

Australia



Breaking the burnout cycle

Keeping dental
practitioners and
patients safe





Foreword

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

But when I talk to colleagues 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 dental practitioner.

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 dental practitioners feel disillusioned and burnt out it is not only bad for the dental practitioners concerned but also for patients and the wider dental team. The obvious reality is that dental practitioners who are happy and engaged find it much easier to be compassionate and provide safer care.

Dental Protection has to play its part. As a mutual organisation we listen to and care for our members and I am particularly proud of the work Dental Protection does in Australia to support those dealing with burnout. But while this support is invaluable, it is only a part of the solution.

That is why Dental Protection, 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 Australia 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 dental practitioners internationally, we have been able to identify concrete recommendations which are aimed at the individual practitioner (I), the dental team (we), and the wider healthcare system (they).

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

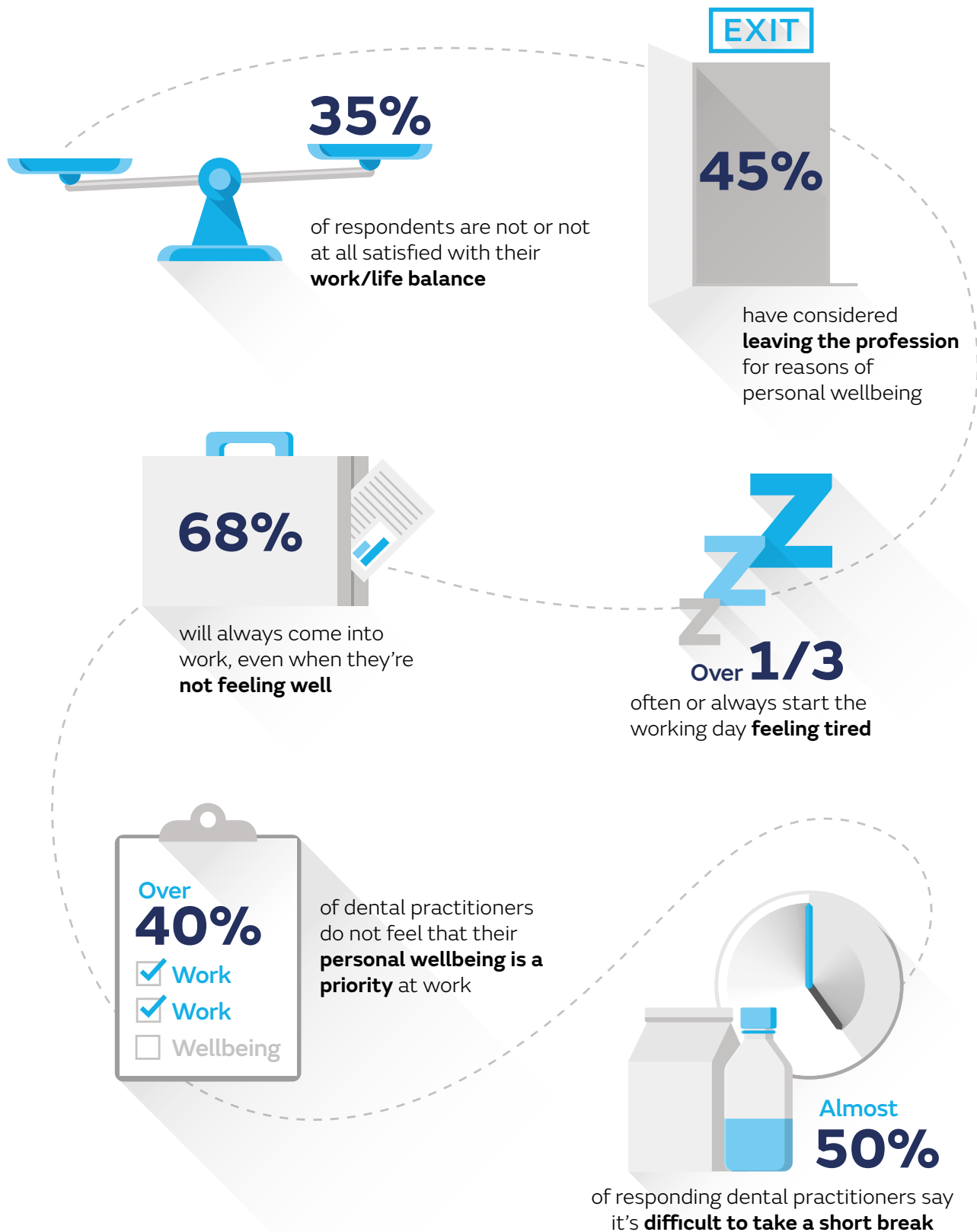
Dr Raj Rattan
Dental Director, Dental Protection

