Self Care *for* Dentists

NEW ZEALAND
DENTAL ASSOCIATION

DCNZ
Dental Council
of New Zealand
Te Kaunihera Tiaki
Niho o Aotearoa

ACKNOWLEDGMENTS

The Dental Council and the Dental Association of New Zealand are grateful to the Royal New Zealand College of General Practitioners for producing "Self Care for GPs". The College's successful module was compiled by a group of our caring medical colleagues during 1997 and published the following year. We have used their idea in creating Self-care for Dentists.

We are grateful to Cheryl Palliser, Angela Mansell and Jonathan Broadbent for allowing their unpublished research to be included in "Self Care for Dentists". We also thank those colleagues who have enhanced the book by sharing their comments and personal experiences with us.

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INTRODUCTION

There has been quite a lot written on the concept of self-care within the general population especially as it relates to community and family support. Self-care actions can involve the prevention, maintenance, promotion and restoration of health. Several models have been proposed to examine the likely uptake of self-care behaviour[1]. We will act positively if we view health in terms of vitality and exhilaration rather than merely the absence of disease and if we have an understanding of how self care can work.

In 1998 **"Self Care for GPs"** was produced by the Royal New Zealand College of General Practitioners as a module for their accreditation process for vocational registration. Their book and workbook were produced by a group of specialists and others with a concern for the health of doctors and other health professionals. A 1999 meeting of the DCNZ Health Committee and the Doctors Health Advisory Service, having studied the G.P.'s module, agreed that "Self Care for Dentists" should be produced. The New Zealand Dental Association was invited and agreed to assist with production costs while Medical Assurance Society Ltd very kindly agreed to cover the cost of distribution to all practising dentists.

"Self-Care Aims"

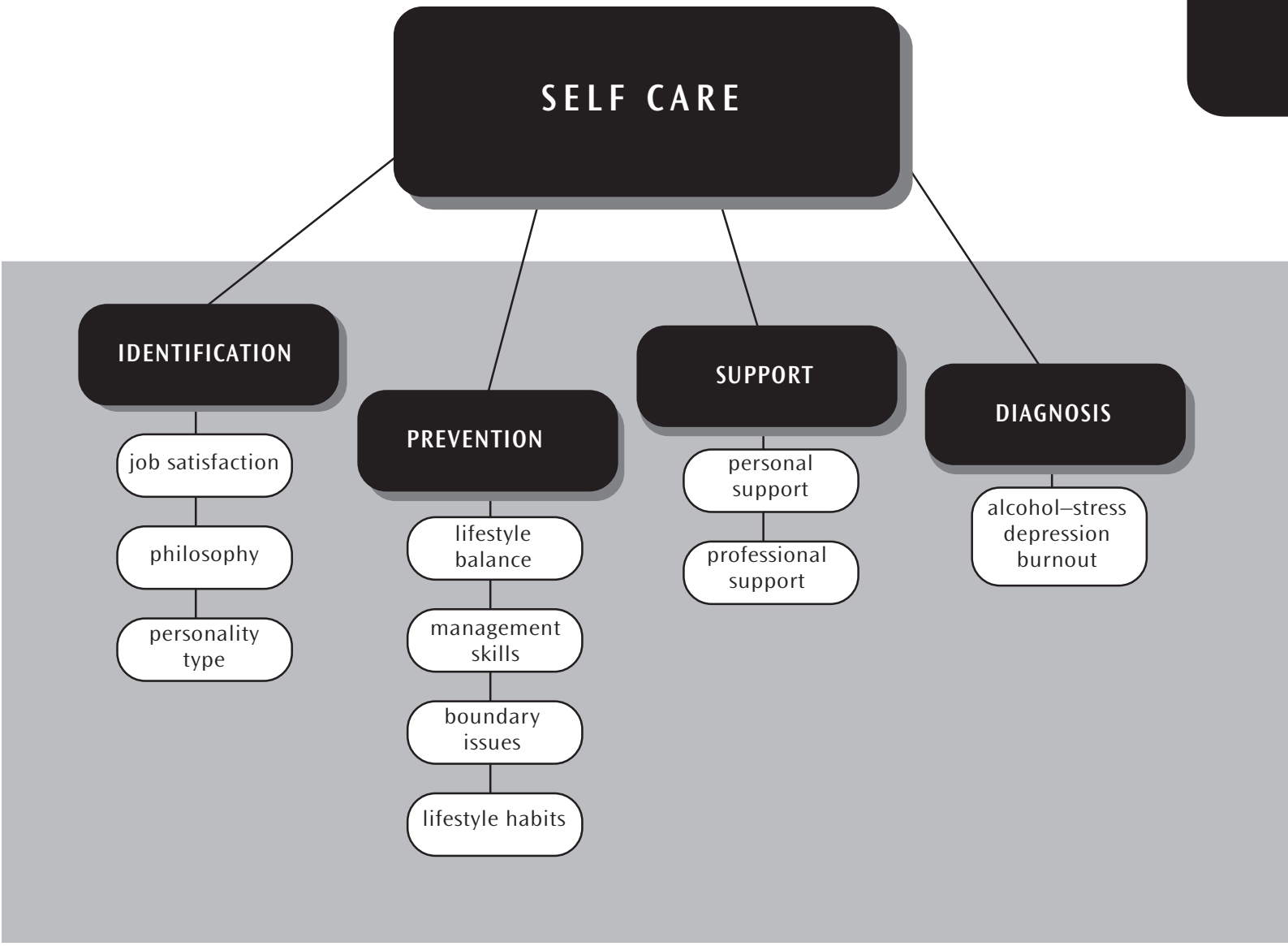
- To promote the NZDA & DCNZ endorsement of self care for dentists.
- To encourage a culture in which self care is accepted and recognised as essential for practitioners.
- To provide a way for dentists to assess their level of self care.
- To encourage dentists to take positive actions towards looking after their own needs.

What is Self Care?

Self care refers to behaviour personally initiated and performed on behalf of ourselves and our dependents to maintain or enhance life, health, and well-being. It embraces physical, mental, emotional and spiritual health.

In this book it is seen as "staying well in practice" by knowing your sources of job satisfaction and maximising them, by understanding the stresses and limiting their effect on everyday life while constantly aiming to keep a balance between work, home and relaxation.

MODEL OF SELF CARE



Layout

This book combines research from both New Zealand and international studies and includes personal stories from New Zealand practitioners. The exercises are based on the topics covered in the theoretical sections. These activities are designed to get you involved.

IDENTIFICATION:

This section looks at dentists as a group and as individuals. It gives us an opportunity to consider the reasons we chose dentistry and why there is a need for self care. We examine the philosophies of those who enjoy practice, identify what gives job satisfaction and dissatisfaction and look at the personality types most prone to stress.

PREVENTION:

Here we look at information on coping strategies and skills required by dentists and their partners which can help us stay well in practice.

SUPPORT:

An essential part of self care is a support network and we often neglect this. This section looks at the importance of identifying and developing a personal and professional support network before it is really needed.

DIAGNOSIS:

Not all issues dentists have to deal with can be addressed by self care activities. Questionnaires on depression, alcohol intake, and burnout are included to help us identify when professional assistance might be appropriate.

IDENTIFICATION

Who Chooses Dentistry as a Career?

A catalyst for the College of GPs Self Care module was a 1995 article by Dr Tony Revel[2], which presented a disturbing picture of poor psychological health in New Zealand doctors. Revel's paper suggested a possible cause for this could be vulnerabilities present before entering medicine. Vulnerabilities which are reinforced by medical training and aspects of their career. A study in America followed 268 students for 30 years. Forty six of those in the study became doctors. Students with the most unhappy childhoods were often the ones most likely to run into problems later. The authors found these students often selected medicine as a career. A significant minority in the other health professions, especially dentistry, had initially selected medicine as their first career choice[3,6].

Several other authors[4,5,6,7] refer to the common personality features of dentists and doctors. A number of these identify a lack of self-esteem and verbal assertiveness in childhood leading to more competitiveness, the forerunner to a Type A personality[8].

Although not a homogeneous population, dentists are said to have a number of common characteristics, being hard working and driven to achieve perfection. Cooper[6,17,20], who has researched many occupations, concludes that dentistry tends to attract compulsive personalities who display unrealistic expectations and strive for unattainable standards of excellence. Revel, Joffe[6] and others suggest that adults with little sense of self can be driven by a desire for approval and affirmation. For dentists and doctors this is often sought from their patients. Yet some of us are not able to take sufficient credit for our work. We are overly critical and find it difficult to admit to mistakes or acknowledge vulnerability, especially when working in isolation. Revel found that those who cope best with stress have a strong sense of self, brought about by affirmation rather than by humiliation, which was often a common element of our training.

Why Do Dentists Need Self Care?

Several researchers[6,7,9,10] have identified dentistry as the most stressful occupation. Each day can produce a series of incidents which act as potential stressors. Recognising and learning to control potentially stressful events can greatly improve the quality of work and life. Many dentists reportedly do not take care of themselves very well. Few dentists do anything to increase protection against stress. One study[9] reported 24% did nothing, 32% physical activity, 13% "just coped", 10% took adequate time off and only 6% enjoyed a hobby!!

In some studies, the reported suicide rate of dentists is significantly higher than the general population. This seems particularly true for those at the beginning and end of practice.

Many dentists speak of the hardening public attitude to professionals and the increasing chance of being involved in a disciplinary hearing.

> "I'd been in practice many years when the complaint arrived. These had been busy years, building a busy practice, setting up home and bringing up children. I enjoyed helping patients and working hard. I also felt that I was contributing to the community and to the profession.
>
> One day a suspicious letter arrived marked "Private and Confidential". I didn't want to open it. When I did I was stunned. The rest of the day passed in a daze as I tried to concentrate on the patients being treated, when I really wanted to pack dentistry in, and get away from it.
>
> I gathered up the patient's record and wrote a reply in defence of the accusation against me. I had made an error of judgment in my treatment of a case and felt dreadful about it. I felt mentally quite depressed and spent many hours (often in the middle of the night) worrying about it.
>
> Fortunately I received a lot of fantastic support and help from NZDA and my wife, but it was hard to see the "wood for the trees". I also received a lot of support from colleagues and other professionals. In retrospect they must have thought I overreacted, but even with their kindness and encouragement I struggled to cope with the stress and strain.
>
> After months of correspondence the complaint went in my favour, but there was no feeling of victory, only relief.
>
> Now, two years later, the emotions still creep back when I recall it. Some of the joy of dentistry has gone. I don't trust my professional skills or my patients as I used to. I practise more carefully and defensively.
>
> Finally I urge all dentists to give support to colleagues who have a problem.
>
> There is a steady stream of complaints against professionals these days and it's a case of "There but for the grace of God go I".
>
> If you have a problem contact Dental Protection via NZDA immediately. In case this didn't register **contact Dental Protection immediately**."
>
> "The avenues of complaint against dentists are too numerous and the public is encouraged to complain. Most dentists have a real fear of legal litigation and I will be pleased when I can retire."

Philosophy of Those Who Enjoy Practice

PERCEPTIONS OF DENTISTS

Some studies[9,10,11,12] indicate that dentists perceive their profession to be more stressful than others. The fear of burn-out, muscoskeletal and visual acuity problems, chemical dependency, and the fears arising from running a business all combine to produce a perception that our profession is perilous compared with others.

A study in Canada looked at doctors who felt in control of their lives and identified the coping strategies that could be used[13].

The two common themes were:

- maintaining a balance in life as an ongoing process
- participating in activities outside work

Below are activities the doctors in the study used to achieve this balance. This can be used as a checklist for self care.

