Self Care *for* Dentists

Jones & Annan

NEW ZEALAND
DENTAL ASSOCIATION

Self Care *for* Dentists revised

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dedication

This work is dedicated to our mentors;

L. J. (Lawrie) Croxson BDS, FRACDS, FADI, FICD, Hon Life NZDA, FNZDA, ONZM;

and R.B. (Gus) Guise BDS, FRACDS, FICD, Hon Life NZDA.

contents

acknowledgments

We wish to thank those dentists who completed the NZ Survey of Occupational Stress, Job Satisfaction and Social Networks at the NZDA Marlborough Regional Conference in 2011, and those who were later interviewed by Bridget Burmester. The findings of the survey justified the revision of Self Care for Dentists, and informed our decisions about content and format. Special thanks to those survey participants whose comments we have quoted verbatim throughout the book.

Thanks too, to the following (named) people for feedback on the draft manuscript, and to those unnamed dentists who have allowed us to include the outcome of their trialling the activities as examples:

Jenny Jakobs (Massey University Social Work Lecturer who educated social work students on self care); Edwin Whiteside, specialist in occupational medicine and Clinical Director of the Doctors Health Advisory Service (DHAS); and dentists James Talbot and Dave McElvey.

Thanks also to Massey University and the NZDA for making this book possible.

Jeff Annan and Linda Jones

Experiencing the Christchurch Earthquakes and the effects on dental practices and Christchurch dentists (particularly those who lost their homes or work premises) reignited the Association's focus on *Self Care for Dentists*.

On behalf of the NZDA, I acknowledge the efforts that the authors have made in revising this book and the financial contributions of the NZDA, the NZDA Benevolent Fund and Henry Schein Shalfoon.

The hope is that this book not only raises discussion amongst our members but has a positive influence on them. In supporting this revised edition, the NZDA aimed to:

- promote the NZDA endorsement of self care for dentists;
- encourage a culture in which self care is accepted and recognised as important for dentists;
- provide a way for dentists to assess self care; and to
- encourage dentists to take positive actions towards looking after ourselves.

David Crum, CEO NZDA

preface

When I naively accepted the task of putting the first *Self Care for Dentists* together in 2000, I did not have too much idea of where the task would lead. I had a stack of references and an outline of the programme used by the College of GPs. As I read through the research material I began to realise that we have been a fertile area of study for workers in occupational medicine, psychology, etc for a long time. The conclusions in many cases were grim. Prof Cary Cooper, Guru of Occupational Stress in the UK, put us at No 1. An unenviable distinction. Many others with varying degrees of credibility placed us at or near the top of their lists. I seemed to have a bigger responsibility than I had anticipated. Interestingly, the few papers authored by those close to dentistry were less impressed with our stress levels. Perhaps that is because we accept what the job entails and just get on with it. So many of the papers, having concluded that we were suffering from high levels of stress, early retirement, alcohol abuse, musculoskeletal dysfunction or allergy finished with a bottom line that something should be done to mitigate, educate or inform us of the problems. I have to admit that I reported our lot as if I was writing a review article and painted a rather daunting picture. I was, like most of the researchers, focused on the problems and not on the solutions. There were some interactive exercises and information in the first edition, but on the whole it was a bit grim. Luckily, I have been given another chance and even more so, Dr Linda Jones agreed to be my co-author.

This time round I think we have produced a much more interactive book with many references covering more aspects of what it means to be a dentist, how to control the problem areas and where to go for more information and help.

I hope you find it useful, and either way, let me know at jannan@xtra.co.nz

Jeff Annan

introduction

If you don't look after yourself at work, who will? Most people reading this will already be doing a pretty good job of self care, but dentistry does make it harder in some ways.

IF YOU DON'T LOOK AFTER YOURSELF at work, who will? Most people reading this will already be doing a pretty good job of self care, but dentistry does make it harder. Self care can occur in a range of contexts. This book is aimed at helping dentists to "stay well in practice" by knowing and maximizing sources of job satisfaction, by understanding occupational stress and acting to limit its effect on everyday life, to keep the all-important work-life balance. In self care theory (Renpenning & Taylor, 2003) there are three common themes:

- finding work satisfying;
- maintaining a balance in life as an ongoing process; and
- participating in activities outside work.

The focus of *Self Care for Dentists* is on providing activities, assessments and resources that address self care issues specifically relevant to work in dentistry, so you will find it satisfying. It assumes that you already know about nutrition, physical exercise, sleep, your own spiritual needs, and other personal activities that everyone has to think about. It assumes too, that you know about the power of music and personal touch (human and pets!), and you could explore these options for relaxing and stress-busting if you wanted to. In these there are individual differences and preferences for self care. Our emphasis in this edition is on practical activities, checklists, and getting you online to locate a wealth of valuable resources. You can reflect on the material and commit to an action that turns the ideas into something you want to do for yourself.

The book begins with a "positive psychology" approach by focussing on what you value in dentistry and what's best about it as your career. Then it covers occupational risks and physical injury, the physical dental environment, people in the dental team, specific occupational stress assessments, mentoring, and technical and legal issues. There are references for theory, a suggested reading list, and lastly the all-important online resources links.

For those who are interested in the theoretical underpinnings of the material or the empirical research supporting specific content, there are references where you can follow up any topic – but if you are already stressed-out or short of time, or willing to try small or quick changes, then theory will not be your primary concern. The ideas presented are firmly grounded in empirical science and/or have been validated in other occupations. Hence, after this page, the format will be more informal and interactive. Each chapter has:

- a short outline of the aim of the chapter including what you might achieve;
- self care activities, assessments, and/or checklists;
- the activity for you to reflect on the tasks; and
- the opportunity for you to plan and put into action, what you learnt.

Before you begin

There are two things you'll need to have access to, to complete the self care activities, checklists and assessments, and to do the reflection and planning process. Reflection and planning are the keys to your making changes-for-the-better in your work life. The two things are something to write in (a note book or journal or the electronic equivalent), and broadband access to the internet. *Self Care for Dentists* requires you to do homework!! This is straight from cognitive behavioural theory (CBT) which, in contemporary psychology, is the much favoured theory for assisting change. It combines the behaviourist approach which is concerned with antecedents and consequences of actions, with cognitive approaches – and in particular how a person thinks about their world and their feelings towards it (see Froggatt, 2006).

http://www.rational.org.nz/prof-docs/Intro-CBT.pdf

Let's acknowledge gender differences in self care and coping here too. Men! Writing a journal and doing homework tasks are not soft options. You may find you are more than pleasantly surprised what a little "right-brain" activity can do to balance the heavily "left-brain" work tasks. Women tend to need little convincing of the benefits of a creative outlet.

If you are feeling stressed by working in dentistry, you may wonder where to start with self care. Most likely you already know what you need to work on first. There is no particular chapter order you should follow in the book. Chapter One, Positive Practice, will serve to remind you of the good things about dentistry, and it is a good place to start; but after that, you might flick through for an idea that strikes you as some change you've been thinking of making, and use the book to motivate, assess and direct you to forming a plan of action. Most activities direct you to reflect and plan to act, and so should bring their own rewards. If you have no particular immediate concerns then try a methodical progression from Chapter 1. Even if you feel content with your career, try some of the activities and see where they lead.

chapter 1

positive practice

WORKING IN DENTISTRY can be hugely satisfying so chapter one will take you through some issues for self care that are linked to getting the most out of the time you spend on work. It may seem counter-intuitive to start exploring the positive aspects of dentistry as a career by noting the public attitude to dentistry, but public negativity is quite pervasive so acknowledging it right away can lessen any power it has. Over the course of a career the public attitude to dentistry can wear you down. You can counteract it by remembering why you chose dentistry; by thinking about dentists you've admired, and by focusing on the real benefits of being in this profession – from the daily achievements at work to the opportunities that the rewards of dentistry can bring to your life outside work.

The aim is for you to remember what you were thinking when you chose dentistry, or a time you knew this was the right career choice, and to reflect on that; and for you to think about outstanding dentists, and dentists who inspired you. Great dentists do not get their deserved public recognition but you can acknowledge them. In doing so you can pinpoint what you value in your work and check you are living your values. Next you can explore job satisfaction and reflect on the real rewards of working in dentistry; and then you can acknowledge colleagues who have influenced your career in a positive way.

Homework involves writing, and when you reflect on what you have written, it will go some way towards either reaffirming your choice of career, or giving you an opportunity to plan how you can recapture your career mojo – or something in-between. If you are one of a small minority for whom dentistry was the wrong path, it will be in your best interest to reflect on that too, and write an action plan to explore your alternatives.

activity 1 ... and I chose dentistry why?

STEP 1. **GETTING IN THE MOOD**

Recall is improved with cues to thoughts and feelings. Watch the brief YouTube video through the link provided or by YouTube search.

http://www.youtube.com/user/OtagoUniversity?v=JqYRLB7SQ8g

Too hard to type in? Search for YouTube and use their search box. Type in 'be a dentist' AND 'Otago' (matching the case)

Unless you have a robust sense of humour, do not select the Steve Martin version/ aversion of "Son be a dentist". The one you want is an Otago University advertisement.

STEP 2. **TIME FOR ACTION**

Write a letter to yourself: Why I chose dentistry.

Now you can think about how you came to apply for dental school. Can you remember yourself at the same stage as Nikki-Rose is in the video? In your journal (or whatever you have chosen to write in) make a list, bullet points or rough notes in preparation for writing a letter to your younger self – the person you were when you decided to go to dental school. In it you can include:

- Motivation – recognise the motivations of your younger self.
- Happiness – compare and confirm or maybe contrast what made you happy then and what makes you happy now.
- Satisfaction – point out in the letter, the pleasures in your life that are attributable to that decision to be a dentist – what is satisfying and fulfilling.
- Appreciation – thank your younger self for the strengths in your character that you attribute to dentistry.

Since this is activity 1, we asked a dentist to do steps 1 & 2 and allow us to include it as an example. Your letter can say anything you want it to, so long as you tap into your younger and current selves, and recognises what got you where you are today. Try to accentuate the positives. Even if you are a new grad, you'll have been changed by occupational socialisation, new friends, and challenges – student debt for example. It was interesting to us that the dentist who wrote the letter didn't actually use a formal letter format (e.g. starting Dear X), but did think about the point of the activity and wrote it in a way that was meaningful, which is great, because self care activities are for you to do the way you will benefit from. Your way is the right way.

My motivations when I was young.

I originally went to Otago University to do marine biology (but knew nothing about it). At the time I was keen to differentiate myself from people doing health care intermediates so I did not apply for any health sciences. I was also very keen to escape my home town (Timaru) and the small mindedness of the people in my school who were not going to university. I remember looking back on Timaru as I left and thinking 'thank god that's over' which is a little unfair in retrospect as it would be a great city to live and raise a family and has some real pluses that I now miss.

For my second year at Otago I fell into biochem as I found it easy but then got to 3rd year and found the lab work and the lack of human contact oppressive. I had some friends who were doing dentistry who were having a lot of fun socially so I thought 'why not'; have some fun and have a career that pays well. I knew nothing about dentistry at that stage.

In those days it was the social aspect that I enjoyed the most. Interestingly, as I went through the course I would not say that I enjoyed dentistry (certainly as I do now) but I did begin to enjoy doing well and succeeding at various aspects of the course. As a practitioner you get very little of the social aspect that I once enjoyed but now I enjoy my work in its own right. I have also found financial gains of dentistry less of a motivator to me once I left dental school as about half of my working life has been in hospital settings where the pay was often very poor.

Dentistry has allowed me to focus rather than drift (which I certainly did when I was younger) and I have found it a very stimulating profession which can offer quite variable pathways. It has allowed me to dabble in many things from oral surgery/ hospital based care to more advanced complex restorative care. I have also discovered the simple pleasures of getting to know patients, help them out and watch them as they change, have a family and then you get to help their children. Dentistry is also very interesting as there is the on-going challenge to advance and do things better which never leaves. There is always a drive to improve techniques and outcomes which I really enjoy. Even tasks that may appear mundane can carry their challenges.

Dentistry has certainly given me something to 'sink my teeth into' and focus on. It has also allowed me to travel the world, do exciting things and meet interesting people. I am not certain if I had some of the traits that people would automatically associate with dentistry e.g. being a perfectionist or being exacting or even being able to be trusted to carry out simple but important tasks. A profession does change you. You tend to develop parts of yourself that your job requires you to do so to succeed so I have developed an enjoyment in simple outcomes for things.

STEP 3. **WHAT DID YOU LEARN FROM WRITING THE LETTER?**

After you have written your letter, think about it for a day or two while you are at work, then move on to the last step in activity 1, where you can focus in on what is important for you now, as you work in dentistry: your values.

Values are those things that are important to you in the way you live your life, and that can create stress and conflict when you are not living as you want. For example, you might value family/whanau as the most important thing in your life, yet miss out on quality time and family events because you are spending hours on your practice finances in the evenings at home. People often charge on through life without stopping to check they are getting their priorities right. Values and emotions are intertwined, so they can be both motivating and rewarding as goals to strive for, and the cause of guilt and hurt when you are not doing what you believe in.

