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SCIENTIFIC articles

Entering the '80s: Pedodontic practice characteristics and practitioner satisfaction

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Abstract

As the specialty of pedodontics enters the 1980s, there is conjecture that an oversupply of pedodontists exists. If such a situation is present, demand-related practice characteristics should reflect the excess supply conditions of the marketplace. In order to gather data on pedodontic practice characteristics, a nationwide questionnaire survey (N = 223) was undertaken. Among the findings are these: a higher than expected percentage of young pedodontists are located in nonmetropolitan population areas; appointment delay measurements demonstrated huge discrepancies between desired and actual booking times; while satisfaction with the specialty of pedodontics appears to be high, there is serious concern regarding income levels, especially among young practitioners. These findings are consistent with hypotheses concerning the oversupply of dental manpower.

Introduction

There appears to be a mounting concern among general and specialty practitioners in the dental field that the relative shortage of manpower of the '60s may turn into excess supply in the '80s. Pedodontic specialists, who have seen their numbers increase over 700 percent since 1960,[1] appear to share this concern. In order to collect pertinent, up-to-date information that would provide insight into this issue, a questionnaire was distributed by an officer of selected local societies to constituents who attended pedodontic regional meetings. Figure 1 displays the regional areas and local officers who participated in the study as well as the number of responding pedodontists in each of the regions. Responses were returned either to the officer or directly to the University of Minnesota.

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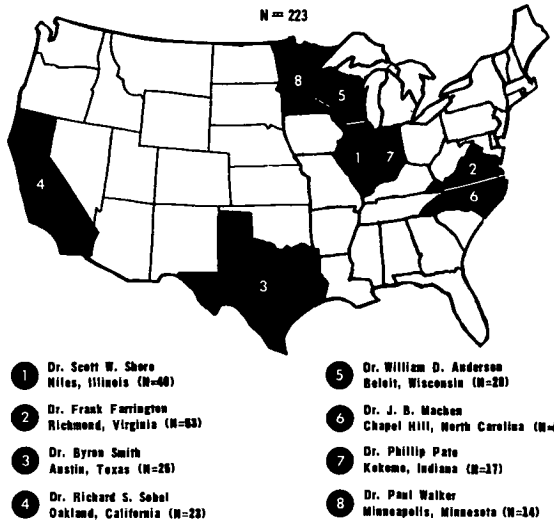

Figure 1. Contributors to pedodontic survey.

Methods and Materials

Two hundred and twenty-three responses were received and subsequently processed for analysis. It must be emphasized that this group of respondents did not represent a random sample. Indeed, relative to the entire population of pedodontists, they represent whatever biases are possessed by those pedodontists who attend local scientific meetings in a limited number of geographic areas. While this caveat should be kept in mind, the respondents do represent approximately 12 percent of all practicing pedodontists. By contrast, the 1977 Survey of Dental Practice[2] conducted by the American Dental Association contained information from 36 pedodontists, less than two percent of all practicing pedodontists.

Results

The mean age for survey respondents was 41 years. The survey group, which was predominantly males (98 percent), reported a mean of 11 years of pedodontic practice experience. An average work week for this

Table 1. "Which of these categories best describes your principal form of practice or employment?"

Percent Total	
46%	Self-employed practice without partners, with no sharing of overhead costs.
5%	Self-employed practice without partners, but sharing some or all overhead costs without dividing income (on a prearranged basis).
5%	Self-employed practice as a partner in a completed partnership (both income and expenses shared). Number of partners, including yourself.
37%	Employee in an incorporated dental service. Number of dentists in corporation, including yourself.
2%	Employed by another dentist (on salary, commission, or percentage basis).
5%	Other

group was approximately 35 hours, and 47 weeks was the average amount of time spent yearly in the practice of pedodontics. Table 1 shows the distribution of practices according to type of ownership. The two most common types of practice were solo unincorporated, representing 52 percent of practitioners, and incorporated shareholder, representing 37 percent of practitioners. Thirty-six percent of the respondents indicated that there were a total of two or more pedodontists in their practice.

The number of pedodontists reporting secondary locations was just over 17 percent. However, a further analysis according to numbers of years of practice indicated that 35 percent of those who have practiced less than five years had a secondary location. This is in contrast to only nine percent of practitioners who have practiced more than 15 years with a similar practice situation. Table 2 indicates the distribution of respondents according to the population size of the community in which they serve. Of considerable interest to the specialty, as well as health planners, is the fact that when these results were further categorized according to years of practice experience, 55 percent of those practicing less than five years were located in communities under 100,000 population. For those practicing six to fifteen years, this figure dropped to 35 percent and was further reduced for those practicing more than fifteen years to 21 percent.

