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A qualitative investigation of specialist orthodontists in New Zealand: Part 2. Orthodontists' working lives and work-life balance

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Background: Orthodontics is the most widely practised form of specialist dentistry in New Zealand. To date, no known qualitative research has been published examining the work-life balance of practitioners. The aim of this study was to investigate the working lives and work-life balance of NZ orthodontists in order to generate an understanding of the reality of orthodontic specialist practice and its effects on orthodontists' professional and personal lives.

Methods: Semi-structured interviews were conducted involving 19 practising orthodontists (four females, 15 males; mean age 50 years) from throughout New Zealand and selected for maximum variation in the sample. Transcribed interviews were analysed for themes using an applied grounded theory approach.

Results: A core category of 'practising orthodontist' was derived, and related themes were grouped under the sub-categories of: (a) NZ orthodontic specialist practice; (b) NZ specialist orthodontists; and (c) Work-life balance. The present paper reports on the final sub-category. Themes emerging from the work-life sub-category were further divided into two sub-themes of 'work' and 'life'. Themes in the 'work' sub-group included time off, injuries and illness, regrets, personality traits, job stress and criticism, establishing a practice, peer support and contact, and success in orthodontics. Themes in the 'life' sub-group were personal development, family life, life balance and interests outside work, and financial security.

Conclusions: This was the first qualitative investigation of the orthodontic profession in New Zealand. The findings provided a valuable insight into the working lives of New Zealand orthodontists and effects on their day-to-day lives. It will be revealing and interesting to observe how the modernisation of orthodontic practice will affect the work-life balance of New Zealand orthodontists in the future.

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Introduction

An adequate work-life balance and the appropriate management of job stressors are essential for career satisfaction and a healthy life.[1] Dentistry is accepted as a stressful profession,[2] and stress-related disorders are a common cause of early retirement.[3] However, there is a paucity of information on orthodontics.

Job satisfaction is defined as a pleasurable or positive emotional state resulting from the appraisal of one's job or job experiences, while occupational stress is defined as aspects of work which have (or threaten to have) negative effects.[4,5] Roth and co-workers investigated occupational satisfaction and stress among Canadian orthodontists using a conventional survey. It was found that 80% of participating orthodontists were satisfied overall with their job, but it was concluded that occupational stress in the orthodontic setting exists, is important and affects several facets of job satisfaction.[4] Moreover, effective time management was highlighted as an integral component in reducing occupational stress.[5] An early study of stress among

US dental professionals found that coronary heart disease was significantly higher in the disciplines judged to have the highest stress (general practice and oral surgery) than in those with the least stress (periodontics). Orthodontic respondents fell in between.[6] A more recent UK study among junior dentists reported stress levels comparable to those of restorative dentists and oral surgeons, but also showed less stress and 'burnout' among orthodontists.[7]

Qualitative studies have examined job satisfaction and job stressors in dentistry,[8,9] but none have been conducted of the orthodontic profession. It is likely that earlier quantitative investigations (surveys) have missed important facets of orthodontists' working and personal lives because inappropriate questions have been asked. Qualitative research offers the opportunity for in-depth exploration and exposition of the salient aspects of professional lives. The aim of this study was to investigate NZ orthodontists' work-life balance in order to generate an understanding of the reality of orthodontic specialist practice and its effects on the professional and personal lives of orthodontists.

Methods

A full description of the study approach was provided in an earlier paper.[10] In brief, semi-structured interviews were conducted with 19 practising specialist orthodontists (four females, 15 males; mean age 50 years) throughout New Zealand. Owing to the small number of orthodontists, all efforts were made to make the transcripts anonymous and preserve the privacy of participants prior to analysis. Excerpts used for reporting were referenced by identification numbers. The validity of the interview data was enhanced by member-checking, in which each transcript was emailed to the participating orthodontist for clarification and accuracy verification. Each participant was given the opportunity to edit or clarify the data, as necessary.

All transcribed interviews were analysed for themes using an applied grounded theory approach. A core category of 'practising orthodontists' was derived, and related themes were grouped under the sub-categories of: (a) NZ orthodontic specialist practice; (b) NZ specialist orthodontists; and (c) Work-life balance. The current paper reports on the latter.

Codes were used to identify data-driven themes, as outlined in Figure 1 in Part I.[10] A qualitative data analysis computer software package (NVivo software, Version 8) was used to organise and analyse the unstructured data, allowing the researcher to identify patterns and cross-examine information in a multitude of ways. Structured data relating to each theme were exported into a Microsoft Word document for further analysis.