Embedded in the letter you wrote are things you value: what makes you happy, satisfied and fulfilled. Core values are fairly stable but the relative importance can change over the lifespan. Younger dentists may value their social life and finding a life partner (resolving the developmental stage of Erikson called "intimacy vs isolation") while older dentists may value their settled careers and family life, getting into what Erikson called "generativity vs stagnation". The key mid life tasks are procreation, productivity and creativity. (See Erikson's lifespan development theory on Wikipedia, link in the resource list).

http://en.wikipedia.org/wiki/Erik_Erikson

STEP 4. **GETTING TO YOUR CORE VALUES AND STRENGTHS**

Look at your letter and bear in mind your thoughts since writing it, and now write a list of work-related things, people or events you chose as important enough to include in your letter. From these, can you identify your core personal standards or commitments? These will reflect your character strengths or deeply held beliefs: your values. Four is an arbitrary number to aim for but a good target.

If you need help with the words or labels for values, use the internet, but be warned: if you search for the key word "values" you'll get 840 million hits in under a second!! The site that is commonly offered by Google in the top spot is Steve Pavlina's site. He lists over 400 "values".

www.stevepavlina.com/articles/list-of-values.htm

If you are new to self reflection and considering what your core values are, then over 400 options could be overwhelming. You could end up picking values that all start with A. For example acceptance, (sense of) adventure, appreciation and ambition are all in the first 38 values, as they are in alphabetical order, whereas if you get to the 400s you might choose variety, vision, wisdom and zeal! It is NOT necessary to check the list of values but it can make interesting reading.

Taking it further – Schwartz (published online – see resources for pdf article) suggests there are 10 universal values or motivations, but Rokeach takes a different approach suggesting there is minimal universal agreement. A more practical way to explore values, if you want to take this further, is to go online and try the Rokeach Value Scale exercise in ranking values. There are two lists each with 18 values, which are explained on the website (Feather & Peay, 1975).

http://en.wikipedia.org/wiki/Rokeach_Value_Survey

Jeff and his practice partners decided the foundation of their practice was integrity, care, service, excellence and professionalism.

A range of values and motivational calendars/posters is available online at

www.allposters.com/-st/Motivational-Posters_c12920_p2_.htm

Summary of why you chose dentistry

Complete the sentences here or in your journal.

- Dentistry has given me...
- For my work in dentistry I strongly believe in...
- The most satisfying thing(s) in my working life right now are...
- The most dissatisfying thing(s) in my working life right now are...
- Values I hold for my work, that I'm not actually living, are...
- Something I could do to align my values and my actions is...
- The resources I'd need to make a change are...

activity 2

I can't get no... job satisfaction (yes you can!)

Exercise 1 leads nicely into job satisfaction.

Much of staying well in practice is knowing what gives you job satisfaction and maximising it. Of course you will also need an understanding of occupational stressors and limiting their effects, and that will come later in the book. Here you can explore checklists derived from job satisfaction literature, for job satisfaction in dentistry, and for the rewards a dental career can give to life in general. You can plan to keep a balance between work, home and relaxation. First, what did your colleagues say?

Findings of the NZ survey of occupational stress, job satisfaction and social networks, conducted in 2011-2012, (Jones, Annan & Burmester, 2012) showed many reasons to enjoy being a dentist. Satisfaction was linked to the diversity of work, to having autonomy and freedom to choose the method of work, satisfaction from being highly skilled technically, and from assessing patients' needs correctly. Employed dentists were slightly more satisfied than those working in private practice, and women were more satisfied than their male colleagues. The mean score for satisfaction on a 7-point scale, with 7 being high, was 5.2 (SD 1.3), which shows a high level of job satisfaction. This is fairly consistent with Katie Ayres and colleagues reported gender differences with job satisfaction (Ayers, Thomson, Rich & Newton, 2008) where women were more likely to be in an employed position, but men were slightly more satisfied with their job.

CHECKLIST 1 **JOB SATISFACTION AT WORK**

Since the aim of this chapter is the self care task of finding work satisfying, if you don't enjoy a particular thing it might be an indication that you need to think of ideas to turn it into a positive. "Control over hours worked", for example may suggest time management problems.

What you can do with the checklist is consider each item in terms of what you enjoy or wish you enjoyed more.

First, after reading the checklist, write in your journal, to reinforce the message-to-self, the best things about your current work. These can be from the checklist or additional things that make you happy in your work. Look back at these often.

Second, record in your journal one or two key items from the checklist that you would like to work on. You can come back for more some other time because making one or two changes is difficult enough, and trying to change many things at once is setting yourself up for failure.

Along with the item(s) you are going to plan to change, also record what resources or people you need to make a change, what would be the first step towards actually making the change, PLUS any barriers you can see to taking the first step.

Basically this is using the DiClementi & Prochaska (1982) behaviour change model to help you shift from not thinking about problems (denial) to acknowledging it might be good to change (contemplation), and that you'd enjoy your work more with the change, to planning action and making a start. For more information on the theory behind the 5 steps to change model, see the link, also in the resources section.

www.agale.com.au/FiveStagesOfChange.htm

So, here is a list of items taken from various surveys of dentists' job satisfaction.

Do you enjoy...

- ☐ having practical challenges at work;
- ☐ having choice in what you do (from specialisation to delegation);
- ☐ having flexibility in dental practice;
- ☐ having variety in dental practice;
- ☐ producing high quality durable treatment;
- ☐ reducing pain and discomfort for my patients;
- ☐ having satisfied patients;
- ☐ doing work that benefits society;
- ☐ teamwork;
- ☐ having satisfied staff;
- ☐ camaraderie with colleagues and partners;
- ☐ having control over hours worked;
- ☐ generating a good income;
- ☐ opportunities for continuing education;

and add your own.

CHECKLIST 2 **REWARDS OF BEING A DENTIST AWAY FROM WORK**

Remembering self care includes work-life balance, and the rewards of being a dentist or dentistry as a career, this checklist allows you to focus on the things that are possible in your life because you are a dentist. Think about the items on the checklist and how to use it for positive reinforcement of what you are able to do, plus using the change model to enhance the benefits.

Working in dentistry allows me to...

- ☐ Follow almost any other interest (cycling, photography, singing, X box and the like);
- ☐ travel or take as many holidays as I require (or my family say I should);
- ☐ support my family the way I want;
- ☐ live in the home I want;
- ☐ have all the material possessions I need;
- ☐ join organisations that fulfil my spiritual needs;
- ☐ join organisations that fulfil my sense of social responsibility;
- ☐ get public recognition for my job – status (possibly missing in dentistry);
- ☐ have enough time off to have fun;

and add your own.

If you are not getting the rewards in your life outside work, which you could justifiably expect from being a dentist, use your journal to go through the steps to change. Use the checklist to firstly reinforce the positives, and read these regularly. Secondly, now you have contemplated the possibility of other rewards, plan how to achieve them – note barriers and steps to overcoming them. Set a date to put your plan into action.

Summary of job satisfaction activity

Complete the sentences either here or in your journal.

- The most satisfying thing(s) in my working life right now are...
- The most dissatisfying thing(s) in my working life right now are...
- The most satisfying thing(s) in my life outside work right now are...
- The most dissatisfying thing(s) in my life outside work right now are...
- I have made action plans to change...
- I will make the first step towards changing..... on this date:

activity 3

Protecting some good names

This is a writing activity to reinforce your values, for setting goals (coming up), and much later for getting a mentor. It is good to remind yourself who your role models are or were.

STEP 1. **THINK ABOUT A DENTIST YOU REALLY ADMIRE**

The person can be alive and well, or part of your past. It could be a friend, someone from your graduating class, or someone you do (or have) practised with; but equally it could be someone you've admired from afar. Someone you've heard speak at meetings, or you know contributes to branch activities, or has specialised, or gained post graduate qualifications that you value. It can be a dentist whose contribution or success is in a field outside dentistry, like a great sports coach or as a lay preacher or a service club president, or a great parent or gardener.

Write their name in your journal with a list or bullet points of what it is that justifies your admiration – what you really admire about them.

STEP 2. **FIND YOUR FAVOURITE**

In your journal, name and record the current contact details for a living colleague in dentistry who you admire. It could be the same person, unless you chose one who has passed on. If it is not the same person you might like to repeat the admirable qualities list for the person you are naming.

You will need these details later when you complete the mentoring activity. This person should fit at least one of the mentoring support subtypes you will encounter later, in the mentoring section. If you do not know where the person lives, can you find them on the DCNZ website or NZDA Membership Book, Google, Facebook, or delegate someone to find them for you? It's best if you look and write in the details. Website addresses for NZDA and DCNZ are in Chapter 7.

Name:

Postal address:

Phone/mobile:

email:

STEP 3. **TELLING IT LIKE IT IS**

The last step in this activity, and in positive dental practice is to evaluate where you are in your career by summarising your working life – sources of work happiness and satisfaction – in a letter to someone you admired or loved but who has passed away.

Have you measured up to being the person they might have expected you to become? Have you, in any way, followed in their footsteps or thought about them when making career decisions. What do you remember about what made their life good? You're not going to send this letter anywhere, but it should start you thinking about ambition and your goals.

This letter is especially important for those dentists who wonder, if I had to make a career choice again would I still choose dentistry? It is important, too, for people who think they need to get out. Did your friend achieve all they wanted to? Would they understand your current dilemmas?

Keep in mind the good things about being a dentist, but now it is OK to see where you are not ticking all the boxes on Checklist 1: Job satisfaction at work. You might find you have some urgent self care tasks to attend to.

At the end of this letter you may find you can write a career goal for yourself. The purpose is to get you thinking about where careers can lead but how life circumstances may influence your options. Strategies to achieve the goal will come later.

Summary of good names activity

Complete these sentences here or in your journal.

- What I value in dentistry today has a lot to do with my knowing or having known _____
- I would like to have more contact with _____ and I do know where to find them.
- _____ could be someone to think about as a mentor.
- At this stage of my career, I could tell _____ that my ambition in dentistry is _____

Jeff and Linda note that both men this work is dedicated to, did move from private practice to continued involvement in dentistry through NZDA, ACC, FDI and national dental surveys – to name a few ways they contributed.

Chapter summary

In Positive Practice you have explored where you are in your career, what you value and gives you job satisfaction, acknowledges others who preceded you into dentistry and considered your career goals. Your journal could now contain letters, action plans and steps to achieve your goals. Did you set a date? Did you begin some positive steps towards taking care of your future?

If you want to explore positive psychology in more depth, try reading Martin Seligman's authentic happiness website or books. You have to register for online resources, but there is a wealth of material to reveal and support the positives in your life. Seligman is a reputable academic scientist, whose original studies of learned helplessness are still influential in contemporary psychology.

www.authentichappiness.sas.upenn.edu/Default.aspx

If you want to do more activities establishing your values and goals, you could try:

www.mindtools.com/pages/article/newTED_85.htm

The mindtools website has an introduction to values, steps to help find your core values and 150 possible names of values.

If you are wondering about other ways to use your dental qualification than doing the work you are now, the following table sets out a range of options for work in dentistry, or public oral health.

NOTES ON CAREER OPTIONS WITH A DENTAL DEGREE	
Private practice	– sole practitioner – group partner or associate – owner of practice or franchise
Employed dentist	– military – hospital – NZDA
Specialist practice	(orthodontics, endodontics, etc.)
Policy	– Ministry of Health or NZDA
Research and teaching	– university based
Locum	
Part-time and full-time options	
Sales and other dental supply company jobs	

lets get physical... with self care

chapter 2

DENTISTS FACE, ON A DAILY BASIS, a series of tasks that carry a risk of physical injury, and situations that are potentially stressful events. The first step in preventing injury or controlling stress is recognition and accurate assessment. The next step is to prepare strategies which will eliminate or at least minimise their effects. It has already been mentioned that this book is about self care at work, but you can still talk to your friends or go online and look for physical activities you want to try outside work, that support physical health at work.

Although dentists' physical occupational risks have been studied widely, reported results show considerable variation. There may be something about your specific patient group, or clinical practice, which may increase your risk of cross infection or needle stick injury, for example, but these are not the big issues for dentists. This chapter aims to cover the most widely experienced problem – physical pain from the way you operate, plus suggest ways to approach other physical occupational risks you might not have considered. In general this guide is saying that for a long career in dentistry you will need to stay fit and limber, and look after your hands and vision. When you have completed the actions, do reflect on what the results mean for your career and write an action plan to keep on top of these potential career stoppers.

