



Breaking  
the burnout  
cycle

Keeping  
dentists and  
patients safe





## Foreword

Dentistry can be an incredibly rewarding profession. As a dentist, being able to play an important part in my patients' health, is something I am very proud of.

But when I talk to colleagues across the country it is extremely troubling to see the increasing levels of burnout that they are facing. It is vital that action is taken to ensure that we do not let the environment we work in reduce the sense of value that we get from being a dentist.

Burnout was this year recognised by the World Health Organisation (WHO) as a syndrome brought about by chronic workplace stress that hasn't been successfully managed. When dentists feel disillusioned and burnt out it is not only bad for the dentists concerned but also for patients and the wider dental team. The obvious reality is that dentists who are happy and engaged find it much easier to be compassionate and provide safer care.

Dental Protection already plays its part. As a mutual organisation we listen to and care for our members and I am proud of the work both Dental and Medical Protection (together Medical Protection Society – MPS) do to support those dealing with burnout. But while this support is invaluable, it is only a part of the solution.

That is why MPS, alongside other organisations must seek a commitment from the wider dental system and government to improve the working environment for our members and to truly begin to tackle the endemic problem of burnout in healthcare. Only with these organisational interventions can the well-being of our members be safeguarded.

We have asked members in Ireland and around the world about their working environment and they told us loud and clear about the impact their work is having on their wellbeing. Based on key findings from a member survey and our ongoing work with dentists internationally, we have been able to identify concrete recommendations which are aimed at the individual dentist (I), the dental team (we), and the wider healthcare system (they).

We believe that if our recommendations are taken seriously it would help to mitigate the risks of burnout in the profession.

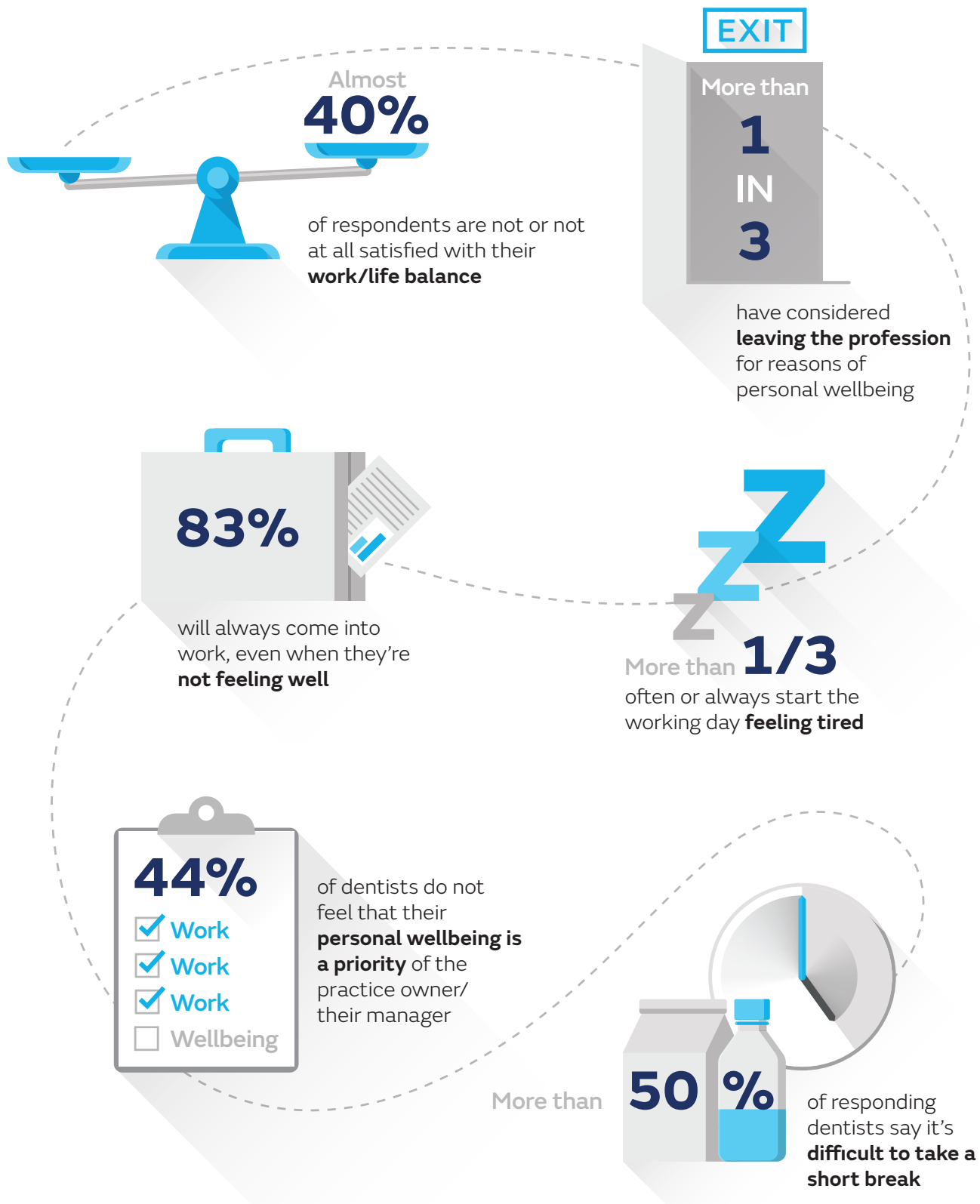
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Dental Director, Dental Protection