Results

In keeping with the qualitative research approach, the following results (which pertain to orthodontists' work-life balance) are presented in a discursive format. Some general observations are made first, after which findings are presented and discussed under the two subthemes of 'work' and 'life'. Italicized direct quotes are for illustrative purposes.

There was (and perhaps still is) a perception that the practice of orthodontics is low in stress and allows for a good work-life balance. In reality, however, several respondents highlighted an unsatisfactory work-life balance, particularly at the start of their careers. For many, this was not corrected during their practising career, despite their best intentions.

> *As I get older, I would like to have more time to do the other things – I don't think, I didn't make the time when I was younger and came close to sort of burning out doing too much that had to do with work… (Interview 1)*
>
> *The job's the priority at the moment. My job's a priority. And I've been doing a lot of work on the practice management side and that's taken up a lot of time. (Interview 13)*

Those who were happier with their existing work-life balance tended to be older and have no financial interest in the running of the practice; alternatively, they had been able to compartmentalise their orthodontic career.

> *It's just a small part of my life. It's an important part, but it's not, I don't think, it's not who I am. I'm not my job… it's got a flexibility. If I can plan far enough ahead. If I need to plan, it gives me the flexibility to do what I want to. (Interview 12)*

The factors which affected clinicians and their perceived work-life balance were primarily age and experience, their utilisation of modern orthodontic technology, their use of auxiliaries, and their hours

of work. Several practitioners identified long work hours (of between 10 and 12 hours a day), with additional evening hours spent in treatment planning and customising arch wires. It was not uncommon for practitioners to visit the practice during the weekend in order to plan treatment. Some were able to access their software from home and work from there.

It was even suggested that the ideal work-life balance was elusive. Unforeseen circumstances at home or work could upset the balance, and what was appropriate one week might not be the next. A reduction in office hours would assist but was not economically feasible, because staff still needed to be paid and facilities needed to be maintained. It was suggested that orthodontists could earn enough working three days a week, but, for reasons of best utilising staff and facilities, a reduction of working hours was seen as a waste of resources.

Orthodontics is generally a very flexible profession, as long as adequate planning takes place. It is very difficult to rebook 40 patients when the orthodontist is ill or needs a day off. Many patients travel considerable distances to be seen. Many orthodontists identified 'time off' as being the most difficult aspect of an orthodontic career.

Some orthodontists have adjusted well. This has been particularly helped by the reduction of clinical hours, and the implementation of orthodontic software. Technological advances in orthodontic materials have also made clinical practice more efficient.

> *It's certainly better than what it was…the hours I'm doing now are probably 10 hours a week less than what I was… getting rid of the Saturday was one of the best things I ever did. There's some real positive things come out which are going to help me, like…the Orthocad system with the computerisation of the models. (Interview 15)*

Maintaining a good work-life balance was shown to be important not only for personal health, but also for the people around them. A well-balanced 'boss' was able to work more efficiently, have better staff relations and have a happier home life. Some believe that the financial freedom that the job allows/compensates for the longer working hours, because it permits more expensive hobbies and other pastimes. No matter how hard some orthodontists tried to leave tasks at work or switch off, it was suggested that this was something that came with maturity in the profession. Life could sometimes get too hard and it was important to detect and manage this early.

> *You always feel like you maybe should be doing, dictating some letters or doing something. There's always a little bit of backlog lying around that you'd feel a whole lot better if it wasn't there. (Interview 2)*
>
> *I had to seek psychiatric help from a good friend for counselling, because I was getting really, really stressed with two young kids, building practice, busy, I could see that it was getting stressful. So I managed to nip the bud early. (Interview 4)*

It is suggested that there has to be a considerable and conscious effort to maintain or achieve the desired work-life balance. The following section presents the findings on work-life balance by separating out factors relating to work and home and discussing these in more detail.

Work

Several work-related factors relating to orthodontic practice and the orthodontic profession were noted to impact on orthodontists at a more personal level. These included time off, dealing with injuries and illness, regrets, personality traits, job stress, dealing with criticism, setting up practice, professional support, peer contact, and success in orthodontics.

Time off

Time off was considered to be the most difficult issue for orthodontists, due to an ongoing need for patient care. On average, most orthodontists took approximately 6 weeks off a year, including time off for conferences or work-related trips. A range of 4 to 10 weeks was noted, with generally a three-week break over the Christmas period (a time when a significant proportion of patients were also away). Practitioners with children would also often take time off during school holidays.

