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QUALITY OF LIFE AMONG DENTAL PROFESSIONALS - A SURVEY

Shilpa Merlyn Jose[1], *Dr.Lavanya Prathap*[2], *Dr. Preetha S*[3]

[1]Saveetha dental college and hospitals,Saveetha institute of medical and technical science, Saveetha University,Chennai-600077

[2]Assistant professor,Department of anatomy,Saveetha dental college and hospitals,Saveetha institute of medical and technical science,Chennai-600077

[3]Senior LecturerDepartment of Physiology,Saveetha dental college and hospitals,Saveetha institute of medical and technical science,Chennai-600077

[2]lavanyap.sdc@saveetha.com

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ABSTRACT:

Quality of life is the standard of physical and mental health of an individual. Quality of life is the most concerning issue among all the health professionals and life among them seems to be affected due to work life balance resulting in health issues and stress. The aim of the present study is to analyse the quality of life among dental professionals. Standardized questionnaire was used and distributed to 100 dental professionals at a private dental college. The questionnaire included domains like physical activity, psychological stress level and diet habits and smoking history. The responses are collected and tabulated. The results are analysed statistically using SPSS for descriptive and association analysis. The questionnaire is analysed using its own scoring from 0 to 8 and accordingly was graded as poor, trace, fair and good quality of life. Among 100 professionals 32 professionals are under the category of poor quality of life (0 to 2), 24 of them are under trace (3 to 4), 30 of them fair (5 to 6) and only 14 of them are under good quality of life (7 to 8). The findings of the study suggests that the majority of dental professionals are observed to have below normal quality of life.

INTRODUCTION:

Quality of life is the standard of physical and mental health, level of comfort and happiness experienced by an individual. It denotes both the physical and

mental stability of an individual. Quality of life is the most concerning issue among all the health professionals and life among them seems to be affected due to work life balance resulting in health issues and stress. There are some lifestyle domains namely diet, physical activity, alcohol consumption, smoking and BMI, which determine the lifestyle of an individual. The sedentary lifestyle and the poor food habits plays a vital role in affecting the Quality of life(QQL) of an individual. Lack of exercise, increased intake of processed foods affects the healthy well being of an individual leading to chronic diseases. It is the most important aspect to be considered among the health professionals(Bhandari, 2012). If an individual did not meet these conditions then the Quality of life is said to be affected and he becomes prone to get affected with chronic diseases and disorders. There are lifestyle factors namely diet, physical activity, alcohol consumption, smoking, and BMI, which determine the lifestyle of the people. Nowadays Quality of life is affected badly across the world which drops the immune system too. To improve this Quality of Life there are some lifestyle modifications that should be adopted to lead a healthy life. Among the university student population, the students in the medical science department were reported to be more anxious than the other departments (Pekmezovic *et al.,* 2011). College students in the age group of 18 to 20 years were more prone to oral problems like dental caries (Chava, Manapoti and Reddy, 2015). If the students with dental caries are not treated then that leads to chronic mucosal diseases due to the spread of infection (Rajan, 2014). Also, university students were anxious because of comparing themselves to others and peer pressure (Vaez, Voss and Laflamme, 2010; Unni *et al.,* 2015). Qualities of life among Medical professionals in Shenzhen, China, were related to their professional title and period of service and in some medical professionals it was related to the departments of work and long working hours (Wu, Zhu, *et al.*, 2010; Lou *et al.*, 2011). In other literatures the quality of life was measured only among medical professionals, university students and nurses. The domains were separately analyzed for quality of life. Dental professionals also lead a busy life with altered lifestyle habits that can affect their physical and mental health. The current study was done among dental professionals of a well reputed dental college in Chennai. Domains like physical activity, diet habits, environmental stress and smoking habits were included. The aim of this study is to analyze the Quality of Life among dental professionals.