November 2019

# Views from the frontline

In June 2019, we carried out a survey among Dental Protection members to better understand the impact relationships at work have on their wellbeing.<sup>1</sup>

Amongst other things, members told us:



## REFERENCES

1. Survey of Ireland based Dental Protection members, conducted between 11 June and 25 June 2019. Sample size was 231

## A growing global concern

It is perhaps one of the great paradoxes of our age, that in a time when modern dentistry allows dentists to do more than ever before for their patients there is also increasing evidence that dentists feel burnt out and disillusioned in ever greater numbers. The literature is full of reports of increasing problems with health and wellbeing of healthcare professionals and that this leads to them leaving practice prematurely.

The findings from many international studies confirm that dentistry is a highly stressful profession. There is a one-on-one relationship between the patient and the dentist; this places pressure on the dentist as the clinician who is faced with challenges that require making independent decisions, unlike when working in a group or teams and thus dentistry is considered a “lone” profession.

Research on burnout among Irish dentists is limited, but there are publications that recognise the problem. The Practitioners Health Matters Programme (PHMP) recently published its third annual report (May 2019) in which it outlined an 60% increase in the number of health professionals seeking help for depression, stress and burnout.

In total there were 75 new presentations to PHMP with the number of dentists increasing from two to eleven in 2018.<sup>2</sup>

Burnout among dentists is not unique to Ireland nor to any particular setting. It is a widespread global phenomenon and is high among dentists around the world. While the rates vary by country, gender and career stage, the overall evidence suggests that many dentists worldwide will experience burnout in their careers and that burnout rates are rising and have reached an “epidemic level”.

Many international studies conducted over the past few years have identified increasing levels of stress and burnout among dentists and the impact this has on their personal and professional lives.<sup>3,4,5,6</sup>

Research compiled by The British Dental Journal (BDJ) in January 2019 found high levels of stress and burnout amongst a survey of more than 2,000 UK dentists. 54% of respondents revealed they were currently experiencing high job stress with 43% stating they were unable to cope with the level of pressure in their role.<sup>7</sup>

The British Dental Association (BDA) launched a campaign to tackle stress in dentistry, looking at causes of stress and burnout, in order to find solutions to support dentists and to help foster positive working environments.<sup>8</sup> “Probing stress in dentistry” is another BDA-supported project to raise awareness of mental health issues and well-being among dental professionals.

## An occupational hazard

In May 2019 the World Health Organisation (WHO) included burnout in its 11th Revision of the International Classification of Diseases (ICD-11) as an occupational phenomenon. It is not classified as a medical condition.

It is described in the chapter: ‘Factors influencing health status or contact with health services’ – which includes reasons for which people contact health services but that are not classed as illnesses or health conditions.

When we refer to burnout we refer to the definition of the WHO in ICD-11:



*Burnout is a syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions:*

- feelings of energy depletion or exhaustion;
- increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and
- reduced professional efficacy.

*Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.<sup>9</sup>*



The WHO is about to embark on the development of evidence-based guidelines on mental wellbeing in the workplace. We welcome this effort. Burnout is a widely used term and a common condition in modern day society, it is often poorly understood and therefore not always treated effectively. It is often not taken seriously by employers, by policy makers nor by the wider public.

Burnout is characterised by mental, physical and emotional exhaustion, cynicism, increased detachment and a decline in professional satisfaction caused by multiple factors. These contributing factors can exist at a personal, team and wider system level. The condition is an occupational hazard that occurs frequently among professionals who do ‘people work’ of some kind.

Burnout is not the same as depression, they have different diagnostic criteria with different treatment. Burnout improves with a break or time away, depression does not. Burnout is a problem that is specific to the work context, in contrast to depression, which tends to pervade every domain of a person’s life.

## Effect on quality of care and patient safety

Evidence suggests a significant correlation between healthcare staff wellbeing and patient safety.<sup>10</sup>

### REFERENCES

2. The full report is available here: <https://practitionerhealth.ie/wp-content/uploads/2019/05/PH-annual-report2018.pdf>
3. <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1600-0579.2008.00468.x>
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7. <https://www.nature.com/articles/sj.bdj.2019.6>
8. <https://bda.org/stress>
9. World Health Organisation, 11th Revision of the International Classification of Diseases, 2019
10. Tsutsumi et al, Types of psychosocial job demands and adverse events due to dental mismanagement: a cross sectional study. BMC Oral Health 7:3 (2007)

Burnout directly and indirectly affects dentolegal risk, with the poor wellbeing of dentists having major implications for patient outcomes.<sup>11</sup>

Dentists with burnout are more likely to subjectively rate patient safety lower in their organisations and to admit to having made mistakes or delivered substandard care at work; they are less empathic, less able cognitively and can have a negative impact on colleagues, teams and the organisation.<sup>12</sup>

This can jeopardise patient care and lead to complaints or a negligence claim, leaving clinicians even more vulnerable to burnout. Victims of burnout also suffer from poorer health and strained private lives.

To put it simply, happy staff are more compassionate and provide safer care - which of course will come as little surprise.

In this context, exploring the impact of burnout and offering solutions is a risk management duty and the right thing for Dental Protection to do for members and their patients.

### Role of Dental Protection

Dental Protection is extremely concerned about dentists suffering from burnout.

As a dental defence organisation, our learning and expertise is very specific, and we are seeing first-hand the consequences of burnout, and when our members can no longer cope. Our organisation's insight and international perspective allows for efforts to be directed towards practical solutions.

We assist members with ongoing learning and help reduce dentolegal risk. As part of our comprehensive education and risk management programme, we introduced a workshop "Building resilience, avoiding burnout" (BRAB).

The intended learning outcomes of this workshop are to **review**, **recognise** and **respect** the need to build individual and an organisational resilience and to develop strategies for safe **recovery** to void burnout when resilience is challenged.

#### This is what members attending our workshops can expect:

- ✓ Enhance their understanding of resilience, burnout and associated risk.
- ✓ Recognise the key signs of burnout.
- ✓ Learn how to develop coping strategies to recover.
- ✓ Find out why individual and organisational resilience is important.

As well as supporting dental professionals on an individual basis in this way, we want to go further by using our international insight and experience to call for concrete solutions.

Based on our member survey, we have identified where improvements can be made and what concrete measures can be taken by the individual clinician, the team and at organisational/wider system level to help improve the work environment of dental professionals.

With this paper, we outline key findings as well as recommendations which, if taken seriously, would help prevent clinicians from burning out.

## Recognising and preventing burnout

Christina Maslach, Professor Emerita of Psychology at the University of California at Berkeley, proposes six areas of work as a diagnostic tool for burnout, which has been around for decades and is still the measure most often used to assess burnout worldwide. This methodology was originally constructed with the goal to assess an individual's experience of burnout based on employees' interaction with people at work.

She identified the following areas of work life:

1. Workload
2. Control
3. Reward
4. Community
5. Fairness
6. Values.<sup>13</sup>

Ideally there should be a balance between the different areas of work life; however, mismatches can occur when there are critical issues unresolved in the workplace or when working relationships change to unacceptable levels. They are interrelated, but each one helps researchers find unique relationships between employees and their work settings. These domains finally come together to form a framework to determine the precursors to burnout.

