



## Occupational health promotion: dental surgeons' work capacity

*Fatores associados à capacidade para o trabalho de cirurgiões-dentistas:  
estudo transversal*

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### ABSTRACT

This study aimed to analyze the factors associated with the work ability of dentists working in the city of Cuiabá (MT). Quantitative and cross-sectional research carried out in August 2020 with 64 dentists. The assessment of work ability was performed using the Work Ability Index (WAI), validated in Brazilian Portuguese. Data analysis was performed using Kolmogorov-Smirnov and chi-square tests or Fisher's exact test ( $p < 0.05$ ). The overall average ICT score was 36.89 points. Among the evaluated characteristics, only the last level of education completed and the time working in the current location showed a significant association with the WAI classification ( $p < 0.001$  and  $p = 0.007$ ). Dental surgeons who work in Cuiabá (MT) had a satisfactory ICT, and an association was found between the best ICT and the highest level of education and longer time working in the current job.

**Keywords:** Dentists. Worker's health. Workplace.

### RESUMO

Este estudo teve o objetivo de analisar os fatores associados à capacidade para o trabalho de cirurgiões-dentistas atuantes na cidade de Cuiabá (MT). Pesquisa quantitativa e transversal realizada em agosto de 2020 com 64 cirurgiões-dentistas. A avaliação da capacidade de trabalho foi realizada por meio do Índice de Capacidade para o Trabalho (ICT), validado em português do Brasil. A análise de dados foi realizada pelos testes Kolmogorov-Smirnov e qui-quadrado ou o teste exato de Fisher ( $p < 0,05$ ). A pontuação média geral do ICT foi de 36,89 pontos. Entre as características avaliadas, apenas o último nível de ensino concluído e o tempo de trabalho no local atual apresentaram associação significativa com a classificação do ICT ( $p < 0,001$  e de  $p = 0,007$ ). Os cirurgiões-dentistas que atuam em Cuiabá (MT) apresentaram satisfatório ICT, sendo que foi encontrada associação entre o melhor ICT e o maior nível de escolaridade e maior tempo de atuação no trabalho atual.

**Palavras-chave:** Odontólogos. Saúde do Trabalhador. Local de trabalho.

## **INTRODUCTION**

Current paradigms driven by information technologies have caused organizational, geopolitical, informational, commercial, financial, institutional, and cultural transformations, establishing a new world order<sup>1</sup>. Simultaneous changes occurred in the work context, requiring adjustments to the worker's profile in light of new work models, as this began to be mediated by various technological means in practically all areas of activity, including health<sup>2</sup>.

Changes occur continuously, altering the social, economic, technical, and political order, exerting a strong influence on worker health as technologies are increasingly inserted into people's daily lives, overcoming walls and causing professionals to have to dedicate more and more time to solve problems that were previously only solved in the workplace. This compromises their rest time, which, according to the Consolidation of Labor Laws (CLT), is a fundamental right of every worker<sup>3,4</sup>. Given this, workers must dedicate more time in their private lives to resolve issues related to their work activities, which can negatively impact their health.<sup>5</sup>

This scenario significantly contributes to amplifying the health problems that affect workers, which leads to the need to identify the casuistry of problems that contribute to the development of illnesses in workers, as this can result in the development of actions aimed at promoting worker health<sup>4,6</sup>.

Among the different working classes that carry out countless work activities daily, health professionals have the mission of caring for others, but at various times they find themselves in situations of need, as they also need care<sup>7</sup>. In this sense, research reveals a growing number of workers who develop illnesses related to the performance of their activities, especially among those who work in the health sector<sup>8</sup>. In this category, which performs functions that can lead to the development of pathologies, are dental surgeons (DS)<sup>9</sup>. This class is daily exposed to several risks inherent to dental activity<sup>10</sup>.

The health of these professionals has been little emphasized, and the studies conducted generally highlight musculoskeletal problems<sup>11,12</sup>. Furthermore, these professionals are constantly exposed to risk factors for the development of work-related disorders, which can affect their work capacity<sup>11,13,14</sup>.

Given the current nature of the discussion and that many DS suffer from diseases that affect them both psychologically and physically, studies that elucidate the problems that negatively affect the health of this class become relevant. Based on these considerations, this

study aimed to analyze the work ability of dental surgeons in the municipality of Cuiabá, state of Mato Grosso.

## **METHODOLOGY**

This was a quantitative, analytical, observational cross-sectional study, approved by the Research Committee Ethics, Cesumar University through opinion number 4.080.651.

