



ALCOHOL DEPENDENCY OF INDIAN DENTISTS – A MIXED METHODS APPROACH IN A CITY OF INDIA

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ABSTRACT

Introduction: Dentists experience stressful situations on a daily basis. Since, the profession requires close personal interaction with the patients, the ethical and moral standards leave no room for error in judgment by the professional. The stressful lifestyle has its ill-effects which manifests in various physical and psychological ways.

Aim: The study aims at providing a reflection on the Alcohol dependency of Dentists In an urban city of India.

Methods: This is cross – sectional mixed methods study constituting of both quantitative and qualitative approach. A sample size of 50 was taken for quantitative survey and five in-depth interviews were conducted for qualitative findings.

Conclusion: From the results, 60% participants admitted consuming alcohol on a daily basis, 20% of which were self-identified alcoholics. From a the qualitative interviews, major reasons identified for alcohol dependency were mental stress, physical strain, emotional trauma, anxiety, poor family life and previous substance and alcohol addiction.

KEYWORDS: Alcohol consumption, Dentists, Substance abuse, Alcoholism, Stress, Clinical practice.

INTRODUCTION

India is one the largest democratic and secular nation in South Asia occupying 3% of total land area of the world and housing a population of 1.2 billion people (16.2% of world's population).^[1] The Indian society is multi-religious, multi-lingual and multi-ethnic. There are 18 official languages of India with hundreds of dialects in over 29 states. More than half the alcohol consumers in India fall under the category of hazardous drinking, it is an emerging public health problem in the country. India practices abstinence culture in matters of alcohol, but slowly the inhibitions have been lowered and people have accepted alcohol in their regular diets. Globally, India remains one of the lowest consumers of alcohol, however, with 21% men and 2% women consumers, up-to a fifth of this group – about 14 million people require help with their addiction.^[2] At present, there are a total of 1,18,000 Dentists practicing in India.^[3] It is known that in all professions, there are unique problems and problematic circumstances faced by its workers. Dentistry is not excluded from this phenomenon.^[4]

Dentists experience stressful situations every day, and have to deal with these in a very professional manner. A dentist is recognised as a high-skilled professional in his field and the expectations of his patients puts him in a very challenging, but vulnerable position.

METHODOLOGY

The aim of this paper is to provide a reflection upon Alcohol Dependency of Dentists in an urban city of India. A cross sectional mixed methods design was adopted. The quantitative part consisted of administering a pre-tested structured questionnaire as a survey tool and the qualitative part consisted of an in-depth face-to-face interview with the respondents. The sample size of 50 was calculated using mean proportions by simple random sample technique. For qualitative interviews, purposive sampling was done and five interviews were taken. Informed consent was taken from all the respondents. For the analysis, descriptive statistics using SPSS (IBM) was done for quantitative samples. For qualitative data,

transcriptions followed by categorization and thematic analysis were done in MS WORD and MS Excel.

RESULTS

The study found that 60% of the total respondents consumed alcohol on a regular basis (prevalence 0.6) out of which 20% (prevalence 0.2) were self-identified alcoholics. Out of these 20% alcoholics, only 3% sought professional help to battle the addiction. Out of total respondents, 32% admitted facing difficulty in clinical practice due to alcohol consumption and 9.5% of the total identified alcoholics were willing to seek treatment for their habit. Out of the people who consumed alcohol, 90% used other intoxicants like tobacco, areca nut, betel nut etc. The alcoholics were selected for qualitative interviews.

“My family spent 15 lac rupees on my education as a Dentist, now I am expected to pursue masters or open up my own clinic. We are a middle class family and these investments cost up-to additional 20 lac rupees with very slow return of investment. I cannot even think of starting a family or supporting my parents at this stage, sometimes I think choosing Dentistry was a big mistake and I wish could've opted for engineering or commerce instead” (A young Dentist practicing in the City).

Out of the qualitative interviews, the major factors identified were mental stress due to profession, physical strain due to long sitting hours and tense postures during performing procedures, emotional trauma attributing to personal reasons, anxiety due to factors like competition in the market, financial reasons and worrying about their future. Some respondents also commented on poor quality of family life and previous substance and alcohol addiction towards their alcohol dependency.

DISCUSSION

More than three decades ago, Forrest (1978) hypothesized that the practice of dentistry is a rewarding but demanding profession, and he claimed that the health of dentists may depend on how successfully they keep the rewards and demands of their profession in proper perspective. He suggested that dentists need to identify factors that cause stress and strain, and must take measures to eliminate, or at least reduce, the harmful effects of stress and strain on their health and emotions.^[5] Katz (1986) found that the stress in the dental working environment is a topic of great importance, and the effective reduction of stress in the dental environment has emotional and health benefits for the dentist and everyone else involved. The researcher experienced that some dentists consume alcohol to relieve stress and strain caused by their profession. At first this measure might be beneficial to reduce the effects of stress and strain on the dentist's emotions, but for some dentists, this measure leads to dependency that has devastating consequences.^[6] Through the ages, alcohol and other chemical substances have been used to relieve physical and emotional pain. Unfortunately, even if chemical

substances such as alcohol are used for good reasons, the use of these substances can lead to dependency on such substances. Bernadt (1986) claims that substance dependency is a universal phenomenon that does not distinguish between age, race, status, gender or title and substance use, abuse and dependency may occur regardless of a person's occupation.^[7] According to Dick (2006), the potential of dependency to a substance was only recognized in the late 19th century. Alcohol is easily available, and dentists do not need to abuse the authority provided by their profession to obtain alcohol. The researcher believes that alcohol is commonly used as an emotional pain reliever in the health professions, because in order to obtain other addictive substances, medical practitioners and dentists and even other health professionals have to abuse their professional rights to prescribe drugs in order to obtain the substances.^[8] Kenna *et al* (2004) reported that dentists consume more alcohol than other health professionals, but when compared to the general population in the USA, health professionals appear to take less alcohol. They found that when methodologically rigorous studies on alcohol and other drugs were performed involving the dental profession, the researchers focused exclusively on dental students and early dental career practitioners. They also found that much of the data pertaining to dentists on alcohol consumption have largely been based on review articles, retrospective analyses of treatment seeking dentists, and qualitative studies.^[9] Osborne *et al* (1994) reported that the social interaction that exists between a dentist and a patient is an occupational-related stress factor, which may produce burnout in dentists.^[10] In the researcher's experience there are many stress factors that a dentist has to cope with, and the literature confirms this. In a study conducted as far back as 1995, Freeman *et al* reported that an exploratory factor analysis led them to hypothesize six sources of stress among dentists, namely: patient compliance, pain and anxiety, interpersonal relations, the physical strain of work, economic pressures, third party constraints, and the strain of seeking ideal results.^[11] Stress and health problems among dentists were determined by Rankin and Harris (1989). They reported that dentists are vulnerable to health problems due to the stress associated with the profession, but most of the literature on the stress that dentists experience is based on opinions rather than systematic research.^[12]

CONCLUSION

The prevalence of alcohol consumers in the City is 0.6 out of which 20% are self-identified alcoholics. There is presence of several socio-behavioral-economic factors behind consumption of alcohol amongst the Dentist population of the city. The authors suggest proper counseling towards ill-effects of alcoholism and psychiatric therapy sessions with pharmacological treatment for alcoholics. This is a problem constituting of both physical and psychological relevance – family, friends and peers play a front-line role in identifying

such victims. They should be alert and willing to help those in need.

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