Indeed, the six areas of work life identified by Maslach came through clearly in the survey results, as well as their relevance to the personal level, the team level and wider system level.

We are keen to help improve members' interaction with each of the six areas of work through individual and system changes. Dental Protection members responded to tell us the extent to which their needs in each of these areas are being met. In the following section we set out the findings for each area of work, and also look at three specific issues related to these areas:

- Presenteeism
- Incivility at work
- Wellbeing oversight in the workplace

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11. Chipchase et al, A study to explore if dentists' anxiety affects their clinical decision-making, Br Dent J 2017 Feb 24;222(4):277-290 (2017)
12. Hall et al 2016 and Salyers 2017
13. C. Maslach and M. Leiter, (1999) Six areas of worklife: A model of the organisational context of burnout, Journal of health and human services administration 21(4): 472 -489

## Workload

Predisposing factors for burnout are often related to job demands such as workload, time pressure, and long hours without sufficient time to rest and recover. Workload is expected to have a direct relation to exhaustion.

68% of dentists responded that regular rest/recovery periods are not the norm during work sessions.

43% feel unable to take a break during the working day to eat/drink.

26% of responding dentists suspect that emotional exhaustion has contributed to an irreversible clinical error. 42% of them said this related to technical mistakes during procedures, and 32% said it was related to a lack of concentration.

The link between a failure to meet physiological needs (food, water, sleep, rest) and patient safety is evident. In our BRAB workshops, we are robustly teaching the importance of regular short breaks throughout a working day.

Analysis from the NHS Staff survey in the UK – which covers a wide range of healthcare professionals – found that opportunities for employees to recover from work demands can have a strong influence on organisational and patient outcomes. Greater satisfaction with work/life balance was linked with better financial performance and lower absenteeism, as well as higher patient satisfaction and lower risk of infection rates in hospitals. Such findings further highlight the need for evidence-informed initiatives to promote work/life balance and recovery from work.<sup>14</sup>

Our survey of Irish members also reveals that 60% of dentists would be prepared to cover a colleague's work for a short period, so that they may take a break.

It is interesting to see that respondents recognised the need for others to take a break but did not feel able to do so for themselves.

One of the most important aspects in building resilience is the organisational respect for energy. Systems, policies and procedures should promote this.

The need to re-negotiate work life balance throughout a career will be ongoing. As life stages come and go, the individual's needs shift. Some of this is predictable, often it is not. As an individual with needs and an employer/leader who wishes to retain good, loyal staff – respecting and expecting these 'shifting sands' is vital. Of course, not one size fits all; some challenges are unique to medicine and dentistry, others apply across sectors, but it is imperative that healthcare leads the way.

- ✓ Dentists should be trained about the importance of regular recovery periods when at work.
- ✓ Teams should have policies in place that allow for breaks during work sessions.

- ✓ Dental practices should make rest/recovery periods the norm, and put policies and procedures in place that respect the need for recovery periods throughout the time spent at work.

## Control

In order to feel satisfied and competent in our jobs, we need to have a sense that we are in control of our tasks and their outcomes. A lack of control can lead to a job that is in direct conflict with our own values. Like workload, control reflects the demand-control model of job stress. Dentists are more likely to burnout if they lack control over their work. Low autonomy and not being able to say "no" scored high in our survey.

63% of respondents agree or strongly agree that it's difficult to say no when asked to undertake additional tasks.

Almost 60% of dentists feel unable to take a short break in between two clinically demanding procedures.

These figures highlight the need for training in 'Saying No for Safety' which is also a key BRAB workshop message. Saying 'no' creates enormous anxiety. This anxiety comes from within ourselves and externally. However, the "rescue model" of healthcare cannot survive when resources do not meet demand. There is a need to normalise 'saying no for safety'.

Ineffective, inefficient, unsafe systems can also make a working environment stressful to work in and interfere with effective team functioning and professional relationships. In our BRAB workshops members often tell us that failing IT systems, for example, could have a serious impact on a dentist's wellbeing.