MATERIAL AND METHODS:

The study was conducted in a Private Dental College at chennai and about 100 dental professionals participated in this survey. The study was approved by the institutional review board. This study was done through a standardized questionnaire. The questionnaire includes domains based on their level of physical activity , psychological stress level, diet habits and smoking habits . Physical activity domain included the practice of exercises like aerobics or cardio exercises or heavy workouts, Psychological stress includes the level of anxiety and food habits included their frequency of intake of fresh fruits and vegetables and foods rich in cereals and fiber, and finally the status of smoking. The responses are collected and tabulated. The collected data is analysed statistically using SPSS for descriptive and association analysis.

RESULTS AND DISCUSSION:

The results were collected, computed and then was statistically analyzed using SPSS and the results are reported. Among the 100 professionals, 80 of them were females and remaining 20 of them were males (Figure: 1). With regard to diet habits, which is rated based on their frequency of intake of fresh fruits and vegetables, the results suggest 70 of them had poor diet habits, 20 of them had moderate diet habits and only 10 of them had good diet habits (Figure: 2). With regard to physical fitness, which is rated based on the duration and frequency of exercise practice, the responses are 90 of them had poor physical fitness and the remaining 10 of them had moderate to good physical fitness (Figure: 3). In the category of stress, which is rated based on a scale of stress they exposed, the results suggest 85 of them were leading a stressful life (Figure: 5). With regard to the domain of smoking habits, 80 of them were not addicted to smoking, 15 of them were smoking occasionally and only 5 of them were addicted to smoking (Figure: 4). The responses from each domain were scored and finally presented as an overall grade of 0-8 that represents the quality of life, accordingly was graded as poor, trace, fair and good quality of life. Among 100 professionals 32 professionals had poor quality of life (0 to 2), 24 of them had a trace (3 to 4), 30 of them fair (5 to 6) and only 18 of them had good quality of life (7 to 8) as seen in (Fig: 6). Gender and Quality of life were associated and the results show that the majority (26%) of females had a fair quality of life and most of the males (6%) who had poor quality of life, However Chi square test was analysed and was found to be statistically not significant pearson's chi square value - 5.781, p value - 0.123 ($p>0.05$) which suggests that there is no significant difference between male and female with regard to quality of life. (Figure: 7).

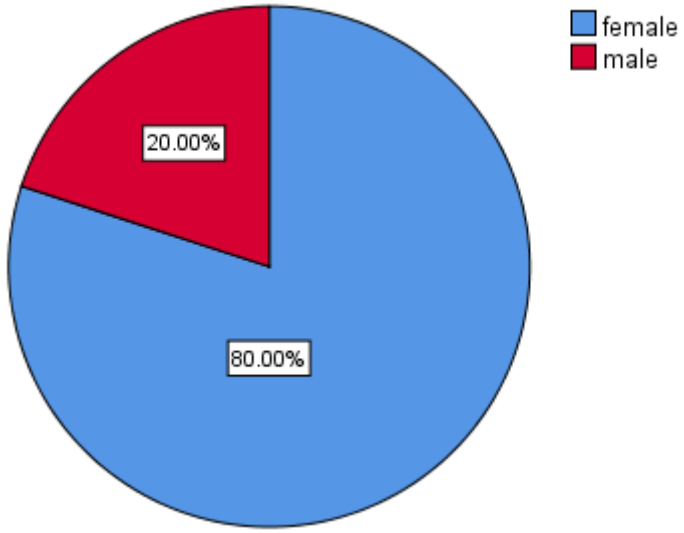

Figure 1: Pie chart representing the percentage distribution of gender. Majority of the participants were females (80%) and the remaining were males (20%).

