

Emotional Dissonance and Its Effect on the Dentist’s Performance in Hyderabad City: A Cross Sectional Study.

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Citation of this Article: Dr S Vishnu Priya, Dr Md Shakeel Anjum, Dr G Hariprasad, Dr M Jyothi, Dr T Pravallika, “Emotional Dissonance And Its Effect On The Dentists’ Performance In Hyderabad City: A Cross Sectional Study”, IJDSIR- April - 2020, Vol. – 3, Issue -2, P. No. 178 – 184.

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Type of Publication: Original Research Article

Conflicts of Interest: Nil

Abstract

Introduction : Professions that involve personal relationship with their clients, like children, patients etc., are psychologically demanding and require high amount of emotional strain to keep up to their clients’ expectations. Emotional dissonance among such professionals occurs when they are forced to display emotions that are not originally felt.

Aims and Objectives

1. To assess the emotional dissonance of dentists.
2. To examine the relation between emotional dissonance and dentists’ performance.

Methodology: A cross sectional study was conducted among 390 dentists of Hyderabad city selected using cluster sampling. Emotional dissonance was assessed using a 4-item scale developed by Zapf and the performance of the dentists using 6 items adapted from Goodman scale.

Results: Emotional dissonance in the sample was moderate (3.093) and did not significantly vary in terms of

demographic variables. It was further, significantly correlated to the dentists’ performance with a correlation coefficient of – 0.106.

Conclusion: Accounting to the negative relation between dentists’ performance and emotional dissonance, it is advised to train the dentists how to tackle such situations and cope up with the work stress. The dental colleges and the dental practitioners, both have a role to play.

Keywords: Dentistry, emotional dissonance, dentist’s performance, job demands.

Introduction

Dentistry is a profession that involves the satisfaction of serving the mankind, and this service, when provided with sincerity and integrity could be very enriching. On the other hand, it could be equally stressful and emotionally demanding when these patient interactions require empathy.¹ The high levels of aspiration taken to build up good personal relationships would confront them with emotional dissonance, conceptualised as the discrepancy between the felt and expressed emotions. Situations like

these make it likely for them, to become victims of emotion work, that could impact their performance as well.² Hence, management of emotions becomes the central part of work.

Emotion work involves regulating emotions as per the organisational rules and is a combination of four dimensions: a) requirement to display positive emotions, b) requirement to display and handle negative emotions, c) requirement to sense the emotion of the interactive partner and d) the dissonance between the felt and displayed emotions which is called “the emotional dissonance”.³

The job demands-resource model is an occupational stress model that is based on the assumption that all aspects at work could be categorised into demands or resources that either directly affect work engagement or interact in shaping the work engagement of employees. While job demands are those requiring energy to deal with, like the workload, dissonance etc; resources are those helping factors to combat such demands like the developmental opportunities or the supervisor support.^{4,5}

There are a few previous studies based on this model, like that by Arnold Bakker et al, on police officers to find the relation between burn-out and their performance.⁶ Van Emmerik et al, found the negative outcome at work place to be buffered by a good supportive environment.⁷

Studies on dentists mostly focussed on burnout and its consequences, except for a few that measured dissonance among dentists. Literature on job demands in dentistry and their impact on work, especially in the Indian context is scarce. Hence, we set out to assess if the dental practitioners of Hyderabad city experienced the job demand-emotional dissonance. Our objectives were:

1. To assess the emotional dissonance of dentists.
2. To examine the relation between emotional dissonance and a dentists' performance.

Methodology

A cross sectional questionnaire study was conducted in Hyderabad city to assess the emotional dissonance of dentists and to correlate it with their performance. Ethical clearance was obtained from the institutional review board. A pilot study was initially conducted to check the feasibility.