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.¹

Amongst other things, members told us:



REFERENCES

1. Survey of Australia based Dental Protection members, conducted between 11 June and 25 June 2019. Sample size was 183.

A growing global concern

It is perhaps one of the great paradoxes of our age, that in a time when modern dentistry allows dental practitioners to do more than ever before for their patients there is also increasing evidence that dental practitioners 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 how 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 practitioner; this places pressure on the practitioner as the clinician who is faced with challenges that require independent decisions, unlike when working in a group or teams and thus dentistry is considered a “lone” profession.

There are limited studies available on burnout among dental practitioners in Australia, and there is no recent data that tells us to what extent the burnout epidemic is present.

However, like in many other countries, mental health and wellbeing is high on the agenda in Australia, and from our work with dental practitioners and the risk management programmes we provide, we know that concerns over work-related stress and burnout are real. Mental Health Australia recognised that mental health and wellbeing is a pertinent issue for dental practitioners who can be impacted by isolation wrought by working in small practices where many do not have the opportunity to share and solve problems with colleagues through peer support.² Professional connections and self-care for dental practitioners are all too important and conversations have started in dental workplaces across the country.

Burnout among dental practitioners is not unique to Australia nor to any particular setting. It is a widespread global phenomenon and its prevalence is high among practitioners around the world. While the rates vary by country, gender and career stage, the overall evidence suggests that many dental practitioners 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 dental practitioners and the impact this has on their personal and professional lives.³⁴⁵⁶

The seriousness of burnout among dentists is recognised across the world. In New Zealand, for example, we are looking forward to seeing the findings from a large member survey conducted by the New Zealand Dental Association (NZDA) on the issue of burnout which are expected to be published soon. The NZDA also run nationwide small group courses with ‘wellbeing’ elements in each Annual Conference, and they introduced a ‘Wellbeing 360’ programme, and for more than 50 years they have managed a benevolent fund for help and prevention. They have written two New Zealand specific books on selfcare and provided them to members.

A survey of more than 2,000 dentists by the by the *British Dental Journal (BDJ)* in January 2019 found high levels of stress and burnout. 54% of respondents revealed they were

currently experiencing high job stress, with 43% stating they were unable to cope with level of pressure in their role.⁷

Irish studies also recognise the problem. The Irish Practitioners Health Matters Programme (PHMP) published its third annual report in May 2019, in which it outlined a 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 2 to 11 in 2018.⁸

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 the reasons why people contact health services 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.⁹

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 society, but it is often poorly understood and therefore not always treated effectively. It is often not taken seriously by employers, policy makers or 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.