Musculoskeletal discomfort

The first paper on dentists' physical well-being appeared in the journal, Dental Cosmos, nearly 140 years ago (Allen, 1875). Lehto, Helenius and Atlanta, (1991) showed that psychological distress, work-related stress and musculoskeletal symptoms were strongly correlated. Contemporary reports show that very high percentages of dentists experience back or neck pain at some time during their careers. The largest study involved 1253 US dentists, where over 60% reported some musculoskeletal discomfort (MSD) during the previous year (Shugars, Miller, Williams, Fishburne & Strickland, 1987). Palliser (2005) reported a 2001 postal survey of 413 NZ dentists, showing that more than 90% of respondents experienced musculoskeletal discomfort during the previous year. These were particularly in the lower back, neck and shoulders; and 35% of sufferers had needed to restrict their normal activities.

Although aware of many of the dos and don'ts regarding posture and exercise, apparently few dentists apply their knowledge preventively. They put up with symptoms thinking them to be unavoidable or part of the job. That is not right. You can take care of your physical self at work. One very clear message can be taken from the studies. Dentists are suffering far too much. Action is needed because if you are fit, and the more exercise you do, the less likely you are to develop musculoskeletal problems.

activity 4 What to do?

This activity aims to have you do several things: record what you already do, what you might consider doing, then collect data on your current experience of discomfort or pain, to give you a realistic picture over the course of a month, of what is happening to you. You can reflect on the outcome and write an action plan.

Of course if you have pain now you should act now, by consulting your GP or specialist. Do not wait for the month of data. If you are already trying to manage pain with medication (self or prescribed) or exercise, then you can still benefit from the activity as a way of monitoring the effects of the treatment you are taking.

STEP 1. **WHAT I AM DOING AND WHAT COULD I DO..?**

Divide a page in your journal and on the left side write what you already do in the way of activities (exercise, stretching, or relaxation) that support your fitness for practise. This could include specific exercises like jogging or gym time, but relaxation activities like meditation or even singing, can count too. (Breath control supports and strengthens the core muscles.)

On the right side of the page write a list of activities you might try this year. If you need ideas go to the internet. Type "activities in (your area)". Google generated a huge list from A-Z when Linda and Jeff tried it for Wellington: adrenalin forest, archery, barbershop choruses, biking (mountain bike adventures), zoo. Many were occasional or one-off experiences and equally many were things you could join and participate in regularly. Try it for your own location if you need ideas; or combine it with a weekend away for a much needed change of scene.

You can immediately act on what you find, or come back to this page in your journal when you've completed step 2 which is the data collection on your current physical discomfort experience.

STEP 2. **DEVELOP A 'JUDGEMENTAL SCALE'**

A judgemental scale is one you develop for your own use. It can show meaningful patterns of feelings or behaviour for the designer. It is reliable to the extent that only you are scoring, so you will be using the same frame of reference – yours – each time you score your symptoms or lack of them. It is a particularly useful tool for revealing patterns of something, like MSD that you may be ignoring or under-estimating.

First, in your journal, give your scale a name and write four or five descriptions of the kind of discomfort and pain you might feel. Give them a numerical value too.

Here's an example, but it is only a guide for you to make your own. It has 6 levels of discomfort.

The Probable Aches in the Night Scale (PAINS)

0 no pain/pain free/only old tennis injury playing up
1 niggle in back after trying to get good access on one patient today
2 sore or stiff neck OR back at the end of the day
3 general MS discomfort at the end of the day
4 definitely some pain today
5 pain required medication (alcohol or analgesic)

STEP 3. **COLLECT YOUR DATA**

Either use a calendar you see every night, or better still, draw a generous four x seven table in your journal. Plan a start date and complete the table so it becomes a 4-week calendar, then before bed, pick the appropriate number from your scale and enter it in the box. Add brief notes on medication, including alcohol, or any unusual work tasks or exercise that day. It should take 30 seconds. Do this for 28 consecutive days.

STEP 4. **LOOK FOR PATTERNS**

You don't have to wait for the entire month to look for patterns. As you record, ask yourself:

- Are there procedures you did that day, that caused you discomfort?
- Are there days that consistently rate higher than others? (e.g. Wednesdays)
- Do you have constant low grade discomfort you have been in denial about?
- Do you have constant low grade discomfort that is affecting your other activities, including your social life?
- Are you taking more pain relief drugs or drinking more alcohol than you realised?
- Are you limiting your activities in the weekends because of pain?

STEP 5. **RECONSIDER HOW YOU ARE WORKING?**

If an answer to questions in step 4 is YES, you could start with a GP appointment to see if you need formal investigation, X-ray, physiotherapy, massage, gym membership, a walking group (green prescription) or what?

Is there anything now you realise you need to change at work? If you change your operating position, your exercise routines, chair, stool etc., or the way you block time in your appointment book (after you have seen Self care activity 19 in Chapter 5), do keep monitoring with the same scale, to assess the results of change. Your "judgemental scale" data will continue to be useful if you keep a record of your actions and outcomes.

The eyes have it

The nature of dental treatment, with its concentration upon fine detail and close work, under bright light, has been linked to a loss of visual acuity. In a profession where excellent vision is essential, routine eye examinations are essential. If you have not had an eye check in the past 12 months, then make an appointment now. In addition, the use of magnification at work has been widely recommended for over 25 years, for all age groups, but especially for those over 45 (Pollack, 1996).

There are also concerns for changes in the visual system related to the use of a range of dental materials and techniques. Resins, varnishes, curing light exposure, mercury, and nitrous oxide have been associated with loss of colour vision and loss of contrast sensitivity (Canto-Pereira, Lago, Costa, Rodrigues, Saito, *et al*., 2005; Feitosa-Santana, Bimler, Paramei, Barboni, da Costa, *et al*., 2010). Contrast sensitivity is especially important in interpreting X-rays, detecting caries, and matching tooth colours. Colour vision loss happens without conscious awareness on the part of the person experiencing it. Until recently, academic literature suggested colour vision loss and contrast sensitivity were reversible once diagnosed, by taking a break from whatever was likely causing the problem. However, the most recent studies in ophthalmic journals suggest this may not be the case.

Group practices might consider investing in a Farnsworth Munsell D-15 screening board, which is a tool that screens for colour vision loss, defined as an inability to arrange blocks of colour in order of hue. A person experiencing subtle colour vision loss will not be able to arrange the colours in order quickly, if at all, indicating a need for a formal assessment. The more common Ishihara tests do not detect subtle (desaturated hue) colour vision loss from chemicals and hence are not appropriate for chemical-induced loss of visual sensitivity.

To read more, Google Canto-Pereira. He is a Brazilian dentist who has collaborated with ophthalmic researchers on colour vision loss in dentistry.

activity 5 Screen yourself

STEP 1. **FLYING DEBRIS**

Head up a new section in your journal for vision, and note when you last had a eye check, plus note details of any eye injury you have had, such as debris from a patient – piece of tooth or old filling – in your eye(s). As mentioned above, if you haven't had an acuity check up with a glaucoma test, make a note to do it ASAP.

STEP 2. **DOING YOUR COLOURS ONLINE**

Try an **uncalibrated** version of the D-15 arrangement test. Both the websites below have it, and you can search for others with the key words "D-15". If you do get the colour arrangement wrong it could be your computer and not your vision, but consider how you came to make your selections and if it could be your colour sensitivity. The websites refer to colour blindness, and people who are colour blind will make systematic errors consistent with their type of colour blindness, but this is not what you are screening for. Subtle colour vision loss will show up in difficulty differentiating between the colour blocks (caps).

The tests do not mention that this is supposed to be a timed SPEED test, so you should aim to complete them in less than 20 seconds. Basically what you do is quickly click and drag the colour cap that looks like the nearest match to the last one in the line-up, working from left to right. You can then check your results. What you want to see is the numbers in numerical order. Any number that is out of place suggests colour sensitivity loss at that point, BUT REMEMBER this is a computer simulation and not a clinical assessment.

www.colour-blindness.com/colour-blindness-tests/colour-arrangement-test/

www.colblindor.com/2009/03/10/online-farnsworth-d-15-dichotomous-color-blindness-test/

STEP 3. **IT'S NOT ALL BLACK AND WHITE**

The Pelle Robson test can detect contrast sensitivity. You might get a surprise when you first see it because it resembles an acuity test but instead of letters decreasing in size, they fade out. Yes there definitely are letters right to the bottom of the page. (Linda has two full sized versions of the Pelle Robson and can confirm it.) They look like the figure below.

Figure 1. Pelle Robson contrast sensitivity chart.

Now try an **uncallibrated** version of the contrast sensitivity test at the following website. Again remember this is not a clinical assessment, but can show you what the test measures. It is supposed to be almost unreadable on the bottom line, as shown below. The website has more information on the interpretation of the result, and other Pelle Robson charts for you to try.

http://psych.nyu.edu/pelli/pellirobson/

STEP 4. **SO NOW WHAT?**

Note your scores in your journal. Consider retesting yourself when your eyes are fresh or when you have had a long day. Since this is about self care, you need to consider if what you are finding with the screening warrants taking further action and consulting a specialist. Additionally, do volunteer if colour vision loss in dentistry is being studied. It is something you can do for yourself and the profession.

OOS or its synonyms

What's in a name? Occupational Overuse Syndrome (OOS) is a serious condition affecting thousands of New Zealanders. Its name keeps changing although its effects do not. If you are searching for online information, keep in mind OOS is also known as Repetitive Strain Injury (RSI), and since 2006, the ACC has included either term in the category of claims known as DPI (discomfort, pain and injury). Currently there is also an ACC umbrella term, Gradual Process Injury (GPI).

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 web although they tend to focus on OOS from computer use and typing. Friedlander, Cope and Dixon (unpublished) suggested 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. Trevor Burke, from the School of Dentistry at Birmingham University, UK, has written about early retirement of dentists, linked to chronic ill health including chronic pain. There is a reference to his team's full paper (Brown, Burke *et al*., 2010) in the reference section.

For self care, if you have any wrist or elbow pain, consult your GP. If you do not feel this is warranted, than make a 28 day monitoring chart for this and record data the way you did (hope you did!) for MSD discomfort. Go armed to your GP with the data. Agus, in The End of Illness (Agus & Loberg, ebook), suggests we do this for all consultations. (Jeff thoroughly recommends reading this book.)

Other ways to manage OOS can be found online – one suggestion being:

www.joyworkz.co.nz/when-oos-starts-to-ooze-it-can-be-a-real-pain

Carpel tunnel syndrome is another concern. Although dentists fit the risk profile with small repetitive movements and vibrating equipment, the incidence of Carpel Tunnel Syndrome does not seem to be high. However one American dental conference measured injuries and found carpel tunnel syndrome was a greater problem than expected (Bloch & Shapiro,1981); and it is the chief area of injury suffered by hygienists (Hayes, Cockerell, & Smith, 2009). Again, for self care, if you have any concerns, see your GP, and take any self-monitoring data with you.

Self medication

Self medication, especially with alcohol, is not strictly an occupational injury except by default – when you start drinking to offset stress from work, or to numb physical pain, anxiety, and the like. Frankly if you are abusing other substances such as prescription medication or illegal drugs your career is going to be in jeopardy and your patients may already be at risk. Fast action is required. **ASK FOR HELP - either from your GP or contact the Doctors Health Advisory Service (DHAS) (see Chapter 7 for their address.)**. If you have a mentor or trusted peer, confide in them. This situation is beyond everyday self care advice or activities, although you may have noticed how much you were drinking in the musculoskeletal activity.

In addition you might check out the NZDA News from December 2012. Anita Nolan has a feature article on "Drug abuse implications for the dentist in New Zealand." It aims mainly to inform you about patients, but it has a wide range of information too.

Medical and dental practitioners have the same tendency to become dependent on alcohol and drugs, which is up to five times more likely than the general population.

It has been estimated 10-15% of dentists has an alcohol problem, with 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 suggested that the drug abuse problems that were already evident in the undergraduate population, continued into professional life.

Almost all 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 reported using cannabis, nitrous oxide and/or cocaine. 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 through his or her addiction by a colleague, spouse or friend and it often takes the form of a referral through the Doctors Health Advisory Service. There is a link to this service in the resource section in Chapter 7.

activity 6

Is my drinking risky?

Here is an opportunity to assess your relationship with alcohol. The Alcohol Use Disorders Identification Test (AUDIT) was developed by WHO (1989) and is validated for early identification of trends towards risky drinking or using alcohol for more than a pleasant social drink. As a pen and paper type test that does not require a clinical administrator, it has the following advantages: it is short and easy to score; and will give you some idea of whether or not you need to take a serious look at the way you are using alcohol.

STEP 1. **DO THE AUDIT**

Complete the AUDIT in this book or write each question number and score in your journal.

Give your answers as beginning with the trigger, "In the past 12 months..."

Where it asks about "drinks", think one standard drink. (can of beer, glass of wine, one shot of a spirit)

Although it's easy to score, the number is merely indicative of your relationship with alcohol. The norms suggest a score of 8 should get you doing something. As for other physical injuries, a GP is a good first call if you score more than 8. Take your Audit and scores with you.

AUDIT Questionnaire

Circle the number that comes closest to the 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?**

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. Has 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)	(2)	(4)

10. Has a relative or friend or a doctor or other health worker, been concerned about your drinking or suggested you cut down?

