare environment. Additional research investigating aspects of dentists' experiences with anxious patients in less specialist settings is necessary. Since dentists play an important role in the emergence and maintenance of dental anxiety in patients, it is imperative to investigate how dentists themselves evaluate their work with anxious patients and how they perceive their environment. This topic will be of interest to those health psychologists who are interested in working with dentists in various settings to improve attendance for check ups in order to maintain dental health and reduce disease via education about oral cancer and the effects of smoking.

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