Participants were 64 DS of both sexes, who worked in any area of Dentistry, in the municipality of Cuiabá, state of Mato Grosso, and who were, at the time of data collection (August 2020), registered with the Mato Grosso Regional Dentistry Council - CRO/MT.

As an inclusion criterion, DS should be fully engaged in the profession during the data collection period; and agree to participate in the study. DS who were not carrying out their activities directly, or who were away for some reason, were excluded from the research.

A questionnaire prepared by the authors, with sociodemographic questions and questions about professional performance was applied. This instrument contained questions about sex, age, marital status, number of children, last level of education completed (degree), time working as a DS, weekly working hours, and employment relationships with health institutions.

The work capacity of DS was assessed using the total Work Ability Index (WAI)<sup>15,16</sup> and its dimensions. This is a questionnaire with seven questions, which indicates the risks to the worker's health due to the disharmony between work demands, personal resources, and the individual's health. The total WAI score varies between 7 and 49 points, in which the higher the score, the greater the individual's work ability. One form of classification is between 7 and 27 points (low work ability), 28 to 36 points (moderate work ability), 37 to 43 points (good work ability), and 44 to 49 points (great work ability)<sup>15,16</sup>.

Firstly, DS in the municipality of Cuiabá were contacted through the e-mail marketing service of the Regional Dentistry Council (CRO/MT), which is a tool through which the CRO maintains contact with all Dentistry professionals, both in the capital as well as the entire state. This email contained initial research information, the Informed Consent (IC) and a Google Forms link with the research forms, described above.

All analyses were run in the R statistical environment (R Development Core Team, 2016), version 3.6.2, using descriptive and inferential statistics. Frequency and percentage were used for categorical variables. The mean/standard deviation was used as descriptive measures

for numerical variables. Subsequently, possible associations of sociodemographic characteristics with the WAI classification were checked by applying the chi-square association test or Fisher's exact test. Data were considered significant when  $p < 0.05$ .

## RESULTS

Table 1 lists the frequency distribution of the sociodemographic and work ability characteristics of the 64 participants. Note the predominance of female participants (62.5%), under 40 years old (75.0%), married/in a stable union (64.07%), and with one or two children (56.2%). It is noteworthy that 54.69% of professionals have a specialization degree, 68.7% have an employment relationship with an institution, 60.9% have worked for at least four years in the same location, and 82.8% work at least 40 hours a week.

**Table 1.** Frequency distribution of sociodemographic characteristics of dental surgeons. Cuiabá, state of Mato Grosso, 2020

Variable	n	%
<b>Gender</b>		
Female	40	62.50
Male	24	37.50
<b>Age</b>		
Up to 30 years	22	34.38
From 31 to 40 years old	26	40.63
From 41 to 50 years old	13	20.31
Over 50 years	3	4.69
<b>Marital status</b>		
Single	19	29.69
Married	27	42.19
Consensual/stable union	14	21.88
Divorced/Separated	4	6.25
<b>Number of children</b>		
No children	22	34.38
1	18	28.12
two	18	28.12
3 or more	6	9.38
<b>Maximum title</b>		
Undergraduate degree	5	7.81
Residency	6	9.38
Specialization	35	54.69
Master's degree	16	25.00
Doctorate degree	2	3.12
<b>Employment relationship with an institution</b>		
No	20	31.25
Yes	44	68.75
<b>Time working in the current location</b>		
1 year	8	12.50
2 years	13	20.31
3 years	4	6.25
4 years	12	18.75

5 years or more	27	42.19
<b>Total weekly workload</b>		
20 hours	5	7.81
30 hours	6	9.38
40 hours	23	35.94
More than 40 hours	30	46.88

Table 2 presents the descriptive measures of the scores for each item that make up the WAI. In general, the mean scores for each item were close to the maximum score, which indicates good ability to work. The overall mean score was 36.89 points. None of the participants scored below 28 points, and none scored above 44. Regarding the intermediate ranges, 18.75% had their work ability classified as moderate and 81.25% as good.

**Table 2.** Summary measures of item scores from the Work Ability Index of dental surgeons. Cuiabá, state of Mato Grosso, 2020

Item	M	SD	Min.	Máx.
Current work ability compared to lifetime best	8.30	0.83	5.00	10.00
Work ability in relation to job demands	8.11	1.17	5.00	10.00
Number of diseases diagnosed by a physician	4.58	1.50	1.00	7.00
Estimated loss of work due to illness	5.20	0.89	2.00	6.00
Absence from work due to illness in the last 12 months	4.38	0.65	3.00	5.00
Own prognosis on work ability in 2 years	6.53	1.22	1.00	7.00
Mental resources	2.77	0.99	1.00	4.00
<b>Total</b>	<b>36.89</b>	<b>3.20</b>	<b>31.00</b>	<b>43.50</b>

M = Mean; SD = Standard Deviation; Min. = Minimum; Max. = Maximum.

