

A qualitative study of work-life balance amongst specialist orthodontists in the United Kingdom

Lindsey E Bateman¹

Joanne M Collins¹

Susan J Cunningham²

¹Department of Orthodontics

Eastman Dental Hospital, UCLH Foundation

Trust

256 Gray's Inn Road

London

WC1X 8LD

²Department of Orthodontics

UCL Eastman Dental Institute

256 Gray's Inn Road

London

WC1X 8LD

Corresponding Author: Elan Bateman

Address: Department of Orthodontics

Eastman Dental Hospital, UCLH Foundation Trust

256 Gray's Inn Road

London

WC1X 8LD

Email: Elan.Bateman@uclh.nhs.uk

Abstract

Objective: To identify factors affecting work-life balance amongst male and female orthodontists in the United Kingdom. **Design:** A qualitative interview-based study with a cross-sectional design. **Subjects:** Specialist orthodontists working in specialist practice and the hospital service in the United Kingdom were selected by purposive sampling. **Methods:** In-depth semi-structured interviews were conducted with eighteen orthodontic specialists. Interview transcripts were analysed using Framework Analysis. **Results:** Four main themes pertaining to work-life balance in orthodontics were identified: work factors affecting work-life balance, life factors affecting work-life balance, perception and effects of work-life balance and suggestions for managing work-life balance within the profession. **Conclusions:** There was substantial variation in the work-life balance of the orthodontists interviewed in this study; however the majority reported high levels of career satisfaction despite difficulties maintaining a good work-life balance. Whilst there were some clear distinctions in the factors affecting work-life balance between the hospital environment and specialist practice (including additional professional commitments and teaching/training related issues), there were also a number of similarities. These included, the lack of flexibility in the working day, managing patient expectations, taking time off work at short notice and the ability to work part-time.

Keywords: Career satisfaction; occupational stress; orthodontics; work-life balance

Introduction

The concept of attaining a good work-life balance has been investigated in a number of professions, including medicine, but there has been little work to date in dentistry and orthodontics. The integration of work and personal life and the ability to successfully balance work and social roles has been shown to be a strong contributor to how well an individual feels (Gropel and Kuhl, 2009). Work-life imbalance has been associated with a number of negative outcomes, affecting both health and well-being. High levels of stress, low psychological well-being, burnout and depression have all been associated with work-life conflict (Allen *et al.*, 2000; Franche *et al.*, 2006; Cortese *et al.*, 2010).

Previous studies have investigated differences in dentists' working patterns and working practices, career satisfaction, sources of stress and associated levels of burnout (Newton and Gibbons, 1996; Humphris *et al.*, 1997; Newton *et al.*, 2002; Roth *et al.*, 2003a, 2003b, 2004). Higher levels of career satisfaction and reduced occupational stress have been reported in orthodontic specialists compared with general dental practitioners in the United Kingdom and Canada but with significant variation on an individual level (Roth *et al.*, 2003a, 2003b; Gilmour *et al.*, 2005; Denton *et al.*, 2008). An understanding of career and work-life balance issues is of paramount importance to provide professional bodies and health care policy leaders with the necessary information to better understand an emerging workforce that has been shown to place greater emphasis on the attainment of work-life balance than their predecessors (Gallagher *et al.*, 2007; Stewart *et al.*, 2007). A lack of systematic evidence on the orthodontic profession may create barriers to understanding the relative contributions of personal and career success factors. Such paucity of information may, in the long-term, affect the retention of and support available to the current workforce.

The area of work-life balance in orthodontics remains underexplored in the United Kingdom with no previous research in this area. The majority of international studies have been conducted as cross-sectional questionnaire based surveys and as a result, important aspects of the personal and working lives of orthodontists that affect work-life balance may have been missed. Qualitative research methods have been widely used in the social sciences for many years and are now of increasing popularity in the healthcare sector. Utilising a qualitative approach, we are able to investigate the why and how of complex areas, answering questions that could not be addressed with quantitative methods alone (Pope and Mays, 1995). The aim of this study was therefore to investigate the factors affecting work-life balance amongst male and female orthodontists in the United Kingdom using a qualitative approach.

Participants and methods

This was a qualitative interview-based study with a cross-sectional design. Ethical approval was granted by UCL Research Ethics Committee (Project ID: 4723/001). The inclusion criteria were: specialist orthodontists working in the United Kingdom, at least one year following completion of specialist training, working full or part-time in hospital, university, specialist National Health Service (NHS) or private practice. Those excluded from the study were retired orthodontists, those who had been qualified less than one year and those working at the Eastman Dental Hospital. Participants were selected by a process of purposive sampling, to represent key characteristics of potential relevance; age, gender, working pattern, and type of employment (primary or secondary care). Each participant was given a participant information leaflet and written consent was obtained prior to each interview. Interviews were arranged at a quiet, convenient location of the participants' choice.

Interviews were conducted in person, by a single researcher (EB, Orthodontic Specialty Registrar) who had received in-depth interview training at the National Centre for Social Research

(NatCen). Practice interviews were also undertaken by the researcher in preparation for the study. Senior members of the research team, who are experienced in qualitative research methods, observed seven practice interview sessions conducted with senior colleagues. Following each interview, immediate feedback was provided with regards to the fluidity of the interview, the vocabulary used, phrasing of questions and depth of probing.