Dentists practising in chaotic practices reported lower work control and job satisfaction, less emphasis on teamwork and professionalism, more stress and burnout, and a higher likelihood of leaving the practice within two years. Chaotic practices had higher rates of errors and more missed opportunities to provide preventative services.<sup>15</sup>

- ✓ Dentists should receive training on how and when to say no for safety.
- ✓ Teams should have optimal rotas in place that allow for a structure and responsible approach to work sessions.
- ✓ Organisations should put measures in place that help create a culture in which it is the norm for staff to say no for safety.

## REFERENCES

14. Health Education England, (2019) NHS Staff and Learners' Mental Wellbeing Commission
15. H. Perez et al, (2015) Chaos in the Clinic: Characteristics and Consequences of Practices Perceived as Chaotic, *Journal for Healthcare Quality* 39(1)

## Reward

We often think of rewards in monetary terms, but workplace rewards can involve anything that makes the day-to-day flow of work more satisfying. This could certainly be financial rewards (high pay, good benefits), but can also be social rewards (recognition from those around you) and intrinsic rewards (the feeling that you're doing a good job).

If you're lacking in any of these three areas, generally, you're more likely to feel dissatisfied with your work and may be more susceptible to burnout. Maslach believes that burnout is more likely when your rewards do not match your expectations.

Reassuringly, most managers seem to do a good job in certain areas: more than 50% of respondents say that their line manager/partner understands the value of celebrating success.

However, for many dentists the job doesn't match with the dynamic and exciting work life that they had expected.

Almost 40% of responding dentists feel often or always like they are on a treadmill.

And 25% of dentists do not feel appreciated for the work that they do.

These figures highlight the room for improvement around an appreciative culture/leadership in healthcare.

- ✔ Dentists should routinely notice and celebrate their achievements.
- ✔ Teams should develop processes and procedures to recognise and celebrate achievements.
- ✔ Organisations should capture examples of great work and have ways to share, reward and celebrate eg Greatex reporting.

## Community

As well as assistance from managers and senior staff, support from colleagues and feeling part of an effective team are also fundamental to the mental health of dentists. Such support not only improves professional effectiveness but can also foster a psychological safe environment where dentists feel they belong. Mutually supportive working relationships can help dentists manage the emotional labour of the job and also reduce the stigma of disclosing work-related stress and mental wellbeing problems and seeking help.

55% feel supported or strongly supported by their peers.

60% would be prepared to cover a colleague's work for a short period, so that they may take a break.

These results highlight dentists' desire for the sense of belonging and community in the workplace.

- ✔ Dentists should stimulate mutually supportive working relationships.
- ✔ Teams should create an open and supportive working environment and actively support team building opportunities.
- ✔ Organisations should facilitate staff break spaces, ie spaces to meet, talk and share time together.

## Fairness

Fairness is a fundamental desire of nearly all employees. It is vital that employers not only treat people fairly in their work, but that this fairness is recognised. A (perceived) lack of fairness can lead to feelings of being disrespected or powerless. Our survey results reveal that clinicians are not confident that their managers are doing their best to maintain a fair and equitable workplace.

More than one third of respondents feel there is no fair and equal approach to work/life balance policies such as flexible working.

One third believe that the workload in their practice/organisation is not equally distributed among colleagues.

We encourage the use of standardised tools, scales and procedures to ensure a sense of fairness in the workplace.

55% of respondents would be supported to learn from an error if they made one, 13% say they would be blamed.

These figures raise concerns about the continuing presence of a blame culture in the health sector. It highlights a system where the emphasis can be on punishment, while neglecting to nurture a system where mistakes – which can be serious – can be learned from and recurrence avoided in the future. Patient safety suffers when healthcare professionals are not supported to learn from mistakes.

Aviation's supposed 'no-blame' culture is often held up as the pinnacle of openness and learning, and one that healthcare should try and emulate. The Civil Aviation Authority (CAA) strongly rejects that the industry is a 'no-blame' environment.

Instead of a no-blame culture, the CAA promotes the notion of a 'Just Culture'. It defines a Just Culture as one where a person's accountability flows not only through their activity – but through the circumstances in which that activity has taken place.