Never	Yes, but not in the last year	Yes, during the last year
(0)	(2)	(4)

* In determining the response categories it has been assumed that one 'drink' contains 10g alcohol. In countries where the alcohol content of a standard drink differs by more than 25% from 10g, the response category should be modified accordingly.

STEP 2. **REFLECT AND ACT**

In your journal, comment on your AUDIT result. Do you need to do anything now? If you are overdoing it how can you overcome it or change? Make notes on what you think your triggers are (Stress? A natural social drinker? Wrong career? Relationship problems?)

Check out the reference on your South Australian colleagues by Winwood *et al*. (2003). They report on the role of occupational stress in alcohol misuse.

Your triggers may lead you to know who to talk to about change. Talk to someone. Show them the AUDIT result and discuss what to do. A self help guide is not a great place to get serious support for majorly problematic behaviour. It can shine light on problems, but as a professional you now need to find appropriate professional help.

Summary

This chapter aimed to have you explore some of the most widely experienced problems from working in dentistry, the physical pain from the way you operate; plus you had the opportunity to try online screening tests for occupational risks you may have been less aware of: vision, OOS and chemical dependencies. Along with the AUDIT you will have had a chance to assess and reflect on occupational risks and your response to them, and thought seriously about taking necessary action where there might be the need, in the name of looking after yourself, and minimising consequences for your work. This chapter did not try to cover all accidental injuries, but hopefully it has been a trigger for you to reflect on physical risks in dental practice.

on being environmentally friendly

chapter 3

THE ENVIRONMENT YOU WORK IN can be both a source of pleasure and a source of stress. This section aims to highlight the importance of taking time to ensure your work environment is the best it can be for you, and coincidentally, your staff and your patients – but remember this is a self care book, not a patient care guide.

You will have the opportunity to think about a wide range of environmental features, presented as checklists. Any of the listed items may be a stressor and hassle if it does not work for you; and some are straight out hazards. Your work will be more problematic if you fail to give the work environment proper attention. Patients and your dental team may enjoy the physical environment because it looks and smells nice. But if you have appropriate seating and lighting, and plants or living things are included, these will contribute more than you may think to your quality of life. The environment must be right. A poor working environment definitely contributes to your occupational stress and to patient anxiety.

Some normal aspects of the dental environment can create hazards. Poor ventilation or inadequate temperature control may increase the physical and emotional heat in the surgery, causing occupational stress to you and all your dental team members. Some items are directly linked to sensory perception and may subliminally influence mood. Several studies have shown that the simple addition of plants or goldfish – essentially something living – can improve both patient and worker's positive mood (Hamman & Jones, 2013; Jones & Manighetti, 2006).

Some items are going to negatively impact on your physique, causing discomfort and pain. Other items may bring relief from stress and help you feel good about coming to work. The design and layout of the surgery is very important and will influence the communication network within the dental team and with patients.

The lists are based on the "salutogenic" environment: a basic principle in design and health. The word "salutogenesis" comes from the Latin *salus* = health and the Greek *genesis* = origin. Anton Antonovsky developed the term from his studies of "how people manage stress and stay well" (see Hanson, 2007).

Have you heard of the Hawthorne effect? It is an effect based on work at a factory in Hawthorn, USA. The company wanted to increase productivity and called in organisational psychologists. They increased the level of lighting and productivity did increase. They increased the lighting more and it increased again, so they lowered the level of lighting and... productivity increased even further. Basically they believed they had tapped into the need for people, in this case staff, to feel valued, so that when actions from the "bosses" seem to show that, staff respond positively. That's got to be good for you too.

Have you considered the subliminal effects of colour and light, or the inclusion of living things in a work environment? For more on this, look into the world of design and health.

www.designandhealth.com

> "We tend to look for risk factors for illness or injury instead of looking for reward factors for health."

activity 7 Love your practice environment

STEP 1. **THE POSSIBILITIES ARE NOT ENDLESS**

Head up a section in your journal for environmental influences, to note what things you might want to explore from the checklist headings in this chapter. These could be a simple improvement or a major change your practice should consider, particularly where there are hazards.

Skim read through the checklists. Does anything stand out as being a problem to anyone involved in a dental appointment at your place? Is there an obvious place for you to start? After reading, reflect on the options and write a set of possibilities for:

1. something or things you can do right away that will be a positive, if cosmetic, change;
2. something or things you need to discuss with your partners and/or staff that might be a hazard you need to address reasonably quickly;
3. something to make waiting nicer for your patients;
4. something to make the spaces nicer for your staff – show you appreciate them; and
5. consider writing a longer term goal that fits where you'd like your practice to be in a year or two.

STEP 2. **CHANGE FOR THE BETTER**

Once you have decided where to act first, how will you make it happen? Make your own list of people or resources you need, what they'll do, and how you'll fund it, and a timeline. After the change, note if it achieved the desired effect; and revise if it hasn't, or move on to another change.

Note from Jeff. These are ideas to improve the dental working environment and the patients' lounge. If you think of the reception area and where patients wait as your patients' lounge, it may encourage a more thoughtful design for the space. If you and your staff call it the patients' lounge it may also diminish the idea that patients are often kept waiting while you run late for their appointments.

The checklist – alphabetical order, not order of importance. You choose.

AIR QUALITY

- Have you ever had air quality measured?
- Do windows open?
- Do you have an efficient heating/cooling system?
- Who controls the temperature levels in different parts of your practice or building?
- How do you extract airborne toxic materials and smells?

ARTIFICIAL LIGHT

Note: You may have to measure light levels. A LUXMETER can be purchased cheaply from electronic or photographic stores.

- Is lighting bright enough or appropriate for reading and computer?
- Is the level of lighting in "back rooms" bright enough for your tasks there?
- Who gets glare from operating lights?
- How often do you calibrate the timing and shielding of curing lights and X-ray heads.

DAYLIGHT

- Do you maximise daylight? Remember Seasonal Affective Disorder can be a problem for maintaining your good mood, especially in winter.
- Can curtains and blinds be retracted?
- Are your windows sparkling clean?

NOISE

For several of these points you will need to listen for yourself and/or check with another staff member.

- How loud is handpiece noise in your surgery and from other work areas?
- Is there a music system? (recommended)
- Do air conditioners meet noise standards?
- What other machines, compressors, etc. contribute to irritating background noise that you could do something about. (Dentists tend to habituate to background noise but that might not be a good thing.)
- Does the flooring material act to absorb sound to make a quieter environment?

Somewhat more related to patients, but where there could be negative effects for your practice:

- Can waiting patients hear your private conversations in any part of the practice?
- Can phones ring without apparently being answered?
- Can patients hear an answer machine message being left for you – a confidentiality problem that could become a complaint?

SAFETY FEATURES

- Thinking about flooring material – can it harbour spilled material? Is it slippery?
- Work stations – is yours ergonomically well designed?
- Dental chair – is it good for everyone involved in the appointment?
- Your chair – does it contribute to muscular-skeletal discomfort?
- Layout of all of the above!! Can everyone move freely between the chairs and equipment?
- When taking X-rays, do you offer and have handy, a lead apron? (See CRA August 2012 for useful exposure comparisons.)
- Do you have smoke alarms?
- Are heavy stored items you might move, kept lower to the ground than lighter items?
- Does your computer run a "mini break" programme such as workrave? (for FAQ and a free download see

  www.workrave.org/

SMELLS

- Is "antiseptic" the first olfactory impact when you arrive at work? (Should it be?)
- Have you considered smell in association with air quality?
- Where do you eat? Can food smells reach your surgery?
- Is there a coffee machine? Who has access to it and keeps it hygienic?

VISUAL IMPACT OF COLOUR AND NATURE

- Paint on walls AND ceilings – Is it clean and fresh? (Consider the patient's perspective when reclined in the dental chair, as well as your own.)
- Are the furniture and furnishings coordinated for colour and style? Is there a theme?
- Do you have plants and floral arrangements? (It is essential to have some living thing in the reception and lounge area. The images below show how plants can be incorporated into the surgery via windows and digital displays.)
- Do you have some contemporary art (or at the very least some posters or wall art? (Wall stickers are an inexpensive way to add visual complexity, to theme rooms, and to assist with wayfinding (if that is a problem).
- How clear is your signage – both inside a multipurpose building and outside on the footpath or building exterior?
- What is something you enjoy looking at in your rooms?

Two surgeries utilizing the view through the window for a view of nature, and using plant screensavers.

Linda's note: In one specialist paediatric dental hospital where I have research collaborators, there was no budget for art after a refurbishment. The walls were light and clean but plain. Staff invested a few of their own dollars in wall stickers and test-pot paint and made a miraculous difference – initially to themselves as it greatly increased their liking for their work environment. While not empirically tested, it would be hard to imagine this has not had a good influence on patients too, especially wayfinding; and they have had lots of positive feedback for the colour coordinated and themed rooms.

WATER QUALITY AND PLUMBING

- Do you have a water cooler (filter)?
- Are your toilet facilities pleasant to visit?
- Is it clear whose task it is to maintain fresh towels/paper towel supply and soap in the toilet areas?
- Does the toilet area have air freshener, a mirror, a plant or poster or if a shared public space, is it immaculately cleaned?
- Does your draining system conform to planning bylaws for mercury, or the retrieval of waste amalgam?
- In larger practices, do you have a dishwasher and fast access to boiling water?
- Are you satisfied with the sterilisation and sluice areas?

WAYFINDING AND PRIVACY

You inhabit your office/surgery, but what about your patients and visitors? The need is for ease of getting to your rooms and back again, and in the process to not see and hear or otherwise invade the privacy of others in your practice.

- Can patients find their way in and out or are you forever explaining it? (That might indicate an unmet need to address signage).
- Have patients commented to you about the ease or difficulty of finding your surgery?
- Is the reception area boundary clearly delineated to keep staff with your patient records and visitors apart?
- Are the toilets signed clearly?
- Can others see into treatment rooms? Whatever you answer, is that what you want?
- Is the OPG or other X-Ray machine area shielded?
- Is it clear where patients should NOT go?
- Do you have a withdrawal space?
- Do you have an interview room?
- Do you have a staff room separate from material storage?

OTHER IDEAS

- Do you offer a shopping opportunity with a display of floss, mouthwashes, mouth guards, travel packs, or toothpastes, including odd flavours not available in supermarkets and health shops?
- Do you need to declutter any spaces?
- Are there old files you need to prioritise archiving?
- Does your storeroom need organising/reorganising?

The website for Thinkgeek sells bacon flavoured toothpaste and cupcake flavoured toothpaste both of which Linda has bought as gifts for a friend who hates mint toothpaste and sources lemon toothpaste from somewhere. You could offer items both for patient oral health and that they might buy as novel gifts. You would be contributing to a positive regard for dentistry and adding an income stream.

www.thinkgeek.com

Linda's note: Having a separate interview room may seem like a luxury but one of my theories about why dentists have a worse public image than doctors, is that much communication is conducted with the patient in the dental chair. My recommendation for all new patient appointments, relief of pain appointments, and preferably returning practice patients attending for routine checks, is first see the person in a normal interview setting. At the very least have another desk chair in the surgery and sit them on that to establish rapport, go over medical histories and the like, BEFORE asking them to hop up and lose control of their body position when you adjust the chair to YOUR comfortable operating position. Although self care is about what you want, could you try it and see what the benefits are for you? Illustrated is a separate interview room, behind the patients' lounge.

Summary of love your practice environment

What you have done in this activity should be to consider, plan and hopefully execute an ongoing range of environmental improvements, from small and inexpensive, such as bringing in plants, to checking on important safety features of your work environment, plus many things in-between. The activity was to give you ideas, and give you credit for being able to make arrangements to follow through on them.

activity 8 Exploring dental environments on the web

The purpose of this activity is to show you what may be possible in a dental practice when salutogenic principles are employed in design and layout. This activity might smack of promoting a business, but you are free to look for others, and in any event it is worthy of promotion! Levitch Design Associates operate in both Australia and New Zealand.

Genna Levitch, dentist, and his wife Anne, architect, make a partnership from heaven from a design and health perspective. They understand salutogenics in dental practice design.

You can go to the Levitch Design Associates web page, click on their "our services" and then on the (tiny font) pdf for a presentation of their services. There are several case studies of dental and orthodontic practices towards the middle and end of the slideshow. The material shows building design, coordination of furniture and furnishings, lighting, wayfinding, equipment selection, the planned inclusion of colour and of living things, what you can do with windows, developing a practice logo and design theme and more. You may search for other dental practice designers too, but Genna and Anne's site is a good introduction to what you can consider in your practice environment. They have a FAQ with answers to some of the questions you may have after getting onboard with the idea of implementing the salutogenic environment in your own work life.

www.levitch.com.au

Summary

In this chapter self care focussed on you being surrounded by the best work environment you can arrange from a safety and compliance perspective, to maximise light and comfort when you are with patients, and to consider environmental features that hold subliminal messages for wellbeing. With attention to the details, there are cost effective benefits: ease of work and communication; patient and practitioner comfort; having a really comfortable and exciting workplace that supports positive mood; and doing something for your staff so they know they are appreciated.