Each interview followed a semi-structured format with no time restriction. A topic guide was used as an *'aide mémoire'* throughout the interview process and this collated all key topics and concepts of relevance to the subject area. The topic guide was not used to define the structure of the interview, rather to ensure that relevant issues were covered with some consistency whilst still allowing flexibility to further explore details specific to individual participants. The topic guide was piloted during the practice interviews, which provided an ideal opportunity for the topic guide to be fully explored and modified as necessary. If any new themes arose during an interview, these were explored in detail and added to the topic guide for discussion in subsequent interviews. The interviews concluded when there were no new themes arising. Each interview was digitally recorded and transcribed verbatim on completion. All interview transcripts were assigned a unique code and all identifiable data was removed to ensure anonymity.

Following data collection, each interview transcript was read several times, a process known as familiarisation. Using the printed versions of the transcripts, recurring themes from within the manuscripts were identified and colour coded. Each time a particular theme arose, the text was highlighted and comments were made in the document margin to record initial thoughts, this provided an effective method of categorising the raw data. All three researchers undertook this process and the final themes and subthemes identified were agreed following extensive discussion. When this conceptual framework or 'index' had been established, numerical codes were assigned to the different themes and subthemes to differentiate between them. The index was then applied to the

raw data in a process known as 'indexing' and any necessary modifications made after its initial application. The final stage of data management involved sorting and synthesising the original data and using the index developed to create a series of thematic charts. The framework approach, as described by the National Centre for Social Research (NatCen) (Ritchie and Spencer, 1994), was used as the primary method of data analysis.

The framework was constructed as a Microsoft Excel[®] document, with a separate worksheet for each main theme identified. The subthemes pertaining to each main theme were listed as columns within the worksheet and each participant was annotated by a distinct row. The raw data from the interview transcripts were recorded within the relevant cell of the spreadsheet, referenced with line numbers from within the interview text to allow for simple identification if it was necessary to return to the original transcript. This method provides systematic and visible stages to the analysis process and has been thought to enhance the validity of qualitative research findings (Smith and Firth, 2011). There is now a recognised distinction between the data management phase, the framework as described above, and the analysis stage, which is termed Critical Qualitative theory. This method is a form of thematic analysis used to analyse the framework rather than using the transcripts as the primary source of data. This enables the researcher to gain an overall perspective of participants' views across the whole data set in a way that is oriented to the particular research objectives.

Results

Eighteen participants were interviewed for this study; eleven (61%) were male and seven (39%) were female. Participants were classified according to the number of years practising orthodontics; those practising for less than 10 years (n=6), 11-20 years (n=7) and 21+ years (n=5). Ten participants were from the South-East of England, four were from the Midlands and South-West of England and four were from the North of England and Scotland. For the purpose of presenting the

data, regions have been combined in order to avoid the possibility of identifying participants who may have been the only orthodontist interviewed from that particular region. Seven participants were specialist practitioners, six were full-time consultants and five were part-time consultants. All of the part-time consultants also had specialist practice commitments and five of the six full-time consultants worked some sessions in specialist practice or undertook private practice within the hospital. Of those who worked in specialist practice, eight were associates and eight were either principal orthodontists or a partner in the practice. The participant demographics are displayed in Table 1.

Four main themes pertaining to work-life balance were identified from the semi-structured interviews:

- Work factors affecting work-life balance (positive and negative)
- Life factors affecting work-life balance (positive and negative)
- Perception and effects of work-life balance
- Suggestions for managing work-life balance within the profession

Further analysis of these main themes generated several subthemes shown in Table 2. The participant quotes include the participant number (e.g. P1 = participant 1) and the line number of the transcript in parentheses. All quotations are exactly as stated by the participant.

For the purposes of reporting the data in a clear manner, the positive work and life factors are reported together, followed by the negative work and life factors.

Work and life factors identified as having a positive impact on work-life balance

Working environment

There were several factors associated with working in specialist practice that were described as having a positive influence on work-life balance. With regards to private practice, participants

discussed how they had greater flexibility in terms of the length of patient appointments compared with those treated under National Health Service (NHS) contracts.

'The aim is not to make a lot more money out of your private patients, the aim is to do everything you want to do in the time that they're in, not have to compromise to bring them back in for another visit because you had a 10 minute appointment and they were 10 minutes late and there are 3 people waiting in the waiting room so yeah it's just greater job satisfaction I think rather than extra cash.' P11 (141)

A number of interviewees who were consultants working additional sessions as associates, described their specialist practice sessions as being much more 'contained' but discussed how they did not have to manage the additional responsibilities or administrative duties that a principal or partner would have. One participant explained that, although some may perceive the hospital environment to be more 'stimulating', that practice can be equally enjoyable depending on the work that is taken on within the practice.

'I mean there is a kudos of working in the hospital, there's a huge enjoyment factor because you are working in quite a different environment, some would say a more stimulating environment... I think practice has the potential to deliver that enjoyment but it depends what you take on...' P9 (233)

Several participants working in the hospital environment discussed how they enjoyed the professional interaction with colleagues in different specialties and how they found this 'enormously rewarding'. The support offered by colleagues was also discussed as facilitating a good work-life balance. One consultant spoke extensively about their role in teaching and training and how this has contributed greatly to their career satisfaction. Despite the extra work associated with teaching and training, several participants commented that they thoroughly enjoyed that aspect of their career and they had chosen to take on the responsibility for their own career satisfaction, accepting the impact on work-life balance.

'If I didn't train people I don't think that I would want to do this job... That's the thing that gets me up in the morning and makes me want to do my job... if you're happy doing the job that

you're doing, it doesn't matter all those times I rush through my lunch hour or having to stay late after work, reading 5 case reports that have to be in by the next day... I know people who work much less hours but hate their job more and as a result their work-life balance is poorer you may argue.' P5 (358)

Participants working in both environments discussed how they enjoyed the professional stimulation associated with the nature of orthodontic treatment and how it provided a 'high satisfaction quotient'. One participant explained how, in contrast with other dental specialities, patients are often less anxious when attending appointments and how this in turn reduces their own levels of stress.