Steps must be taken to support and reassure dental professionals who are feeling vulnerable in the present climate. The level of concern in the profession should not be underestimated. We recognise the concern, and we are calling upon employers and regulators to play their part in addressing it.

- ✓ Dental professionals should feel comfortable and receive training to enable them to raise any concerns regarding unfairness with their manager.
- ✓ Teams should make use of standardised tools, scales and procedures to ensure a Just Culture can develop in the workplace.
- ✓ Organisations should put policies in place and mandate training to ensure psychological safety is measured, developed and maintained.
- ✓ Action is needed to further support openness and learning and give clinicians confidence in this process. Some of these actions can be taken relatively swiftly; others will require change over a longer period.

## Values

Value reflects the cognitive-emotional power of job goals and expectations. A conflict in values occurs when your personal values and goals are not in line with those of the organisation. A disconnect in values can lead to a strong sense of moral distress.

23% of respondents said they often or always feel disillusioned in their work.

When asked how frequently system factors compromise ethical standards, 25% of respondents say they experience this once or twice a week or more.

They indicated that time pressure (64%), workload (37%) and lack of resources (23%) were the top three factors that most contribute to this.

A body of research on job crafting suggests that at least 20% of work should be personally meaningful.<sup>16</sup>

Maslach suggests two options for dealing with a conflict in values: either attempt to bring your personal values in line with those of the organisation or leave the organisation and look for a more meaningful job.

- ✓ Dentists should constantly remind themselves of what their values and passions are, and seek environments/work that align with them.
- ✓ Teams should strive to appreciate different motivators and values and ensure job crafting can allow team members to do enough meaningful work that aligns with their values.
- ✓ Organisations should strive to offer support and resources to allow teams and individuals to perform ethical and safe work with flexibility for job crafting embedded in the culture.

Our survey results have, so far, been considered in the context of Maslach's six areas of work. There are a few very specific issues related to the areas of work that we wish to discuss further.

## Presenteeism

More than 80% of dentists responded that they will always come into work, even when they're not feeling well or resilient enough to work safely.

Presenteeism is the opposite of absenteeism and is defined as turning up to work when too unwell, fatigued or stressed to be productive. It is a major issue in the dental and medical professions.

Working while sick has serious implications for mental wellbeing. Presenteeism increases the risk of long-term sickness absence as well as future mental health problems such as burnout. Research has found that healthcare employees who continue to work while sick are more likely to make errors leading to adverse patient outcomes.

Dental training has historically resulted in many dentists measuring themselves against a superhuman benchmark. 'Superhumans' are often wedded to their work both physically and emotionally, do little else and sometimes even pay a terrible personal price in terms of the level of functioning of their personal relationships, and the effect on their enjoyment of their work.

Dentists who find themselves in the 'superdentist' trap expect the unachievable of themselves: "I have to work excessive hours", "work is life", "don't get sick", "I am the pillar of the community", "hard work and self-sacrifice equals goodness"... etc.

There is a danger that trying to live up to the 'superdentist' expectation of self comes at the cost of burnout.

Ensuring that goals are realistic and sustainable is an important step in building resilience.

It is important that dentists consider whether they need to re-align their expectations of either the job or themselves.

The "superdentist" indoctrination also dominates when we look at the issue of guilt.

Whilst only 15% of responding dentists claimed that colleagues make them feel guilty for taking sick leave, a much higher number, almost 50%, felt guilty for taking time off.

Guilt is more internally than externally driven. When looking at workload, and the ability to take a break, we are seeing a similar dynamic: respondents recognised the need for others to take a break but did not feel able to do so for themselves.

The concept of the "superdentist" is a key BRAB concept, and we recognise that it's hard to reverse.

## REFERENCES

16. T. Shanafelt et al, (2018) Physician burnout: contributors, consequences and solutions, *Journal of Internal Medicine*, 283 (6): 516-529



Organisations, line managers and practice owners should all play a role in driving a culture change and insist that dentists look after themselves better.

It might be that the practices and clinics with very low sickness absence among their dental workforces are the ones that should be insisting dentists look after themselves better.

- ✓ Everyone in healthcare has a role to play in actively challenging the unhealthy culture of presenteeism in medicine and dentistry.

## Incivility at work

The importance of civility in the workplace, especially in the context of burnout, cannot be overestimated.