REFERENCES

2. <https://www.ada.org.au/News-Media/News-and-Release/Latest-News/World-Mental-Health-Day-%E2%80%93-reducing-the-stigma-for>
3. <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1600-0579.2008.00468.x>
4. <https://onlinelibrary.wiley.com/doi/abs/10.1111/ijd.12142>
5. <https://journals.sagepub.com/doi/full/10.1177/0300060519859145>
6. <https://pdfs.semanticscholar.org/fcd8/1ac6fc5d0939bb97f4aa0e6e18f4c0b9da9b.pdf>
7. <https://www.nature.com/articles/sj.bdj.2019.6>
8. The full report is available here: <https://practitionerhealth.ie/wp-content/uploads/2019/05/PH-annual-report2018.pdf>
9. World Health Organisation, *11th Revision of the International Classification of Diseases*, 2019

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.¹⁰ Burnout directly and indirectly affects dentolegal risk, with the poor wellbeing of practitioners having major implications for patient outcomes and the overall performance of healthcare organisations.¹¹

Clinicians 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.¹²

This can jeopardise patient care and lead to complaints, 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 to see that the number of dental practitioners suffering from burnout is increasing.

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 the 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.

Members attending our workshops can expect to:

- ✓ 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.

Our work on burnout and wellbeing has been particularly profound in Australia where a solid education programme has been in place throughout 2019. Our in-house dentolegal advisers and experts in this field, Dr Annalene Weston and Dr Sam King, presented the "Under Pressure" lecture tour in seven Australian cities in March 2019. This was attended by more than ten percent of our membership and was a resounding success.

Dental Protection produces regular risk management publications, advising and supporting dental members around the world and in all stages of their careers.¹³

The "Under Pressure" lecture tour was supported by three articles in "Riskwise Connect":

- Thriving or Surviving¹⁴
- Nobody said it was easy¹⁵
- Bounce back from burnout¹⁶

All articles were written by Dr Weston and Dr King, as well as the article "Tired and Tearful" which was included in the publications "Dental Student" and "Teamwise".¹⁷

Dental Protection Australia is proud of this important work.

As well as supporting dental practitioners 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 an organisational/wider system level to help improve the work environment of dental practitioners.

In this paper, we outline key findings as well as recommendations which, if taken seriously, will 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.

REFERENCES

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)
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. <https://www.dentalprotection.org/australia/publications-resources/publications>
14. <https://www.dentalprotection.org/australia/publications-resources/dentolegal-articles/articles/thriving-or-surviving>
15. <https://www.dentalprotection.org/australia/publications-resources/dentolegal-articles/articles/nobody-said-it-was-easy-dealing-with-burnout>
16. <https://www.dentalprotection.org/australia/publications-resources/dentolegal-articles/articles/bounce-back-from-burnout>
17. <https://www.dentalprotection.org/australia/publications-resources/dentolegal-articles/articles/tired-and-tearful>

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.¹⁸

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.

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.

In our survey, almost half of dental practitioners responded that regular rest/recovery periods are not the norm during work sessions.

Almost 30% feel unable to take a break during the working day to eat/drink.

In addition, 28% of responding dental practitioners suspect that emotional exhaustion has contributed to an irreversible clinical error, with 45% of them saying this related to a lack of concentration, and 35% saying it was related to technical mistakes during procedures.

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.¹⁹

Our survey of members in Australia reveals that 73% of dental practitioners 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 renegotiate 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.

- Teams should have policies in place that allow for breaks during work sessions.
- Organisations 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. Dental practitioners 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 and almost 50% of dental practitioners feel unable to take a short break in between two clinically demanding procedures.

REFERENCES

18. 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
19. Health Education England, (2019) NHS Staff and Learners' Mental Wellbeing Commission

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 us 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.

Dental practitioners 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.²⁰

- ✓ Dental practitioners should feel supported by their peers and leaders to speak up 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’.

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 can certainly be financial rewards (high pay, good benefits), but also 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. 56% of respondents say that their line manager/partner does not understand the value of celebrating success.

For many dental practitioners the job doesn’t match the dynamic and exciting work life that they had expected. Almost 40% of responding dental practitioners often or always feel like they are on a treadmill and nearly 25% of dental practitioners do not feel appreciated for the work that they do.

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

- ✓ Teams should develop processes and procedures to help create work environments that encourage recognition and celebration of achievements.

- ✓ Organisations should capture examples of great work and have ways to share, reward and celebrate.