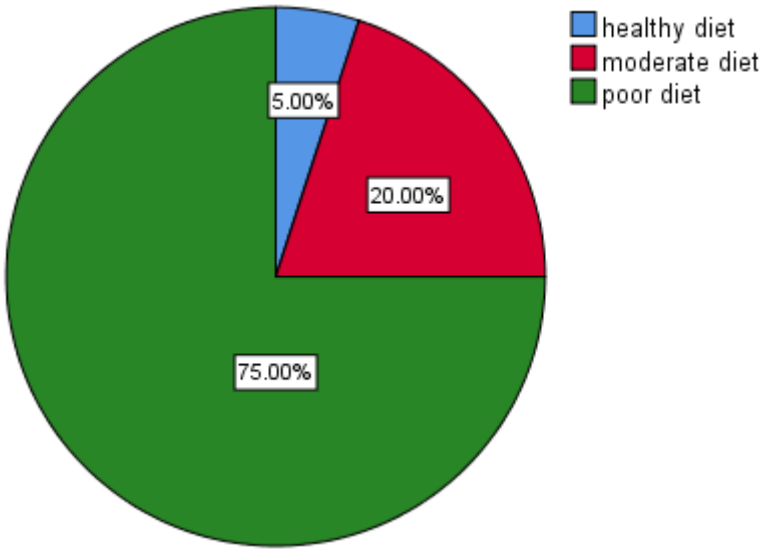

Figure 2: Pie chart representing the percentage distribution of diet among dental professionals. Most of them had poor diets (75%), few of them had moderate diets (20%) and the remaining had healthy diets (5%).

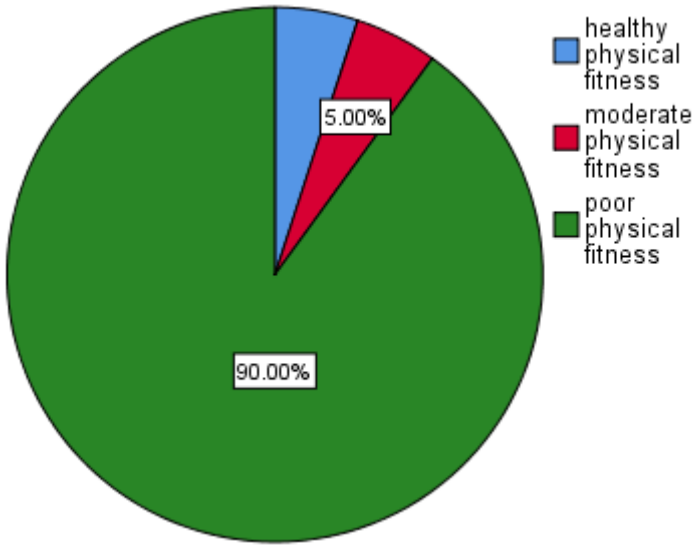

Figure 3: Pie chart representing the percentage distribution of physical fitness among dental professionals. Majority of them had poor physical fitness (90%) , few of them had moderate physical fitness (5%) and healthy physical fitness (5%).

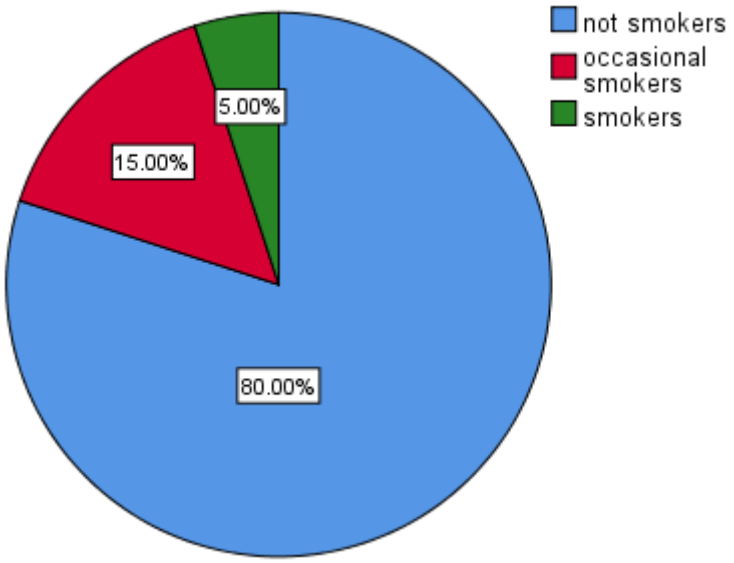

Figure 4: Pie chart representing the percentage distribution of smoking habits among dental professionals. Most of them were non-smokers (80%), occasional smokers (15%) and smokers (5%).