> *Orthodontics is difficult compared to, pretty much, the rest of the profession because you've got that ongoing group of people that need to be seen. So you just can't say "I'm going to take a month off", because you've got a whole lot of people in braces that you're going to need to see for their six or eight-weekly checks. They're getting breakages and then, you know, all that sort of stuff, so I'm kind of*

envious of people that can just shut their book for a month and disappear, but it's not an option for us. And there aren't locums around that you can just chuck in there and fill the gap. So that's certainly something that I think is difficult about orthodontics. You can't – it's hard to take a prolonged holiday. (Interview 14)

The duration of any extended holiday was limited to between 3 and 6 weeks at a time, depending on the orthodontist. This was also an issue with illness or injuries. It was highlighted that excessive time off would require a locum tenens to cover for the practice. Preferentially, most orthodontists did not do this because of locum scarcity, different working styles, and the substantial financial costs involved. Moreover, locum orthodontists are generally not available in New Zealand because of the small number of practitioners. Locums were considered to be expensive, difficult to find, and sometimes not compatible with the principal's working style. This was particularly apparent with overseas locums.

Arranging locums I imagine would be very difficult, given the workforce at the moment. It comes down to whether you are happy to leave your practice in the hands of someone even if you know them and trust them. And if you don't you probably won't. (Interview 11)

At the time of the study, there was one locum orthodontist available. The possibility of retired practitioners taking on locum work now also appears to be limited, because of recent changes in the requirements (most notably continuing professional development, CPD) for maintaining a current annual practising certificate. Most practitioners preferred to take short planned breaks rather than use a locum, and limited 'cover' would be arranged for patients, usually from colleagues nearby.

It was recognised that the problem of time off from orthodontics was not often perceived as an issue prior to specialisation. Time off was also seen as an important factor in a satisfactory work-life balance, and was routinely scheduled by either the orthodontist (or his/her partner) well in advance. Significant foresight and planning was required at least 6 weeks prior to any time off in order to accommodate the rescheduling of patients. Many orthodontists tried to fit in an overseas holiday at least once a year. A preference to split work holidays from personal holidays was evident, despite the potential tax benefits of the former.

…we decided to just keep the work and the holidays separate as much as possible from now on. Also, it means my wife goes with me and she's stuck with the kids for three or four days while I'm away at a study group, and it's no holiday for her. So she was kind of the driver behind that. People do different things. I know some people are just dead keen to go to the tropical islands and write it all off, and that's cool. (Interview 15)

Holidays are holidays. I try not to combine the two. Early on, I found that, when I tried to combine a holiday with a conference or a meeting somewhere, each would ruin the other. While I was on the course or programme, I'd be thinking of what I was going to be doing next week or what I was doing last week. And while I was on holiday, I'd be thinking of the meeting I'd just been to. So, I find it easier just to separate them completely. (Interview 17)

New practitioners setting up practice were perhaps the most affected, as a significant proportion of their time, energy and finances invested into the practice rather than considerations of relaxation. This was noted as a period of potential burn-out for orthodontists.

Time off could also be a family problem for childbirth or funerals. Childbirth required advance scheduling and/or the possible use of locums. Death and funerals were generally unforeseen, and so were very difficult to accommodate. Patients were also often less understanding than perhaps in the past.

I just dread, you know, when somebody's mother dies, I think oh, God, I've got to go to that funeral, how the hell am I going to get time to push patients aside. Where am I going to put them? … but you ring somebody from [out of town] or something who's coming in and they've arranged their whole family for that trip into [Practice Location] and you ring and say "can't see you today". They're not happy about that. Before they'd have understood if you mentioned the word 'funeral' but even so, some of them are not so graceful about it now. And that's the worst aspect of the whole thing. Probably that's the downside of the whole business. (Interview 21)

Injuries and illness

Injuries were common among orthodontists. Some were related to repetitive workplace tasks or posture, and others were attributed to events or activities outside orthodontics. Common strain injuries affected areas such as the neck, back and arms. Postural and strain injuries were considered to be no worse than those encountered in general dentistry. Participants also acknowledged the potential for allergies (to latex) and needle-sticks (from archwires).

Little injuries, little health problems, you know if you get a cold you put a mask on and two cotton rolls up your nose and you keep going whereas your staff stay at home for four days. It's just what you do when you're the boss and the more you're working the harder it is to take time off to be honest because there's just nowhere to put those patients. (Interview 1)

More significant health issues related to heart disease or a terminal illness when the individual or family was directly affected. Again, it was highlighted that the unavailability of specialist cover could be a concern at these times. Patients were also identified as being unsympathetic to such situations.