Complementing the results in Table 2, standardizing the score of each WAI item to a scale of 1 to 10, the lowest mean value was found for the item referring to the number of current diseases diagnosed by a physician. For this item, the greater the number of diseases diagnosed, the lower their score. Another item that had a lower mean value (standardized) score compared to the others was mental resources. On the other hand, the prognosis item on work ability in two years obtained the highest standardized mean score, indicating a good work ability in relation to this aspect.

In Table 3, among the characteristics evaluated, only the last level of education completed ( $p < 0.001$ ) and time working at the current location ( $p = 0.007$ ) showed a significant association with the WAI classification, highlighting that 43% of professionals who have a moderate ability to work have only completed their undergraduate degree, while all those who

have good ability have completed other levels of study. The percentage of professionals with just one year of work in their current location was higher among those who have moderate ability (41.67%) compared to those who have good ability (5.77%).

**Table 3.** Association of the Work Ability Index classification with the sociodemographic characteristics of dental surgeons. Cuiabá, state of Mato Grosso, 2020

Variables	Moderate n (%)	Good n (%)	p-value
<b>Gender</b>			
Female	9 (75.00)	31 (59.62)	0.510
Male	3 (25)	21 (40.38)	
<b>Age</b>			
Up to 30 years	5 (41.67)	17 (32.69)	0.163
From 31 to 40 years old	3 (25)	23 (44.23)	
From 41 to 50 years old	2 (16.67)	11 (21.15)	
Over 50 years	2 (16.67)	1 (1.92)	
<b>Marital status</b>			
Single	4 (33.33)	15 (28.85)	0.801
Married	4 (33.33)	23 (44.23)	
Consensual/stable union	3 (25)	11 (21.15)	
Divorced/Separated	1 (8.33)	3 (5.77)	
<b>Number of children</b>			
No children	6 (50)	16 (30.77)	0.055
1	1 (8.33)	17 (32.69)	
two	2 (16.67)	16 (30.77)	
3 or more	3 (25)	3 (5.77)	
<b>Maximum title</b>			
Undergraduate degree	5 (41.67)	0 (0)	<0.001*
Residency	0 (0)	6 (11.54)	
Specialization	6 (50)	29 (55.77)	
Master's degree	1 (8.33)	15 (28.85)	
Doctorate degree	0 (0)	2 (3.85)	
<b>Employment relationship with an institution</b>			
No	5 (41.67)	15 (28.85)	0.492
Yes	7 (58.33)	37 (71.15)	
<b>Time working in the current location</b>			
1 year	5 (41.67)	3 (5.77)	0.007*
2 years	0 (0)	13 (25)	
3 years	1 (8.33)	3 (5.77)	
4 years	1 (8.33)	11 (21.15)	
5 years or more	5 (41.67)	22 (42.31)	
<b>Total weekly workload</b>			
20 hours	1 (8.33)	4 (7.69)	0.668
30 hours	2 (16.67)	4 (7.69)	
40 hours	3 (25)	20 (38.46)	
More than 40 hours	6 (50)	24 (46.15)	

\*p-value < 0.05.

## **DISCUSSION**

The main findings of this study indicate the association of a higher WAI classification with a higher level of education and longer experience in the current job. Furthermore, professionals showed good work ability.

The overall mean WAI score of 36.89 points recorded among the Cuiabá DS, on a scale ranging from 7 to 49 points, was considered good, with no study participant having an ability lower than 28 points, considered low. On the other hand, none of these reached a score above 44 points, which shows excellent ability. The results showed no differences from the literature for the different categories of workers, health workers in particular, in Brazil<sup>17</sup>.

A systematic literature review<sup>17</sup> on work ability published in Brazil for different categories of workers, between 1999 and 2015, showed that the highest prevalence of good work ability was (65.6%), which coincides with the results found here.

In turn, Cordeiro and Araújo<sup>18</sup>, in a systematic review of scientific productions published between 1996 and 2013 on work ability in Brazil, found results that indicated varied abilities according to professional categories, including nursing workers, those in the production sector, in the technology sector, administrative workers, forensic workers, hospital cleaning and food workers, professors, in the health sector, electrical workers, and public transport workers. The associated factors were linked to individual factors (age, sex, education level), working, environmental, and organizational conditions.