A Sample size of 386 dentists was calculated considering a z value of 1.96 (95% confidence interval), 50% prevalence and an error of 0.5. The zonal division of Hyderabad city based on geographical distribution given by MCH Hyderabad was obtained. They were segregated into 5 groups i.e., Central, North, South, East and West zones. Two stage cluster sampling technique was implemented. In the first stage selection of a few areas from each zone was done. In the second stage of cluster sampling, clinics were again selected randomly from each of the areas selected in the first stage. A total of 80 clinics from each zone were selected to account for a sample size of 400.

Dentists practising within Hyderabad city from whom permission to conduct the study was obtained and dental clinics which had more than one dentist were included. Those who did not permit for the study to be conducted in their clinic and dental clinics having a single dentist were excluded. Prior informed verbal consent was taken from all the dentists

The questionnaire consisted of 10 questions in all, under 2 domains -emotional dissonance and the performance of the dentist. The face validity was established by giving the questionnaire to 5 experts and having them evaluate the relevancy of the topic. Content validity was established through the pilot study and the internal consistency was good (Cronbach's $\alpha = 0.82$).

Emotional dissonance was assessed using a four-item scale developed by Zapf and rated on a five-point scale ranging from '1= very rarely/ never' to '5= very often'.

The performance of the dentist was assessed using six-items developed from the Goodman scale and the options rated on a five point scale ranging from '1=strongly disagree' to '5=strongly agree'.

The sum of the scores of the individual questions divided by the number of questions accounted to the total score under each domain. The negative questions were scored in reverse i.e., a score of 1 was assigned to strongly agree and a score 5 to the option strongly disagree. The questionnaires were handed over to the dentists assuring them of anonymity and collected two days later by another dentist. The collected data was subjected to statistical analysis using SPSS 24. The mean scores for each of the domains was calculated and Pearson's correlation analysis was used to correlate emotional dissonance with performance of the dentist.

Results

This study was conducted on dentists of Hyderabad city that included both the owners and employees of various dental clinics, having either a bachelor degree or specialised in any of the nine branches of dentistry.

Table 1 shows the descriptive data of the sample. There were 189 male dentists and 211 female dentists, among whom, 210 dentists were post graduates. The dentists' experience was also assessed for which all the dentists were divided into three categories. 358 dentists had a clinical experience ranging from 0 to 10 years. 28 dentists had an experience between 11 and 20 years and 14 dentists had an experience of greater than 21 years and less than 30 years. The average number of working years as a dentist was 6 years. The age of the dentists ranged from 18 years to 55 years. The mean age of the sample was 31.77 years. 80 dentists owned their clinics, 300

worked for others clinics and 20 dentists worked as both consultants in others' clinics and owned a clinic.

In the responses to questions for 'emotional dissonance', assessed using the scale given by Zapf, 196 dentists agreed that they often had to display emotions that did not agree with their true feelings and more than half of them confessed suppressing their emotions in order to appear neutral to the outside. A majority of 250 dentists agreed having displayed pleasant emotions on the outside while actually feeling indifferent inside.

The performance of the dentists was assessed by six questions rated on a 5 point likert scale. Almost all of them were punctual at work, and a half spent time in idle conversation. Most of them worked cooperatively with their supervisor, met formal requirements at job, gave advance notice when unable to come to work and had a good attendance at work.

Table 2 shows the mean scores of emotional dissonance depicted by demographics according to which none of the groups differed significantly.

Table 3 represents the correlation between emotional dissonance and dentists' performance for the entire sample. The mean dissonance score was found to be 3.09 and mean performance score was found to be 4.31. On correlation, emotional dissonance was found to be significantly and negatively correlated with performance with a Pearson co-relation co-efficient of -0.106.