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 dental practitioners. Such support not only improves professional effectiveness but can also foster a psychologically safe environment where dental practitioners feel they belong. Mutually supportive working relationships can help dental practitioners manage the emotional labour of the job and also reduce the stigma of disclosing work-related stress and mental wellbeing problems and seeking help.

64% feel supported or strongly supported by their peers, and 73% would be prepared to cover a colleague’s work for a short period, so that they may take a break.

These results highlight dental practitioners’ desire for a sense of belonging and community in the workplace.

- ✓ Dental practitioners should feel encouraged and empowered by their leaders to 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 that 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.

Almost 30% of respondents feel there is no fair and equal approach to work/life balance policies such as flexible working.

30% 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.

Our survey also revealed that 50% of the respondents said that they would be supported to learn from an error if they made one, while 16% say they would be blamed.

REFERENCES

20. H. Perez et al, (2015) Chaos in the Clinic: Characteristics and Consequences of Practices Perceived as Chaotic, *Journal for Healthcare Quality* 39(1)

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 where that activity has taken place.

Steps must be taken to support and reassure dental practitioners 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 practitioners should feel comfortable and receive appropriate support and 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' type of workplace.
- ✓ Organisations should put policies in place and mandate training to ensure psychological safety is measured, developed and maintained.

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.

More than 20% of respondents said they often or always feel disillusioned in their work and when asked how frequently systemic factors compromise ethical standards, 75% say rarely or never, and 25% of respondents say they experience this once or twice a week or more. Time pressure (60%), workload (24%) and lack of resources (27%) 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.²¹

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.

- ✓ 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

Almost 70% of dental practitioners 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 and is actually more of a threat to employers than sickness absence.

Dentists are notoriously reluctant to take time off when they are sick and this can result in a number of issues, including not performing efficiently. This can have greater repercussions than if the dentist had sought advice from a doctor and stayed off work.

In New Zealand, for example, The Association of Salaried Medical Specialists (ASMS) has conducted a study on this, published in the *New Zealand Medical Journal*. This study sought to understand the prevalence of and factors that influence presenteeism within a particular sector of the New Zealand medical workforce (doctors and dentists). Presenteeism was reported by 88% of respondents. The study concluded that presenteeism is a widespread behavioural norm in the New Zealand senior medical workforce, and that choosing whether or not to work through illness reflects the high value placed on duty of care, but also tensions around defining responsible behaviour in this regard.²²

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 dental practitioners 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.

REFERENCES

21. T. Shanafelt et al, (2018) Physician burnout: contributors, consequences and solutions, *Journal of Internal Medicine*, 283 (6): 516-529
22. Chambers et al (2017). 'Presenteeism in the New Zealand Senior Medical Workforce-a Mixed-Methods Analysis'. *N Z Med J*, 130 (1449)10-21.

Dental practitioners 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 risks burnout. Ensuring that goals are realistic and sustainable is an important step in building resilience. It is important that dental practitioners 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 13% of responding dental practitioners claimed that colleagues make them feel guilty for taking sick leave, a much higher number, almost 60%, 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. Organisations, line managers and practice owners should all play a role in driving a culture change and insist that dental practitioners 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 dental practitioners 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.²³

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.

36% of respondents experience behaviour from colleagues that undermines respect for each other in the workplace, and 36% also feel like colleagues’ behaviour adversely impacts patient care. Almost 30% of respondents witness disrespectful behaviour among colleagues once or twice a week or more.

When they witness disrespectful behaviour, almost 43% of respondents say they would feel comfortable speaking up and 12% would not feel comfortable at all.

It is essential for dental practitioners 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 in which a dental practitioner 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 dental practitioners feel treated by their employer.

20% of dental practitioners said that their employer does not give them the support they need to do their job well, and 40% do not feel encouraged by the line manager/practice owner to discuss wellbeing issues. In addition, over 40% do not feel like their personal wellbeing is a priority of the practice owner/their manager.