Key words – check, measure, observe, innovate, and adjust to optimum levels.

chapter 4

people power

JUST AS THE ENVIRONMENT can be a source of pleasure or stress, so too the people in your work life can be what helps you love your work or be weighed down by it. In this chapter the aim is to have you look at ways to cope with negative feelings, and a most important area for self care – developing your mentor and peer support network. This chapter begins by stressing the importance of having, and regularly seeing, a good GP. It ends with the key message for dentists of being involved in a professional/peer support network.

Personal support: your own GP

In self care, it should be a priority to get your own GP: one who is not a member of your family or linked to your practice. We would strongly suggest you seek to find the right GP, and this may require careful thought. If you are already very comfortable with your GP, then skip this section. If not, it is extremely important to find someone you would feel comfortable with discussing issues such as psychological problems, the ubiquitous musculoskeletal pains, how you are managing stress and pain, and if it comes to it, drug and alcohol problems. Dentists can be reluctant to seek advice for the very conditions from which you may be at risk. GPs themselves suggest you routinely see them twice a year so you can develop a good relationship; and golfers, this does not include 'fairway consultations'.

Comments from a UK survey of relationships with GPs included:

"I cannot talk to my own 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."

Comments from New Zealand GPs included:

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

"I am a pretty busy GP aged 35, life gets a bit hectic at times and I admit I am under quite a lot of stress at work. About twelve 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 in my bag 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."

These could easily apply to New Zealand dentists. In a negative tone for this generally positive book, as the GP's guide says, *"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*. "

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 associated with your business.
- Remember it is a partnership not a friendship.

There is not a specific activity associated with getting a GP, but you can use the GPs comments as a trigger to reflect on your own relationship with your GP. You could write in your journal or make another "judgemental scale" to comment on how comfortable you are or might be (for example 1-5 for comfort) if you had to talk about injuries, pain, stress, self prescribing or alcohol overuse. Do you need to consider changing your GP? A list of benefits and barriers might help your decision. Having a very good (empathetic) relationship with your GP is very important for self care.

Jeff suggests you read David Agus' book, The End of Illness. It is packed with information he thinks dentists would be interested in. There is a useful "personal health inventory" in his Chapter 2 and online at:

www.theendofillness.com

Patient support: it helps you too

Near the top of any list of sources of stress in dentistry are patients who might be described as any of the following: difficult, anxious, angry, uncooperative, dissatisfied, argumentative, challenging/questioning your skill or professional opinion, or just plainly fearful. Not surprisingly, these patients are a high-ranking stressor – but keep in mind they can be a source of satisfaction too, if you are the one who turns them into a dentally conscious, regular and relaxed patient.

It is undoubtedly true that a significant proportion of the population have some level of fear of dentists and dentistry. Estimates range from 50-90% with around 15% chronically afraid of dentistry. This can cause anything from avoidance of dental treatment to a myriad of complex problems for both dentists and patients when they do present. In this section we look at what you can do as a self-care activity, when *your mood* or self esteem is affected by such patients. (This book is not about them, it's about you.)

The following activities are self care by defusing patients who have a fear of dentistry. The approach is to prepare for the possibility of a difficult patient by screening for anxiety at the time the appointment is made. Hence, the first activity is for you to train your receptionist and get the screening happening routinely. The second is an activity in using empathy to enhance your relationship with a fearful patient. The outcome is good for both of you.

activity 9 Receptionist power

STEP 1. IT STARTS WITH YOUR RECEPTIONIST

Discuss with your receptionist screening for (non clinical) anxiety when making appointments. It is not going to make a non-anxious patient fearful if the receptionist asks them how they might be feeling on the day of their appointment. Pre-visit screening questions were used by Jones and Huggins (2012) with children attending a District Health Board Community hub clinic. The questions included children's versions of the following two sets. The first screens for dental anxiety as both state and trait anxiety, while the second set signals to the patient, an empathetic communication style where they can explain their coping preferences and perceived treatment needs. Teach your receptionist about the questions.

Set 1

- How do you feel about coming to see the dentist on (the appointment day); or How do you feel about dental appointments generally?

Set 2

- Do you like your dentist to explain everything?
- Is there anything you want to talk to your dentist about?
- Is there some particular treatment you think you'll need that day?

STEP 2. GATHERING PATIENT INFORMATION

What we suggest is that you ask your receptionist, when making an appointment over the phone, to frame the question like this,

> "I'm looking to see how much time to block off." (then either) How do you generally feel about coming to the dentist?" or "How will you be feeling when you come here?"

If the response suggests the patient will be anxious, then the receptionist should ask the questions in Set 2, responding only to whether to leave a little more time for this patient. If the patient says anything else the receptionist should say,

"You need to tell the dentist about that, I'm allowing a little extra time so you can."

The receptionist then records a note on file about the question and response, to forewarn you. Bringing the possibility of the patient feeling any level of anxiety out

into the open – acknowledged – may have surprising benefits. You can keep track of any of these in your journal, as people have a tendency to mis-attribute causes of behaviour, whereas journal notes will show you if there is a beneficial pattern (see social psychology theory for the fundamental attribution error on the link below).

http://changingminds.org/explanations/theories/fundamental_attribution_error.htm

OR

http://en.wikipedia.org/wiki/Fundamental_attribution_error

Summary of receptionist power

This was a brief activity where you trained your receptionist to make inquiries about anxiety at the time of making the appointment, with the self care benefits for you of having an appropriate time allowance for patients, and having the patient arrive feeling that their anxiety is of concern to you – the beginning of empathy in communication.

activity 10 Emotion labelling (and personal space zone communication)

Number 1 on the list of things that have been shown to help patients manage their emotional response to dental appointments is **EMPATHY**. This activity is to try establishing empathy by you naming a patient's feelings when you know they are anxious or fearful. In your journal note how this made you feel, as well, as if you think it made the patient more comfortable; then how the appointment goes for you because of that.

STEP 1. **CHECK YOUR COMFORT ZONES**

If you remember from the environment section, the first important step in patient-practitioner communication, and your establishing rapport, should not be conducted either with the patient reclined in the dental chair, or even standing in the surgery. Both of you should be in "adult social communication" range. There is plenty of work on personal space zones to support this.

(see Hall's Proxemics in Wikipedia http://en.wikipedia.org/wiki/Proxemics)

Because there are cultural and demographic differences in comfort zones, if you sit first, and invite your patient to "pull up that chair" they will sit at the distance comfortable for them. If that feels too close for you, do not back away but slightly rotate your body so you do not have a full frontal orientation. Space zones are most comfortably shortest at the shoulder and feet (think about standing shoulder to shoulder with strangers in an elevator – it's not a problem there). If where the patient chooses feels too far, you have to get a grip and cope, while not moving in. Remember that this person, who has chosen quite a distance from you, is about to let you into their "intimate" zone, in the form of your heads being close and your fingers in their mouth. That's all in a day's work to you, but a major stressor for them, especially if associated with their dental neglect, guilt or pain. They will be a better patient for you if you manage the personal spaces well.

STEP 2. **ASKING FOR FEELINGS**

Following the receptionist's acknowledgement that a patient might be anxious, it is very important that YOU also ask the question – not "How are you today Mrs Brown?" but rather "How are you feeling about seeing me today Mrs Brown?"

The aim of communicating that way is that you acknowledge the patient is anxious but do not dwell on it – rather you should reassure them that it is good they told you how they are feeling - and it's time to see what you can do for them. It is preferable to use the personal question (seeing me); and to include the invitation for the patient to comment on their emotional state at the start of the visit (how you are feeling).

Be prepared for the patient to say they are nervous, and that might come out as they hate seeing you or something equally strong that hurts your feelings. The response to their negative feelings at this stage is to reply neutrally, "It's good

that I know that you are... (feedback their words for their feeling)." Empathy demonstrated. Rarely are they really hating you, so while dentists may take this personally, patients don't realise the impact of their statements. You can reflect on that in your journal.

STEP 3. **ASKING FOR THEIR COPING STRATEGIES**

After getting feelings in the open, then what will help you work with the patient is asking another question. You may have thoroughly ingrained procedures for getting on with your work, that works for you. This is how you like to operate as a dentist: your style. However, if that does not include asking the patient if this matches how they like to cope, their feelings will not improve. Before you move to treatment, ask,

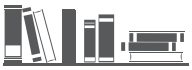
"What do you think will be the best way for you to cope with (the procedure)?"

Give your patients credit for knowing what they prefer. Do they want you to tell them everything you are about to do, or to put headphones on them and play distracting music, and let you get on with it? There are of course, variations within this. Miller called this monitoring and blunting (see Williams and Jones, 2010). It works best for you if you can match the patient's preferred coping style with your operating style.

STEP 4. **TECHNIQUE TOOLBOX**

Still bearing in mind that this book is about self care and not patient care, you can reflect in your journal about the range of techniques you have for reducing patient fear – and hence their reaction to you and your subsequent enjoyment of your work. The brief list below has headings for some common tools for working with anxious patients. You can note in your journal how familiar you are with any of them or plan to check other techniques out. You can do this online, but also by talking to your colleagues.

- Communication
- Rapport
- Behaviour control
- Cognitive reconstruction
- Coping, sensory, and procedural information
- Tell-show-do technique (see monitoring, below)
- Contingency management
- Hypnotism
- Refer to a psychologist for desensitisation or management of phobia
- Offer or refer for sedation



A comment on distraction: It's not all it's made out to be. Work by Williams and Jones (2011) used Miller's theory of monitoring and blunting applied to dentistry. Extrapolating their finding from NZ children, we can say that patients can tell you if you ask them, what they prefer to do to cope with dental treatment: monitoring (for example you tell them everything that is about to happen and give them a mirror so they can watch) or blunting (for example giving them headphones and playing music or a video so they can be completely switched off what you are doing till it is over). With polar opposites there are always positions in the middle too. Some monitors really like you to tell them everything that is going to happen (cost and materials will have already been discussed) then they can switch to blunting mode. The key message is that you should ask rather than assume someone will be a better patient if they are monitoring or blunting the actions you are performing.

STEP 5. SHARE THE PAIN – SELF CARE AFTER THE ANXIOUS PATIENT

While communication and empathy may have the consequence of having your patient less anxious, you too need to be able to release feelings generated by having to manage your own emotions around patients who are difficult to treat, who tell you they don't like you or dentists generally, and they hate coming. This is where a support person comes in handy. Have a stress-buster-buddy you can text or phone with a short message. If you are that buddy the response is to affirm the feeling. Do watch out for building desperation in your buddy though. If your buddy is seriously stressed then you do have to intervene and see they talk to their GP, dentist-mentor or a counsellor/registered psychologist.

Summary of emotion labelling

In this activity you could work on increasing your enjoyment of patient management through emotion labelling, and managing person space zones for good patient-dentist communication and developing empathy. Further, good communication is seen as a self care tool, so you could also explore patient management strategies, and sharing frustrations with a friend.

Professional support: the essentials

Professional support can come in many forms and it comes under the general concept of social support. Social support is a key moderating variable in stress and illness experience. Peer review, mentoring and professional supervision are more formalised processes that also act to protect you in the demanding profession that is dentistry. This section sets out some background information, guidelines and ideas for you to develop a support network. It is another use for your journal. You can keep track of mentors details on your smart phone.

Personal supervision

Like many other health professionals, dentists can use supervision in order to protect their working well being. Increasingly, professional supervision is being recognized as a 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 you 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 – rather like choosing your GP.

Supervision is usually carried out by a mental health professional such as a REGISTERED psychologist 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. Remember you can see your GP if physical problems like broken sleep and low mood are affecting you, and the GP can discuss a referral.

In the meantime, you can develop an informal support network before you need it, and guidelines follow later in this chapter.

Mentors – yes, plural.

Mentoring can help to:

unload the stress and emotional baggage picked up in practice;

deal with issues that interfere with one's personal and professional life;

identify stress reducing ways of practising;

develop and build the habit of self caring.

With mentors you have the option of finding a mentor or mentors (no need to have only one) within the dental profession, who will listen and give you advice as a colleague; or locating a person who has set themselves up as a "professional mentor" who will advise you about anything and everything that you ask about **for a fee**. Word-of-mouth about who does this well may be the best recommendation, followed by using the internet to find someone in your locality.

On websites, life coaches and professional mentors may claim a diverse range of qualifications, backgrounds, training, or experience in counselling or facilitation processes. There are some under-qualified but well meaning people offering to help you. Caveat emptor. Like choosing anyone who is offering personal services, choosing a professional life coach or mentor requires you to:

- check their qualifications;
- ask if they have a supervisory process for themselves;
- look at who has accredited them;
- ask if they have an ongoing system of quality control; and
- a recognised code of ethics.

What a good mentor can do though is facilitate your career development by improving your ability to deal with the here and now issues. You can debrief from the routine stresses without delay and without waiting for the long-term emotional damage that accompanies unprocessed trauma and overload.