Discussion

The present study was done based on the revised job-demands-resources.⁸ Job demands may turn out to be a major source of stress when, fulfilling them, needs efforts from which the employee does not completely recover.⁶ Emotional dissonance may even negatively impact the organisations, as, apart from weakening the employee's well-being and motivation; it may also worsen their performance.^{9,10} This makes it important to understand the

influence of these job demands in dentistry. The results of our study showed that dissonance among dentists was moderately high, that was quite similar to the scores of Finnish dentists in a study by Alma et al.¹¹ More than half of them (57%) reported to have been displaying pleasant emotions on the outside while actually feeling indifferent inside that could be attributed to the emotionally exhausting practice where the dentists are forced to deal with patients of variable mind-set and will have to communicate accordingly, keeping their true feelings aside. Demographic variables had no significant role on the emotional dissonance proving that the profession itself demands high levels of empathy and caring. This is in concordance with a study done by Murtoma wherein all participants experienced burnout symptoms of the same intensity.¹² The dissonance scores of owners and employees were also similar as the owners were under the stress of overheads where-as the employees were under the stress of being answerable to the owner. The mean performance score of the study sample was found to be high (4.31), with most of them agreeing to that they met formal performance requirements of their job. The reason cited was that, they feared getting eliminated from this highly competent practice, if incapable of overcoming pressure. This made them perform well, despite dissonance pulling them down. The negative relation between emotional dissonance and performance implies that performance of a dentist worsens when under dissonance. This was also found by Hakanen in his study on dentists, opining that the demanding patient interactions, workload, inflicting pain and fear could be the possible causes for job stress, that in-turn brings down their capabilities.¹³ Hobfoll's conservation of resources theory also states that additional losses like retrogression in the performance could be caused when there is exhaustion in the person's energy resources.¹⁴

Limitations

The study being first of its kind in the Indian context, we initially explored only the effects of a job demand called emotional dissonance on the performance of dentists, but did not consider if job resources could as well influence this effect. Previous studies contemplated job resources also while examining the role of job demands that could be located at various levels, viz., **organisation**(salary, career opportunities), **interpersonal and social relations** (co-worker support), **organisation of work** (role clarity, decision making) and **task**(performance feedback). Some resources may be more important in some occupations than in others.^{15,16} Some studies showed that social support was important in coping with the job demands^{17,18} while a study by Luthans et al found a positive organisational behaviour to cut down strain and palliate their stresses thus moderating the stress-strain relationships.¹⁹ Moreover, our study was based on a self-report questionnaire as the dentists' perceptions of the work environment, is important. But perceptions need not necessarily match with reality. Hence, future research could consider including other dentists' ratings for the performance, as well. It would be wise to rope on to the other demands and resources as predictors of performance, to know the correct interaction effects. Generalizability of the present study may also be limited, due to the above limitations. Despite the above limitations, our study adds valuable evidence to the literature about the dissonance levels of dentists practicing in Hyderabad and its correlation to their performance.

Conclusion

Dentists will continuously be confronted with emotional suffering, also supported in the present study. This makes it mandatory to train the dentists in managing dissonance. Job resources may buffer the job demands from straining the dentists' performance. As social support from

colleagues in some studies was found to moderate this relation, emotional support is very much necessary for a good work environment in dentistry. This can be achieved through communication channels facilitating contact with colleagues that would improve their dedication and ultimately benefit both the dentists and patients.