'You know, you get to know your patients and you're not dealing with very stressed people all day and dealing with very stressed people is stressful; it's nice to not have that aspect to your work....' P11 (42)

Taking leave/career breaks and flexible working patterns

With regards to time off work, a small number of participants felt that orthodontics did not restrict them from taking time off in any way and described it as 'no problem'. One specialist practitioner explained how in the summer months they were able to finish work early on certain days to pursue other interests and how orthodontics had enabled them to have this flexibility.

Whilst one participant felt that a term-time contract was not possible in orthodontics, another interviewee discussed how they had been able to achieve this and how the ability to manage appointment intervals in orthodontics made the practical management of this arrangement more straightforward.

'I've got a term time contract, today is my last day and then I'm off for six weeks for the school holidays and I know I'm very lucky to have that...' P4 (33)

A number of female participants explained how they returned to work part-time after taking maternity leave and how this was a favourable aspect of orthodontics.

Remuneration and financial security

Several participants discussed the financial benefits and security associated with a career in orthodontics. Remuneration within the specialty was discussed as having a positive impact on work-life balance and several interviewees were aware they had a ‘*very reasonable salary*’ and a ‘*comfortable lifestyle*’.

‘It’s also meant that coming to this stage in my career, coming towards retirement, I have been able to earn more money and help my children as they’ve flown the nest so it’s been good, on the whole it’s a good balance.’ P1 (170)

Interests outside work

Pursuing other interests and non-work related activities was perceived by all participants to play a crucial role in maintaining a good work-life balance.

‘I’ve always enjoyed life... There are lots of other things to do in the world apart from teeth and the more you get focussed on things the worse it becomes... you can’t be up all night worried about a rotated tooth so it’s easier for you to go out and enjoy the things that are out there...’ P5 (259)

Work and life factors identified as having a negative impact on work-life balance

Working environment

With regards to the hospital environment, comparisons were made between district general hospitals (DGH) and teaching hospitals. Views amongst participants were mixed in terms of which had the most favourable influence on work-life balance. Participants discussed the frustration associated with the increasing levels of bureaucracy and ‘*red tape*’ within the hospital environment as a whole.

‘I prefer the DGH because in some ways it’s quieter and you can hear yourself think, it’s more relaxed. Even though it’s under the same Trust the managers are all based at the dental institute

or the main Trust headquarters, so there's less red tape to a certain extent... so yeah I think if was told that the DGH was going to close down and it would all be done at the dental institute I would leave, I could not do 5 days a week at a dental institute... ' P13 (107)

Potential changes in the consultant contract were also discussed and participants explained how they were already experiencing an increase in the amount of administrative work because of the number of patients they were seeing.

'I think my worry with any new consultant contract where they're trying to reduce the number of supporting programme activities. A lot of Trusts are now an 8/2 split or an 8.5/1.5 split, I have an 8/2 split and even with that I'm struggling to keep up with the paperwork because of the number of patients you still have to see.' P13 (190)

Several participants working in the hospital environment explained how there is less flexibility in the dental specialties compared with medical specialties because they have fewer staff and this creates its own issues in terms of work-life balance. One participant also commented that in orthodontics there is a unique situation where one individual may take on a number of additional commitments such as examining, being a training programme director (TPD) and other management responsibilities. Those who had taken on management roles within the hospital discussed how they found it particularly difficult to delegate some of the additional work involved.

'... you see colleagues in big specialties, orthopaedics, anaesthetics whatever, there's loads of them so if they have to go off doing xxx they can hand over to someone to do a list or whatever, whereas, I can't kind of go, I'm going to drop that session because the registrar won't be supervised, the therapist won't be supervised, how does that work? Well it doesn't work.' P2 (117)

Some participants commented that because they had always agreed to take on additional work when asked, they were then continually asked to take on more and more. Several interviewees explained that because they had so much to do on the administrative side and so much on their mind at any one time, they felt that this was distracting them from their clinical work.

'And the time for my clinical work has diminished.... I'm conscious that when I'm working clinically at the hospital I'm thinking of other things and I'm sometimes aware that I'm not focussed... there's a part of my brain which is elsewhere, that's thinking about the phone call, the email or the meeting I have to rush off to in 10 minutes time and that sort of thing.' P1 (258)

Administration

One of the major negative aspects raised by interviewees was the increasing amount of administrative work in both the hospital environment and specialist practice and the majority of interviewees felt they were unable to complete this within the confines of their working day. One specialist practitioner, who did not undertake any clinical work in the evenings, explained how they would often stay late at the practice to avoid their administrative work '*spilling over*' into the next day.

'When I'm working in (location) I'll always stay and do the letters and stuff afterwards so I don't normally leave till like 9pm, that's a bit sad really...I think doing 5 days you'd have to do admin at weekends... it gets ridiculous, you don't have any time to do anything.' P7 (141)

With regards to specialist practice, a number of interviewees discussed the implications of becoming a principal or partner and the additional responsibility and work involved. Several participants had made a decision not to become practice owners purely for reasons regarding work-life balance. Those who were practice owners or partners discussed how their workload was significantly higher in their first few years of taking on the business but as their team had expanded and the business had become more established they were able to delegate some of the work to other members of staff. The pressures of having to work extra sessions to keep waiting lists down and continue to attract referrals to the practice were also discussed.