Figure 2 presents the median and mode of the time needed for a new patient to obtain a nonemergency examination. While the mode for the entire group was noted to be a day or less, the median was 2.9 days. The median for those pedodontists practicing less than five years was 2.6. For those practicing six to fifteen years it was 3.7 days, and a median of 1.8 days was noted for those practicing more than fifteen years.

A similar analysis regarding the number of days needed for a new patient to begin a treatment series indicated the mode was a day or less for 23 percent of the dentists (Figure 3). The median wait to begin a new treatment series was between four and five days. Again, it was the younger and older aged pedodontic groups that offered the least treatment delay (3.5 days) while the six to fifteen years mid-range group of pedodontists demonstrated a median of five days to begin a new treatment series. Both these analyses can be contrasted to the response given to the question, "Given your current practice style and treatment philosophy, how many working days do you like to be fully booked?" The modal response time was ten days, the median approximately eight.

The question was then asked, "During the past 12 months, approximately how many new patients underwent treatment by you?" The median number of patients noted by the entire group was between 350 and 400 per year. However, the mode indicated that they enrolled *over* 400 new patients per year. An analysis of new patient enrollment according to age indicated similar medians and modes for those in practice from one to five, and six to fifteen years. Each group reported a median enrollment of 350 to 400 patients with a mode of over 400. Those who had practiced over fifteen years reported a new patient enrollment of approximately 250 to 300 and a mode of only 150 to 200. A further question relating to patient availability, "During the past 12 months, has the patient load in your practice increased, stayed constant or decreased?" elicited the following responses: 41 percent of the group reported an increase, 35 percent noted a constant load, and 24 percent noted a decrease; those dentists with less than six years of practice experience

Table 2. "What is the population size of your present community (i.e., dental trade area)?"

2%	Under 25,000
12%	25,000 — 50,000
22%	50,000 — 100,000
24%	100,000 — 200,000
13%	200,000 — 400,000
4%	400,000 — 600,000
5%	600,000 — 800,000
7%	800,000 — 1,000,000
11%	Over 1,000,000

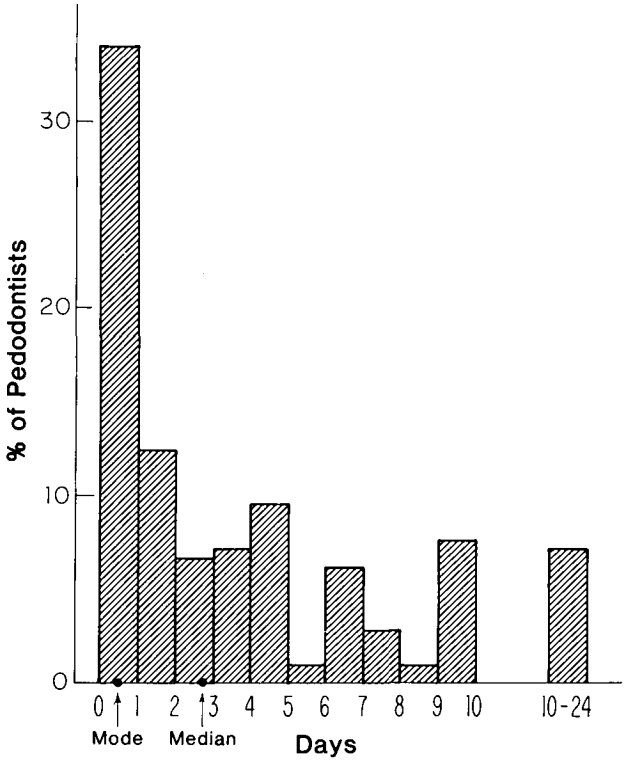

Figure 2. How soon (working days) could you provide time for examination of a non-emergency new patient?