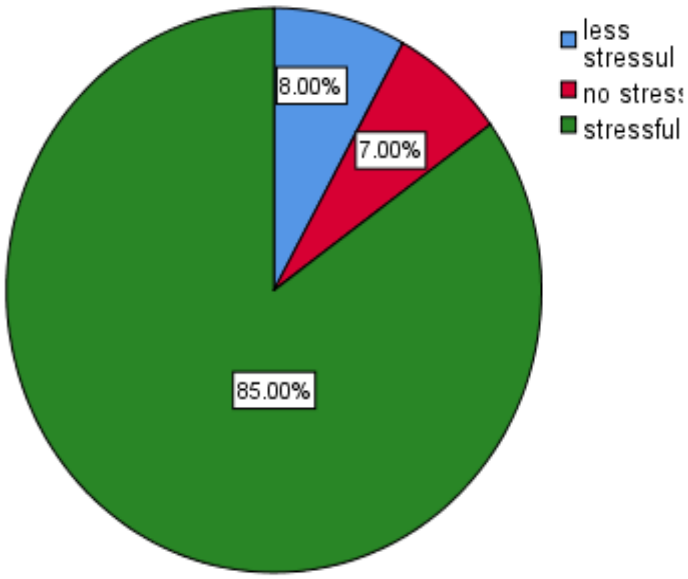

Figure 5: Pie chart representing the percentage distribution of stress level among dental professionals. The majority of the participants reported to have a stressful life (85%), few of them reported to have less stressful life (8%) and very few of them reported to have no stress (7%).

Figure 6: Bar graph representing the overall quality of life among dental professionals. 32 professionals had poor quality of life, 24 of them had trace, 30 of them fair and only 14 of them had good quality of life.

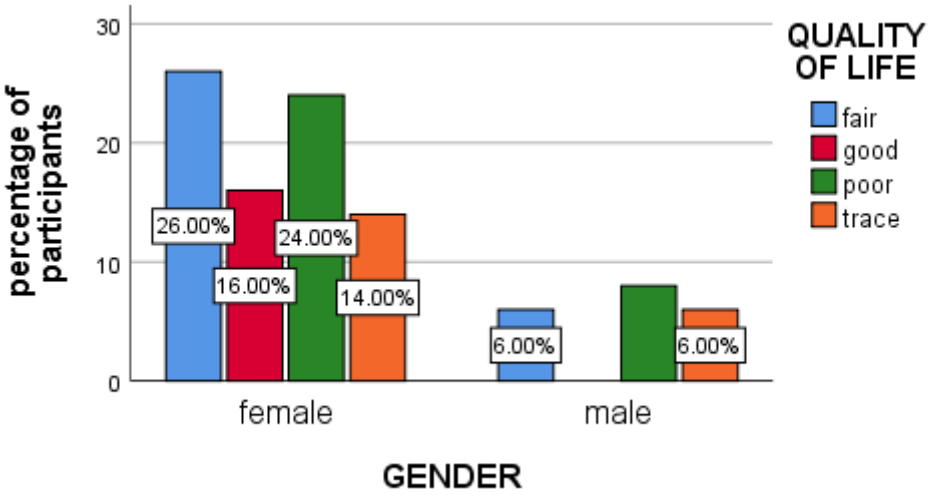

Figure 7: Bar graph representing the association between gender and quality of life of dental professionals. X-axis denotes gender and Y-axis denotes number of responses where blue denotes fair, red denotes red, green denotes poor and orange denotes trace. Majority of females had a fair quality of life and most of the males had poor quality of life. pearson's chi square value - 5.781, p value - 0.123 ($p>0.05$), hence, statistically not significant.

