The Stress of Dental Practice

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Overview

- The sources of stress in dental practice
- The impact of stress on health, well being and functioning
- Approaches to managing work related stress and mental health
- Implement learning in practice

The sources of stress in dental practice

Plessas et al (2021) https://www.gdc-uk.org/about-us/what-we-do/research/our-research-library/detail/report/mental-health-and-wellbeing-in-dentistry-a-rapid-evidence-assessment

Business led pressures

- Financial viability
- Staffing issues
  - Performance management
  - Relationships
  - Absence
- Management, governance and paperwork
- Maintenance of equipment, facilities and materials (Kemp and Edwards,
  Job security
- Competition with other providers

“We’re not trained as businessmen, we’re trained as dentists. And yet we are now businessmen and it’s a question of trying to get the right balance, the right compromise between doing the dentistry and getting the right turnover”

General Dentist, Majority NHS practice

Clinical situation led pressures

- Lack of control over clinical work
- Working out of one’s comfort zone
- Treating anxious patients
- Children or patients with additional needs
- Difficult or complex treatments
- Medical emergencies
- Risk of clinical mistakes and clinical complications
- Inappropriate referrals (Community dentists)

Patient led pressures

- Complaints (inc. treating patients after they have complained)
  - Litigation
  - GDC investigation
- Meeting patient or carer expectations
- Dealing with challenging and dissatisfied patients
- Establishing effective communication and rapport
- Gaining valid consent
- Uncooperative patients
- Patients who do not take responsibility of their own oral health

Regulation led pressures

- NHS
  - Commissioning
  - Bureaucracy
  - Lack of funding
  - Threat of clawback
  - Uncertainty around NHS dentistry's future
- CQC
- GDC

Working environment led pressures

- Time management and perceived lack of control
- Time pressures
- Workload
- Working relationships
- Isolation
- Poor management

“It’s the fact that when you’re already fully booked and you have all the extra ones to try and squeeze in, this is the problem. If I’m fully booked and no extra ones come in then it’s simply just a reasonable session”

General Dentist, Majority NHS practice

Society & person led pressures

- External events
  - Social and relationship breakdowns
  - Bereavement
  - Social pressure
  - Social media
- Negative media publicity and negative public perception of dentists
- Perfectionism and a constant drive for success
- Perceived competence
- Lack of recognition and feeling undervalued
- The stigma of not coping

Consumerism in Healthcare

(Marko Vujicic, personal communication)

- Self Diagnosis
- Un-doctoring
  - On-line search
  - Social network discussion
- Alternatives and substitutes
- Medical shopping
- App-lification
- Pricing transparency
- User experience

Sources of stress – Dental Nurse

(Blinkhorn 1992)

Earning enough

Being blamed for mistakes

Long hours

Being behind schedule

Dealing with money

Feeling undervalued

Difficult patients

Sources of stress – Hygienist

(Blinkhorn 1992)