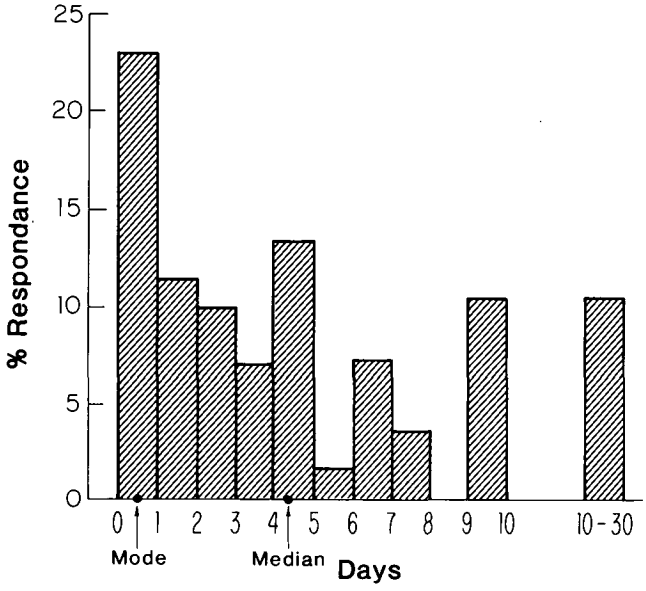

Figure 3. Approximately how many working days would it be before you could begin a new treatment series for a patient?

had the greatest increase in patient load; those with more than six years in practice demonstrated lesser amounts of patient increases (Figure 4).

Two satisfaction indexes were also included in the questionnaire in order to estimate satisfaction levels with the practice of pedodontics. The first satisfaction

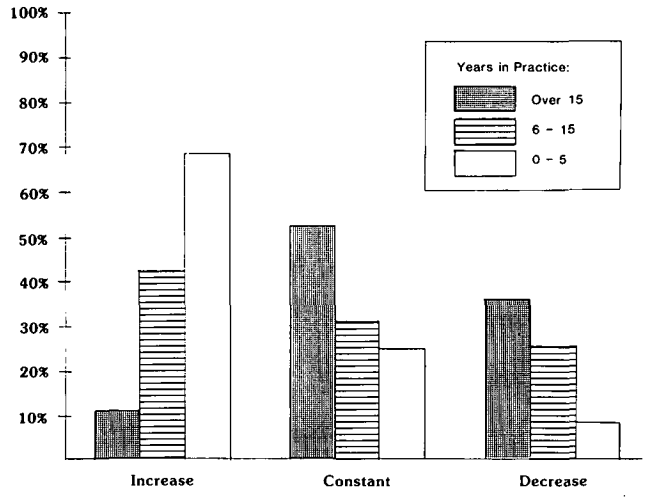

Figure 4. Change in patient load during the past twelve months according to years in practice.

scaling looked at the practitioners' personal assessment of their position, work setting, community, income and opportunity for professional advancement. The mean scores on a one to five scale are presented in Table 3. It should be noted that all scoring, except for the area of income, fell in the "highly satisfied" to "satisfied" range. Figure 5 indicates income satisfaction according to years of practice.

The second satisfaction index was designed to elicit information regarding personal satisfaction, personal growth, income and prestige from the practice of pedodontics. Respondents were asked to mark on a scale of one to ten where they felt their present position was in terms of these four categories. Respondents were also asked to mark on the same scale what their expectations were upon leaving their graduate pedodontic programs. The results of this satisfaction index are presented in Table 4. An analysis of this question according to duration of practice indicated that there were major differences between pedodontists only in the income area.

Discussion

This practice analysis clearly indicates that some significant changes are taking place in the practice of pedodontics. Perhaps the most striking is the migration of the young pedodontic practitioner into communities with under 100,000 population. This movement may represent the response of the young pedodontist to the growing evidence that many urban communities have reached or exceeded the saturation point for pedodontic practice.

Simply locating a practice in a less populated area does not seem to assure the practitioner a large patient load, however. Seventeen percent of all pedodontists indicated that they have one or more secondary locations. Tabulations indicated that a good por-

Table 3. "Rate each item below in terms of your present satisfaction."

	Very Dissatisfied				Highly Satisfied	
4.2	1	2	3	4 ▲	5	Your present position
4.3	1	2	3	4 ▲	5	Your work setting
4.6	1	2	3	4	▲ 5	The community in which you live
3.7	1	2	3	▲ 4	5	Your income
4	1	2	3	▲	5	Your chances for professional advancement

▲ = median

tion of that group came from those who practiced less than five years. This group was four times more likely to have reported a secondary location than the other two practice groups.