…I had quite a big [health scare] 10 or 11 years ago, and I'm conscious of the fact that at some stage I've got to get out of practice or die in practice, and it is just difficult for me to do, in that, if you die in practice, there's an awful lot of loose ends that someone's got to take over, and to get out of practice alive you've got to either find someone to take it over or you've got to wind it down, and once you start winding it down, the costs to income, the balance gets pretty mucked up. So it is a difficult decision to do. (Anonymous)

"…I think I probably saw the other side of that, [orthodontist with a terminal family member]…and we just said you've got to go, [they're] dying. And patients whinged about having to have their appointments changed. Or we took his book and just put them across into mine and we worked kind of early and late and through lunchtimes and stuff to see them, and people would say "oh, I don't want to come at that time. I have to come after school". And it was like, it's only once or twice. Yeah, that actually kind of opened my eyes as to how demanding they can be sometimes. (Anonymous)

Pain management was achieved with anti-inflammatory or steroid medication. The implementation of ergonomically friendly equipment (such as saddle chairs), non-latex gloves, delegation of work and a slower work rate helped improve workplace health. Several practitioners also remained active outside work or undertook Pilates training to maintain physical strength.

You need to invest a certain portion of your time into looking after yourself. You know, we spend a lot of money on brackets and wires; we should spend a few hundred bucks on ourselves… (Interview 11)

Sick days were extremely uncommon, and typified by some practitioners taking as few as 3-4 such days off in the previous ten years. Illness was not absent, but orthodontists chose to work through these periods in order to save inconvenience to their patients. A day off work was described as 'code red'.

Code red. They talk about code red. What happens with being a code red. It would be really disruptive. As in I see 60 or 70 patients, or maybe not, 50 to 70 patients a day, depending on what we're doing. So those patients have to go somewhere else…I really hate mucking people around. Because although patients understand, they don't really want to be mucked around too much. (Interview 19)

I haven't been sick, almost never. I've had two [major operations] and I had them both done in Christmas week. I had them done on the Monday and they kicked me out of hospital on the Thursday, the Friday, and then my normal three weeks holiday. (Anonymous)

Regrets

The choice of an orthodontic career was looked upon with no regret in hindsight. Any regrets related only to the timing of training, the choice of institution, and critical business or career decisions.

The one thing I suppose is that I should have not got involved with hospital orthodontics and cleft palate stuff. I should have got a practice set up so that I had financial security and then maybe as a more mature practitioner gone in… (Interview 17)

…I didn't do it early enough but then as I said I was probably too young to do it anyway. (Interview 4)

Several practitioners wished that they had started orthodontics much sooner. In contrast, many of those who had started at a younger age regretted that they had been unable to travel extensively prior to undertaking the course. All things considered, however, all were happy with their career choice.

Personality traits

The New Zealand orthodontic profession features a wide variety of personality traits. When asked what personality traits were significant and important for orthodontists, the following suggestions were offered: perfectionism; being an obsessive-compulsive; being strongly opinionated; being honest or of high moral integrity; being pragmatic; being scientifically or mechanically minded; and having a calm nature. The relative importance placed on each was unique to each

orthodontist. There were no particular personality traits which were understood to be essential for the profession, and this was acknowledged by many of the members themselves.

> *…I don't know. Is there a special trait? No – I think it's a combination of your own personality and plus your workmanship. (Interview 9)*
>
> *…there are some personality traits an orthodontist would have in common, just perfectionist type of people, just attention to detail, that sort of thing, a little bit of obsessive compulsive, it's just an exaggeration of the things that make you a good dentist really. But within the orthodontic profession in New Zealand, the personality types are hugely, hugely different, very, very variable. (Interview 1)*

Job stress

Stress was related predominantly to time management, staffing, patient load, paperwork and difficulties in clinical practice. Stress affected clinicians differently, and each employed his/her own coping strategies. One participant believed that orthodontics was less stressful than general practice, but it was unclear whether this was a consensus view. Perhaps the greatest stress came from staff management. Disharmony among team members was difficult to manage delicately. Most practitioners preferred to avoid conflict wherever possible, and this was itself often an unforeseen and unneeded additional source of stress. Similar stresses were also related to associate orthodontists, succession planning and re-establishing a balance after the presence of a locum.