'I think practices that run well always have partners, I think the days of sole principals are pretty much over... it wasn't just the clinical work it was managing everything and I found myself working 24/7 effectively and I didn't want to do that, I felt my children were suffering so that's why I took the decision and I haven't looked back ... at the end of the day as the sole

principal you are the one that has to interview every member of staff, do all the discipline etc etc even if you have good managers and actually to divide those responsibilities is wonderful and in fact now we have a managing partner' P14 (182)

The majority of principal orthodontists or partners interviewed discussed how the increasing administration as a result of new regulations and guidelines (e.g. CQC and HTM 01-15) was having a negative impact on their work-life balance.

'It's changed because we have more administration to do, we have a hell of a lot to know compared with when I first joined... we have to satisfy lots and lots of demands, that's a challenge that's not just dental demands ... a lot of it is health and safety, it's cross infection, it's all this, that and the next thing so it can impact and it can upset the balance. I don't like the balance being upset.' P9 (91)

Nearly all participants working in specialist practice discussed the uncertainty of NHS orthodontics in the future, the availability of NHS contracts, the value of those contracts and also the value of units of orthodontic activity (UOA, the measure of orthodontic activity used for payment). Specialists with large NHS contracts expressed their anxiety with regard to their future contract renewal whereas those working in private practice felt that they were '*shielded*' from some of these pressures and that having a large NHS commitment made one '*more vulnerable*'.

'As we're dealing with the changes in the contracts and the shift in the way we are having to manage the business, that's what causes the problems, I'll spend much more time going into work outside my clinical hours... it's been meetings in the evenings and you have to attend all of them, so that has had a big impact on not only time but also stress because its constantly there and you do worry... I don't enjoy that aspect of it... we've just had our contract renewed, which sounds like we were quite lucky.' P10 (135)

Patient expectations

A number of interviewees discussed how patients' expectations have increased over recent years in both primary and secondary care and how this has had a negative impact. Unrealistic expectations were also said to be causing participants additional stress and worry. The increasing demands of

private patients in particular, and the need for flexibility in appointment times were also factors which were felt to affect work-life balance.

'I think the difference in impact on work-life balance, private patients are more stressful. They are more demanding of your time, they would like to have your private mobile number and call you anytime so they are more demanding. I would, if I had my way, just see NHS patients.' P10 (105)

Teaching and training

The implications of being involved with training and research were discussed by a number of those working in the hospital environment and this was felt to be a significant factor affecting work-life balance. Interviewees explained how they were aware of the importance of a high standard of training for their trainees but they did not feel they had adequate time to fulfil all of their commitments. Participants described how trainee assessments had become more formalised and more demanding of their time and how preparation of lectures, appraisals and supervision of research projects meant that many were unable to complete all of their work within the hours that they are employed. However, despite the extra work associated with teaching and training, several participants commented that they thoroughly enjoyed that aspect of their career and they had chosen to take on these responsibilities for their own career satisfaction.

'The admin side of things is getting more onerous, the supervision of registrars is getting more, it's certainly more formalised now with all the work based assessments and so you have to be there to watch or discuss this case so there's a lot more. Things that we're having to do, we're having to formalise it and record everything and all of that takes time.' P13 (57)

Many participants described how they had taken on additional professional commitments outside their normal day-to-day work and how these activities had greatly enriched their careers, but at the expense of their work-life balance. One participant felt that getting involved with colleagues and professional organisations helped to prevent an individual practitioner from becoming isolated and that this was key to '*success and happiness*'.

'Those things are very rewarding as well if you can manage to fit them in around everything else that you do... The more you do the more you get asked to do and it's very flattering to be asked to do things and I always think gosh that would be really interesting to do and then I look at my life and I think you know I can't actually fit anything else in at the moment.' P1 (248)

Technology

A number of participants discussed the impact of advances in information technology on their work-life balance. Interviewees explained how the development of email, tablet computers and mobile networks had meant that they could be contacted 24 hours a day which negatively influenced their work life balance.

'I have an iPad, which is 3G connected to the hospital, I can access the hospital IT system whenever. It wouldn't be unusual to send an email at half 12 or 1 o'clock in the morning and get an answer from one of my management colleagues so yeah... I have a hospital iPad that goes with me wherever I go in the world and I've an iPhone so I suppose I am available.' P6 (242)

Taking leave/career breaks

Taking time off was highlighted as an important issue affecting work-life balance. A number of interviewees explained how the lengthy notice period required to take annual leave, whether it be due to Trust policy or patient bookings, made taking time off difficult.

'The biggest beef that I have with my job at the moment is where I have to leave 8 weeks' notice for any leave... if it's less than 8 weeks I need to make sure the chief exec and dental manager are involved and it just makes you feel like a child again. It's very infantilising to have made an error through good will to have to rush around begging for this time off, I would love to have that freedom to be able to be a bit more spontaneous to have a weekend away or do something. That is not something I'll ever be able to do so long as I'm working.' P5 (107)

There were mixed views on how the nature of orthodontic treatment provision affected work-life balance. Some participants felt that the longitudinal nature of orthodontic treatment enabled more flexibility whereas others thought that this made it more restrictive. Several participants discussed

how their workload was increased before and after taking any annual leave and how this discouraged them from taking more than a week off at any one time. Another participant commented that orthodontics is the type of job you can do part-time very easily, but not necessarily take periods of leave. One specialist practitioner discussed the difficulties they encountered when they were in an accident and described the situation when they were trying to reschedule their patients and make up for their time off.

'The hospital said I had to have a week off and that was a nightmare, a total nightmare, and that did stress me actually, because there was just no way to see the patients and at that short notice you can't get cover...' P11 (262)

Maternity leave was discussed by the majority of female participants and experiences varied widely with those participants working in specialist practice appearing to encounter greatest difficulty. Two specialist practitioners discussed how the time they took for maternity leave was limited due to difficulties finding a locum. One participant discussed how they perceived maternity leave in the hospital environment as one of the '*big benefits*' as they were concerned about their job security in specialist practice.