Peer groups

Many GPs get the professional and often the personal support they need from peer 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 groups are private affairs so 'success' is largely determined by the member's perception of the group's usefulness. There are many groups of dentists operating in a very similar way but dentists could extend their activities into areas outlined in this medical example:

While not listing this as a specific activity, could you be the initiator of a peer group? Plan it in your journal. This could be especially important if you are practising in isolation.

> "I thought about talking to my clinical study group about having self care discussion sessions too."

"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."

Comments from rural practice

The practicalities of developing a support network for new rural dentists can be immense, and this is especially true for immigrants. In a rural NZ community it can take over a year to make friends and feel you are part of the community.
One dentist wrote :

"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 there was 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 was the only one in town and our nearest colleagues are 100km 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 form 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. As a colleague said,

"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!!"

Developing your own personal support network

Support networks provide a forum to share feelings and responsibility. Developing a support network reduces isolation, and helps deal with the problems of stress. Your most essential support system is often your family but sometimes they go unrecognised! They are usually the ones who are aware of when your lives become unbalanced, and encourage you towards the self care required to take care of your problems. Extended family, friends, colleagues and co-workers can also be important members of support teams.

Key message: Collect supportive friends around you before you need them.

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 a club, a sports group (including a sports supporters club), a voluntary organisation (Rotary, Lions, Federation of University Women), or special interest groups, and meet with people who share a common interest, politics or religion. If you are not a keen socialiser there are activities where you can have the benefits of belonging without being overly close to others – swimming clubs, harriers, marathon clinics, bridge clubs and the like will get you active socially without too much of the stereotypical "caring and sharing" group work.

On the other hand you may benefit from a specific self-help or support group. Look online. These groups are usually formed by people who have specific experience or where families are affected by the same stresses. People in support groups may have been through the thing that is your challenge and may be able to offer you advice which you may spend ages working toward yourself. Wikihow has step by step direction for starting support groups. The link below is for face-to-face support but if you add "online" to the search it can tell you how to do that too, although you may have to buy a domain and set up a website. An alternative is to see if the NZDA, as your professional association, can include a site inside the members' only pages.

www.wikihow.com/Start-a-Support-Group

> "More support for dentists qualified overseas would be a great benefit. We lack the camaraderie of those who spent their formative years together in Dunedin and the support that comes with that."

11 activity Building your support system

There are five sub-types of social support that can form the basis of your own assessment of your social support needs. Use this book or your journal to identify who provides each type of support for you. Are there areas you want to build on? Were there people you identified in Chapter one, you admire, who you could ask to have a role in your professional life? Are there old friends from your graduating class who you'd like to reconnect with?

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/could I do the same for this person? Yes/No

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/could I do the same for this person? Yes/No

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 to 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/could I do the same for this person? Yes/No

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/could I do the same for this person? Yes /No

NON WORK-TIME SUPPORT

Someone who you can sit down and relax with and perhaps be a different person with, for or a while.

One person who fits this category for me is: _____

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

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

It is important that you have people to do things for you, and that you constantly nurture your own support system by reciprocating help.

12 activity Rewarding important relationships

One theory for people who work in professions, like dentists, suggests you initiate contact to keep a positive relationship with people who you or your practice may need to rely on. Consider Christmas/New Year/Chinese New Year/Matariki/ anniversary of opening a new practice – as possible times (pick one) when you can make a gesture of appreciation. It could be anything from a (practice branded) card with a personal note, to a small dentally relevant gift (mini floss, mini paste, interdental brushes). With professional colleagues (GP, accountant) it may be a lunch or dinner, or invite people to your practice for drinks and nibbles. It's all about keeping the people you rely on feeling appreciated. It does pay dividends. Doing it is looking after yourself.

Write in your journal an outline of a plan for this, and a budget. Start keeping a list of people who might value your reinforcing them for supporting and helping you or your practice. This sounds like "other care" rather than self care, but the dividends are definitely self care. Also note in your journal if some of this can be delegated to your practice manager or, if needed, discussed with practice partners. Although not specified here, putting the plan into action is the next necessary step. Set your plan up in your diary.

There is a reminder here too, to make sure you know your staff birthday dates. As well as looking after people outside your practice who you depend on, do keep up the goodwill inside your practice, too. One idea to prevent staff from feeling bad about their birthdays not being recognised is to include in your practice "culture" the action that people on their own birthday provide a treat for everyone else. This might not be the usual way round, of people receiving cards and gifts, but it relieves everyone else of the responsibility to remember, yet allows lots of good feeling about the day, and interest in the person, to be expressed. A 12-month wall-planner with birthdates on is also a safeguard. The alternative is to keep a small stockpile of all-purpose cards in your briefcase, for just such an emergency, and for the VIPS in your practice, perhaps keep a florist's phone number or online address in a handy place. For example you can get flowers, fruit and other small gifts delivered the SAME DAY from:

www.teleflora.co.nz

Incidentally, you can get a regular floral arrangement through florists like this, delivered for your reception area on a regular basis, if plants were an item you found lacking in the positive environment chapter checklist.

Summary

Key messages in this section are:

- Nurture rather than manage social and work relationships
- Develop a personal support network
- Show you appreciate other key professionals and trades people
- Plan mentoring and personal supervision

Now you have plans and names in place, get in touch and start networking

> “If you’ve got a concern share it with a trusted colleague. A burden shared is a burden halved, and often its not as bad as you think when you talk it over with a peer/mentor/friend.”

chapter 5

banishing burnout

THIS CHAPTER LOOKS AT preventing stress from reaching the point of professional burnout. Stress is not always negative. A certain amount of stress/ stimulation is a vital motivator. Knowing that a patient will be waiting at 8am gets you out of bed in the morning. It can help you achieve what you want to do. However this chapter aims to explore some of the negative things about stress and gives you strategies for self assessment and coping.

It begins with a theoretical section on thoughts that can be changed, including "explanatory styles" and a "locus of control test" that you have to go online to do. There is a long self care checklist from which you can develop at least one good action plan, and two relaxation-linked activities, including one to help with work-non work separation.

The problem of time – time pressures, planning time and not having enough of it, is tackled with opportunities for you to evaluate what your stressors are, and where time is near the top, to target it through reclaiming your diary.

Finally, four common sources of worry for dentists are briefly mentioned, and your journal is assigned the role of worry doll for thoughts that keep you from sleep. The section aims to persuade you that there are better ways than worry, to cope with potential threats to your practice.

Some stress theory first

The conceptualisation of stress has to be considered in the context of history, power and who benefits from the approach. Stress was seen by Freud in the 19th century in terms of defence mechanisms, in the early 20th century by Cannon as an animalistic response – flight or fight; it was medicalised by Seyle in the 1950s; seen in terms of individual coping resources by Lazarus, and in a social context by Holmes and Rahe, both in the 1960s.

More recently Seligman explored coping as learnt behaviour, especially helplessness and hopelessless; Freidman and Rosenman (1959) proposed stress-linked personality types, and still others explored resilience through meaning (Frankl, 1959) or extended others' theories (Kobassa's hardy personality, Taylors tend or befriend). Throughout the stress literature there are fads and fashions. You can see when sociology was the dominant social science in the popular Holmes and Rahe work, and so on.

Currently there are two dominant theories that propose explanations for occupational stress: Job Demand-Control (JDC) (Karasek, 1979, cited in Jones & Bright, 2001) and Effort-Reward imbalance (REI) (Seigrist, 2002). They help to identify what someone is expecting from their job and the match that might be for the work itself or the organisation they work for. There is accessible online support for JDC, on the link below. If you feel your job is not quite right, then check:

http://paei.wikidot.com/karasek-demand-control-model-of-job-stress

A little aside

There is a lot more said about personality type contributing to stress and burnout. Particularly implicated is the so-called A-Type personality (Friedman & Rosenman, 1959) and coronary heart disease. Since Friedman and Rosenman's seminal work, many more personality types have been described. Some have letters – the D-Type, while others describe personality features: the hardy type, or resilience or optimism. The area of personality and stress is fraught with claims – albeit based on empirical studies, followed by critiques and counter claims. As far as immediate self care is concerned, since personality is learnt, this chapter will focus on what anyone can do, rather than on how you might change your core personality – because we know that is not going to happen through self help.

http://en.wikipedia.org/wiki/Type_A_and_Type_B_personality_theory

Since we know that dentistry has the potential to place greater stress on dentists than other professionals experience in their careers, if you think your personality is compounding your stress levels, you could go to the link below. It has some information on personality types and stress; and a link to a personality stress test, but there is a lot of random and irrelevant material there too, which the authors of this book do not endorse.

www.mentalgamecoaching.com/IMGCAArticles/StressControl/PersonalityAndStress.html

The power of self talk: explanation and control

This resource has not dwelt on personality characteristic in terms of self care, although it is known that the dentists who need to take steps towards self care for stress and pain are the most likely NOT to do so. Is that a personality issue? The answer you give yourself to that question raises two key psychological theories that we can do something about: "explanatory styles" and "locus of control". The way people explain things to themselves, and how much power they think they have to make changes in their lives is very important in the business of self care.

If you don't think you are contributing to your own failure to manage stress or you think stress is caused by influences beyond your control and always will be, then it is no surprise if you do nothing and burnout. However, psychology research shows that understanding this explanatory self talk, and teaching yourself to put a more optimistic spin on events, can be life changing. It is best if you learn more about the psychological constructs of explanatory styles and locus of control first, then there are activities for each.

activity 13 Talking to yourself

This is one of the more passive activities. It requires you to read this introduction to explanatory styles, and think about what you would do in the same circumstances. The next step is to go online and see what resources there are to gradually change unhelpful thinking. While this self-care book can highlight cognitions that may be contributing to your stress levels, it is beyond its scope to actually "do" cognitive restructuring. However there is a link where you can try it yourself.

STEP 1. **READING**

Adults get into the habit of thinking about everyday events in a way that makes meaning for them of what is happening and why. Basically there are three dimensions to a self-talk explanation. Problems begin when your personal explanatory style tends to be negative and with self blame – sometimes called a pessimistic explanatory style; while learning to consider causal events in a more positive way – an optimistic explanatory style, can go some way to preventing the way you think from underpinning the stress you feel.

How might this be illustrated? We will start with the scenario of your forgetting your receptionist's birthday – a date an employer might be expected to acknowledge – as an example. In self care terms something that might have negative repercussions if you feel guilty or the receptionist acts on feeling taken-for-granted.

So... You have forgotten to acknowledge her birthday. If you think, "*I always forget birthdays and I should have remembered hers*." Then you are placing the responsibility on yourself, which can make forgetting the birthday stressful because you feel guilty; OR you might think, "*People shouldn't expect others to remember their birthdays*." This places the responsibility externally. You are telling yourself that if people have expectations of others on their birthdays, it's their problem. Explanatory styles call this **the internal/external dimension**. Neither is right or wrong, but whichever explanatory style you have can add or diminish your stress levels.

With the same example, self talk saying you "always" anything – an *absolute* term, suggests a stable and pervasive conceptualisation of your own actions or inactions. This can be more stressful as it is associated with failure. The other end of the dimension is being able to acknowledge that context and circumstances have an impact, so that you might say, "*I seem to have forgotten a lot of important things lately, but I'll get on top of things again soon*." Explanatory styles call this **the stable/unstable dimension**. It is the stable dimension that is pessimistic self talk. This is one case where unstable is better. It is an acknowledgement to self that you can change.

If you say to yourself, "*It's not just birthdays, its everything… appointments, tee-off time at golf, what my wife (husband, partner, child) asks me to bring home… I forget everything that is really important to others*" then this is "catastrophising" or blowing a small memory lapse out of proportion. Explanatory style theory sees this at the global end of **the global/local dimensional** thinking. Stress is better managed when thinking is kept localised to the issue. With the example you could say, "*I am pretty bad with important dates at work*." That acknowledges you have a problem, but with local thinking it is easier to imagine strategies for self improvement.

The other side of the coin is that it is also possible to be unrealistically optimistic. In the scenario, it is the indignant thought, "*But I always send you a card, I always remember everyone's birthday*." You still feel stressed and unappreciated. The key is to understand your explanatory style, and where it is causing stress, talk to others about how they see the situation. Reflect on why there are differences, and consider adapting. Optimistic styles are generally, but not always, associated with less stress, while pessimistic styles are associated with burnout and illness.

STEP 2. **VIEWING AND DOING**

Go online and follow this up. The first link is more theory so you could skip it. The second is the one with self assessment and homework. It has a quiz, ways to identify cognitive distortions, and things you can try for cognitive restructuring. The third is part of a stress management online course and has its own links to new ways to think about things that stress you. If you "get" the concept, you can skip the wiki-link and go straight to the second one, then search for the activities on the left side.

http://en.wikipedia.org/wiki/Explanatory_style

http://stress.about.com/od/stressmanagementglossary/g/ExplanatoryStyl.htm

http://stresscourse.tripod.com/id103.html

14 activity Control is not a matter of luck

STEP 1. **ABOUT LAST WEEK**

Start with writing. Before doing anything else about control, write a paragraph in your journal saying how much control you had over your work schedule LAST WEEK, and who was responsible for the way your work week unfolded.