New evidence suggests that civility can be increased in the workplace and that this leads to an enduring reduction in burnout amongst healthcare providers.

A substantial barrier to progress in patient safety is a dysfunctional culture rooted in widespread disrespect. Creating a culture of respect is the essential first step in a health care organisation's journey to becoming a safe, high-reliability organisation that provides a supportive and nurturing environment and a workplace that enables staff to engage wholeheartedly in their work.<sup>17</sup>

Feeling psychologically safe at work is essential. Bullying and harassment is still sadly present in healthcare. The ability to speak up for safety and a Just Culture have yet to be embedded in many organisations.

22% of respondents experience behaviour from colleagues that undermines respect.

35% feel like colleagues' behaviour adversely impacts patient care.

Almost 20% of respondents witness disrespectful behaviour among colleagues more than once or twice a week.

When they witness disrespectful behaviour, more than 46% of respondents say they would feel comfortable speaking up, and 21% would not feel comfortable at all.

It is essential for dental professionals to have the skills to manage disagreements with colleagues whilst remaining respectful, and how to manage themselves well in difficult situations.

At the same time, it is important that teams and the wider organisations adopt a culture in the workplace that allows for and encourages staff to speak up.

In healthcare, speaking up is about raising a concern before an act of commission or omission that may lead to unintentional harm, rather than after it has occurred, as happens when whistleblowing.

- ✓ Policies need to be put in place to fight incivility in the workplace in all its forms and embed a Just Culture in all healthcare organisations.

## Wellbeing oversight in the workplace

The environment within which a dental professional works is crucial to wellbeing – hence the need for change at an organisational level to allow professionals to thrive.

Respect for resilience at an individual and organisational level is key if healthcare is to survive the current pressures.

- ✓ Dental Protection is advocating for Wellbeing to be a KPI in all organisations and practices.

Our survey results reveal some interesting data about the way dentists feel treated by their employer.

Almost 20% of dentists said that their employer does not give them the support they need to do their job well.

37% of respondents do not feel encouraged by the line manager/practice owner to discuss wellbeing issues.

44% do not feel like their personal wellbeing is a priority of the practice owner/their manager.

In the context of wellbeing, almost 30% do not or not at all feel supported by Practice/Hospital management.

54% do not or not at all feel supported by their Supervisor/ Practice principal.

84% of respondents say they do not have someone at work solely responsible for staff wellbeing.

These figures highlight the need for a role to be filled which is dedicated to staff wellbeing.

- ✓ We strongly support the employment of staff dedicated to wellbeing in the workplace in every corporate dental organisation or group of dental practices.<sup>18</sup>

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17. L. Leape (2012) A Culture of Respect: The Nature and Causes of Disrespectful Behaviour by Physicians, *Academic Medicine*, 87(7): 845-858
18. In the UK, the NHS Staff and Learners' Mental Wellbeing Commission, which was set up by the HEE, reviewed academic literature, and from its research it has become clear that as in many other non-healthcare sectors there is a need for board-level leadership to be responsible for the mental wellbeing of staff. The HEE places this recommendation so central to the culture of the NHS, that their primary recommendation is the NHS should establish a *Workforce Wellbeing Guardian* in every NHS organisation, and that the Wellbeing Guardian should be authorised to operate within a set of principles as set out by the HEE.

# Recommendations

In order to address the issue of burnout facing the profession, effective collaboration and action needs to be taken by the dentist (I), the dental team (we) and the wider healthcare system (they).

Dental Protection will continue to provide valuable support to members dealing with burnout. But the focus should not solely be on interventions that help the individual dentist to cope with their work environment. A move towards prevention is needed with much more emphasis placed on the improvement of underlying working conditions that impact on the wellbeing of dentists, and all healthcare professionals.

We are calling for the following actions:

**1** **All dental practices** should also have clear policies and procedures in place to ensure dentists and the dental team feel able to take breaks and to take time off when ill.