> *Probably the most stressful time was when I had an associate that left and that caused quite a few problems. (Interview 17)*

Double booking or over-booking to cope with breakages or time off was seen as an additional unwanted burden. This was made worse by the inflexibility associated with the job and the obligation to see patients through to treatment completion. In combination with the increase in paperwork relating to practice management and treatment planning, this often seemed overwhelming, particularly to newer practitioners.

> *If I was asked to get all my stressful situations and rank them, I would put staff at number one, setting up practice and wondering if it's actually going to work, and shelling out an obscene amount of money. That stressed me quite a bit, setting up. It shouldn't have, but it did. (Interview 16)*
>
> *I think probably the hardest thing I've found in my career as an orthodontist has actually been the business aspects of it. I don't think that physically lining teeth up and making them straight has been a huge issue but I think dealing with staff and sort of the management things are the things that create the most stress in the job to be honest. And if you could clone yourself and run everything that would kind of make life a lot easier sometimes. (Interview 13)*

Coping strategies ranged from physical exercise or talking about the problem, to structural changes in the workplace. These included reducing patient numbers or working days, or implementing systems for more efficient practice management.

Dealing with criticism

Within each orthodontist's practising career, there had been specific incidents and challenges which have been particularly difficult, both clinically and emotionally.

> *A low point was probably three years into owning my own practice, when there wasn't financially as much money coming through. And I started to see my retention checks from my first patients that I thought I'd treated so beautifully, and thinking "oh, God, I thought I had that right". That's low points. Or like recently for the first time in my practising career I had a patient complain about me. And it was like nine years since I treated her. And that was really, I thought "what the hell am I doing this for?" It was really nice at the end, really nice for the years out, and now she's got some gingival recession. That was pretty low. (Anonymous)*
>
> *…my biggest clinical disaster was I had some standard template letters…, I'd done a letter that hadn't been, it was sent out to a dentist who'd lost it, and it was, and my, the receptionist printed off, and it was a four fives letter I'd adapted to her case of three fives, she was an Asian girl who had a canine or something taken out in Taiwan, you know, and the receptionist printed off the standard four fives letter and left me with a, yes, it was a disaster because I hadn't, you know, it was somehow sitting in a computer somewhere or something like that. So she printed off the wrong letter with this girl's name on it and it ended up just as you can imagine being a clinical nightmare. And the thing about it, it wasn't a poor clinical decision, it was just not having administrative systems, administrative systems that were so poor that, there were no checks and balances involved in that. (Anonymous)*

Complaints from patients were viewed as personal attacks, and led to deep unrest for most orthodontists. However, it should be noted that negative feedback was relatively rare. With growing professional maturity, clinicians were better able to manage such issues. Maturity, however, did not ease the burden for the practitioner.

> *If a big complaint came in I'd take it pretty personally. I wear my heart on my sleeve, and it's a specialty, so you are the specialist and you're supposed to be very good at your job and I'd be questioning what went wrong. If something had gone wrong and it was due to me doing something wrong I'd take it pretty personally. (Interview 16)*
>
> *You don't sleep at nights for a long time. You worry about it, you self-analyse "where have I gone wrong", "where have I failed". It nearly always boils down to a patient whose expectations are unrealistic rather than something you've done wrong. If it is something that you've done wrong you just have to admit it, do what you can to put it right which is one of the great things about orthodontics – very little of what you do is permanent, and move on. (Interview 1)*

Confronting such an issue in an open, honest and calm manner was often enough to see resolution. If the issue was unable to be laid to rest through dialogue alone, a refund was often preferred to a formal disciplinary investigation.

> *You just sort of, the silly thing is you think about it and you think about it and when you actually get off your bum and confront it, the problem goes away 9 times out of 10 and you just think, why did I worry about that? (Interview 18)*

Challenges of setting up practice

Establishing a new practice was seen as the most difficult period in a clinician's career. The biggest decisions were selecting where to go, and whether to work alone or with others. Sometimes, the circumstances left no choice at all.

> *I'd say my low point would be…just the hassles of setting up practice. Where to go, what to do. I didn't really want to set up my own practice. I wanted to find an old chap who was about to retire and sort of work with him for a couple of years and then take it on. But I couldn't find that opportunity. And I didn't really want to start my own practice and I sort of fought that for a while. But then it became apparent that that was my only option really. And when I finally got that on board it was okay, but I guess that was probably my low point. Trying to decide what to do there. (Interview 11)*

Once a location was chosen, a practice location was required. Trying to get one close to schools or near transport links could be very difficult, and it was made more tedious by issues such as resource consent. It was also important to start meeting local dentists in order to create an awareness of the new orthodontist's presence. A timeline was required to try and co-ordinate everything.