SELF CARE ACTIVITIES OF THOSE WHO FEEL IN CONTROL OF THEIR LIVES

Self Awareness	◗ Keep a personal journal ◗ Practise some form of spirituality ◗ Continue education outside profession ◗ Obtain personal psychological therapy
Sharing Feelings and Responsibilities	◗ Develop a support network (e.g. friends, family, peer review group)
Promote Self Care	◗ Pay regular attention to your self care inventory (e.g. regular holidays, time out for family and interests outside work)
Developing Personal Philosophy	◗ Allocate time to clarify issues ◗ Prioritise goals reflective of both professional and personal values ◗ Develop a time management system

Sources of Job Satisfaction and Dissatisfaction for Dentists

Much of staying well in practice is knowing what gives you job satisfaction and maximising it. Understanding the stresses and limiting their effect on everyday life, while constantly aiming to keep a balance between work, home and relaxation.

SOURCES OF JOB SATISFACTION

A recent New Zealand survey[14] found that for most dentists their job is a source of considerable satisfaction. This satisfaction is due to the amount of freedom and responsibility we have and the variety of our work.

We enjoy the diversity of our work and derive high levels of 'intrinsic' job satisfaction from using our technical skills as well as having the autonomy and freedom to choose our methods of work. Job satisfaction in dentistry also comes from:

- Assessing patients' needs correctly
- Providing high quality durable treatment
- Satisfied patients
- Sufficient income
- Satisfied staff
- Comfortable relationships with colleagues and partners.

"Changing faces for the better – increasing patient self-worth."

"Helping people to look good or be free from discomfort."

SOURCES OF DISSATISFACTION FOR DENTISTS

Time and time again studies show that the same factors produce the major sources of stress[6,9,10,14].

- Time-related pressures
- Fearful patients
- Too much work
- Financial worries
- Problems with staff
- Equipment and material problems
- Poor working conditions and the boring nature of the job.

To these, we might add the stress of student debt, practice administration, career opportunities, cultural difficulties and "burnout".

Burnout[15], described as "a disease of over-commitment associated with the withdrawal from work in response to excessive stress or dissatisfaction", is an example of an inappropriate response to the challenge of work and is associated with poor work performance and ill health. Some say[16] that all health professionals will suffer burnout at some time. The constant repetition of stressful events being the potentiating factor.

THE POTENTIAL STRESSORS IN DENTISTRY MAY BE CLASSIFIED AS FOLLOWS[17]

- Factors intrinsic to the job
- Relationships at work
- Lack of career development

FACTORS INTRINSIC TO THE JOB

Occupational Risks

Although dentists' occupational risk has been studied widely, reported results show considerable variation. Investigations by the American Dental Association[18] place dentistry with the lowest mortality and morbidity rates of all professions. Equal with librarians for occupational related deaths with less than 2 per 100,000[19]. However according to Sloan & Cooper[20], dentistry's heavy workload, the repetitive nature of the work, the fears and anxieties of patients and concerns about payment, may all contribute to dentists being the most stressed of health professionals. They describe a scenario called **Work Overload**[21].

This can be either quantitative "too much" and this produces scheduling problems, or qualitative "too difficult" leading to anxiety and mistakes.

A fee for service situation where the remuneration level is too low is likely to produce quantitative overload. Overbooking to maintain output then produces qualitative stress as standards suffer with decreasing time per service.

Should deficiencies in treatment be identified, we may react with disappointment and/or anger, and this will be stressful for us and our patients[22]. Furthermore, reduction in the time spent with any patient may prevent us from obtaining the necessary information to complete treatment effectively and safely; hence the production of more stresses.

By comparison, **Work Underload**[21] is observed in occupations which are repetitive, boring and lacking in stimulation. So, stress also occurs when we find our work insufficiently challenging. We need a range of work with at least some new aspects to maintain interest.

Concerns over new administrative arrangements and decisions such as whether to enter a capitation contract under the Dental Benefit Scheme must also be considered occupational stressors.

The Working Environment

Another potential source of dental occupational stress is the work environment. For example, noise can raise concerns about hearing impairment, while the glare of operating lights, together with the smells of materials and disinfectants stimulate the senses, affecting mood, and overall mental state[23]. However the design and layout of the surgery is more important and may influence the communication network[23]. Poor ventilation or inadequate temperature control may increase the physical and emotional heat in the surgery, causing occupational stress to all team members. A poor working environment can contribute to occupational stress, but it is unlikely to be a primary causative factor and did not rate highly in the studies mentioned in Table 1.

No matter how well designed and equipped the practice, the physical stress of the job may be underestimated.

Musculoskeletal Symptoms

The first paper on dentists' physical well-being appeared in the journal Dental Cosmos more than 100 years ago[24]. During the last five decades musculoskeletal discomfort and stress in dentists have been extensively investigated[25,26,27].

While 60% to 80% of adults experience back or neck pain at some time during their lives, a number of studies indicate that we dentists have a higher prevalence. Probably the largest study involving 1253 US dentists, reported 60% having some musculoskeletal pain during the past year[26].

In a recent postal survey of 413 New Zealand dentists[28], more than 90% reported musculoskeletal symptoms during the previous year, particularly in the lower back, neck and shoulders. 35% of the study sample had been forced to restrict normal activities, including hobbies and work during the period. The survey also found a relationship between psychological distress, work-related stress and musculoskeletal symptoms but causation could not be established due to the nature of the survey. With this local study strongly supporting the previous evidence, it is time for us to seek some advice and instruction for our staff and ourselves. Although aware of many of the dos and don'ts regarding posture and exercise, few of us apply these preventively. We strongly suspect that many in practice put up with symptoms thinking them to be unavoidable or part of the job. **One very clear message can be taken from the studies. The fitter we are and the more exercise we do, the less likely we are to develop musculoskeletal symptoms.**

Other Issues

The nature of dental treatment, with its concentration upon fine detail and close work, may not be the cause of eye problems, but increasing loss of visual acuity can create anxiety. The use of magnification is now widely recommended for all age groups, but especially for those over 45[29]. There may also be concerns relating to the use of materials such as mercury or nitrous oxide, and anxieties relating to the potential for transmission of Hep B and C and HIV infection and the effectiveness of our cross-infection control. However, the N.Z.D.A. Codes of Practice show us how to minimise these risks and the American Centers for Disease Control and Prevention, estimates the risk of HIV transmission during dental treatment as practically undetectable with no documented evidence of patient to patient transmission in dental offices and no dental worker to patient transmission other than Acer[30].

Time Scheduling

In order to meet the high capital and everyday operating costs of a dental practice, we may spend our professional working time scheduling more and more into less and less time. One investigator[10] of potential dentist stressors, found that 'being pressured for time' was ranked third highest and 'time scheduling' was ranked seventh highest out of 20 stressors by dentists participating in the survey. Running behind schedule and 'constant time pressures' ranked third and fourth respectively out of 25 potential stressors by general dental practitioners who were assessed (Table I). In the New Zealand survey both male and female dentists ranked "running behind time" as their biggest work hassle[14].

The treatment of dental emergency patients may act as a source of stress[10], if proper arrangements are not made with reception staff to keep time-slots available. The efficient treatment of emergencies is of considerable importance – reducing stress by both establishing good patient relations and maintaining an adequate supply of new patients[31]. Time used in completion of paperwork or being available for emergencies may result in long working hours, which in turn, has been identified as a source of stress[10].

TABLE I:

Ranking of the main sources of dental occupational stress:

COMPARISONS OF UK AND US DENTISTS

Source of occupational stress	UK[6] dentists' ranks	US[10] dentists' ranks
Medical emergency in the surgery	1	20
Difficult, angry uncooperative patients	2	1
Running behind schedule	3	7
Constant time pressures	4	3
Anxious patients	5	9
Dissatisfied and argumentative patients	6	2
Making mistakes	6	—
High concentration levels	8	—
Earning enough money to fit with lifestyle	9	20
Patients querying expertise	10	—
Defects in equipment/materials	10	6
Quoting fees and collecting payment	12	—
Communicating problems with staff	—	12

Other studies[9,32] support the above investigations, suggesting that stress may arise from anxieties about running late, the self-imposed restrictions on time per item of treatment resulting from the need to generate income, and the ability to control and manage time efficiently and effectively. Furthermore, a 'full' appointment book may be considered necessary, and accordingly, an appointment missed or time off for holiday or due to sickness will, in effect, equate to lost income.

Medical Emergency

Medical emergency in the surgery is a very stressful event, but it is not what keeps New Zealand dentists awake at night. However, a postal survey carried out in 2001 by Jonathan Broadbent, as a Dental Research

Foundation Summer Studentship[33], provides some valuable information and recommendations. Nearly two-thirds of the 314 respondents had experienced a medical emergency during the previous 10 years, with a practice incidence of 4.5 during this period. This was high compared with other studies and highlights the need for preparedness. Jonathan's research should stimulate us individually and at branch and national level to update our emergency equipment, skills and procedures. To quote from his summary:

"More than half of the respondents were unsatisfied with the training they had received for medical emergencies as undergraduate students, and 28 (14.1 percent) currently felt inadequately prepared for an emergency in practice. When asked how their preparedness could be improved, 165 (83.3 percent) opted for hands-on courses, 15 (7.5 percent) opted for lectures alone and 5 (2.5 percent) opted for other courses alone. One in twenty felt that they had no need for further training. Further training in the management of medical emergencies should be made available to New Zealand's dentists."

Fear of Dentistry

It is undoubtedly true that a significant proportion of the population fear dentists and dentistry. Estimates range from 50-90% with around 15% chronically afraid of dental treatment. This can cause anything from avoidance of treatment to a complex mix of problems for both dentists and patients when they do present. Not surprisingly, this is a high rating stressor. But it need not be so! Many strategies have been developed to help both dentists and their patients cope with the pressures that arise from fear[34].

Techniques to alleviate fear include:

- Communication
- Distraction
- Behaviour control
- Cognitive reconstruction
- Coping, sensory, and procedural information
- Tell-show-do technique (with paediatric patients)
- Contingency management (with paediatric patients).

New Technology – Keeping Up to Date

In general, the need to be informed about new technologies[35], attending courses and keeping up with new clinical techniques have been recognised as potential sources of stress. On the one hand, attendance may be associated with increased knowledge and intellectual stimulation, but on the other, we now have to incorporate a new technique into our practice. This can be costly, require time and practise and conflicts with previous treatments. Air-abrasion is an example. Attendance may be a source of stress, since on return to work, we may have to find time to treat emergency patients who presented while we were away.

Stress may occur when patient questions, generated by the media, are on a subject with which we are not familiar. Keeping up with new developments should be an integral part of our continuing professional development. It also allows us to be more confident when patients give us "the third degree".

We may experience stress when carrying out any given procedure for the first time, or when required to carry out an emergency procedure for which our training is inadequate.

The introduction of new working regimes such as computerisation of dental records or digital radiography may also provide additional stressors, especially if we are inadequately trained for computer operation and its associated technology or the backup available is found to be wanting. The cost of new technology, and indeed, the purchase of new equipment of any sort, adds to the financial stress of running a practice. The 'shopping list' has never been longer nor more expensive.

Occupational Overuse Syndrome (OOS or RSI)

Occupational Overuse Syndrome is a serious medical condition affecting thousands of New Zealanders. ACC estimates that approximately $16.5 million is paid out in compensation to 6,200 sufferers (ACC study, Dunedin office, 1992). There are two stages of OOS; the acute and the chronic. Acute OOS is characterised by pain, discomfort and usually confined to a particular part of the body. It only occurs when carrying out a specific task and when you rest, it disappears. Chronic OOS, from which recovery cannot be guaranteed, is characterised by a multiplication of symptoms, most notably constant pain, and fatigue.

There is sometimes disagreement on medical diagnosis but early detection and prevention is important. Your GP will give advice or you can get useful information from your local OSH or ACC office. There are some good resources on the Internet although they tend to focus on OOS from computer and typing use. Research[36] suggests that a large number of NZ dentists experience some of the symptoms of OOS, yet very few do anything about it. Leaving OOS to progress to the chronic phase may mean that your professional life will be seriously compromised.