'I think I went back to see the first patients 3 weeks after my child was born, those were private patients and I think I started seeing NHS patients after 5 weeks because I couldn't afford a locum. So that was hard, it was really hard but we survived we got through it... working with a 3 week old baby, it's quite tough, not to be recommended.' P10 (212)

Family

The majority of participants with children discussed the impact they had on their work-life balance. Several interviewees described how they found it '*very hard work*' when their children were young and found it difficult to find a balance between work and home life. Several interviewees explained how they did not feel they had adequate time at home with their children and a few participants described how they had to '*build it in*' to make sure this time was protected. A small number of

interviewees also discussed how they had now reached the age where they had elderly relatives to care for and the impact this was having on their work-life balance.

'I'm pretty good at not getting anything on at the weekend, you know because I don't want to work at the weekend, that's what family time is and that's what we do. I think we've got this sort of verbalised agreement that this is how our life works and our life as a family and it seems to work.' P2 (174)

'Switching off' after work

The ability to switch off after work was mentioned by several participants and there were mixed views as to how easy or difficult this was. A number of specialist practitioners described how they were able to switch off from the administrative side of their work, however they often worried about particular treatments or difficult patients. In contrast, one hospital consultant explained how they were able to switch off from patient treatment but not from the politics or issues relating to the running of the department.

'I never switch off. On my way home I try and think nice thoughts... I walk the dog, I have hobbies and it's not exclusively my life but I do enjoy it [work] so it does play a big part in it actually, I know a lot of people that are really, really obsessed with it actually, it's easy to be obsessed with it.' P14 (226)

Perception and effects of work-life balance

There was substantial variation amongst participants with regards to the perception of their own work-life balance. A large number of hospital consultants were not satisfied with their current work-life balance, with descriptions including 'poor' or 'terrible' and others discussed how they were only 'vaguely coping'. One consultant commented that it was the lack of flexibility in their working week to do other things that was contributing to the imbalance; another suggested that it was a reflection of the type of person that goes into orthodontics, 'go getter' type personalities who always want to do a job perfectly.

'The hassle is I don't have much flexibility in my week to get to do other things that I want to do... I'm sort of vaguely coping at the moment.' P2 (123)

A small number of consultants were happy with their work-life balance, one interviewee commented that they were very lucky to have such a favourable balance and another participant explained how if they stick to the hours for which they are paid then their balance is 'pretty good'.

'So I'm very fortunate and my work life balance is pretty good... If I stick mostly to the hours for which I'm paid I think that's a fairly good work-life balance... I can't see how it could be anything other than people who take on too much, or expect to give too little.' P5 (351)

There was similar variation amongst the specialist practitioners with regards to the perception of their own work-life balance. The majority of the specialist practitioners interviewed were satisfied with their work-life balance but did discuss how it was something that they had to really focus on in order to keep things under control. One specialist practitioner described how they were experiencing marked work-life conflict.

'Work gets in the way of life and life gets in the way of work... I find it hard, I find I'm juggling too many balls most of the time and as a result of that I get quite stressed and I don't feel like I have much time outside of work... I always get my work done, that always gets done and probably at the expense of life... It's bothering me enough to say that if I could afford to give up work I'd give up tomorrow.' P10 (128)

Participants who felt they had an imbalance discussed the sustainability of their current work-life balance and views were mixed. Two consultants did not think they could maintain their current workload long-term and another explained how they were only able to continue in their current role as their commitments outside of work were reducing.

'I think it's sustainable at present because my family is a bit older and my spouse is considering retiring or going part-time next year. I think it would be harder to continue it in my current role if I had much more in terms of my commitments outside work.' P18 (56)

Effects of work-life imbalance were discussed and these were primarily related to tiredness, missing out on time with family and the effects on relationships at home.

'I'm tired, I'm conscious I'm getting tired. On the other hand I'm getting a buzz out of it still so I don't think it's affected me particularly badly.... I tend to absorb stress quite well, but I think the more separate pressures that get applied, work is always busy and there's always pressure, when you get pressure at home applied at the same time it's the synergistic effect and it can end up feeling too much.' P1 (314)

Although some interviewees discussed how there were aspects of their career pathway that they would change if they had their time again, all participants were happy with their decision to pursue orthodontics as a specialty and were extremely positive in their reflection.

'I think orthodontics is fantastic, I've absolutely no regrets whatsoever about choosing it... It's a great specialty with great flexibility.... quite honestly I would sum it up as saying it's a great privilege to be an orthodontist and I didn't realise what a good choice it was when I made it.' P6 (344)

Suggestions for managing work-life balance within the profession

A number of factors were discussed with regards to managing work-life balance in orthodontics. Flexible working was one of the suggestions and participants who were already working flexible hours discussed the positive impact this had on their lives. Participants who were not working such hours felt that it could be a very helpful strategy, particularly for those with young families.

There were mixed views as to whether orthodontic professional bodies could intervene in any way to try and influence work-life balance within the profession. Some interviewees felt that there was not really a role for these organisations as work-life balance was very much a personal thing, whereas others felt the profession could highlight the importance of maintaining a healthy balance in life.

'If you go to the American conference they have all sorts of lifestyle coaches telling people how they balance things and keep up with things and that sort of thing and I guess if there's just one person that could be stopped from having a breakdown or finding they can no longer work in the

profession, the amount of time and money that goes in training orthodontists obviously that would make it worthwhile and for other people to have happier lives.' P15 (259)

Discussion

The concept of work-life balance is a broad and complex phenomenon and difficulties in measuring work-life balance have been discussed due to the subjective nature of 'balance' itself. Utilising qualitative research methods, a complex area such as work-life balance may be explored in greater depth and detail than conventional quantitative strategies.