Perhaps the most striking result of this survey is the documentation of waiting time for a new patient to obtain a nonemergency examination and for a new patient to begin a treatment series. The mode, or the value with the greatest number of responses, was noted to be a day or less for both these variables. The median, the fiftieth percentile for all respondents, ranged from approximately three days for the nonemergency examination to four days to begin the treatment series. Although the lack of any data from previous years on these variables does not allow any inferences to be drawn about changes in demand conditions over time, by themselves these waiting time responses do not suggest a situation of strong demand for pedodontic services. Some support for this assertion comes from an additional question which solicited the number of working days a pedodontist liked to be fully booked. It appears that pedodontists are booked only at a rate of 50 percent of what they would consider ideal. Finally, evidence for a lessening in demand for pedodontic services was also noted in the question which ascertained changes in the patient loads of pedodontists' practices. Twenty-four percent of the respondents noted a decrease. This decrease was not only observed for those pedodontists who had been in practice for over fifteen years (35 percent), but also was for those who had been in practice from six to fifteen years (25 percent). Although 24 percent appears to be a significant proportion reporting declining practices, whether and by how much this proportion deviates from normal year-to-year fluctuations can't be determined without data from previous years.

Considering the amount of concern that has been expressed regarding the future of pedodontics, it might have been expected that this same concern would have shown up in the two pedodontic satisfaction indexes employed in this study. These indexes, which have had extensive utilization with other dental practice groups and appear to have some inherent consistency,[3] indicated that except for the area of income, pedodontists were generally satisfied with their chosen profession. As evidenced by the scaling in the economic area there was a genuine concern, especially by the younger pedodontists, that their expectations

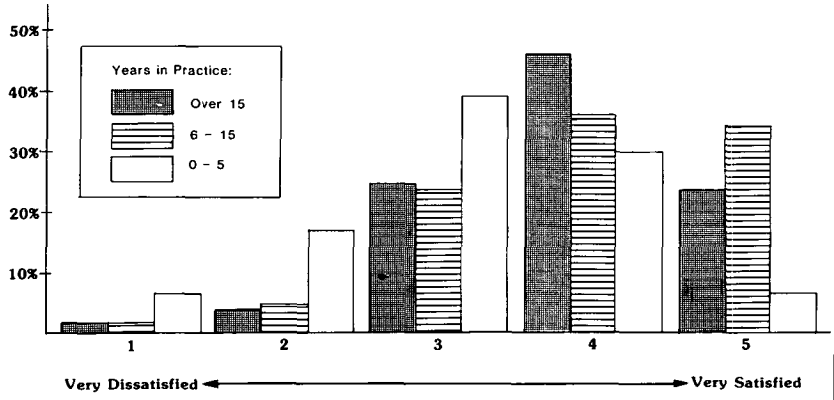

Figure 5. Income — present satisfaction according to years in practice.

in terms of income were not being met. These results correspond to earlier noted findings which indicated that many young graduates were employing secondary and even tertiary practices to obtain desired income levels. Still, except for this one critical area of income, no relationship was found between years of practice and the high ratings given to the satisfaction indexes. Considering that most individuals have higher expectations at graduation than are ever realized, there seems to be little difference between expectations and realization among the responding pedodontists.

There is no certainty that this trend will necessarily continue, however. It is possible that with a continued drop in available patients a concurrent erosion in the satisfaction indexes may take place. With the use of these baseline data, however, it will be possible to monitor these potential changes and give those involved in health planning assistance in future decision-making.

Conclusion

For those individuals who are delegated the task of planning for future dental health manpower needs, there appears to be significant signs that the profession of pedodontics may be moving towards an excess of supply. Practice location patterns, especially of young pedodontists, appointment delay periods of exceedingly short duration, and information that some practices have experienced decreases in new patients are evidence for this prediction. Early signs of the potential oversupply appear in the satisfaction indexes which indicated concern among pedodontists regarding their anticipated versus realized income levels. The material provided through this survey may offer vital information upon which policy decisions can be based.

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Table 4. "The practice of pedodontics offers many rewards to its members among which are personal satisfaction, personal growth, comfortable income and prestige. Please indicate your assessment of your present achievement of these on the following scales, number 1 indicating no achievement and number 10 indicating maximum achievement you might desire.

Personal Satisfaction	Personal Growth	Income	Prestige
10	10	10	10
9	9	9	9
8 ●	8 ●	8 ●	8 ● ▲
7 ▲	7 ▲	7 ▲ ○	7
6	6	6 △	6
5	5	5	5
4	4	4	4
3	3	3	3
2	2	2	2
1	1	1	1

	Present Position	Expectations
All pedodontists	▲	●
Pedodontists in practice 1-5 years	△	○

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