Multi-Cultural Aspects of Dentistry

During the last decade there have been dramatic demographic changes in the student population of our School of Dentistry, which, combined with the continuing registration of foreign-trained dentists, is steadily changing the dental workforce. The application pool during the past five years has included an ever-increasing number of undergraduate students from Asia, India, Sri Lanka, Western Europe, South Africa and the Middle East.

This has led to some transformation within the School, which is already being reflected in general practice. Prominent among changes have been language skills, teaching/testing paradigm, dress codes, and adapting to different cultural practices in relation to communication, philosophy of health-care, and the relationship between dentist and patient.

Working in New Zealand and coming from a different cultural background provides unique challenges and problems in addition to the areas outlined in this book.

Treating Patients from Different Cultures

The changing profile of practising dentists is mirrored in the diversity of cultures which are now treated in New Zealand. We are rapidly becoming a multi-cultural society and the way that dentistry is practised must reflect that change if we are to provide appropriate care for our patients.

In order to practise safely with patients from other cultures practitioners should be competent in a number of areas. *Cognitive competence* ensures that we have adequate knowledge of a cultural group's

lifestyle, normal behaviours, customs, and traditional roles. This however, may not be enough. *Affective competence* involves the ability to empathise with these values and *role competence* is the ability to carry out the appropriate role performance with ethnic minority patients (i.e. to realise that in some Asian countries the role of a teacher is seen as superior to that of doctor or lawyer).

To practise effectively with patients from different countries we need not be an expert in cultural anthropology, but we should have an appreciation that what might be appropriate in one culture, may be totally inappropriate in another.

Prior knowledge of a patient's cultural background is important and could include knowledge about their dialect, cultural framework, relating style, kin-based networks, customs, religion, spirituality, and social support. This should ideally be coupled with knowledge of cultural attitudes to health and illness. Rapport with patients requires the establishment of personal comfort through choice of appropriate environment, culture, and psychological factors. Interpretive assistance must be provided if required. Additionally, skills in using empathy to enhance understanding and communication with people from different cultural backgrounds, are essential if we are to overcome cultural barriers.

RELATIONSHIPS AT WORK

Dentists have a wide variety of roles within a dental practice, such as administrator, employer, carer, and colleague, and these may conflict with each other.

The Role in the Dental Team

Stress in the workplace may arise due to unrealistic expectations, diversity of roles and ill-defined job descriptions. Three factors are relevant:

- role ambiguity
- role conflict
- the degree of responsibility for others.

Role ambiguity may arise as a result of unrealistic expectations of the scope, extent, and responsibility associated with work. For dentists, this may happen when a change occurs in status. For example, from assistant to partner, or when a dental assistant becomes a practice manager[37]. We are responsible for the practice premises, equipment and materials, and we generate income to provide salaries for staff and ourselves. Each of these responsibilities places us in a different role, and this role diversity may be a source of stress.

Working Relationships

Working relationships exist at various levels, ranging from employer, manager, or instructor/trainer to colleague, friend, or supporter. The quality of these relationships will be enhanced by effective management and good communication, with dentists at the centre of the communication network. A poor working environment may result in poor communication between members of the dental team, unaired staff grievances and deteriorating relationships. Ultimately, the standard of patient care may be affected. There may be cases in which a dentist recognises that he or she is not a good manager. In such cases, the appointment of a practice administrator may relieve the stresses which poor communication may bring. The ultimate staff problem, dismissal, and the selection of new staff is always a stressful occurrence.

We may work routinely with one dental assistant. When the working relationship is good, the assistant may reduce occupational stress by pre-empting our needs during the provision of treatment. The receptionist, being fundamental to the efficient organisation of the operating schedule, may also help in reducing occupational stress by arranging appropriate treatment times. However, when poor communication exists between staff, efficiency suffers, mistrust, and role ambiguity may result, with potential for increased occupational stress. This can result in behaviours such as unreliability, absenteeism, and low work motivation, for dentist, receptionist, and assistant[37].

Some dental practices are employing management consultants and experts in behavioural science and communication to help mould their staff into more effective teams. Several we know of hold facilitated strategic planning sessions to develop practice goals. These are reviewed regularly along with key performance indicators such as being 'on time', new patient inquiries, and staff satisfaction surveys.

There are meetings of all staff to ensure that the practice goals are well understood. The meetings provide the opportunity to examine the essentials of communication, stress management and the other subjects on the list above. Continuing professional development includes all practice members, not just dentists.

Career Development

Students enter dental school believing that they have joined a profession with high status and security[38]. However, with changing patterns of dental disease, new health practitioner legislation, and most with very high debt burdens accumulating, it is understandable that many students and recent graduates feel some insecurity. Those graduating in the second half of the 1990s have been most disadvantaged by political expediency and short-sightedness. Singled out for special attention, their debt levels have led to increased pressure to emigrate, with less likelihood of returning, difficulty in borrowing, choice of employment based on salary not career development, and feelings of frustration and unfairness. The 2003 Workforce Analysis report to the Dental Council[39] reveals that the first-year cohort remainder rate for New Zealand funded University of Otago 2002 dental graduates was 48.4%, which continues the relatively low retention of graduates over recent years. It is noteworthy that a substantial proportion of the 2002 graduates who left New Zealand are currently in Australia. To their credit, the present Government returned the subsidisation of the dental course to a far more reasonable level, with a resultant reduction in fees. Work undertaken by the Dental Students' Association and the University of Otago to gain some recompense for those students who have been affected by the increased fees was finally successful in 2003 with $14 million being returned by the Government to the University of Otago. Much of this was distributed to graduates from the 1990s.

Fears about job security and growing older may be related to a lack of a clearly-defined career pathway in general practice, given that upon completion of the undergraduate course, a dentist's career development may stop. This may lead to low self-esteem and career insecurity with feelings of dissatisfaction, increasing the likelihood of burnout. Furthermore, dentistry is unlike the majority of careers, in that it is possible to achieve high earnings at an early stage, with decreased earning potential in later life. Although our income requirements may decrease in later life, many dentists find it necessary to continue working past the time when their ability to do so could be questioned. Working in this situation must create stress.

CONCLUSIONS

Daily we are faced with a series of events which can act as occupational stressors. A means of assessing and controlling stress is through its recognition. Highlighting experiences common in dental practice is a first step in reducing occupational stress. The next is to prepare strategies which will eliminate or at least minimise its effect.

Personality Type and Ability to Cope with Stress

Your personality has a lot to do with how you cope with stress. To give you some examples we want to discuss Type A and Type B personalities[8] and Locus of Control[40]; two personality factors that have been linked to stress.

PERSONALITY TYPE

Type A and Type B behaviour are two distinct ways of operating in your world. We probably have a mix of these two types of behaviour but we will all have more of one type than the other. Type A behaviour is characterised by:

- A sense of time urgency
- Competitiveness
- Hostility

Knowing your personality type can help you to identify your strengths and vulnerabilities, and understand how you cope with stress. One study indicated that dentists who were most at risk of their job adversely affecting their mental health were male, older and tended to exhibit a type A behaviour pattern[6]. The chart below gives examples of Type A behaviour and compares it with Type B.

	BEHAVIOUR PATTERN
TYPE A	Compulsive achiever, always striving to prove myself. I get things done in a: ◗ hurried (time urgent) manner ◗ competitive manner ◗ aggressive manner
TYPE B	Secure within myself, I achieve but don't feel "driven to do so". I get things done in a: ◗ planned manner ◗ co-operative manner ◗ relaxed manner

SAMPLING OF SPECIFIC BEHAVIOURS	
◗ I feel guilty when I'm doing nothing	◗ I don't feel guilty when doing nothing
◗ I get satisfied only when results are achieved	◗ I ponder and plan new projects
◗ I play (sport, sex) as a chance to achieve by competing and winning	◗ I focus on one thing at a time and complete it as far as possible before moving on to something else

LOCUS OF CONTROL

The second personality characteristic is Locus of Control. Locus of Control is the beliefs you have regarding how much control you have over what happens to you. Like Type A and Type B, there are two extremes but you will fall somewhere between the two. An **external** believes that everything that happens to them in life is the result of luck, fate, or chance. They are not in control of their life. An **internal** believes that they have control of their life and that everything happening to them is a result of something they did in the past or they are doing now, in the present. Generally, the internals are better in the stress management stakes than the externals but only when the beliefs are realistic. For instance, if an internal believes they are responsible for an earthquake or flood they are going to be more stressed out than the externals. There is another personality factor called self-efficacy that also interacts with Locus of Control. Self-efficacy refers to the belief we have that we are capable of performing the actions that will help us cope with stress. The stronger our self-efficacy is the less likely we are to be stressed.

The good news about all these personality factors is that we are not stuck with them for life. They are all the result of our past experiences and the way we have interpreted them. We can learn new ways to see ourselves and how we relate to the outside world and we can learn new skills that enable us to cope with the outside world in a more positive manner.

Why do some people cope, if not thrive, under stressful situations, while others burnout? Research into personalities and lifestyles shows that people who cope with stress show five common characteristics: ***They exhibit:***

1. Attitudes and beliefs such as optimism and realistic expectations of themselves and others. When misfortunes occur, they see them as temporary and look for the light at the end of the tunnel. Failure happens. It is not a personal characteristic.

2. Internal locus of control. They are able to take credit when it is due but when something goes wrong, they are able to explain it by factors outside themselves unless it is unambiguously their fault.

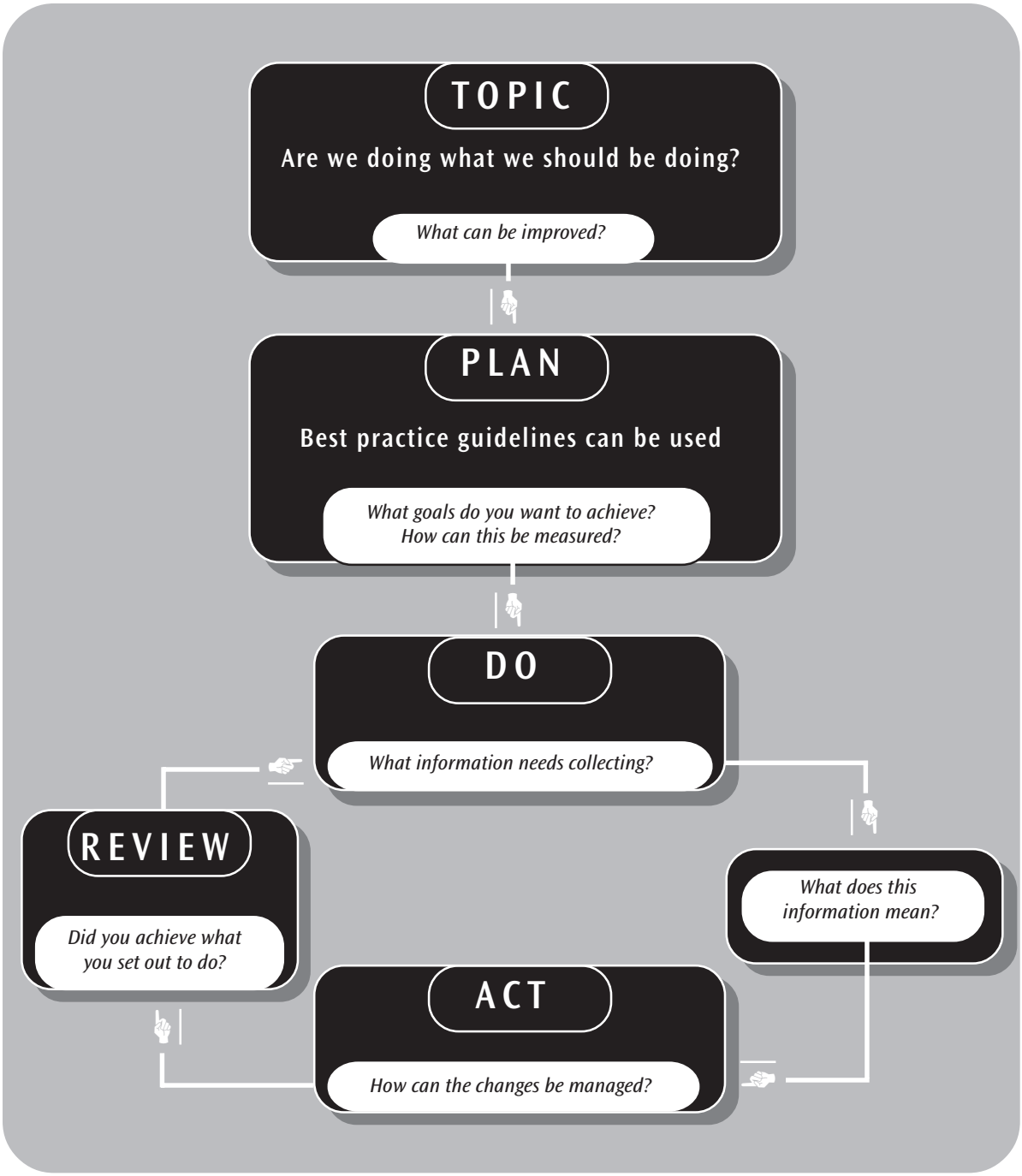
3. The ability to develop satisfying social relationships, and are usually on good terms with their friends and work colleagues. So when stress starts they are able to discuss it and get support.