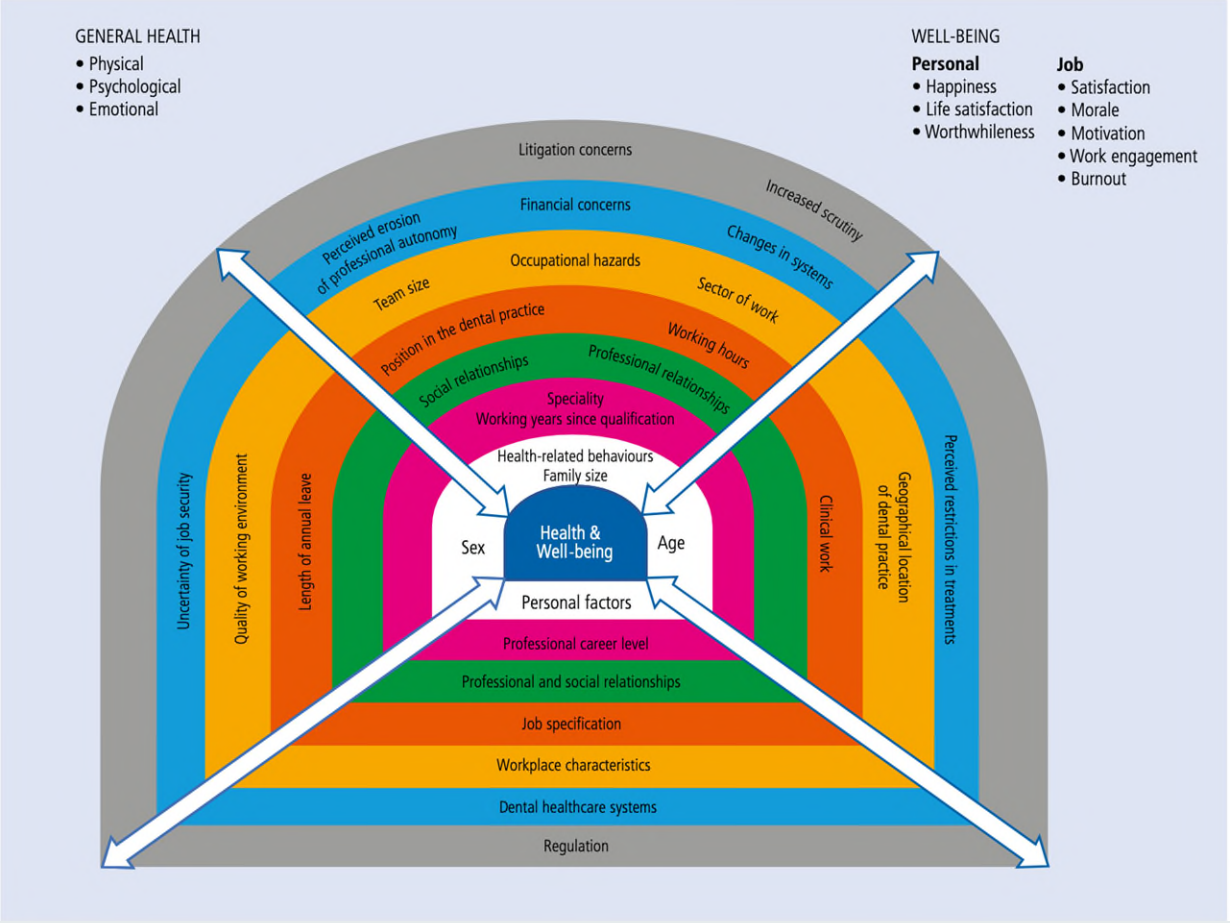
Feeling an ‘outsider’ in the practice

Dentists undervalue prevention

Patient appointments booked too closely together, so time management difficult

Influences on the experience of well being

(Colonio Salazar et al 2019)



The impact of stress on health, well being and functioning

Health & Wellbeing

	Anxiety	Depression	Poor Psychological Well being	Burnout[1]
Dentists	17%	10% (Retired dentists)	29%	60 – 80%
Dental Care Professionals	25%		20%	

1 Characteristics of Burnout
- Emotional Exhaustion
- Depersonalisation
- Low work related accomplishment

Plessas et al (2021)
https://www.gdc-uk.org/about-us/what-we-do/research/our-research-library/detail/report/mental-health-and-wellbeing-in-dentistry-a-rapid-evidence-assessment

Burnout (Denton et al 2008)

Survey of 500 GDPs

Approximately 8% of respondents had scores suggestive of burnout on all three scales of the MBI-HSS, and a further 18.5% had high scores in two of the domains.

Eighty-three percent of respondents had work engagement scores suggestive of moderate or high work engagement.