The findings of the current study suggests that the overall quality of life among dental professionals is poor. It was their sedentary lifestyle, lack of physical activity, lack of regular exercises, lack of intake of enough fresh fruits and vegetables in required frequency, lack of stress management, work life imbalance that lead to poor quality of life. This reflects the physical and

mental health of the participants and their risk of getting exposed to chronic diseases and disorders in future.

Medical professionals in China were analyzed for relation of working stress and it was reported that they have stress by direct and indirect strain (Wu, Li, *et al.*, 2010). Dental college students because of their lack of exercises are obese (Uma *et al.*, 2018). Anxiety quality among university students led to disorders like insomnia and sometimes led to suicide (Ribeiro *et al.*, 2018). Self-care can improve enhanced quality of life among psychology graduate students (Goncher *et al.*, 2013). Among rescue workers there were no relations between anxiety appraisal and quality of life (Prati, Pietrantoni and Cicognani, 2011). High levels of perceived anxiety lead to anxiety and low quality of life among health professional students (Racic *et al.*, 2017). Anxiety due to the workplace did not affect their personal family life, and the quality of life was observed to be good among these professionals (Greenhaus, Collins and Shaw, 2003). 15 minutes or 30 minutes of meditation every day reduces anxiety and leads to an increase in quality of life among health care professionals (Wahner-Roedler *et al.*, 2009). Teaching self-compassion to nurses can improve their fatigue and can improve their wellbeing (Duarte, Pinto-Gouveia and Cruz, 2016). Trauma care workers, due to their multidimensional effect on anxiety their lifestyle is very poor (Larsen and Stamm, 2012). Nurses with high compassion have less burnout anxiety (Kim *et al.*, 2015). Nurses in the field of child care givers get anxious because of increase in abortion rate (Mizuno *et al.*, 2013). Mental health care providers are satisfied with their life, but there is a small amount of fatigue (Newell and MacNeil, 2011). A report has been proved that oncology nurses in South Korea are undergoing traumatic anxiety (Kim *et al.*, 2010). Quality of life among firefighters is said to be at high risk because they were influenced by psychosomatic behaviors (Carey *et al.*, 2011). Life of emergency nurses is considered to be low, and intervention programs can improve their compassion and can decrease their fatigue (Jeon and Ha, 2012). Among nurses working in psychiatric and general hospitals, socio – demographic factors are said to affect the levels of burnout anxiety (Fradelos *et al.*, 2014). Art college students were less anxious and science department students experience more anxiety because of their workload (Pekmezovic *et al.*, 2011). College students were more prone to oral caries because of food habits and irregular brushing of teeth (Chava, Manapoti and Reddy, 2015). And this can lead to mucosal lesions or infections (Rajan, 2014). Medical graduates have a low quality of life because of their debt which is common in India and all other developing countries (West, Shanafelt and Kolars, 2011).

To compare the previous literature and this study, the results are at most similar because even dental professionals had equal amounts of anxiety in their workplace. They also have poor lifestyle and health maintenance. Due to anxiety most health professionals seem to develop habits like alcoholism and smoking because they believe that these reduce help them to reduce anxiety levels but they can also lead to diseases like cancer, liver cirrhosis, and other forms of chronic non-communicable diseases.

CONCLUSION

The findings of the study suggests that the majority of dental professionals are observed to have poor quality of life. Lifestyle modification techniques should be considered to overcome this effect. Quality of life can be improved by adopting a few lifestyle modifications like a healthy balanced diet, regular exercise, stress management and quality sleep which can help to overcome the effects, all of which can lead to improved Quality of Life and keep away the chronic diseases.

CONFLICT OF INTEREST

The authors declare no conflict of interest

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