4. A balance between work and relaxation, pleasant activities and leisure pursuits.

5. An ordered lifestyle with patterns of activity related to their personal goals and values.

Continuous Quality Improvement Cycle (CQI)

If you want to change anything in your life, this is a very good format to use. It has been applied in many settings to produce successful action plans. Here is how it works.



Continuous Quality Improvement (CQI)

EXERCISE EXAMPLE

Below is an example of how to turn a self care exercise into a CQI activity. You can do this with all the activities in this book.

Topic	**Am I doing what I should be doing?** Self care assessment
Plan	**What are the goals/standards?** To live a lifestyle where my self care needs are meet. **Criteria:** Describe your self care needs **Indicators (to measure your goals/standards):** Are there best practice guidelines available? No, but indicators can be taken from the self care assessment on page 27 for example: ◗ I will take 3-4 weeks holiday a year ◗ I will do something for fun every week ◗ I will learn to deal with my anger without dumping it on others
Do	**What information needs collecting?** Complete the self care assessment questionnaire on pages 27 and 28.
Check	**What does this information mean?** ◗ list the areas where you are providing good self care (e.g. it could be exercise, laughter, adequate rest and sleep). ◗ list the areas where you would like to improve your self care (e.g. occupation, vacations, dealing with anger).
Act	**How can my self care be improved?** Choose one or two topics from areas where you would like to improve and decide what action you are going to take to make a change. For example, if you didn't score well on taking holidays your action plan could be to have two two-week holidays every year. **Barriers:** ◗ What are the barriers to implementing these changes? ◗ How can you plan to overcome them? **How can the changes be managed?** ◗ Book your leave today. ◗ Organise the locum*. ◗ Plan where you are going to take the holiday, and on returning, book your next holiday within a week. This means you always have something to look forward to.
Review	In three months time review the "act" and see if you have achieved your goals. ◗ Did you go on holiday? ◗ Did you book your next holiday the following week?

* **Note:** Arranging cover or getting a locum is notoriously hard and this is often the barrier to going on holiday. However, finding a locum can be done with planning and organisation. For example:

- One GP in Otago arranged with the local GPs to plan their annual leave back-to-back over a six month period. Thus they were able to arrange for the locum to come and work in the area for six months to cover all their annual leave.
- In a city group practice, the three dentists planned their holidays consecutively and employed a locum for two months.

Exercise 1: Personal Philosophy

CQI Audit Questions

Topic	My philosophy on how I live my life?
Plan	**What are my goals/standards?** To understand my personal philosophy.
Do	**What information needs collecting?** To answer this question you may like to think about the following points: ◗ Who do I want to be? ◗ What lifestyle do I want? ◗ What sort of dentist do I want to be? ◗ What sort of person/friend/partner do I want to be? ◗ What is my ideal practice?
Check	**What are the strengths of my personal philosophy?** **What areas of personal philosophy need improving?**
Act	**What can I do to strengthen my personal philosophy?** **What barriers do I need to overcome?** **How can these improvements be implemented?**
Review	**Did I achieve what I set out to do?**

Exercise 2: Assessment of "Type A" Personality[41]

Knowing your personality type can help to identify your strengths and vulnerabilities and understand how you cope with stress. Below are paired statements. Each represents two kinds of contrasting behaviour. In the centre of this page are seven columns. Put a mark where you think you belong between the two extremes.

		1	2	3	4	5	6	7	
1	Doesn't mind leaving things temporarily unfinished								Must get things finished once started
2	Calm and unhurried about appointments								Never late for appointments
3	Not competitive								Highly competitive
4	Listens well, lets others finish speaking								Anticipates others in conversation (nods, interrupts, finishes sentences for others)
5	Never in a hurry, even when pressured								Always in a hurry
6	Able to wait calmly								Uneasy when waiting
7	Easy going								Always going full speed ahead
8	Takes one thing at a time								Tries to do more than one thing at a time, thinks about what to do next
9	Slow and deliberate in speech								Vigorous and forceful in speech (uses a lot of gestures)
10	Concerned with satisfying self, not others								Wants recognition from others for a job well done
11	Slow doing things								Fast doing things (eating, walking, etc.)
12	Easy going								Hard driving
13	Expresses feelings openly								Holds feelings in
14	Has a large number of interests								Few interests outside work
15	Satisfied with job								Ambitious, wants quick advancement on job
16	Never sets own deadlines								Often sets own deadlines
17	Feels limited responsibility								Always feels responsible
18	Never judges things in terms of numbers								Often judges performance in terms of numbers (how many, how much)
19	Casual about work								Takes work very seriously (works week-ends, brings work home)
20	Not very precise								Very precise (careful about detail)

SCORING

Score each check mark according to the value at the head of the column and add these to give your total score.

INTERPRETATION (PERSONALITY TYPE)	
110 - 140	Type A to a marked degree
80 - 109	Type A
60 - 79	Type AB (a mixture of A and B patterns)
0 – 59	Type B

YOUR SCORE:

Exercise 2 continued:

CQI AUDIT QUESTIONS

Topic	My personality type?
Plan	**What are my goals/standards?** To lessen my stress and improve the way I deal with stress by understanding my personality type, its strengths and how it influences the way I cope with stress. **Indicators:** Taken from the assessment from Type A personality questionnaire ◗ Level of competitiveness. ◗ Ability to listen without interrupting. ◗ Level of responsibility I feel. ◗ Ability to express my feelings.
Do	**What information needs collecting?** Complete assessment of Exercise 2.
Check	What are the strengths of my personality? How does my personality influence the way I cope with stress?
Act	What changes can I make to increase my ability to cope with stress and lead a balanced life? Look at the areas you scored 6 and 7 in Exercise 2. What could you change? What barriers do I need to overcome and how do I plan to overcome them? **How can these improvements be implemented?**
Review	Did you achieve what you set out to do?

Exercise 3:

Type A individuals respond to stress by attempting to establish or maintain control over situations (where this may not be possible), either by accelerating the pace at which they work, by assuming competitive orientation, or by becoming aggressive and hostile. The **Type B** personality is characterised by a more relaxed and laid back approach to life. Take the following test and see how you rate. We suggest you ask someone who knows you well what type of personality you have. *Its OK to be a Type A in some aspects of your life but if you find that you are a Type A in all aspects of your life you may wish to consider combating stress by being less hostile to others, not being so competitive and having a look at your time management.*

Just circle the response that most closely matches how you would typically react in each of these situations:

Suppose you are to meet someone at a public place (street corner, building lobby, restaurant) and the other person is already 10 minutes late. Will you:

1. Sit and wait?
2. Walk about while waiting?
3. Usually carry some reading matter or writing paper so you can get something done while you wait?

When you have to "wait in line" such as at a restaurant, a store, or the post office, do you:

1. Accept it calmly?
2. Feel impatient but do not show it?
3. Feel so impatient that someone watching could tell you were restless?
4. Refuse to wait in line, and find ways to avoid such delays?

When you play games with young children about 10 years old (or when you used to when your children were younger) how often did you purposely let them win?

1. Most of the time
2. Half of the time
3. Only occasionally
4. Never

When you were younger, did most people consider you to be:

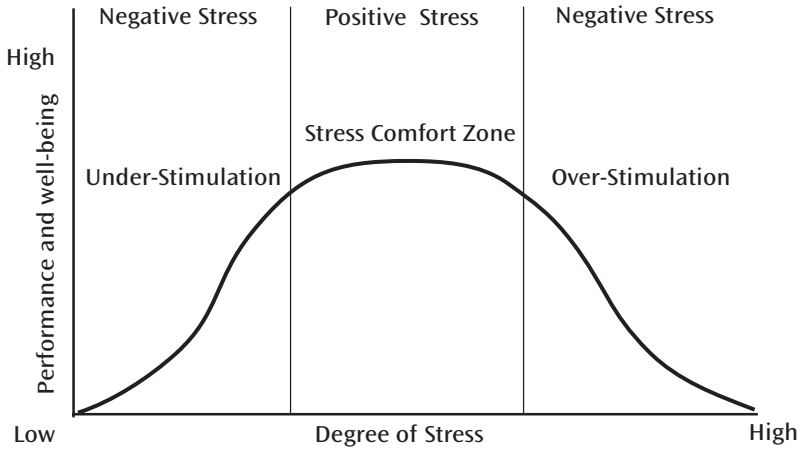
1. Definitely more relaxed and easy going?
2. Probably more relaxed and easy going?
3. Probably hard-driving and competitive?
4. Definitely hard-driving and competitive?

Add your scores up. A score of more than 9 indicates a Type A personality.

How Much Stress is Right for You?

Stress is not always negative. A certain amount of stress/stimulation is vital, its what gets us out of bed in the morning. It can help us to achieve what we want to do. Without a certain amount of stimulation we start to feel lethargic, bored, lacking in enthusiasm and energy.

The amount of stress that is right for each individual can be described as our ***stress comfort zone***.
The stress comfort zone is where we are experiencing sufficient stress/stimulation to make us feel relaxed but energetic, alert, self-confident, enthusiastic and able to carry out tasks in an easy manner. The amount of stress required to keep us in our stress comfort zone is different for each of us.



It is inevitable that there are times when we move into the area of over-stimulation. These are the times when we feel anxious and out of control. Our ability to concentrate and think effectively becomes impaired. We may start to feel some of the physical symptoms of stress such as churning in the stomach, palpitations and tension in the shoulders. At the beginning of the over-stimulation zone, stress can be handled with ease, but only for short periods. Effective stress management skills are required to manage long term stress.

Aim to work out how much stress is right for you. Recognise and act early if you are moving out of your stress comfort zone.

Effect of Our Perception on the Causation of Stress

Often we can do little to change or prevent stressful events. However, we can control how we define these events.

Cognitive restructuring is looking at thinking patterns that lead to feelings of stress and ineffectual behaviour, then changing these thought processes to more productive ones.