In a survey carried out with DS, Silva and Silva<sup>19</sup> reported inadequate working conditions for 46.7%, and adequate for 53.3%. This classification indicates the result of the WAI considering the age group so that for younger workers (between 18 and 34 years old), the index is considered inadequate when the score is less than 40. For workers over 35 years of age, a WAI lower than 37 is considered inadequate ability for work and, therefore, scores greater than or equal to 37 points indicate adequate ability.

Although the job market is currently changing due to the growth of business models, the work ability of the DS in Cuiabá is at a level where the WAI classifies them as being good for work. Once the results of the general WAI mean are known, it is important to show the participation of the composing items. Thus, among the participating DS in Cuiabá, the lowest mean value was verified for the item number of current diseases diagnosed by physicians, highlighting that the greater the number of diseases diagnosed, the lower their score. Mental resources was another item that had a lower mean score compared to the others.

In this conjecture, a study<sup>20</sup> that used WAI showed that working conditions with long hours and work overload, together with a huge exposure time, can contribute to the development of stress and even neurological diseases, affecting mental capacity and motivation for the correct development of their activities, ultimately resulting in a progressive decrease in the professional's performance.

In relation to the dental job market, most professionals reported that they have another employment relationship, which suggests that just a single financial source would not be enough to maintain the professional's expenses, and many professionals also reported working more than 40 hours a week, which indicates a high level of physical and mental stress. In the physiological aspect, Silva and Silva<sup>19</sup> demonstrated similar results, pointing out that more than half of the professionals performed their duties weekly with high workloads, also reporting that such a journey goes beyond the worker's physical/mental capabilities.

There is a multifactorial involvement between work and worker health, as when operational activities are carried out in environments under inadequate physiological and organizational conditions, problems can lead to a reduction in health and, consequently, a reduction in the ability to work, which may be accelerated or worsened if such problems are not resolved<sup>18</sup>. On this close relationship, the study developed by Collins<sup>21</sup> in the United Kingdom highlights that professionals report regulation together with the fear of litigation as the most stressful factor for dentists.

Therefore, to promote the health of these workers and maintain their work ability, interventions aimed at the healthy development of their profession must be implemented from the moment they enter university life, as this can avoid long-term complications arising from pathologies developed in the work environment<sup>20,22</sup>.

In this context, the work activities carried out by professionals working in the health sector require greater mental and physical involvement, which can cause peaks of stress triggered by the different demands of the area of activity. These events can occur due to job strain, such as behavioral, psychological, and physiological responses, contributing to the emergence of diseases and reducing work ability, putting the professional's health and quality of life at risk<sup>20,23</sup>.

Another relevant piece of data obtained here is revealed in the specific prognosis item about work ability in 2 years, which presented the highest score. This result may be related to the age of the participants, mostly of the age groups up to 30 years old and 31 to 40 years old.

The present investigation found that, among the items evaluated, the level of education completed and the time working in the current location had a significant association with the WAI classification. The data indicate that those professionals who have a moderate work ability only completed their undergraduate degree (43%), while good ability was perceived in professionals who had completed other higher levels of study.

In this sense, the study showed that more than half of the professionals had at least a graduate degree. Such data are in line with other findings that demonstrate a greater need for professionals to update and expand study levels, given greater demands in the job market<sup>24</sup>. In this panorama, studies describing the Human Capital Theory reveal a relationship between the level of education and the ability to increase various benefits in the lives of people who have greater knowledge<sup>25</sup>.

Regarding the association between the WAI classification and sociodemographic characteristics, time working at the current location showed a significant association. The data indicated that 41.67% of professionals with moderate work ability had only been working for one year, while those with good ability had been working in their current location for longer and accounted for 5.77%. Professionals who enter the job market probably undergo a period of adaptation, face greater competition, and are often inserted into corporate clinic models. This opposes the majority's desire to work independently, expressed by those completing dentistry courses.

## **CONCLUSION**

It can be concluded that dental surgeons working in Cuiabá, state of Mato Grosso, presented satisfactory WAI, and an association was found between the best WAI and a higher level of education and longer experience in the current job.

From a practical point of view, the data from this study are relevant, as it was possible to identify several factors that influence the development of pathologies. Given this, our results can substantially contribute to the health promotion of DS in Cuiabá, helping to identify the main determinants of pathologies that can lead this professional to withdraw from their activities.

Despite the important results found, this study has some limitations. The sample size is relatively small, which prevents further generalization of the results to other DS samples; the cross-sectional design prevents inferring cause and effect; research carried out only one DS in

a single municipality. Therefore, further research is suggested to evaluate the work ability of DS in other regions of the country.

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