Eighteen orthodontists from across the United Kingdom (UK) were recruited for this study however, it is important to consider the implications of the geographical distribution of participants in terms of how generalisable the results may be. Whilst every effort was made to recruit participants from all parts of the UK, time, costs and travel restrictions were encountered. Ten participants were from the South-East of England, four from the Midlands and South-West of England and four from the North of England and Scotland. None of orthodontists interviewed were working in Wales. Given the geographic distribution of participants and the large number of participants working in the South-East, results should be interpreted with some caution.

The initial sampling framework was devised to give an overview of work-life balance amongst orthodontists in the UK. This did mean that a substantial amount of data was obtained with rather diverse results. The intention is to use the data from this exploratory study to identify areas of interest which should be explored as part of future research.

All interviews were conducted by the researcher (EB) who was an Orthodontic Specialty Registrar at the time of the study. All participants were informed of this prior to undertaking the interviews. It is possible that this may have affected participants' responses, however, each

participant was informed that all identifiable information would be removed during the transcription process and before any further discussions with the research team. An independent researcher could have been employed to minimise the risk of bias but with the implication of additional costs. Interviews were conducted at a quiet, convenient location of the participants' choice. Eight were conducted at the participants' workplace and ten were conducted at a non-workplace location of the participants' choice. All interviews conducted at the workplace were in a private office in the absence of any other staff members, however it is possible that responses may have been affected by the interview location in these cases.

There were many work and life factors that affected work-life balance in those interviewed. One of the issues, which was discussed by most people, was the increasing amount of administrative work. It was evident that the majority of specialists allocated time in their working week specifically for administration, participants explained how this was an aspect of the job that they had underestimated before pursuing the specialty. Soma *et al.* (2012a) reported similar findings in their qualitative study, where time management and paperwork were reported to be significant contributors to occupational stress amongst orthodontists in New Zealand. In the present study, participants discussed how working more than five days per week '*definitely tips you over the balance*' and one participant explained how they felt their patient management and delivery of care was negatively affected when they were working more than four clinical days per week.

Participants also spoke extensively about the impact of their working environment on their work-life balance, with both positive and negative aspects of specialist practice and the hospital environment being discussed. Several hospital consultants reported work-life imbalance and this was primarily attributed to the increasing administrative burden and bureaucracy within the hospital environment, multitasking, taking on management roles, additional professional commitments and training related issues. Participants discussed how the hospital made significant demands on their

time outside the normal working day and how this negatively influenced work-life balance. Many interviewees discussed how their work-life balance had been influenced by management roles and other additional responsibilities. Participants described how they had become adept at multitasking but one point of concern raised by interviewees was that, because they were trying to manage so many things at any one time, they sometimes felt distracted from other aspects of their work. For some consultants, their current work-life balance was not considered sustainable in the long term. However, it was evident that the involvement in teaching and training contributed greatly to career satisfaction. It was also suggested that this work-life imbalance might be a reflection of the type of person who chooses to pursue a career in orthodontics, with ‘*go getter*’ types always wanting to do a job properly. Participants in the study by Soma and colleagues (2012b) also discussed how perfectionism and showing obsessive-compulsive traits were important personality traits for orthodontists. A small number of consultants in the present study were happy with their work-life balance and when asked why others may be struggling, one participant commented that it may be related to people taking on too much.

The majority of specialist practitioners were satisfied with their work-life balance. However, the ongoing uncertainty regarding changes in commissioning and contracts within NHS orthodontics was causing considerable anxiety. Participants discussed how they were required to attend a number of commissioning meetings outside their normal working day and how this was having an impact on their time, stress and workload outside clinical hours. Specialists with large NHS contracts expressed their anxiety with regard to their future contract renewal, whereas those working in private practice felt that they were ‘*shielded*’ from some of these pressures and that having a large NHS commitment made one ‘*more vulnerable*’. Participants also discussed how they felt it was necessary to be able to provide high quality private care as a ‘*back up plan*’ in case an NHS contract was withdrawn. The individual practice split between NHS and private treatment was not recorded in this study but may have been a source of responder bias and this would be interesting to explore

in future research. Additional factors contributing to work-life imbalance in specialist practice included the responsibilities associated with becoming a practice owner, regulatory issues, financial planning, administration and managing patient expectations.

Previous studies have identified that practice management is one of the least satisfying aspects of orthodontics (Roth *et al.*, 2003a). The benefit of having multiple business partners was discussed in the current study and the days of sole principals were seen as largely over. Some advantages of group practices that were discussed included financial benefits, peer contacts/support and delegation of the practice management tasks to suit particular strengths of each individual. These findings are consistent with those of previous investigators (Soma *et al.*, 2012a). Advances in materials, appliances and software have, in general, improved the clinical efficiency of orthodontic practice, however it is likely that the increase in administration associated with regulatory changes has, to some extent, negated these improvements (Soma *et al.*, 2012a).

The majority of participants discussed how patient expectations had increased in recent years and the negative impact this has had on stress levels and work-life balance. As a result of increasing patient awareness, it was also identified that the consent process has become much more extensive. Similar results have been reported internationally and dealing with unrealistic patient expectations was reported as the fourth most highly scored stressor in a cohort of Canadian orthodontists (Roth *et al.*, 2003b).

The majority of interviewees enjoyed the variety in their working week and felt that this contributed to their overall career satisfaction. However, one participant, who was quite established in their career, felt they had such an imbalance that they would 'give up work tomorrow' if they could afford it. Several orthodontists in the study conducted by Soma *et al.* (2012b) also reported an unsatisfactory work-life balance but participants in this study felt this was more evident at the

beginning of their careers when they were establishing themselves in practice, whereas more experienced practitioners seemed better able to compartmentalise their working lives.