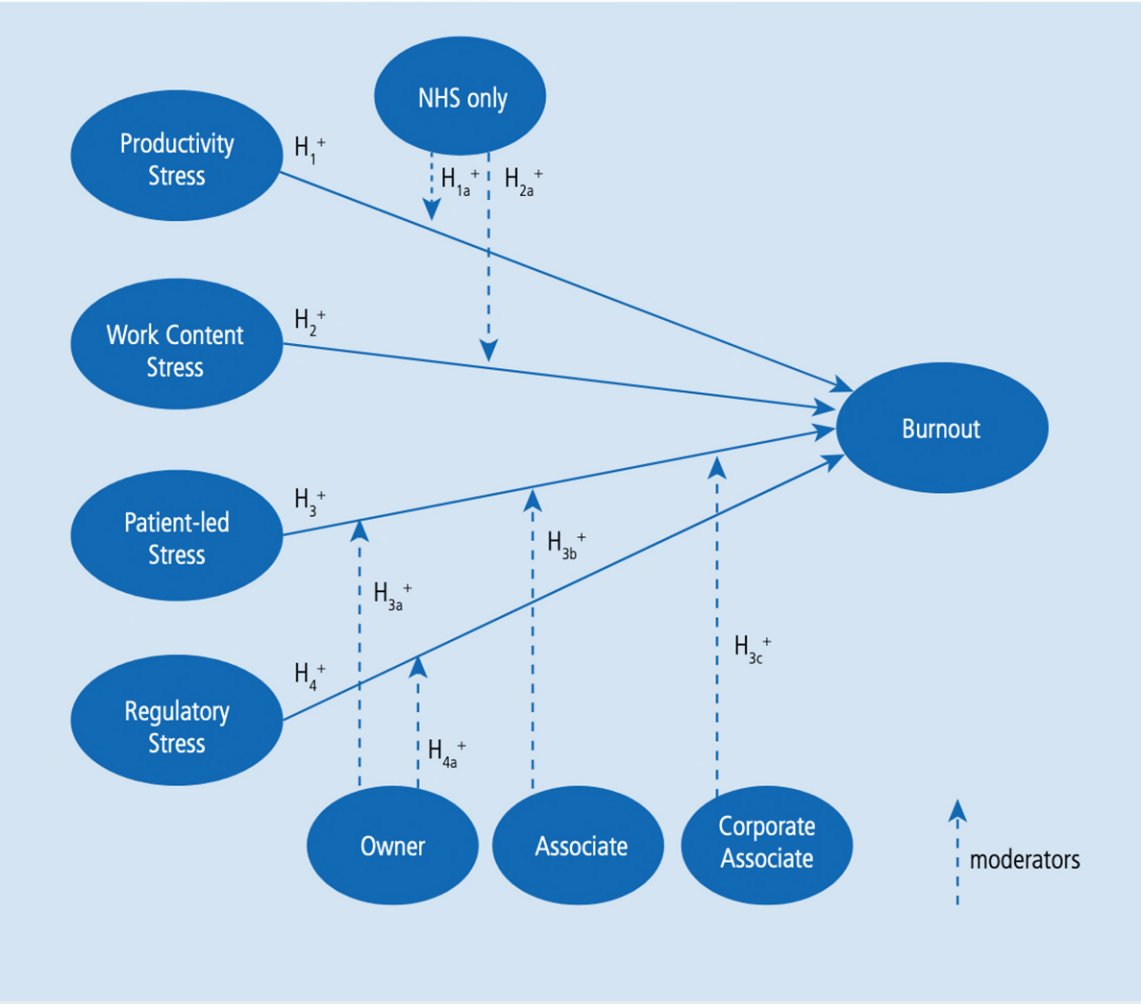
Dentists with postgraduate qualifications and those who work in larger teams had lower burnout scores and more positive work engagement scores. Dentists who spend a greater proportion of their time in NHS practice showed lower work engagement and higher levels of burnout.

Burnout (Collin et al 2019)

On-line survey of 2053 respondents

Burnout in 87.7% GDP
83.3% CDS
75.3% HDS
65.2% Dental Academics
59.3% Armed Forces and Public Health

Predictors of Burnout
(Toon et al (2019)



Impact on work (Bruj et al 2026)

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Scientific Research Report

The Relationship Between Burnout in Dental Care Professionals and Patient Safety: A Scoping Review

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Burnout related to intention to leave the practice of dentistry and self-reported clinical errors

Approaches to managing work related stress and mental health

Individual and team approaches

Physical approaches
Behavioural approaches
Cognitive approaches
Social approaches
Management approaches

Managing stress - physical

Relieving general tension (relaxation, breathing techniques, exercise, yoga)
Improved diet
Reducing caffeine
Improved physical working environment

Managing stress - behavioural

Time management

Communication skills

Social and interpersonal skills

Practice management skills

Problem anticipation

Planning rest periods

Time management

Identify your priorities and goals

Examine how you allocate time to goals

Manage both your own time and external demands on your time

Priorities and goals

What is important to you ?
What do you want to achieve ?
What kind of working environment and relationships are important to you ?