CONSIDER THESE EXAMPLES:

Potential Stress	Stress Inducing Perception	Non-Stressful Perception
Patient complains about my care.	**Thoughts:** How dare he! I did my best. He's always complaining. **Feelings:** Anger, blame, guilt. **Action:** Angrily yells at the receptionist, poor listening skills and lack of interest in next patient.	**Thoughts:** I find this patient difficult to work with. Maybe I could talk with my partner and discuss strategies on how to manage this patient. **Feelings:** Concern and disappointment. **Actions:** Calmly talk to partner.
Caught behind slow driver.	**Thoughts:** What a useless inconsiderate driver. **Actions:** Flashes lights, honks, curses, bangs on dash. Finally passes dangerously.	**Thoughts:** It must be the speed they feel comfortable at, it's a pity that they don't pull over. **Actions:** Practices some deep breathing, travels patiently behind and passes when safe.
Sleep in and wake at 7.30 instead of 7.00.	**Thoughts:** How could I?! I can't be late. The patients will be angry. I'll be behind all day. I know it's going to be a bad day. **Actions:** Gulps down coffee, skips breakfast, yells at wife, breaks shoelace getting ready in a rush. **Result:** Leaves home anxious, angry and late.	**Thoughts:** I must have needed the extra sleep. If I ring the office, my receptionist can let the patients know I'm running late and I'll ask her to cancel two non-urgent appointments. **Actions:** Phones office, sits down and has breakfast. **Result:** Leaves home calm and relaxed.

Stress Reducers

Not all stress reducers need to be time-consuming or expensive, here are some simple suggestions found to be helpful in personal and professional life.

SAY NO...

- To feeling overly responsible.
- To unreasonable demands on you.
- To extra stressors.
- To commitments that threaten your relationships or personal maintenance time.

SEPARATING WORK FROM HOME

- "One way I keep work and home apart is to avoid taking work home with me. (If I need to work at the weekend I go to the office rather than bring work home.)"
- *"Another way is to have clothes that are only for work and clothes which I only wear at home, or casually. When I get home from work, the first thing I do is change into casual clothing - Work is now let go of for the day."*

GENERAL

See failures as a chance to learn, not a roadblock.

Learn to ignore what you can't control and control what you can.

No matter how busy you are, always take a lunch break.

On Friday afternoon take a few minutes to clean up your desk, on Monday you'll feel much better organised.

Set a timer for 15 minutes to put your feet up and relax.

ASK FOR HELP

If you are sick, unhappy, not coping, depressed, using addictive patterns to get by, take advice that you would give others and get appropriate support. Now!

Management Skills

Many of us have never received any formal training in management skills to allow us to control and prioritise our ever-increasing workload. The stresses from increased patient expectations, more complex treatment plans and practice administration can be lessened through effective training in:

- Time management and prioritising
- Communication
- Working in a team
- Team leadership
- Conflict negotiation
- Assertiveness
- Practice management
- Meeting procedures

Those who have made this type of training a priority have enjoyed the long term benefits.

The following are examples of how learning these skills can help in practice.

ASSERTIVENESS

"I find the staff ask me to do things they would never ask the male dentists."

Assertiveness is the direct, honest, open communication of your thoughts, feelings, wants and opinions. Assertiveness focuses on the problem while aggression focuses on the person.

SIMPLE STEPS TO BEING ASSERTIVE:

- You have the right to say no without feeling guilty.
- Keep eye contact, say no firmly and keep your explanation short and clear.
- Do not begin a refusal with an apology.
- If you want time to think about a request, say so.

INTRODUCING CHANGE: IS YOUR TEAM READY?

"Every time I come up with a new idea my practice partner says no."

Never assume that people will be as excited about new ideas as you are. Many people see obstacles before benefits. As team leader, you need to nurture acceptance as quickly and painlessly as possible. A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis is an excellent tool for doing this.

Problem Behaviour

When staff behaviour becomes a problem, the choice of disciplinary action and how that action is taken is vitally important and may have far-reaching consequences. The seriousness of the misconduct must be determined so that an appropriate remedy may be selected from the following:

- Counselling
- Reprimand
- Withholding privileges
- Verbal warning
- Written warning
- Suspension
- Dismissal.

ANY ACTION SHOULD BE:

- Immediate – ASAP after the event so that there is no possibility that the conduct could be considered condoned.
- Formal – Formal Disciplinary Procedures (1 to 8) from the EMA/NZDA handbook should be followed.
- Witnessed – For both employer and employee.
- Documented – All action taken should be noted in the employee's file.
- Consistent – No bias or pre-judgment.
- Non punitive – The goal is improved attitudes and behaviour, not punishment.
- Fair – The benefit of the doubt will most likely go to the employee in a court settlement.

This matter of disciplining staff can be difficult and dangerous. Our recommendations are to:

- Have attended the EMA/NZDA lecture series.
- Get a copy of EMA/NZDA Handbook. Available from NZDA[44].
- Join your local employers group.
- Seek advice from EMA or NZDA before any disciplinary action.

EMA/NZDA Disciplinary Action Checklist

PRIOR TO THE INTERVIEW	
Have you:	
Informed the employee of the allegation against him/her?	Yes/No
Advised the employee that the matter is serious and could result in the employee's dismissal?	Yes/No
Considered any initial explanation given?	Yes/No
Has the employee been informed of, or were they aware of:	
The rule or code of conduct concerned?	Yes/No
What was expected of them?	Yes/No
The consequences of breaching the rules or code of conduct?	Yes/No
Is the rule or code of conduct:	
Applied consistently to all employees?	Yes/No
Accepted as normal social and industrial practice?	Yes/No
Have you:	
Obtained all the relevant facts?	Yes/No
Condoned the offence by undue delay?	Yes/No
The necessary authority to warn or dismiss?	Yes/No
Told the employee of the date, time and place of the meeting and the reasons for it?	Yes/No
Given the employee the opportunity to have a representative or work associate present at the interview?	Yes/No
DURING THE INTERVIEW	
Did you put all of the allegations to the employee?	Yes/No
Did you give the employee the opportunity to explain the action?	Yes/No
Have you warned the employee previously about offending, and recorded the warning?	Yes/No
SUBSEQUENT TO WARNING OR DISMISSAL	
Do you have a complete record of the investigation and warning?	Yes/No
Have you given the employee the required period of notice?	Yes/No
Where summary dismissal is necessary, have you ensured the employee's salary/ pay is stopped?	Yes/No

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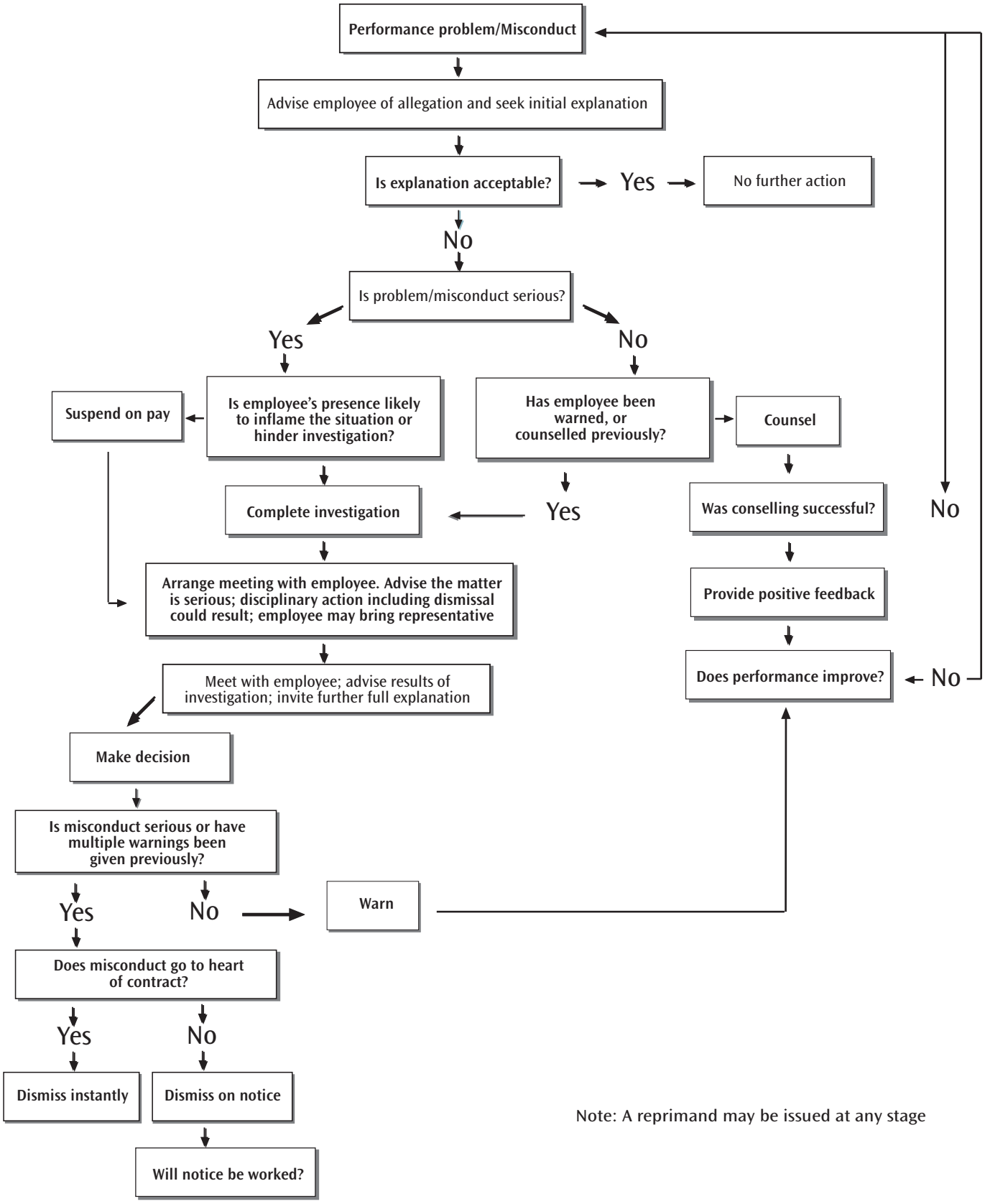
EMA/NZDA Disciplinary Procedures Flowchart



Note: A reprimand may be issued at any stage

CONFLICT RESOLUTION

"We share our practice with two who don't get on. They haven't really spoken to each other in years."

In conflict resolution most people only see **two options:**

1. **Avoidance** – hoping it will go away
2. **Win–lose** (I win, you lose/You win, I lose)

In fact there are five options:

1. **Avoidance**
2. **Indirect** (address a side issue and hope the main issue will go away)
3. **Confrontation or lose-lose** (neither party gets their way) – e.g. you may want a pizza and your friend may want Chinese. You get fish and chips and no-one is happy.
4. **Confrontation or win-lose** (most commonly seen in union disputes) – both sides see strength as the key. Characterised by *stubbornness, refusal to move, refusal to listen*. The end result is mistrust and if a resolution is achieved the other party will do their best to undermine it (e.g. you both have pizza and your friend resolves never to eat with you again).
5. **Win-win** – the best option. Both parties get something – not necessarily the same things. It depends upon *listening, preparing, not getting angry, taking time*.

Worry

Are you prone to worry?

Worry solves nothing!

A recent study from Columbia University has provided scientific evidence to support this common sense belief. It showed that:

- 40% of what we worry about never happens
- 30% of problems are over and done before we start to worry about them!
- 12% of our worries are about non-existent health problems!
- 10% of our worries are actually focused on the wrong things!

This leaves just 8 out of every 100 worries worth bothering about!

Boundary Issues

"Boundaries" is a rather confusing concept borrowed from psychotherapy. Most of us are clear about sexual boundary issues, but the term has broader uses. Defining personal boundaries can be a valuable exercise and a life long-learning curve.

Boundaries are limitations we place on our behaviour: ethical, moral or legal guidelines, which form the basis of our actions in our day-to-day living. They operate in all facets of life such as clinical, financial, or, sexual.