A number of participants had taken on additional professional commitments and involvement with professional bodies and other organisations was seen to provide peer support, professional interaction and offer some protection from professional isolation. Roth and colleagues (2003a) identified that those orthodontists who were active members of the Canadian Association of Orthodontists (CAO) had substantially higher job satisfaction than non-members. The authors did, however, identify the possibility that those clinicians who are more satisfied with their job may be more likely to join a professional organisation rather than satisfaction being increased as a result of being a member.

Taking annual leave and taking time off at short notice were difficult for many participants. This was attributed to the longitudinal nature of orthodontic treatment and the lack of flexibility in the working day. Many considered this to have a negative effect on work-life balance, particularly when this time was required for family commitments. Collins *et al.* (2009) previously identified that, unlike general dental practice, the continuous-care component of orthodontic treatment poses a barrier to taking extended periods of leave. Soma *et al.* (2012b) reported similar findings in their study of specialist orthodontists in New Zealand and taking time off was considered to be the most difficult issue. The authors also noted that problems associated with taking time off as an orthodontist were not perceived as an issue prior to specialisation. The ability to work part-time as an orthodontist was seen as a very favourable aspect of the specialty in the present study, particularly for females returning to work after maternity leave.

Family life was acknowledged as being a fundamental aspect of work-life balance and this was discussed in relation to children, elderly dependants, spouses and family time. In addition, the

importance of pursuing other interests and non-work related activities was recognised as being an important factor in maintaining a healthy work-life balance. Exercise was highlighted as one of the most beneficial activities in terms of stress relief and relaxation. The importance of exercise for professionals in terms of quality of life has been previously documented in the medical literature. In their survey investigating health and wellness of the members of the American College of Surgeons, Shanafelt *et al.* (2012) reported that the physical quality of life scores of surgeons whose exercise practices were consistent with those of the Centre of Disease Control and Prevention recommendations were significantly higher than those who did not exercise.

Suggestions for managing work-life balance were discussed in relation to flexible working, workforce planning and the role of professional bodies. Those specialists who were already working flexible hours discussed how they felt this was a privilege and how this had a positive impact on their work-life balance. It is important that flexible working remains a viable option within orthodontics, as it does appear to help individuals to manage their work-life balance and family commitments.

With regards to the role of professional bodies, there were conflicting views as to whether they could influence work-life balance within the profession. Many interviewees felt that the management of work-life balance was an individual responsibility and that it would be impossible to find a '*one size fits all*' approach. It was felt however, that the profession could highlight the importance of keeping a healthy balance in life and that this may be delivered through conference lectures or journal articles. This may be something for the profession to consider incorporating into the British Orthodontic Conference, raising awareness of some of the issues affecting the attainment of a good work-life balance in orthodontics and educating delegates about potential strategies to overcome such issues.

In summary, several hospital consultants felt that their poor work-life balance was largely attributed to the increasing administrative burden and taking on additional management and training roles. However, it was evident that the involvement in teaching and training had contributed greatly to the career satisfaction of the majority of those interviewed. The majority of specialist practitioners reflected positively on their work-life balance however, the uncertainty regarding changes in commissioning and contracts within the NHS was causing considerable anxiety. Becoming a practice owner, administration, regulatory issues and managing patient expectations were identified as having a negative impact on work-life balance. Difficulties in taking annual leave and time off at short notice negatively impacted on work-life balance but the ability to work part-time was seen as a favourable aspect of the speciality. Maintaining flexibility of working is therefore important in order to continue recruiting people to the speciality.

Conclusions

- There was substantial variation in the work-life balance of the orthodontists interviewed in this study; however the majority reported high levels of career satisfaction despite some difficulties maintaining a good work-life balance.
- Whilst there were some very clear distinctions in the factors affecting work-life balance between the hospital environment and specialist practice including bureaucracy, additional professional commitments and teaching/training related issues, there were also a number of similarities. These included the ability to work part-time, the lack of flexibility in the working day, managing patient expectations and the ability to take time off work at short notice.

Acknowledgements: The authors would like to thank all of the specialist orthodontists who gave their time to be interviewed for this study.

References

- Allen TD, Herst DEL, Bruck CS, Sutton M. Consequences associated with work-to-family conflict: a review and agenda for future research. *J Occup Health Psychol* 2000; 5: 278-308.
- Collins JM, Cunningham S J, Moles DR, Galloway J, Hunt NP. Factors which influence working patterns of orthodontists in the United Kingdom. *Br Dent J* 2009; 207: E1.
- Cortese C G, Colombo L, Ghislieri C. Determinants of nurses' job satisfaction: the role of work-family conflict, job demand, emotional charge and social support. *J Nurs Manag* 2010; 18: 35-43.
- Denton DA, Newton JT, Bower EJ. Occupational burnout and work engagement: a national survey of dentists in the United Kingdom. *Br Dent J* 2008; 205: E13.
- Department of Health. Health Technical Memorandum 01-05: Decontamination in primary care dental practices, Department of Health Publications 2013 URL (consulted: February 2014) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170689/HTM_01-05_2013.pdf
- Franché RL, Williams A, Ibrahim S, Grace SL, Mustard C, Minore B, Stewart DE. Path analysis of work conditions and work-family spillover as modifiable workplace factors associated with depressive symptomatology. *Stress Health* 2006; 22: 91-103.
- Gallagher JE, Clarke W, Eaton KA, Wilson NH. Dentistry - a professional contained career in healthcare. A qualitative study of Vocational Dental Practitioners' professional expectations. *BMC Oral Health* 2007; 7: 16.
- Gilmour J, Stewardson DA, Shugars DA, Burke FJT. An assessment of career satisfaction among a group of general dental practitioners in Staffordshire. *Br Dent J* 2005; 198: 701-704.
- Gröpel P, Kuhl J. Work-life balance and subjective well-being: The mediating role of need fulfilment. *Brit J Psychol* 2009; 100: 365-375.