The early years of practice were often challenging, especially financially. As a more constant workload developed, orthodontists were able to take on more staff and delegate work further.

> *A new practice is an evolving beast in a way. You have to make changes and adapt as you get busier… you have got to get to that point where you are financially viable and then you can heave a big sigh of relief - we're there now, which is good. I'm not worried about money on a daily basis. The first three to six months, you know, you're wondering, it's all about survival. (Interview 11)*

Orthodontists joining practice with older practitioners experienced significant difficulties, particularly with fee structures. It was financially untenable for younger orthodontists to survive off lower fees, due to their slower patient throughput or higher materials costs. Raising fees and justification for this increase presented a significant challenge for these practitioners. It was important for the new orthodontist to also establish his/her own identity and good standing within the community.

> *I think that's more being in a small provincial town, having, you know, when you're a new boy you've got to justify yourself, you know, the people, most of them know someone, someone's friend, some other kid at school who's dealt with you, and so they're coming with preconceived ideas about whether or not you know what you are talking about… (Interview 5)*

Undergraduate and postgraduate training was very limited in business education and many orthodontists felt under-prepared to manage their own practice. Most orthodontists relied on past knowledge and experience of running their own general dental practice, together

with advice from colleagues, business management courses, and learning from first-hand experience. Several started by managing their own accounts, but, as they became busier, referred these on to their accountant.

> *I didn't even know how to order a paper towel when I started. I didn't know how anything worked but then there was no GST and everything was kept on a bit of paper in a book. Now everything's on a computer. (Interview 1)*

> *Yeah. I do. I think, as dentists we graduate with no business experience, and 90% of us are going to end up being businessmen. And then we go through a Masters training programme, and once again there's absolutely no business input. And, you know, so we come out being pretty good tooth-straighteners, but knowing very little about business, and there's very few of us that aren't going to end up running a business…I don't think I'd be lying in saying that it's running the business that's the stressful part of the job…because you've got to wear two hats in this job. (Interview 14)*

Professional support

New Zealand was seen to have a small community of close-knit orthodontists who were more than willing to lend a hand when required. However, there were always the odd exceptions. The New Zealand Association of Orthodontists (NZAO) as a professional body was recognised to be still in its infancy. Practitioners were in greatest need of professional support when starting out.

> *I think the course gears you up well for the orthodontics itself. My comment a year afterwards was they teach you the theory but there's not a lot of practice management. (Interview 16)*

The NZAO has formulated templates, a mentoring program and a practice accreditation program which includes practice management help. It was unclear whether all practitioners were aware of this assistance, or whether there was a desire for more. The NZAO accreditation (according to one clinician) was seen to be clinical "and I've already done three years of a Masters programme and I don't feel I need to answer to another orthodontist where I put my lower incisors" (Interview 11). Overall, the New Zealand community of orthodontists appeared to be otherwise very supportive.

> *With some, there's an elitist thing. You know, "I'm better than you, I do greater ops than you and more wonderful jobs". But there's also "the we're all doing the same thing, we're all trying to achieve the same thing and we may achieve it differently and that's okay". I still think the profession as a whole has got really good camaraderie. (Interview 19)*

Peer contact

Sole practitioners admitted that they were at the greatest risk of professional isolation. Several study groups and email networks had been established for discussing treatment and practice management. Study groups (in particular) were considered to be extremely valuable for professional development. Practitioners involved in associateships or group practices also benefited from this interaction.

> *…really good to go to a study group, ping the ideas off one another, "that's stupid", and nobody takes offence. "I think what you're doing is stupid…why don't you do it like this?"; "Oh, I hadn't thought of that". That's still really good. (Interview 19)*

Most practitioners found it easy to maintain peer contact, liaising with dentists, specialists and their peers at meetings and conferences whether regionally, nationally or internationally. Certain practitioners were also involved in publicly-funded positions, such as those in hospitals and at the School of Dentistry (University of Otago).

> *And being a solo practitioner I was aware of the isolation, so I took a job with [Local] Hospital, working in the cleft palate team and maxillo-facial team, and that multi-disciplinary approach of being able to bounce ideas off… other specialists… (Interview 16)*

Peer contact was also possible through committees associated with the NZAO. Some orthodontists preferred to visit other orthodontists in practice to observe both clinical and practice management systems.