Clinical Boundaries

Clinical boundaries could be based on our current licence or scope of practice, but what we actually do, or where we 'draw the line' is largely our decision. This is based on our desire to provide a service, our training and experience, the success we enjoy and the demand for the service. This determines whether we carry out services such as surgical extractions, molar endodontics, or implant restorations. As the nature of practice changes, specialist help becomes more, or less available and patient demand for a service, such as full dentures, becomes less frequent, we need to decide which tasks to provide and which to refer. Patients deserve the highest level of service available. Unless things go wrong, and our actions are investigated, only we determine if they receive it. At present, we broadly determine the clinical boundaries of our practice. Changes to dental legislation may impact on this privilege but we will always have the ethical responsibility of deciding of what we are capable.

Another issue is who we accept as patients and for what fee. Do we treat all of our family members including cousins for nothing or at 'mates rates'? Do we continue to treat staff members when they leave our employment and if so on what basis? It is worth considering these issues before they arise as embarrassment and irritation may be avoided.

Financial Boundaries

Financial issues also require consideration. Are we, for instance, prepared to adapt our clinical diagnosis or practice to advantage a patient, or ourselves, at the expense of a third party provider? Being caught out could be a painful and costly experience. Recently capitation has been introduced to the National Dental Benefit Scheme. This calls on contractors to deliver appropriate, timely, preventive care. Under-treatment has been a problem with some capitation schemes. So monitoring or auditing will probably become a much more regular occurrence.

Sexual Boundaries

We do not have the same focus on this issue as our medical colleagues. They have debated the topic since the Medical Council published its 1995 "Zero Tolerance" stance on doctors developing sexual relationships with their current patients. Although challenged on several occasions, the Medical Council maintains its stance and points to similar policy in Australia, Canada and the USA. An external review of sexual boundary policy may produce changes to the Medical Council's approach in the near future. The Dental Association and the Dental Council's joint Code of Practice, Sexual Boundaries in the Dentist - Patient relationship, notes that neither tolerates any behaviour of a sexual nature between dentist and patient.

As we accept use of the title 'doctor' so we might consider some of the points made by the Medical Council concerning patient trust in the unequal doctor/patient relationship and the power of authority inherent in that relationship with its potential for exploitation. To quote from the Medical Council guidelines *"the clinical doctor/patient relationship depends upon the doctor creating an environment of mutual respect and trust in which the patient can have confidence and safety."*

Another category of boundary dilemma, the internal level, is closer to the psychotherapeutic model. This is the territory of transference, projection, empathy, and compassion. Many dentists may think this does not apply to them but a fundamental part of any consultation is the relationship between the practitioner and their patient. The drawing of a metaphorical line in the sand occurs in every consultation. The line defines where each person stops and starts, whose emotion is whose and who holds the balance of power in the relationship. Good dentistry or therapy occurs when both parties work close to the line but not over it. If we are too far back from the "boundary", or too remote, the patient may feel that we didn't listen or care. At the other extreme if we over-identify there is increased risk of burnout from taking on the patient's distress.

Some form of mentoring or supervision can provide an ideal structure for exploring this complex interaction. Understanding our limitations will improve our effectiveness with patients. This topic is discussed in the next chapter under Mentoring/Personal Supervision.

Exercise 4: Self Care Assessment[43]

The following is a checklist of some important ways to improve self care and prevent burnout. Work through this checklist to see how much they are part of your lifestyle.

SCORING:

Record the figure corresponding to the answer right for you.

Do you have a full day off to do what you like?	every week (5)	frequently (3)	occasionally (1)	seldom (0)
Do you have time-out for yourself to be quiet, think, meditate or pray?	daily (5)	frequently (3)	occasionally (1)	seldom (0)
Do you have good vacations (about 3-4 weeks in one year)?	yearly (5)	occasionally (3)	rarely (1)	never (0)
Do you do some aerobic exercise for at least half an hour at a time?	3 x week (5)		occasionally (1)	never (0)
Do you do something for fun (e.g. play games, go to the movies/ concerts etc.)?	weekly (5)	monthly (3)	occasionally (1)	rarely (0)
Do you practice any muscle relaxation or slow breathing technique?	daily (5)	frequently (4)	occasionally (2)	never (0)
Do you listen to your body messages (symptoms/ illnesses)?	always (5)	mostly (3)	occasionally (1)	seldom/never (0)
If single, do you have friends you can discuss your feelings with? Or	regularly (5)	frequently (4)	occasionally (3)	seldom/never (0)
If married or in a relationship, how would you describe it?	close with intimate sharing (5)	superficial (2)	cold (1)	lonely (0)

Do you wish to share your stresses/ cares/problems/needs with others, God or a higher self?	regularly (5)	frequently (3)	occasionally (2)	never (0)
How would you describe your ability to communicate with others?	good (5)	you are trying to improve (3)	difficult (1)	poor (0)
Do you sleep well (for at least 6-7 hours)?	always (3)	frequently (2)	occasionally (1)	never (0)
Are you able to say "No" to inappropriate demands on you?	always (5)	mostly (3)	seldom (1)	
Do you set realistic goals for your life, both short and long term?	regularly and carefully (5)	occasionally (2)	seldom (1)	never (0)
Are you careful to eat a good, well balanced diet?	always (5)	most of the time (3)	not often (1)	lots of junk food (0)
Is your weight appropriate for your height and age?	all the time (3)	hard to keep this way (2)		over weight or underweight (0)
How would you describe the amount of touch that you get in your life?	as much as you need (5)	frequently (4)	occasionally (2)	seldom/never (0)
Are you able to deal with anger (without dumping it on others)?	always (5)	mostly (4)	occasionally (3)	never (0)
Do you have a good "belly" laugh?	daily (3)	frequently (2)	seldom (1)	never (0)
Do you have a creative hobby time, e.g. gardening, music, painting etc?	weekly (4)		occasionally (2)	rarely (0)
Do you practice forgiveness of others who hurt you?	regularly (5)		occasionally (2)	seldom/never (0)
Have you dealt with old hurts and baggage from the past?	all that you are aware of (5)	most of it (3)		a lot left yet (0)
Total				

SCORE:

75-95 Very good skills **65-75** Good skills **55-65** Insufficient skills, need some help **45-55** Deficient skills

Exercise 5: Management Skills

Many of us have never received any formal training in management skills to help gain control and prioritise our ever-increasing workload. This exercise is to help identify areas of management training which could help you.

CQI QUESTIONS

Topic	Management skills
Plan	**What are my goals/standards?** To improve my management skills
Do	**What information needs collecting?** Carry out an analysis of my management skills in the following areas: ◗ Time management and prioritising ◗ Communication ◗ Working in a team ◗ Conflict negotiation ◗ Assertiveness ◗ Practice management ◗ Meeting procedures. The analysis should include asking your practice staff to appraise your performance.
Check	What areas of management am I strong in? What areas of my management need improving?
Act	What actions can I take to improve my management skills e.g. ◗ Management skills courses ◗ If you receive supervision from a counsellor or psychological therapist they may be able to assist **What barriers do I need to overcome and how will I achieve this? How can these improvements be implemented?**
Review	Did you achieve what you set out to do? Carry out self-analysis as above. Get feedback from your practice staff.

Exercise 6: Conflict Negotiation

There are two underlying patterns of interpersonal behaviour: *dominance* (authority or control) and *sociability* (intimacy or friendliness). Most individuals tend either to like to control things (high dominance) or let others control things (low dominance). Similarly, most people tend either to be warm and personal (high sociability) or to be somewhat cold and impersonal (low sociability). In the following diagram, circle the five verbs you would use to describe yourself. The set of ten verbs – horizontal for the dominance dimension and vertical for the sociability dimension – in which three or more are circled represents your tendency in that pattern of interpersonal behaviour.

	HIGH DOMINANCE	LOW DOMINANCE
HIGH SOCIOBILITY	advises co-ordinates directs initiates leads	submits agrees assists allows obliges
LOW SOCIOBILITY	analyses criticises disapproves judges resists	admits avoids surrenders retreats withdraws

SUGGESTIONS

Encourage parties to:

- Listen, try and see the issues from the other point of view.
- Focus on common interests rather than differences.
- Focus on the problem not the people.

If the problem is becoming disruptive and can't be resolved, organise a meeting and a mediator to:

- Determine what the issues are rather than the perceptions, (real issues are based on facts).
- List key issues on a flow chart and prioritise them.
- Ask each person to take responsibility for working towards a solution.

SUPPORT

Developing a Personal Support Network

It is important to identify a support network before you need it. Support networks provide a forum to share feelings and responsibility. Developing a support network reduces isolation, and helps deal with the problems of stress. Our most essential support system is often our family and yet we often don't recognise this. They are usually the ones who are aware of when our lives become unbalanced, and gently encourage us towards the self care direction when we are too busy to do so. Extended family, friends, colleagues and co-workers can also be important members of support teams.

Collect supportive friends around you

COMMENTS FROM RURAL PRACTICE

"The practicalities of developing a support network for new rural dentists are immense, especially if they are immigrants. In a rural community it takes in excess of one year to make friends and know they won't abuse your friendship"

"I took my BDS degree in Iraq and my MDS in 1979 in the USA. Since then I had always practised dentistry in a big city until March 1997 when I moved to a small town in rural New Zealand. Working here is very different from in the city.

From a staffing point of view, it is quite difficult to find well-trained people in isolated areas. Usually you have to train your own. Written job descriptions and regular meetings to update their training are very important.

Our practice is the only one in town and our nearest colleagues are 100 km away. I feel professionally isolated, but have found the Internet an excellent tool to update knowledge and keep in contact with other colleagues. I try to regularly attend lectures and scientific meetings, but this means arranging cover from the nearest dentist while we are away.

We discuss difficult decisions on the phone with specialist colleagues when necessary and ensure we have good communications with local medical practitioners and the school dental therapists.

When you are the only dentist in town you must be prepared to receive emergency calls at any time. This can be disruptive to family life.

Gossip is common in small towns where every one knows everyone else. Here it is even more critical that staff understands the importance of confidentiality.

It is also important to separate professional from social life. People may ask for a professional diagnosis during social gatherings. I have found it best not to comment.

Although isolated, we have found living in a rural town offers compensations. A great lifestyle, excellent outdoor activities and less strain than working in the city."

Your support system can be enhanced by adding people to share or complete tasks that you cannot do, or choose not to do. For example someone to clean the house, work on the section or provide child care, thus freeing up time for you to spend with your partner alone or with the family.

"Working part time in a busy rural practice and looking after pre-school children is both rewarding and time consuming. It can exclude self care activities such as exercise or reading novels. I shall put my children in day care more often and make more time for myself!!"

Ideally social support should provide you with someone who is a sounding board; someone who provides both positive and negative feedback; someone who values and cares for you; someone who challenges and inspires you; and someone who provides support for you in your non-work activities. It is rare that one person will fill all these roles and even rarer that this person will be your partner.

WAYS TO DEVELOP BETTER SOCIAL SUPPORT

- Join clubs, sports groups, voluntary organisations, hobby groups and meet with people who share a common interest.
- Join self-help support groups. These groups are usually formed by people who have specific experience of a particular type of stress. They may have been through it before and may be able to offer you advice which you may spend ages working toward yourself.
- Use existing contacts to extend your support networks.
- Are you lacking in social skills? There are numerous courses available through various organisations that offer social skills courses.

Personal Support: Your Own GP

The College of G.P.s Self Care book is very strong on G.P.s having their own G.P who is not a member of their family nor practice. Choosing the right GP requires careful thought. It is extremely important to find someone you feel comfortable with, discussing issues such as psychological problems. Dentists can be reluctant to seek advice for the very condition from which they may be at risk. To develop a good relationship with a GP, you need to see them at least twice a year, and this does not include "fairway consultations".

COMMENTS FROM A UNITED KINGDOM SURVEY OF RELATIONSHIPS WITH GPS

"I cannot talk to my doctor about stress, probably because I feel embarrassed as it is supposed to be part of the job."