In the context of wellbeing, more than 30% of dental practitioners do not or not at all feel supported by practice/hospital management, and over half do not or not at all feel supported by their Supervisor/Practice principal.

86% 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 dedicated to staff wellbeing.²⁴

REFERENCES

23. L. Leape (2012) A Culture of Respect: The Nature and Causes of Disrespectful Behaviour by Physicians, *Academic Medicine*, 87(7): 845-858
24. 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

Recommendations

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

Dental Protection will continue to provide valuable support to members dealing with burnout through risk management and education. But the focus should not solely be on interventions that help the individual doctor 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 dental practitioners, and all healthcare professionals.

We are calling for the following actions:

1 Dental practitioners

- should be trained on the risks and consequences of burnout
- should be trained to recognise burnout in themselves
- should receive training on how and when to say no for safety
- should be encouraged to routinely celebrate their achievements
- should feel encouraged and empowered by their leaders to stimulate mutually supportive working relationships
- should feel comfortable and receive appropriate support and training to enable them to raise any concerns regarding unfairness with their manager.

2 Dental teams

- should have policies in place that allow for breaks during work sessions
- should have optimal rotas in place that allow for a structure and responsible approach to work sessions
- should develop processes and procedures to help create work environments that encourage the recognition and celebration of achievements
- should create an open and supportive working environment and actively support team building opportunities
- should make use of standardised tools, scales and procedures to ensure a “Just Culture” can develop in the workplace
- 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
- 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.

3 Dental practices/organisations

- should put measures in place that help create a culture in which it is the norm for staff to say no for safety
- should capture examples of great work and have ways to share, reward and celebrate
- should facilitate staff break spaces, ie spaces to meet, talk and share time together
- should put policies in place and mandate training to ensure psychological safety is measured, developed and maintained
- 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.

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

5 **Dental schools and postgraduate training bodies** need to focus on providing dental practitioners who supervise others with the time and training to perform key management activities, such as debriefs and identifying and supporting sick team members.

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 dental practitioners and other dental healthcare professionals during their training and supporting them in their professional career development.

They should establish comprehensive standards for dental practitioners’ wellbeing at every career stage and measure those standards. They should provide scholars with 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, will mitigate the risks of burnout in the profession.

About Dental Protection

Dental Protection is part of Medical Protection Society (MPS). MPS is 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 that arise from professional practice. This includes HDC matters, 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.

DPL Australia Pty Ltd ("DPLA") is registered in Australia with ABN 24 092 695 933. Dental Protection Limited ("DPL") is registered in England (No. 2374160) and along with DPLA is part of the Medical Protection Society Limited ("MPS") group of companies. MPS is registered in England (No. 36142). Both DPL and MPS have their registered office at Level 19, The Shard, 32 London Bridge Street, London, SE1 9SG. DPL serves and supports the dental members of MPS. All the benefits of MPS membership are discretionary, as set out in MPS's Memorandum and Articles of Association. "Dental Protection member" in Australia means a non-indemnity dental member of MPS. Dental Protection members may hold membership independently or in conjunction with membership of the Australian Dental Association (W.A. Branch) Inc. ("ADA WA").

Dental Protection members who hold membership independently need to apply for, and where applicable maintain, an individual Dental Indemnity Policy underwritten by MDA National Insurance Pty Ltd ("MDA"), ABN 56 058 271 417, AFS Licence No. 238073. DPLA is a Corporate Authorised Representative of MDA with CAR No. 326134. For such Dental Protection members, by agreement with MDA, DPLA provides point-of-contact member services, case management and colleague-to-colleague support. Dental Protection members who are also ADA WA members need to apply for, and where applicable maintain, an individual Dental Indemnity Policy underwritten by MDA, which is available in accordance with the provisions of ADA WA membership.

None of ADA WA, DPL, DPLA and MPS are insurance companies.

Dental Protection® is a registered trademark of MPS."