Success in orthodontics

Participants perceived success very differently. Successful clinicians were seen as those who achieved a high standard of care, had a good patient rapport

and were well respected among their peers, referring dentists and patients. Interestingly, financial success was either not at the forefront, or not mentioned at all. However, a sound business sense was acknowledged by some as a necessity for managing a successful orthodontic practice. Good communication was also important for staff management and harmony.

> *There are so many different types of successful orthodontists. Some people are very introverted, some people are people people. Some people are scientists, some people are pragmatists. Some people are marketers. I think that's one of the amazing things about orthodontics. That it actually can take all types. But I think what it does require is a straight, honest personality. Because those who are not get discovered early. (Interview 7)*

Life

Several orthodontists discussed the impact of their orthodontic career on family and home life.

Formulated subthemes included personal development, family life, interests outside work, and financial security.

Personal development

Orthodontics was shown to have affected several orthodontists in areas outside professional practice. The career was viewed by some as overwhelming on occasions.

> *Orthodontics has a big influence on my day-to-day life, because when I'm in [Orthodontic Practice Location] I feel it really dominates so much. It's a bit like a tiger you're riding that you can't get off. It's hard to control. Some people may be better organisers of their time and their responsibilities than I am. (Interview 17)*

Orthodontics has taught practitioners to be more rigorous and suspicious of anything new. It also made them more self-disciplined, structured and less introverted. However, when ideal treatment aims were not achievable, it could also be 'soul-destroying' (Interview 15).

> *I'm quite shy but with orthodontics you don't have that chance. You're with people all day, not only your staff but every single patient, every single parent. So that's probably changed me…probably would have been quite insular and isolated and kept to myself, but with orthodontics that would have changed my personality. (Interview 15)*

Family life

Family life was frequently affected by the demands of work. Several orthodontists reflected with regret upon the difficulties of allocating time for their children, especially during the early years of practice. The social responsibilities and pressure of maintaining the orthodontist role could sometimes affect other roles, such as in family life. This was more of an issue for females, particularly those running a full-time practice. It was particularly acute following the birth of children.

> *Like my daughter's friends, I've got braces on her friends and then we go to [sports] and the kids…next to her, I treat the kids. So I have to work quite hard to, you know, I am just mum. I remember saying to [Daughter] once, you know, if you stand up at my funeral and say my mum was a good orthodontist I'll be really upset. I want you to stand up and say I was a good mum. (Anonymous)*
>
> *I had a nanny. So I've always had a nanny. Yeah, it was like feeding a baby, the baby coming in at lunchtime for me to feed, and going away again. I used to rent a room so I could sit and breastfeed the baby. It wasn't, I wouldn't recommend it to anybody really. (Anonymous)*

Life partners were often involved in their own part- or full-time work, and their income was also essential during the initial years of establishing a practice. A few orthodontists had their partners working within the practice (many as practice manager). Others had partners within the wider dental profession. This provided partners with a unique insight into the day-to-day demands of the job, making them more sympathetic to the demands placed on the orthodontist. Partners and children were often the impetus in decisions to reconsider work commitments.

> *For me personally it's been great…it's wonderful having someone who understands about teeth. I don't know how I would get on with someone who didn't know what I was talking about. Obviously lots and lots of people out there do but for me it makes life very easy. (Interview 1)*
>
> *I guess the issues have been to weigh up cancelling patients versus your children's needs, your family's needs, and that I guess is a work-lifestyle balance which is not limited to orthodontics. It's just the, maybe because of the schedule it's a little more pressured. (Interview 7)*

Others preferred to keep work completely separate from home life. This also had the advantage of complete respite from the job outside the work environment.

> *…when I'm working here and I try to be on time, you know, and because I want my patients to be on time and I expect to be on time for them, when I get home, I don't want to be a day structured timetable, so it's more if we have to be somewhere we will be, but it tends to be I need some relief away from the structured, you know, clock off every five minutes. (Interview 5)*

Interests outside work

New Zealand orthodontists were consistent in their passion for outdoor pursuits and family bonding. Many orthodontists tried to balance their overwork by spending time with the family in weekends and holidays.

> *On my four days off, I'm mum. I'm the dropper-offer at school, the picker-upper and the house cleaner. (Anonymous)*

Personal time was used for gardening, reading, and more physical pursuits (which were very wide-ranging). Also prevalent were involvement in community organisations (such as Rotary), or active roles within the NZAO.