"I am very aware of time wasting. One should be able to solve most of one's problems but I feel isolated at times."

"I have been able to discuss personal problems and illnesses easily and adequately with my helpful GP."

These could easily apply to New Zealand dentists

Your Own GP Should:

- Be a non-judgmental GP you trust
- Be able to manage your acute illnesses
- Write your prescriptions (no writing your own scripts)
- Help manage long term illness
- Manage personal health care screening.

Your Own GP Should Not:

- Be a family member
- Be your partner in business.

If You Only do One Self Care Activity Getting Your Own GP Should be the First Priority

COMMENTS ON SELF-MEDICATION

"Drug addiction can start from simple things like not getting enough sleep, or trying to work with an injury."

"I am a 45 year old dentist, life gets a bit hectic at times and I have been putting in big hours at work. About three months ago I started getting neck pain and a few headaches, perhaps my neck was out but I didn't have time to get anything done about it. I had some diazepam at work which seemed to do the trick. I slept better and I am sure I am a little easier to live with. So I guess I take four or five a week but it's chicken feed isn't it? I know I can stop at any time it's just that we are shifting house at the moment and things are just a bit chaotic."

Self-prescribing is a practice that is easy to get into, which can have devastating effects. It is important to discuss positive actions to prevent this pattern, such as having an understanding GP, and writing a personal contract on the boundaries of self-prescribing.

Professional Support

Professional support can come in many forms such as social activity and study groups. Peer review, mentoring and professional supervision are more formalised processes that can protect us in our demanding profession.

PEER REVIEW GROUPS

Many Medical Practitioners get the professional and often the personal support they need from peer review groups. This is greatly different from the dental concept of peer review. Successful peer groups are one of the most effective vehicles for Continuing Medical Education, professional support, and development. By nature, peer review groups are private affairs so 'success' is largely determined by the member's perception of the group's usefulness. There are about 400 GP peer review groups around the country. Some work better than others. There are many groups of dentists operating in a very similar way but we could seriously consider extending our activities into areas outlined in this medical example:

"In April 1986 an unknown colleague invited me to join a small peer group. I agreed, and went along to meet eight local GPs, mostly unknown to me. Each of us were in our own practice, and had been for two to three years. We made a commitment to belong to the group and to come to meetings every two weeks.

Over the past 11 years, the group has met every two weeks, apart from holidays. In that time, between us we have experienced 15 live births, several miscarriages, infertility, a stillbirth, death of parents, major illness within families, a marriage failure, staff problems in our practice, complaints and threats from patients. We have shared professional success and failure, professional error, professional misjudgment and many problem patients. During each crisis we have all had support from within the group.

The format of our meetings has changed as our family needs have changed. Currently we meet at 7p.m., have a glass of wine and a gossip session. We have found that if we don 't have that catch-up opportunity, then it tends to be expressed during the more formal part of the evening. At 7.30 p.m., the presenter takes over. The person presenting has free license to take on any format or subject.

The topic could be difficult cases, with reference to the literature, or a topic researched from the literature. At times it has been of a more personal nature with a questionnaire relating to the topic, then relevant discussion. We use videos, quizzes and other mediums to illustrate the topic. Also we have had reports from conferences, or educational meetings attended.

The formal part of the evening takes one and a half hours. We then have a simple meal prepared by the host. The discussion of the topic may continue over the meal, or members have the opportunity to bring up problems they may wish to discuss. From time to time the meetings are hijacked by one of the members who has a particular problem and needs support and an opportunity to share the problem. The meetings rotate in venue and presenter, with the previous host presenting at the next meeting. Twice yearly we have a meal with partners included, and from time to time we have family outings, which have always been very successful.

Our most strict rule has been not to have outsiders joining the group, or to have outside resource people. This has allowed the confidence of the group to strengthen, and allow for honest discussion of all topics. Two of our members left after ten years, having moved overseas. On their departure, we had a soul searching time and thought about disbanding the group. They have been replaced, after careful selection, with colleagues at similar stages in both their personal and professional lives. Each one of us felt that the support from within the group was of immense importance individually and did not want the group to fold.

The success of the group has been largely due to real commitment, regular meetings and the constant nature of the members. For me the friendship, support and understanding has been immeasurable. The opportunity to learn and keep up to date has been almost secondary, yet probably remains the main purpose of the group."

Mentoring/Personal Supervision

Dentistry is an isolated, stressful, highly pressured and intense profession. The practice of dentistry involves a high degree of intimacy with patients, dental assistants and colleagues. This intimacy is not always recognized or acknowledged by practitioners and over time it can easily present cumulative personal and relational challenges.

Over and above the need for clinical and technical excellence we need to periodically review the non-technical and non-clinical but more psychological aspects of our professional lives. Many dentists, and indeed other professionals, use supervision to review these psychological aspects in order to protect their working wellbeing. Increasingly, professional supervision is being recognized as a powerful method of improving professional excellence. Supervision is a process through which a dentist can come to identify individual strengths and weaknesses in a safe environment. It is an intense learning experience provided in an atmosphere of support and encouragement. It is particularly useful in highly stressful occupations as it can provide us with an emotional outlet that may be lacking in the workplace. Those qualified to supervise follow various theoretical models and it is important to pick a style of supervision that suits you. Ideally, supervision should occur once a week or fortnight for an hour-long session. Supervision is usually carried out by a mental health professional such as a psychotherapist or counsellor. Be prepared to approach a number of potential supervisors and discuss with them how you might work together. Establish what it is you want from supervision and do not expect it to be just a friendly chat. Remember that you are there to discuss the challenging emotional and interpersonal aspects of your work life.

WHAT IS A PROFESSIONAL MENTOR?

(This section has been prepared for us by Dr. Peter Parkinson who is Founder and Director of **Mentor Professionals Ltd**.)

S/he:

- has a profound knowledge of human development.
- has an acceptable knowledge of the area in which s/he is mentoring.
- is trained and experienced in a respected facilitation process and is at the level of teacher or supervisor in that discipline. Alternatively s/he has attended an adequate and specific developmental mentor-training course such as that provided by Mentor Professionals.
- has an ongoing mentor or supervisory process for themselves.
- is involved in an ongoing process of training, peer association, review and accreditation.
- employs an ongoing system of quality control.
- adheres to a recognised code of ethics.

THE PURPOSE OF THE MENTORING SESSION...

... is to facilitate the development of the mentoree's whole life process through improving their ability to deal with the here and now issues. It also has the purpose to debrief from the routine stresses without delay and without waiting for the long-term damage that accompanies unprocessed trauma and overload.

THE OUTCOME...

... is that of a thriving professional person (the mentoree) enjoying a state of functioning that is psycho-emotionally integrated, and living a professional and personal life that is constantly evolving.

THE MENTOR/MENTOREE RELATIONSHIP...

... **is both developmental and creative.** Hence it is contracted on a regular basis. This differentiates mentoring from disciplines such as **consultancy**, **counselling and psychotherapy**, which tend to be reparative and terminate with resolution of the presenting concern. There is thus a clear distinction between the pathological basis of the latter and the constructive/preventive nature of mentoring. Hence to say, "s/he **needs** a mentor" does **not** imply that that person has a problem to deal with. The person who chooses a "mentor" is the person who has assessed the professional demands that they will be facing and is equipping themselves adequately for their career. Such a person will thus **not need** all that would be required for a professional who lives on the edge of burnout, for the risk of burnout is replaced by a concept of thriving.

HENCE, BY DEFINITION, MENTORING:

- is a developmental process
- is an ongoing regular (most often fortnightly) occurrence
- is a one-to-one session with a mentor (or interim mentor) as defined above.
- is confidential
- is a respected and honoured part of the professional culture
- is a core process around which professional and career development evolves and has a wide agenda, the extent of which is negotiated between the mentor and mentoree
- inspires, empowers, teaches and encourages whilst keeping an overall focus
- expands all areas of the professional's life by developing individually specific life skills
- facilitates integration of thinking processes and hence the mentoree's life
- models professional and ethical standards of behaviour and
- models and teaches inter-personal skills
- deals with problems as they arise but is not for problem or wayward professionals
- affects not only the mentoree but also those with whom s/he associates and hence both the profession and the society as a whole benefit
- addresses those issues that are an inevitable part of professional life
- addresses archaic functioning (old habits that have outlived their usefulness)
- addresses organisational issues both within the mentoring session and through recommending other consultant, training, developmental and therapeutic processes
- expands paradigms of health and disease
- considers values as important as outcomes.

Mentoring sessions are designed spontaneously to address the specific and current needs of the mentoree.

HOW CAN MENTORING HELP?

Mentoring can help to:

- unload the stress and emotional baggage picked up in practice and to deal with issues that interfere with one's personal and professional life
- identify stress reducing ways of practising
- develop and build a custom of self caring.

QUALITY CONTROL

We utilise a system of client operated inter-actional software which:

- measures the value of a mentoree's life
- gives a score to their social system and
- has specific and adaptable questionnaires included
- is an ongoing part of the mentoring process
- assesses the ripple out effect of mentoring on the mentoree's family, work colleagues and clientele.

CODE OF ETHICS

All interim mentors and mentors have a professional code of ethics.

MENTOR TRAINING

Is available at all levels.

In the past, mentoring has often been seen as a rescue process following a professional or personal lapse. This view is changing. Mentoring/personal supervision is a regular, confidential, professional to professional relationship that addresses specific issues and difficulties.

A growing number of GPs are using mentoring/personal supervision for additional professional support. They meet with their mentor/supervisor to discuss patients or situations that they found difficult on a personal level. The supervisor is usually an experienced counsellor or psychological therapist, as they have more specific *interpersonal* training than most doctors. Having regular sessions that are dedicated to stress reduction means there are fewer unresolved issues at any one time.

Exercise 7: Your Support System

Social support is one of the things that you can use to buffer yourself against the effects of stress. By having a social support system and by continually nurturing it you can develop strategies that help control some of the effects of long-term stress.

The following six types of social support should form the basis of your assessment of your own social support system. As you identify who provides each type of support for you, you will start to find areas where you could build upon your support system.

1. **A sounding board** *This is a person you use to bounce ideas off, or to test your thinking out about problems. They know your work and often they are competent in the same field.*

   One person who fits this category for me is: _____

   Someone I could use more for this kind of support is: _____

   Do I do the same for this person? *Yes / No*

2. **Feedback** *From these people you get feedback on the effects and outcomes of your work. Not judgments, just feedback. They may not know how you do your work, or care about you personally, but they do have valuable information.*

   One person who fits this category for me is: _____

   Someone I could use more for this kind of support is: _____

   Do I do the same for this person? *Yes / No*

3. **Being valued** *It is difficult to sustain intense work without someone valuing what you are doing. This can be someone who knows what you put into a job or someone who believes what you are doing is important.*

   One person who fits this category for me is: _____

   Someone I could use more for this kind of support is: _____

   Do I do the same for this person? *Yes / No*

4. **Being cared about** *Someone who is interested in your ups and downs rather than the details of your work.*

   One person who fits this category for me is:

   _____

   Someone I could use more for this kind of support is:

   _____

   Do I do the same for this person? *Yes / No*

5. **Being challenged and inspired** *Someone who inquires as to the reasons why you do things or someone who provides an example as to how to organise yourself and perhaps a goal to work towards.*

   One person who fits this category for me is:

   _____

   Someone I could use more for this kind of support is:

   _____

   Do I do the same for this person? *Yes / No*

6. **Non-work time** *Someone who you can sit down and relax with and perhaps be a different person for a while.*

   One person who fits this category for me is:

   _____

   Someone I could use more for this kind of support is:

   _____

   Do I do the same for this person? *Yes / No*

It is not only important that you have people to do these things for you, but that you constantly nurture your own support system by reciprocating this help.

If you have a lot of no's in the "do I do the same for this person" column, you should spend more time helping others.