Guest DE. Perspectives on the study of work-life balance. *Soc Sci Inform* 2002; 41: 255-279.

Humphris G, Lilley J, Kaney S, Broomfield D. Burnout and stress-related factors among junior staff of three dental hospital specialties. *Br Dent J* 1997; 183: 15-21.

Newton JT, Gibbons DE. Stress in dental practice: a qualitative comparison of dentists working within the NHS and those working within an independent capitation scheme. *Br Dent J* 1996; 180: 329-334.

Newton JT, Mistry K, Patel A, Patel P, Perkins M, Saeed K, Smith C. Stress in dental specialists: a comparison of six clinical dental specialties. *Prim Dent Care* 2002; 9: 100-104.

Pope, C. and Mays, N. Reaching the parts other methods cannot reach: an introduction to qualitative methods in health and health services research. *BMJ* 1995; 311: 42-45.

Ritchie J, Spencer L. Qualitative data analysis for applied policy research. In Bryman A, Burgess RG. *Analyzing Qualitative Data*. Routledge, Oxon, 1994. pp 173- 194

Roth SF, Heo G, Varnhagen C, Glover KE, Major PW. Job satisfaction among Canadian orthodontists. *Am J Orthod Dentofacial Orthop* 2003a; 123: 695-700.

Roth SF, Heo G, Varnhagen C, Glover KE, Major PW. Occupational stress among Canadian orthodontists. *Angle Orthod* 2003b; 73: 43-50.

Roth SF, Heo G, Varnhagen C, Major PW. The relationship between occupational stress and job satisfaction in orthodontics. *Am J Orthod Dentofacial Orthop* 2004; 126: 106-109.

Shanafelt TD, Boone S, Tan L, Dyrbye LN, Sotile W, Satele D, West CP, Sloan J, Oreskovich MR. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med* 2012; 172: 1377-1385.

Smith J, Firth J. Qualitative data analysis: the framework approach. *Nurse Res* 2011; 18: 52-62.

Soma KJ, Thomson WM, Morgaine KC, Harding WJ. A qualitative investigation of specialist orthodontists in New Zealand: Part I. Orthodontists and orthodontic practice. *Aust Orthod J* 2012a; 28: 2-16.

Soma KJ, Thomson WM, Morgaine KC, Harding WJ. A qualitative investigation of specialist orthodontists in New Zealand: Part 2. Orthodontists' working lives and work-life balance. *Aust Orthod J* 2012b; 28: 170-180.

Stewart FMJ, Drummond JR, Carson L, Theaker ED. Senior dental students' career intentions, work-life balance and retirement plans. *Br Dent J* 2007; 203: 257-263.

Table 1. Participant demographics.

Demographic			Number of Participants
Gender	Male		11
	Female		7
Geographic location	South-East England		10
	Midlands and South-West England		4
	North of England and Scotland		4
Years practising orthodontics	Less than 10 years		6
	11 - 20 years		7
	21+ years		5
Employment	Consultant only		1
	Consultant plus specialist practice		10
		Associate	7
		Practice owner/partner	3
	Specialist practice only		7
		Associate	2
		Practice owner/partner	5
Working pattern	Full-time		11
	Part-time		7

Subthemes																									
Main Themes																									
Work factors affecting work-life balance	<table border="1"> <tr> <td>Working environment</td> <td>Administration</td> <td>Patient expectations</td> <td>Teaching and training</td> <td>Technology</td> <td></td> </tr> <tr> <td>Taking time off (inc. holiday and leaves of absence)</td> <td>Career breaks (Inc. maternity leave)</td> <td>Remuneration and financial security</td> <td>Interests outside of work</td> <td>Family (inc. children, elderly dependants, spouse & family time)</td> <td>Switching off after work</td> </tr> <tr> <td>Perception of own work-life balance</td> <td>Sustainability</td> <td>Effect of work-life balance</td> <td>Satisfaction / dissatisfaction with career choices</td> <td></td> <td></td> </tr> <tr> <td>Flexible working</td> <td>Role of professional bodies</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Working environment	Administration	Patient expectations	Teaching and training	Technology		Taking time off (inc. holiday and leaves of absence)	Career breaks (Inc. maternity leave)	Remuneration and financial security	Interests outside of work	Family (inc. children, elderly dependants, spouse & family time)	Switching off after work	Perception of own work-life balance	Sustainability	Effect of work-life balance	Satisfaction / dissatisfaction with career choices			Flexible working	Role of professional bodies				
Working environment	Administration	Patient expectations	Teaching and training	Technology																					
Taking time off (inc. holiday and leaves of absence)	Career breaks (Inc. maternity leave)	Remuneration and financial security	Interests outside of work	Family (inc. children, elderly dependants, spouse & family time)	Switching off after work																				
Perception of own work-life balance	Sustainability	Effect of work-life balance	Satisfaction / dissatisfaction with career choices																						
Flexible working	Role of professional bodies																								
Life factors affecting work-life balance																									
Perception and effects of work-life balance																									
Suggestions for influencing work-life balance within the profession																									

Table 2. Main themes and subthemes arising from the semi-structured interviews.

- Subtheme primarily positive
- Subtheme primarily negative
- Subtheme overall a combination of positive and negative