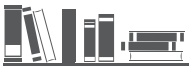
STEP 2. **DO THE CONTROL-BELIEFS ASSESSMENT**

Locus of Control is the term given to the beliefs you have about how much control you have over what happens to you. There are two extremes but most adults fall in-between, and of course it will vary depending on context. People do develop a habitual way of talking to themselves about their power to control what happens to them. It is not always constructive. The feeling of powerlessness can lead to learned helplessness and depression. Find out where you stand. Go to the website and complete the locus of control self assessment.

www.mindtools.com/pages/article/newCDV_90.htm

STEP 3. **REFLECTION**

Follow up your assessment by reviewing the theory summary below, and write in your journal if you can see other, more constructive ways to think about the week you wrote about earlier. If you generally use an external framework, do you realise now that you can reclaim control? If you generally use an internal framework, do you think you can take pressure off yourself by delegating some tasks? What would they be? Would you need to train staff or get new software for your diary? (There will be more about this in the next section.)



An **external** locus of control person 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. Generally, the internals are better at stress management but only when their beliefs are realistic. For instance, if an internal believes they are responsible for an earthquake they are going to be more stressed than the externals.

Summary of explanatory styles and locus of control

The good news about all self talk and control beliefs is that we are not stuck with them for life. They are all the result of past experiences and the way we have interpreted them. You can learn new ways to see yourself and how you relate to the outside world. You can learn new skills that will enable you to cope in a more positive manner, if you put your mind to it.

For example, once you realise why you have not taken more control of stressful events or people in your life, you can say NO...

- to feeling overly responsible for things that happen at work;
- to unreasonable demands on your time or good nature;
- to tasks that will be extra stressors; and
- to commitments that threaten your work-life balance.

Assertiveness is a linked skill. Assertiveness is the direct, honest, open communication of your thoughts, feelings, wants and opinions. There is a difference between assertiveness and aggression. Assertiveness focuses on the problem while aggression focuses on the person. For example, one dentist said, "*I find my staff ask me to do things they would never ask the male dentists*." In response to this, the assertive person would know that they have the right to say NO without feeling guilty.

They keep eye contact, say no firmly.

They keep their explanation short and clear – if they want to explain why.

The do not begin a refusal with an apology; *and*

if they want time to think about a request, they say so.

activity 15 The self care checklist

The following list covers actions that people who do NOT burnout have planned for in their lives. Think of it as a checklist of important ways to improve self care and prevent burnout. How can you make the concepts part of your lifestyle? From any section it is a good idea to identify three things you could act on, to make your life more comfortable.

The NZ survey of occupational stress, job satisfaction and social networks (Jones, Annan & Burmester, 2012) showed that weekend breaks and holidays were valued as stress-busters; and dentists were generally engaged with and contributing to their communities; but from a psychological perspective, symptoms of stress, anxiety, depression and burnout were not being taken very seriously. To be consistent with the key messages in this self care guide, the first items should be – have you got your GP and professional mentors sorted out? In order of priority these come first, but the checklist is more focussed on preventive strategies, and while mentors and GPs are useful there too, engagement with the checklist items can, like an apple a day.... you know the rest.

Write notes in this book or plan in your journal actions you need to address.

TIME FOR YOURSELF

- ☐ Do you have a full day off to do what you like?
- ☐ Do you have time-out for yourself to be quiet, think, meditate or pray?
- ☐ Do you have a "happy place" you can go to for time out?
- ☐ Do you leave the office at lunchtime?

(The next section will have self care ideas to supplement stressors linked to time pressures.)

> "Plan your next holiday as soon as you have finished one."

HOLIDAYS

- ☐ Do you have good vacations?
- ☐ Do you go away for at least three weeks in total each year?
- ☐ Do you have an escape bach or boat?
- ☐ Have you got a tame travel agent?
- ☐ Do you have a loyalty programme for a hotel chain or tour company who will send you ideas for getaways?
- ☐ Do you watch travel programmes on TV to motivate you to get away?
- ☐ Are you making time to visit members of your family in the generations before and after you, especially on occasions to celebrate like birthdays, graduations, and anniversaries?
- ☐ Have you bid for mystery breaks or out of town shows on Trademe?

DIET AND EXERCISE

- ☐ Are you aware of what you eat and drink?
- ☐ Have you taken control of what you eat and drink?
- ☐ Do you have a plan for eating and drinking?
- ☐ Do you do aerobic exercise (at the gym or dancing)?
- ☐ Are you careful to eat a well balanced diet?
- ☐ Whatever your height and weight, are you fit?
- ☐ Did you complete the AUDIT alcohol assessment?

RECREATION

- ☐ Do you do something for fun every week (go to the movies/concerts), go online to surf, play games)?
- ☐ Do you practise any relaxation, meditation, or slow breathing technique?
- ☐ Do you sleep well, for at least 6-7 hours per night?
- ☐ Do you have a creative hobby time (gardening, music, painting, or writing?)
- ☐ Do you belong to a club or church, or volunteer in ways that contribute to your community?
- ☐ Do you have a way of getting away from it all? (fishing, walking, or other ways of getting into nature?)
- ☐ Do you do things for the NZDA/local branch activity? (Is that really recreation?)

INTIMATE RELATIONSHIPS AND FRIENDS

- ☐ Do you have a friend you can discuss your feelings with?
- ☐ Is your primary intimate relationship fulfilling?
- ☐ Do you share your problems or needs with someone who listens?
- ☐ How would you describe the amount of human touch that you get in your life?
- ☐ Is there a pet in your life?
- ☐ Have you linked up with at least one kind of mentor?

COMMUNICATION

- ☐ How would you describe your ability to communicate with others?
- ☐ Are you able to say "No" to requests and demands?
- ☐ Do you set realistic goals?
- ☐ Are you able to deal with anger without dumping it on others?
- ☐ How often do you laugh out loud?
- ☐ Do you practise forgiveness of others who hurt you?

PROFESSIONAL HELP

- ☐ Do you have a routine for seeing your GP?
- ☐ Are you keeping in touch with your accountant, lawyer, builder, plumber, electrician, IT geek, dental products rep and the like?
- ☐ Are you part of a peer support network?
- ☐ Have you had your vision checked?
- ☐ Are your accounts and taxes up to date?

Summary of the self care checklist

Have you written a list of actions? This checklist should have helped you think about self care and prevention of burnout, and written at least one important action you can begin with now.

activity 16

Time-out time

Did you comment on deliberate unwinding using right brain activity, as a burnout prevention strategy? Did you plan in your journal or work schedule, mini escapes: brief but deliberate relaxation exercises, or meditation; or a touch of nature? These can include lunchtime walks/jogs, lunchtime visits to local art gallery or museum, shopping, or meeting a non dentist for lunch. After work it could also be a gym visit, walk (with or without the dog), yoga, pilates or a creative hobby – singing, painting, cooking. (A step down from this would be house chores like vacuuming or lawn mowing. They are a break from left brain activity, but require less activation of the right hemisphere.)

You could go online and have a hunting session for things to do in your local area. You may be surprised at what is available for some alone-time. If you routinely relax and unwind with meditation or something similar, add some variation in the location where you do it. Have you tried outside and in a green spot, facing a harbour, river or mountain?

Into Google or your main search engine, type, What can I do to relax? One site you get is below. The choice is yours.

www.wikihow.com/Relax

Summary of time-out time

This activity was to have you focus on unwinding by using your lunchtime as a deliberate distressing space, and having you explore ways of activating your right hemisphere for whole body benefits. Online wikihow has a great range of relaxation ideas and guides.

17 activity The 'end of the day ritual'

In the survey that triggered the writing of this book, one of your colleagues said, "*I 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*." This sounds like a great idea. The manuscript reviewer Jenny Jakobs, said she had her students choose a physical location on their homeward journey that was the point at which they ceased thinking about work and began thinking about anything except work. It takes training but you can pass your chosen point – a landmark like a building or a tree for example – and that is the trigger for work-thought stopping, or the demarcation for work and home life. The following activity may help get you home without work baggage too.

This self care activity is recommended for managing emotion, stress and burnout mainly from patients, but by association, time pressures, difficult or failed procedures and the like, and is to develop an end of day ritual, so you do what people call, *leaving it at the door.* Actually this is not an easy thing to do. If there is something on your mind, perseveration – the thought returning over and over – can add to the stress and not the solution. There are simple and varyingly effective thought stopping techniques that you can administer to yourself. Zapping yourself with a rubber band on your wrist is one, but it's a form of punishment for thinking, and there are more positive ways to act. The end of day ritual is one.

STEP 1. SIGNAL THE END OF THE WORK DAY TO YOURSELF & OTHERS

The rituals will be different for each of you.

It could start with a txt home saying, "Last patient gone, see you soon."

You could have a fixed time for paperwork, looking at tomorrow's schedule, planning to minimise the potential for tomorrow to be the day from hell.

Finally, go to your most comfortable room or even hop up in your dental chair. Sit down and do some quiet, breathing exercises and relax. If you are unsure how to relax by breathing control try WebMD.

www.webmd.com/balance/stress-management/stress-management-breathing-exercises-for-relaxation

STEP 2. **JUST RELAX**

WebMD has a range of techniques you can practise (and use with patients too), from simple breathing control, to progressive muscle relaxation, to guided imagery, meditation and more. It does not take much practise to learn to relax this way. Alternatively the Wikihow relaxation link already referred to is useful here too.

www.wikihow.com/Relax

STEP 3. **PRACTICE STRATEGISING**

While you are relaxed it is the best time to think about the day. Different parts of your brain will activate in response to relaxation and you may come up with a greater range of strategies to manage issues that might be stressing you.

Are there any things that have left you worrying, "What if...?" Since worrying is a useless emotion and changes only you, and for the worst, ask instead, "What is my strategy if... Think of a first step to resolve a problem. With that done, let your mind drift to the next day. Are there any challenges you may have to face? Think of a plan for that. Ideas flow easier when you are in a purposeful relaxed state.

STEP 4. **MINDFULNESS**

The last step is to spend a minute being what mindfulness counsellors' call "being present in the moment". If you sat in your patient lounge, look at it with the eyes of the patients who will be there in the morning. Remind yourself you will be contributing to their health and wellbeing. That is something to value and enjoy. If you are in another room, again think what will happen there tomorrow – how it is part of the environment that is doing good for patient health. Enjoy that you are part of something important and bigger than yourself. When you leave, leave with a clear and positive mind.

Stress and the ticking clock

Time and time again studies show that the same factors arise as major sources of stress that can lead to burnout (Cooper *et al*., 1987, Maslach, 2011; O'Shea *et al*., 1984: St George, 1987; Jones, Burmester and Annan, 2013).

Time related pressures/anxiety about running late/inability to control and manage time efficiently and effectively

- Fearful patients
- Too much work
- Financial worries
- Problems with staff
- Equipment and material problems
- Poor working conditions
- The nature of the job
- Unclear career progression
- Running a business, including self-imposed restrictions on time per item of treatment resulting from the need to generate income

In addition, in the New Zealand context, there is student debt, and practising in a multi-cultural society. In an earlier New Zealand survey, both male and female dentists ranked "running behind time" as their biggest work hassle (Mansell, 2001). Furthermore, a full appointment book may be considered necessary, and accordingly, an appointment missed or time off for holiday or due to sickness will be seen, in effect, as lost income.

In order to meet the high capital and everyday operating costs of a dental practice, you may be spending your professional working time scheduling more and more into less and less time. This leads to the opportunity for you to consider how you rank these various stressors so you can more effectively plan what might need to be tackled first in your self care activities.

18 activity First find your nemesis

In data that are "getting old" now, UK and US dentists ranked the main sources of occupational stress in the pattern shown in the table below. Your task in this activity is to take their lists and rank-order the items for YOU. What is your top stressor? What others from this table are on your radar? If you need more encouragement, see the NZ data in Ayers *et al*. (2008).

STEP 1. **THE TOP 10 YOU'D RATHER NOT HAVE**

Write in your journal, your TOP 10 sources of occupational stress. Note if you have specific stressors that are not on these lists. It is likely, particularly with new technology changing dentistry at a fast pace, and with patients having access to the internet coming to you with opinions you may not share – for example on the safety of fluoride or amalgam.

SOURCE OF OCCUPATIONAL STRESS	UK DENTISTS' RANKINGS	US DENTISTS' RANKINGS	YOUR RANKING
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	

UK dentists' data (Cooper *et al*. 1987); US dentists' data (CDC, 1999).

STEP 2. **PLAN TO KNOCK THE TOP OFF**

What you can do about stress depends on what your greatest source of stress is. If there is nothing specific for relief of your top stressor in this guide, then talk to a mentor, or other appropriate professional (GP, accountant); or go online. Whatever it is, you do need to use this activity as the trigger to make changes before your career is compromised.