These should include:

- Large dental organisations should include wellbeing as part of the staff survey
- Optimal rotas should be implemented to ensure adequate recovery time is embedded for individual dentists with adequate staffing, policies and procedures to ensure dentists can have time off when needed
- All staff, including managers, to be educated on the importance of putting policies and procedures in place to prevent burnout. Resilience of individuals and teams must be seen as a priority at all times
- Dental professionals and dental students should receive training in building resilience and be supported and rewarded for developing good individual coping strategies in the workplace
- Occupational health teams should be involved in the planning and support of psychological safety in the workplace, ie proactive involvement rather than just being involved when burnout has occurred
- Organisations must offer appropriate spaces for clinical staff to rest and meet during breaks.

They should also increase general awareness among clinicians of the Practitioner Health Matters Programme (PHMP).<sup>19</sup>

**2** **Large dental organisations** should look to establish the role of a Wellbeing Guardian in order to create a focus on staff mental wellbeing by seeking continual improvements in how those who look after the public's dental health are looked after themselves and supported in their working lives. This role would do this by ensuring that sufficient information is being provided to the Board, so it can benchmark, set

organisational expectations and monitor performance. Such a role would be similar to the *Workforce Wellbeing Guardians* as recommended by the Learners' Mental Wellbeing Commission in England.<sup>20</sup>

Work would need to be undertaken to consider how such a role would work for dentists who work in smaller clinics. We would like to see local areas work together to ensure each dentist has a dedicated person who makes their health and wellbeing a core priority and is trained to recognise and support them when they are experiencing difficulties.

**3** **The Department of Health** should ensure, when burnout has occurred, that funding is available to provide confidential and easily accessible counselling service for all healthcare professionals across the country.

**4** **Dental schools and postgraduate training bodies** need to mirror the recommendation from an RCPI study on key interventions to target burnout in hospital doctors, to focus on providing dental professionals who supervise others with the time and training to perform key management activities, such as debriefs and identifying and supporting sick team members.<sup>21</sup>

More generally, dental schools and postgraduate training bodies should be encouraged to play a more prominent "upstream", preparatory, role when it comes to the wellbeing of their scholars. They have a clear responsibility in laying physiologically healthy foundations for dentists and other dental healthcare professionals during their training and support them in their professional career development.

They should establish comprehensive standards for dentists' wellbeing at every career stage, and measure those standards as suggested by the HSE 2018-2021 strategy on wellbeing.<sup>22</sup> They should provide scholars obligatory training in general wellbeing in the workplace, in building resilience, speaking up for safety, and how to develop good individual coping strategies.

Our work with dental members and the key findings from the survey have helped to identify these concrete recommendations which, if taken seriously, would mitigate the risks of burnout in the profession.

## REFERENCES

19. Any doctor, dentist or pharmacist in Ireland who has a concern about stress, burnout, mental health difficulties can receive confidential help from experts at the Practitioner Health Matters Programme (<https://practitionerhealth.ie/>)
20. In the UK, the NHS Staff and Learners' Mental Wellbeing Commission, which was set up by the HEE, reviewed academic literature, and from its research it has become clear that as in many other non-healthcare sectors there is a need for board-level leadership to be responsible for the mental wellbeing of staff. The HEE places this recommendation so central to the culture of the NHS, that their primary recommendation is the NHS should establish a *Workforce Wellbeing Guardian* in every NHS organisation, and that the Wellbeing Guardian should be authorised to operate within a set of principles as set out by the HEE.
21. <https://bmjopen.bmj.com/content/9/9/e030209.full>
22. HSE, Strategy for Doctors' Health and Wellbeing 2018-2021

# Dental Protection

Dental Protection is part of Medical Protection Society (MPS), the world's leading protection organisation for doctors, dentists and healthcare professionals. We protect and support the professional interests of more than 300,000 members around the world.

Membership provides access to expert advice and support together with the right to request indemnity for any complaints or claims arising from professional practice.

Our highly qualified, in-house experts assist with the wide range of legal and ethical problems. This includes clinical negligence claims, complaints, medical and dental council inquiries, legal and ethical dilemmas, disciplinary procedures, inquests and fatal accident inquiries.

Our philosophy is to support safe practice in medicine and dentistry by helping to avert problems in the first place. We do this by promoting risk management through our workshops, e-learning, clinical risk assessments, publications, conferences, lectures and presentations.

Our knowledge and experience of the dentolegal environment globally puts us in a strong position to advise and inform policy makers.

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