If there are areas where you have no-one to fulfil this function you may well try and evolve your social support system in that direction.

CQI AUDIT QUESTIONS

Topic	My personal support network
Plan	**What are my goals/standards?** To have a good personal support network **Criteria:** Describe your definition of a good support network. **Indicators:** How can this be measured?
	What information needs collecting? ◗ Sit down with a piece of paper and draw your support network. ◗ Who do you turn to when things go wrong at work, at home? ◗ Who to do turn to, to unload? ◗ Who listens? ◗ Who makes you laugh? ◗ Who helps you see things in perspective when stress starts to take its toll? ◗ Have you somebody with whom you can regularly share your feelings and anxieties?
Check	What are the strengths of my personal support network? What areas of my personal support network need to be improved?
Act	What can I do to improve my personal support network? What barriers do I need to overcome and how will I achieve this? How can these improvements be implemented?
Review	Did you achieve what you set out to do?

DIAGNOSIS:

WHEN SELF CARE IS NOT ENOUGH

Not all problems we have to deal with can be resolved by self care activities.

Anxiety and Depression

For more than fifty years it has been a widely held belief that dentists suffer a higher stress-related incidence of suicide than other professions or the general public. This is in spite of little compelling scientific evidence. A recent review of dentists' suicide, by Prof. Roger Alexander, appears in the June 2001 JADA[45]. Prof. Alexander points out that as no official data are kept by the A.D.A. or any other dental organisation, nor the Insurance Council nor any insurance companies, establishing any rate is difficult. By what percentage suicide is under-reported is another complicating factor.

Alexander maintains that most studies have been regional, of short duration, and are dated. Some studies in the late 70's and early 80's reported dental suicide rates no higher than for the general population[46,47].

It may be reasonable to extrapolate from medical practitioner studies which show a higher general suicide rate and a rate further elevated for females. Data also exists to indicate greater risks of suicide for younger (24–44) and older (65+) dentists[48]. But until current, large-scale, long-term studies are completed the picture will remain unclear.

Chemical Dependency

Medical and dental practitioners have the same tendency to become dependent on alcohol and drugs. This is up to five times more likely than the general population. It is estimated 10-15% of dentists have an alcohol problem, the biggest at-risk group being the 45 to 49 year age group. The under 25 year olds have a high incidence of drug abuse. Unpublished research carried out at the University of Otago suggests that these abuse problems are already evident in the undergraduate population, and that these patterns continue into professional life.

Almost all dental undergraduates use alcohol and 15% say they drink more than the average person. Approximately 20% of undergraduate students and about the same number of new graduates admit to cannabis, nitrous oxide and cocaine use.

Some of this already established behaviour will lead to addictive behaviour in the future. Self-diagnosis is impossible as the disease of addiction is based on denial.

Usually an alcohol or drug impaired dentist is aided with his or her addiction by a colleague, spouse or friend and it often takes the form of a referral to the Doctors Health Advisory Service.

At the end of this section is Exercise 9 (Audit), designed for early detection and identification of an alcohol problem. It is surprising how easily the points stack up.

Exercise 8

There are many symptoms of tension which imply a need for relaxation. In order to be able to cope with tension, it is helpful to become aware of some of these symptoms. By completing the following checklist, you can gain further insight into your status regarding relaxation.

	Frequently (3)	Quite Often) (2)	Seldom (1)	Never (-1)
1. Do you feel insecure?				
2. Do you often feel over-excited?				
3. Do you feel anxious?				
4. Do you worry when you go to bed at night?				
5. Is it difficult for you to fall asleep at night?				
6. Do you find it difficult to relax when you want to.				
7. Do you wake up in the morning feeling tired and foggy?				
8. Do you find it difficult to concentrate on a problem?				
9. Do you often feel tired during the day?				
10. When playing sport, do you find it hard to concentrate on it?				
11. Is it hard for you to stay awake at work or in class?				
12. Do you feel upset and ill at ease?				
13. Do you lack self confidence?				
14. Do you often worry during the day over possible misfortunes?				
15. Do you frequently feel bored?				

16. Do you often feel discouraged?				
17. Do you have nervous feelings?				
18. Do you feel depressed?				
19. Do you have any type of twitch?				
20. Do you have frequent headaches?				
21. Do you have frequent colds, earaches, or sore throats?				
22. Do you have any persistent pains in joints or feet?				
23. If you feel yourself becoming tense, do you find it difficult to relax?				
24. Do you notice that you seldom find time to relax or stretch during the day?				
25. Do you exercise regularly?				
26. Do you often find that you exhibit tension by scowling, clenching fists, tightening jaws, hunching shoulders or pursing lips?				
27. Do your shoes, belt or other items of clothing fit too tightly?				
28. When you notice any of the tension symptoms, do you find it difficult to stop or minimise them?				
29. Are you unable to "let go" easily when you feel tense?				

The foregoing was merely designed to bring attention to areas which may reflect tension in your daily life. If you wish to rate yourself, the following scale will reflect, to a degree, your tension potential.

SCORE	RATING
0-19	Above Average Tension Control
20-39	Average Tension Control
40-55	Low Tension Control
58-84	Poor Tension Control

Exercise 9

MAJOR DEPRESSIVE DISORDER SCALE[49]

This is a depression questionnaire to help identify when professional attention is appropriate.

Circle the score (0, 1, 2 or 3) for each statement that best describes how often you felt this way during the past week.

During the past week:	Rarely or some of the time (less than 1 day)	Some or little of the time (1-2 days)	Occassionally or moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
1. I was bothered by things that don't usually bother me.	0	1	2	3
2. I did not feel like eating; my appetite was poor.	0	1	2	3
3. I felt that I could not shake off the blues even with the help of my friends.	0	1	2	3
4. I felt that I was just as good as other people.	3	2	1	0
5. I had trouble keeping my mind on what I was doing.	0	1	2	3
6. I felt depressed.	0	1	2	3
7. I felt that everything I did was an effort.	0	1	2	3
8. I felt hopeful about the future.	3	2	1	0
9. I thought my life had been a failure.	0	1	2	3
10. I felt fearful.	0	1	2	3
11. My sleep was restless.	0	1	2	3
12. I was happy.	3	2	1	0
13. I talked less than usual.	0	1	2	3
14. I felt lonely.	0	1	2	3
15. People were unfriendly.	0	1	2	3
16. I enjoyed life.	3	2	1	0
17. I had crying spells.	0	1	2	3
18. I felt sad.	0	1	2	3
19. I felt that peoples disliked me.	0	1	2	3
20. I could not "get going."	0	1	2	3

The severity of the Major Depressive Disorder is classified according to

0- 9	Not depressed
10-15	Mild Major Depressive Disorder
24-24	Moderate Major Depressive Disorder

Exercise 10 - Audit

ALCOHOL USE DISORDERS IDENTIFICATION TEST

Developed by WHO (1989) for early identification and validated in many countries.

AUDIT QUESTIONNAIRE

To score, circle the number that comes closest to your answer.

1.	How often do you have a drink containing alcohol?	Never	Monthly or less	Two to four times a month	Two to three times a week	Four or more times a week
		(0)	(1)	(2)	(3)	(4)
2.	How many drinks containing alcohol do you have on a typical day when you are drinking? (Code number of standard drinks)	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
		(0)	(1)	(2)	(3)	(4)
3.	How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
		(0)	(1)	(2)	(3)	(4)

4.	How often during the last year have you found that you were not able to stop drinking once you had started?	Never	less than monthly	monthly	Weekly	Daily or almost daily
		(0)	(1)	(2)	(3)	(4)
5.	How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	less than monthly	monthly	Weekly	Daily or almost daily
		(0)	(1)	(2)	(3)	(4)
6.	How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
		(0)	(1)	(2)	(3)	(4)
7.	How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
		(0)	(1)	(2)	(3)	(4)
8.	How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
		(0)	(1)	(2)	(3)	(4)
9.	Have you or someone else been injured as a result of your drinking?	Never	Yes but not in the last year	Yes during the past year		
		(0)	(1)	(2)	(3)	(4)
10.	Has a relative or friend or a doctor or other health worker, expressed concern about your drinking or suggested you cut down?	Never	Yes but not in the last year	Yes during the last year		
		(0)	(1)	(2)	(3)	(4)

* In determining the response categories it has been assumed that one “drink” contains 10g alcohol.

Record sum of individual scores here..... **SCORE: 8 OR MORE = POSITIVE TEST**

CONCLUSION

There has been a considerable amount of research and writing on “the lot of the dentist”. Some of it contradictory. On balance, it is fair to say that dentistry is a stressful job and many of us at some stage have experienced doubts about our career choice and ability to deal with the stress it produces. All healthcare professionals experience these concerns it seems. If the hassles can be recognised and discussed it becomes possible to see small manageable steps that can be taken to improve our quality of life.

Get Your Own General Medical Practitioner

Get a GP who is not a member of your family or close friend, who you trust and respect. Develop a professional relationship with them before you need them.

Avoid Self-Prescribing

Examine your own practises and if necessary discuss the boundaries with those you trust and write your own personal contract.

Develop a Support Network

Identify your support network, nurture it, value it, and use it.

Utilise Professional Support

The demands of practice are many, and their impact on each and every dentist (and their family) needs to be acknowledged and catered for. We encourage you to consider some form of professional support to maintain a healthy equilibrium in your life.

Learn Effective Management Skills

Most of us have had no formal training in management skills, to help control and prioritise workloads. However, many have found that stresses from patient expectations, job demands and practice administration can be lessened through effective training in skills such as time management and prioritising, communication, working in a team, team leadership, assertiveness and conflict resolution. Track down courses which teach the skills that you need.

Be Willing to Ask For Help

If prevention fails and your support network does not deliver – get professional help quickly.

Myers Briggs Personality Course

The Myers Briggs personality course content includes:

- A full profile on your personality
- An understanding of the 16 personality types
- How to use the information effectively
- Bibliography and resources

IT CAN:

- Enhance personal relationships
- Be used effectively in career counselling, team building, management and education
- Benefit women, men and children, by enhancing self understanding

PH: 0800 756 675

Email nzapt@paradise.net.nz

Website www.nzapt.org.nz

Mentoring Professionals

Mentoring Professionals is a New Zealand-wide network of 85 trained and experienced people who provide mentoring for health professionals. Mentoring is a regular one to one self care, personal and professional development process. You will be sent a selection of CVs of the appropriate local mentors from which you can choose to work with. Mentoring Professionals can also provide trained peer group facilitators, and has a mentor training programme available.

Mentoring Professionals
7 Fife Street
Westmere, Auckland

PH: 09 378 4640

FAX: 09 360 1521

Website www.mentor.co.nz

Doctors Health Advisory Service (DHAS)

A national network to provide collegial support and arrange appropriate counselling for dentists and other health professionals with health problems and stress. The DHAS is a personal advisory service for practitioners and students. If requested, appropriate referral for treatment, or other support can be arranged.

PO Box 812
Wellington

FREEPHONE: 0800 471 2654 (24HRS)

FAX: 04 499 3239

New Zealand Dental Association

The Association promotes the interests of the dental profession and in undertaking this role provides support, advice and assistance to members. The health and welfare of dentists are critical factors in determining the standard of oral health in New Zealand. Dentistry is a demanding and stressful profession that is most successfully practised with collegial support. The Association aims to provide this support for dentists in New Zealand.

Headquarters:
5 St. Marks Road
Remuera, Auckland

PH: 09 524 2778

FAX: 09 520 5256

Email nzdainfo@nzda.org.nz

Website www.nzda.org.nz

Dr Mark Davis

Dr Mark Davis is a psychiatrist who has specialized in anxiety management and professional self-care. His services include:

- training in managing patient anxiety
- training (teaching, mentoring supervision) of the art of self-care
- personal and professional self development
- training patients in anxiety management

Dr Davis works in Wellington and Lower Hutt.

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