> *…I have a bunch of guys I go mountain biking with. I play golf with a whole lot of guys, do a bit of rugby coaching, play a bit of table tennis. I suppose mainly sporting sort of stuff….mentor a young kid as part of a mentoring program. (Anonymous)*

Financial security

Orthodontics was acknowledged as a career that afforded a comfortable lifestyle and was well remunerated. The extent of such comforts was individually dictated. A successful living was still attainable, for even the least efficient operator.

> *I didn't have a huge loan but I had nothing and I had to borrow money at 27% to buy a house, a car and a practice and I spent probably the first five years simply paying back interest on the loans. I didn't make any headway at all, so I was probably 40 before I started saving for my retirement. You don't think about that much in your 30s and then in your 40s you start thinking about the future and your retirement and oh I'd better put something away. But we live very simply – if we'd bought a $5 million house and wanted a boat and a Mercedes and those things then probably I'd feel a lot more stressed than I do but with [Partner] having a good income we haven't had any debt for a long time. Orthodontics provides you with a very, very comfortable living and you can choose to live to the hilt of your income and borrow and put yourself under stress that way, or you cannot, it's really a matter of your lifestyle choice. (Interview 1)*

A perception of orthodontics being a well-paid profession was present among the general public. The associated debt was less recognised, however.

> *I would rather be someone that the community trusted rather than being thought of as rich or whatever. Because we're not anyway, because we've got these huge debts. It's really funny, because that's what people think…people don't realise the costs of running a practice. (Interview 13)*

Conclusions

This report is the second of two which describe the experiences and working lives of New Zealand orthodontists, using the qualitative research approach. The first shed light on orthodontists and the practice of orthodontics in New Zealand, while the current report has concentrated upon orthodontists' working lives and how they balance the demands of work and life's other facets.

Respondents were aware of the need to achieve and maintain a satisfactory work-life balance, but there were various constraining influences. Taking time off was seen to be difficult because of the nature of orthodontics and the lack of viable options for covering the orthodontist's workload. This led to a degree of 'presenteeism' which carried further stress and health risks.[11] Other sources of stress were staffing problems, coping with criticism and complaints, and early-career difficulties of becoming established in practice (the issue of supporting younger practitioners has been recognised by the NZAO, and a mentoring program is in place). Despite these concerns, none regretted choosing to specialise in orthodontics, and the NZ specialty group's ethos of mutual support was welcomed.

Outside the workplace, other interests were vitally important. Those may relate to family, recreational

pursuits (sports and hobbies) and involvement in community organisations. The financial security afforded by orthodontic practice meant that such pursuits were more within reach (although this was countered to some extent by difficulties in taking time off).

This was the first time that qualitative research has been used to investigate the orthodontic profession in New Zealand. This investigation provides valuable insight into the working lives of New Zealand orthodontists and the effects on their day-to-day lives. It will be informative and interesting to observe how the modernisation of orthodontic practice will affect the work-life balance of New Zealand orthodontists in the future.

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References

1. Ayers KMS, Thomson WM, Newton JT, Rich AM. Job stressors of New Zealand dentists and their coping strategies. Occup Med 2008;58:275-81.
2. Newton JT, Allen CD, Coates J, Turner A, Prior J. How to reduce the stress of general dental practice: The need for research into the effectiveness of multifaceted interventions. Br Dent J 2006;200:437-40.
3. Freeman R, Main JRR, Burke FJT. Occupational stress and dentistry: Theory and practice. Part I Recognition. Br Dent J 1995;178:214-17.
4. Roth SF, Heo G, Varnhagen C, Glover KE, Major PW. Job satisfaction among Canadian orthodontists. Am J Dentofacial Orthop 2003;123:695-700.
5. Roth SF, Heo G, Varnhagen C, Glover KE, Major PW. Occupational stress among Canadian orthodontists. Angle Orthod 2003;73:43-50.
6. Russek H. Emotional stress and coronary heart disease in American physicians, dentists and lawyers. Am J Med Sci 1962;243:716-25.
7. 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.
8. Turley M, Kinirons M, Freeman R. Occupational stress factors in hospital dentists. Br Dent J 1993;17:285-8.
9. Wells A, Winter PA. Influence of practice and personal characteristics on dental job satisfaction. J Dent Ed 1999;63:805-12.
10. Soma KJ, Thomson WM, Morgaine KC, Harding WC. A qualitative investigation of specialist orthodontists in New Zealand: Part 1. Orthodontists and orthodontic practice. Aust Orthod J 2012;28:2-16.
11. Dew K, Keefe V, Small K. 'Choosing' to work when sick: workplace presenteeism. Soc Sci Med 2005;60:2273-82.