This is NOT a ‘To Do’ list

How do you spend your time?

Allocate time to tasks

	Important	Not important
Urgent	Crises	Interruptions Phone calls Mobile phones
Not urgent	Evaluation Planning Routine tasks	E-mail

Interruptions

Casual callers / visitors

Telephone calls

Patients

Coping behaviours - the 5 ‘D’s

Delegate. Can you give this work to someone else?

Divide. Can you break the task into smaller more manageable pieces?

Divert. Is there a different way round this problem?

Discuss. Share the problem with colleagues. Seek their help in finding solutions.

Develop. Learn new skills to cope. For example accounting, business skills, relaxation techniques.

Managing stress - cognitive

Examining unhelpful styles of thinking

Cognitive restructuring

Not catastrophising

Unhelpful styles of thinking

Filtering: You take the negative details and magnify them while filtering out all the positive aspects of a situation

Polarised thinking/absolutes: Things are black or white, good or bad. You have to be perfect or you are a failure. There is no middle ground.

Mind reading: Without their saying so, you know what people are feeling and why they act the way they do.

Catastrophising: You expect disaster. ‘What if…’

Personalisation: Thinking that everything people do or say is some kind of reaction to you

Shoulds/musts: You have a list of ironclad rules about how you and other people should act.

Blaming: you hold other people responsible for your pain, or blame yourself for every problem

Overgeneralisation: inferring a general rule from one incident. Because something happened once, it will always happen

Cognitive restructuring

Developing an alternative way of thinking…more helpful / adaptive thoughts

Via…

Disputing/Socratic questioning
Assessing the evidence
Writing letters
Behavioural experiments
Stress inoculation training

Disputing / Socratic questioning (Asking questions to elicit answers that are then questioned)

Is that so all of the time? Are there situations where things are different?

How might someone else view the situation?

What good comes from holding this belief?

Why might any of us have that thought at some time?

Where is it written that you must…?

Who says you should…?

What makes this too hard…?

How does it follow that because it happened once it must therefore happen again?

How does being called stupid make you completely stupid?

How does failing make you a total failure

An example

"I used to look in the appointment book each night before I left … and if I saw this one name, Patient A, I'll call her, that's it I'd be up all night worrying if she would be happy with her treatment or complain"

Magnification

Catastrophising

Ruminating

{An implied 'Should'}

Changing your thoughts

What happened?

What did I feel?

What did I think?

What types of thoughts are those? (tick all the boxes that apply)

- ☐ Perfectionism
- ☐ The tyranny of the shoulds
- ☐ 'Black and White' thinking
- ☐ Overgeneralisation
- ☐ Selective focus
- ☐ Discounting the positive
- ☐ Jumping to conclusions
- ☐ Magnification
- ☐ Emotional reasoning
- ☐ Negative labelling
- ☐ Personalising and blaming

What could I have thought?

Managing stress - social

Identify social support (family, friends)

Identify professional support (local branch of BDA)

Managing stress - management

Annual salary review

Individual performance review

Role clarity and identification of duties and responsibilities

Staff meetings

Scheduled practice breaks

Expectations of availability

Mental health and well being lead for the practice

Coping with critical incidents

Recognise the impact of the event upon yourself and your team

Identify sources of support

Review the incident, learn from it and put it in its proper place

Finally …

Advocate for change

Implement learning in practice

From all that you have heard what one thing do you think you could do as a result …

What steps would you need to take ?

When could you start?

Who would you need to involve?

What resources would you need?

What might be unintended consequences – how do you plan for those?

Further reading

FDI Digital Toolkit
https://fdimentalhealthtoolkit.org/

BREATHE dental wellness
https://www.breathedentalwellness.org/

Mind Ninja
https://www.mind-ninja.co.uk/

General Dental Council Report on Mental Health and well being in dentistry 2021
https://www.gdc-uk.org/about-us/what-we-do/research/our-research-library/detail/report/mental-health-and-wellbeing-in-dentistry-a-rapid-evidence-assessment.