References

1. Morris JA, Feldman DC. The dimensions, antecedents and consequences of emotional labour. *Academy of Management Review* 1996;21:986-1010.
2. Croucher R, Osborne D, Marcenes W, Sheiham A. Burnout and issues of the work environment reported by general dental practitioners in the United Kingdom. *Community Dent Health* 1998;15:40-3.
3. Zapf D, Vogt C, Seifert C, Mertini H, Isic A. Emotion work as a source of stress: the concept and development of an instrument. *Eur J Work Organizat Psychol* 1999;8:371-400.
4. Bakker AB, Demerouti E. The Job Demands-Resources model: state of the art. *J Manage Psychol* 2007;22:309-28.
5. Zapf D. Emotion work and psychological well-being: a review of the literature and some conceptual considerations *Human Resource Manag Review* 2002;12:237-68.
6. Bakker AB, Heuven E. Emotional dissonance, burnout and in-role performance among nurses and police officers. *Int J Stress Manag* 2006;13(4):423-440.
7. Van Emmerik H, Euwema MC, Bakker AB. Threats of work place violence and the buffering effect of social support. *Group and organization management* 2007;32(2):152-175.
8. Schaufeli WB, Taris TW. A critical review of job demands-resource model: implications for improving work and health. In: *Bridging occupational, organizational and public health*. Dordrecht: Springer publishers; 2014.
9. Hulshegar UR, Schewe AF. On the costs and benefits of emotional labor: a meta-analysis of three decades of research. *J Occup Health Psychol* 2011;16:361-89.
10. Sideman Goldberg LS, Grandey AA. Display rules versus display autonomy: emotion regulation, emotional exhaustion, and task performance in a call center simulation. *J Occup Health Psychol* 2007;12:301-18.
11. Rodriguez-Sanchez AM, Hakanen JJ, Perhoniemi R, Salanova M. With a little help from my assistant: buffering the negative effects of emotional dissonance on dentist performance. *Community Dent Oral Epidemiol* 2013;41:415-423.
12. Murtooma H, Haavio-Mannila F, Kandolin I: Burnout and its causes in Finnish denfists. *Community Dent Oral Fpidemiol* 1990;18:208-12.
13. Hakanen JJ, Bakker AB, Demerouti E. How dentists cope with their job demands and stay engaged: the moderating role of job resources. *Eur J Oral Sci* 2005;113:479-487.
14. Hobfoll SE, Johnson RJ, Ennis N, Jackson AP, Resource loss, resource gain and emotional outcomes among inner city women. *J Pers Soc Psychol* 2003;84:632-43.
15. Berthelson H, Berthelsen H, Hjalmsers K, Söderfeldt B. Perceived social support in relation to work among Danish general dental practitioners in private practices. *Eur J Oral Sci* 2008;116:157-63.
16. Berthelson H, Hjalmsers K, Pejtersen JH, Söderfeldt B. Good work for dentists – a qualitative analysis. *Community Dent Oral Epidemiol* 2010;38:159-70.
17. Adanike et al Organisational climate as a predictor of employee job satisfaction :evidence from Covenant university. *Business Int J* 2011; 4(1):151-165.

18. Brough P, O Driscoll M, Kalliath T. The ability of family friendly organizational resources to predict work-family conflict and job and family satisfaction. Stress and Health 2005; 21:223-234.

19. Luthans F, Youssef CM. Emerging positive organizational behavior. J Manage 2007;33:321-49.

Legends Tables

Table 1: Descriptive Data of the Sample

Variable	Groups	Number Of People
Gender	Males	189
	Females	211
Qualification	Bds	190
	Mds	210
Experience(In Years)	0-10	358
	11-20	28
	21-30	14
Age(In Years)	<30	68
	≥30	332
Status	Owner	80
	Employee	300
	Both*	20

*Owner of a Clinic and Consultant in Others' Clinic

Table 2: Mean Dissonance Scores Depicted By Demographic Variables

Variable	Groups	Mean Dissonance Scores ± Standard Deviation	P Value
Gender	Males	3.12±1.01	0.57
	Females	3.06±1.00	
Qualification	BDS	3.06±1.05	0.47
	MDS	3.13±0.93	
Experience(In Years)	0-10	3.03±0.86	0.62
	11-20	3.11±1.02	
	21-30	3.14±0.54	
Age(In Years)	<30	3.15±0.97	0.26
	≥30	3.03±1.05	
Status	Owner	3.01±1.05	0.53
	Employee	3.13±0.98	
	Both*	3.14±1.03	

P Value Significant At <0.05

Table 3 Showing The Mean Scores For Emotional Dissonance And Performance Along With Correlation Coefficient Scores Between Them.

	Gender	Mean	Standard Deviation	Correlation Between Dissonance And Performance
Emotional Dissonance	M	3.1219	1.00	Pearson Correlation Coefficient R = -0.106 P Value = 0.036 (Significant)
	F	3.0648	1.00	
	Total	3.0933	1.00	
Performance Of The Dentist	M	4.3018	0.44	
	F	4.3192	0.48	
	Total	4.3103	0.46	