Make sure you record your plan, a timeline, and a budget if necessary, in your journal.

19 activity Reclaim your diary!

After ranking your sources of stress, it seems highly likely that the clock problem will be on your list somewhere. Check out the following steps and advice to make your work day a source of pleasure and satisfaction.

STEP 1. **WHOSE DIARY IS IT?**

Consider the following questions and note what you find, in your journal.

- Ask yourself if you are satisfied with the way your schedule runs.
- Ask your staff if your current scheduling really works because they might tell you what you have been in denial about.
- Ask your loved ones the same question. If you have not got the work-life balance right, they will know.
- Ask your peers what software they use and why it does or does not work for them.

STEP 2. **ACTION: REDESIGN YOUR SCHEDULE**

What would you like in your perfect day?

Block out some work time in your diary or on your computer for a one-off exercise in redesigning your scheduling. Make the software work for you to allow specific types of patients only in the blocks of time you have selected. It is your schedule and you can make it work.

Pre load your appointment schedule to reflect your concept of a perfect work day so you will end up with days that are planned rather than days that just happen.

Make your own checklist to see your diary or computer schedule format includes:

- Time for physical restoration
- Time for breaks in the day
- A buffer zone to protect against the stress of running over time
- Time to check out resources for continuing education or technology
- Time to read – either for professional development or follow some dental tweets for motivation and practice development ideas (see @garytakas for a random example, and there are so many others you are spoiled for choice. Tweets can be read very quickly yet can be motivation, reaffirming about dentistry plus may have tips for managing issues you've been writing in your journal about.)

Summary of time-out time

This section aimed to give you tools to identify sources of stress, plan to do something about your number 1 stress and, as time is a ubiquitous source of stress, you had the advice to reclaim your diary.

> "I am in charge of the appointment book.
> Block out time for emergencies every day."

Worry

There is a Guatemalan legend about worry dolls. Children are encouraged, so we hear, to tell their worries to a worry doll at bedtime, put the doll under the pillow and, released of the worry, sleep soundly.

http://en.wikipedia.org/wiki/Worry_doll

If you do not have a worry doll, then consider this: Worry solves nothing! A study from Columbia University provides 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!

Seriously though, when people cannot change or prevent stressful events, they can still reflect on how their thoughts underpin their feelings of stress. Sometimes changing the way you think about a problem will have beneficial consequences. Thoughts can be changed as we saw in the section explanatory styles and locus of control.

Before the activity, here is a thought from Sigmund Freud. He talked about defence mechanisms. One is termed "projection". In projection, you can't really let off steam at the source of your worry or frustration – as in a case where a patient has really upset you – you might keep calm with them but later explode your pent up feelings (usually anger) at someone who can't fight back: your receptionist or your children. If you know you do this, stop now. It is potentially destructive behaviour. Learn some other ways to act, including actually communicating with the person at the source of the problem. A neo-Freudian approach to communication could be through Transactional analysis. Check out TA online or see TA Today in the reading list.

www.businessballs.com/transact.htm

POTENTIAL STRESS: PATIENT COMPLAINS ABOUT MY CARE.

Stress Inducing Perception:	**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.
Non-Stressful Perception:	**Thoughts**: I find this patient difficult to work with. Maybe I could talk with my partner and discuss strategies on how to manage him. **Feelings**: Concern and disappointment **Actions**: Calmly talk to partner.

POTENTIAL STRESS: CAUGHT BEHIND SLOW DRIVER

Stress Inducing Perception:	**Thoughts**: What a useless inconsiderate driver. **Actions**: Flashes lights, honks, curses, bangs on dash. Finally passes dangerously.
Non-Stressful Perception:	**Thoughts**: It must be the speed they feel comfortable at, it's a pity that they don't pull over. **Actions**: Practises some deep breathing, Turns on the radio and travels patiently behind. Passes when safe.

POTENTIAL STRESS: SLEEP IN AND WAKE AT 7.30 INSTEAD OF 7.00

Stress Inducing Perception:	**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.
Non-Stressful Perception:	**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.

20 activity Its only a thought

In your journal (called a worry doll for this purpose) write down anything that you are worrying so much about it is preventing you from sleep. Get up and write rather than lying awake and worrying.

- In writing about what has kept you from sleep, first think back (or go back) to the section on explanatory styles and locus of control earlier in this chapter, and note what you are telling yourself about what has caused this particular worry, and who is responsible for it.
- Reflect and write about why you haven't come up with a strategy to solve it.
- List who has the power to do something about it, then make an action plan.

What worries other dentists

We have included information on what are known to be common worries for dentists. These are not here so you can add to them your list, but because the information might be useful.

MEDICAL EMERGENCIES

A medical emergency in the surgery is a very stressful event. A postal survey provided some valuable data and recommendations (Broadbent, 2001). Nearly two-thirds of the 314 respondents had experienced a medical emergency during the previous 10 years, with an incidence of 4.5 during this period. This highlights the need for preparedness. Broadbent's research was a trigger for the redesigned Code of Practice on Medical Emergencies. The code requires dentists to regularly update their emergency equipment, skills and procedures. To quote from Broadbent's 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*."

This was a good example of information clearly showing a shortfall in preparedness and it led to major changes in the system. It would be interesting to know how the current regime has affected confidence levels but this has not been surveyed.

Do you follow the code and do you need to do anything to keep up to date? Use your journal to set up necessary actions.

NEW TECHNOLOGY – KEEPING UP-TO-DATE

- In general, the need to be informed about new technologies, to attend courses and keep up with new clinical techniques, have all 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, dentists then have to incorporate new techniques. This can be costly, require time and practise and conflict with previous treatments: the use of a laser; air-abrasion; or rotary endo, for example. Even attending courses may be a source of stress, since on return to work you may have to find time to treat emergency patients who presented while you were away.
- Stress may occur when patients' 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 continuing professional development. It also allows you to be more confident when patients give you "the third degree".
- You may experience stress when carrying out a procedure for the first time, or when required to carry out an emergency procedure for which your training is inadequate.
- The introduction of work regimes such as computerisation of dental records may also provide additional stressors, especially if dentists are inadequately trained in the software or the backup support 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. The self care advice for this is to quiz your colleagues, have all of you do sufficient background work and try a cost-benefit analysis before making any big purchase.

MULTI-CULTURAL ASPECTS OF DENTISTRY

During the last decade there have been dramatic demographic changes in gender and ethnicity in the dental workforce and in the patient population. This brief section will simply highlight potential pitfalls. In the multi-cultural society that New Zealand is, there is the potential for dentists to worry about their relationships with patients from cultures not their own. If this is you, you need to seek advice and support beyond the scope of this book. Start with a colleague in your practice or your mentor or contact the local branch of the NZDA.

The self care issues include problems related to your not getting the needed dental and medical history for treatment planning; for there to be misunderstandings about the treatment and fees; for there to be offence given in misunderstanding personal space zones; and ultimately either failed treatment or a complaint about unintentional inappropriate behaviour.

Problems may occur as a result of inadequate communication/language skills, maybe not having a mutual philosophy of health care, confusing dress codes, and different cultural oral health practices and values, to name a few. Working in New Zealand and coming from a different cultural background provides unique challenges and problems

The advice in this book is: when treating a patient from a different culture, beware – or be aware – of ethnocentrism. That is, your way is not the only right way or the best way to the patient's oral health. In order to practise safely with patients from other cultures dentists should be competent in a number of areas. They should ensure they understand that cultures other than their own have different, and still normal, behaviours, customs, and traditional roles. They should have an appreciation that what might be appropriate in one culture, may be totally inappropriate in another. (See earlier sections on personal space zones and letting the patient choose their comfort level.) This however, may not be enough. Practitioners need the ability to empathise with these values, and the ability to carry out their own appropriate role performance as a dentist with some restriction to their otherwise routine *modus operandi*.

To practise effectively with patients from different cultures, you need not be an expert in cultural anthropology, but you do need prior knowledge of a patient's cultural background. You can always check "Google" if you have reason to be unsure about customs, religion, spirituality, appropriate between gender-behaviour, and social support. This should ideally be coupled with knowledge of cultural attitudes to health and illness, and oral health beliefs in particular. Rapport with patients requires the establishment of personal comfort through choice of appropriate environment, culture, and psychological factors, as this book has alluded to. Additionally, skills in using empathy to enhance understanding and communication are even more essential if you are to overcome cultural barriers.

The final piece of advice is:

- Do ask your patient to bring someone with them to the appointment and invite that person into the surgery for the patient's reassurance; and
- Do ask your patient to bring someone who can help interpret, if their language skills may be in doubt; and
- Do consider getting the assistance of a formal interpreter, which would be at the patient's expense, if the treatment you plan has complicated options or requires specific home routines.

PATIENT COMPLAINTS

With this worry the background, detail and advice are all from your colleagues. The first is a sad quote that illustrates just how much worry the potential for complaints can cause. The second is a letter that speaks for itself.

"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."

"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 over-reacted, 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".

Summary

This was a longer chapter as it covered a range of fundamental sources of occupational stress. Cognitive changes underpinned the self care activities since stress is mediated by the mind. The recent New Zealand survey found that taking a break or a holiday was seen almost solely as a way to beat the blues, so this chapter included a self care checklist with an extensive range of areas for self care interventions. There were resources in this chapter for relaxing and shifting from the work day to life outside work. Inside work there were scheduling ideas and the opportunity to clarify if what bothers you is the same as the stressors reported in big US and UK studies. All through this, your journal was there to record progress, plans and scribbling that can motivate you into action. The last section on worries had few specific activities, but was included to alert you to problems that you do not have to worry about, if you are prepared for them.

- A general summary of coping hints from this chapter would include:
- See failures as a chance to learn, not a roadblock (explanatory style).
- Learn to ignore what you can't control and control what you can (Locus of control).
- 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.
- Write an action plan for a ritual at the end of day, and consider keeping your work and home wardrobes separate (rituals that keep you balanced).
- Set a timer for 15 minutes to put your feet up and relax and do it because it is time blocked off in your busy schedule.
- Know what resources you need to keep worries at bay.

> "I actually figured this out for myself in the middle of another sleepless night: is stressing about a problem, real or perceived, actually fixing it? If not, drop it and move on. I was worrying about things that frequently never happened."

practice issues

chapter 6

NOT ALL PROBLEMS you have to deal with can be resolved by individual self care activities. To some extent this overlaps with the four itemised worries in Chapter 5, preparedness for medical emergencies, the availability of so many items of new technology, the practice philosophy towards treating patients from various cultures and what to do about patient complaints – against you or your colleagues. While these may be a worry and individual sources of stress, they can be practice issues as well. This chapter looks at the role of the dental team in your occupational stress, particularly when introducing change, which you may very well want to do after engaging with some self care activities! The chapter does have more reading than activities, but the one activity is very important: to create a practice policy document to have the structures in place to ease the way for change.

The dental team and occupational stress

Many dentists never receive any formal training in management skills to allow them to control and prioritise ever-increasing workloads. The stresses from increased patient expectations, more complex treatment plans and practice administration can be lessened through effective training and everyone in your practice working as a team. This requires leadership on the part of the dentists in a practice, effective communication with staff; and knowing how to work as a team.

After getting into this book, you might be ready to make changes, and by now have made changes, but were your team ready? One dentist commented,

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

You cannot assume that people will be as excited about new ideas as you are.

Many people see obstacles before benefits. As an employer or 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. Basically you could use this approach at any staff meeting by asking your team what they see as opportunities or threats created for them and the practice by your idea for change. There is of course an excellent website that has SWOT analysis tools and much more besides, for decision making, problem solving, developing strategies and the like. There have been links to mind tools earlier in the book, so you may have already discovered the breadth of benefits available through this site. If not, go there now.

www.mindtools.com/pages/article/newTMC_05.htm

The dentist as leader in the dental team

Dentists have a wide variety of roles within a dental practice, such as administrator, employer, employee, carer, friend, supporter, MENTOR, and colleague, and these may conflict with each other. Stress in the workplace from role conflict, may arise due to unrealistic expectations, diversity of roles and ill-defined job descriptions. Three factors are relevant: role ambiguity, role conflict and 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. According to Locker, Burman & Otchere (1989) status changes predict problems in a practice – for example, when a dentist shifts from assistant to partner; or when a dental assistant becomes a practice manager.

If you are responsible for the practice premises, equipment and materials, and generating income to provide salaries for staff and for yourself, then each of these responsibilities places you in a different role, and this **role diversity** may be a source of stress. If this is the case, check out resources on leadership and how to lead a team online. If it is important enough for your practice you might ask for a speaker or workshop at the next NZDA meeting.

The link below is the same Mind Tools site but on leadership – what a leaders role in a team can be, and especially about power in leadership.

www.mindtools.com/pages/article/newLDR_00.htm

Dentists may work routinely with one dental assistant. When the working relationship is good, the assistant may reduce occupational stress by pre-empting your needs during treatment sessions. (Note in your journal if you need to support your assistant to get further training.) The absence of your assistant, for whatever reason, can really raise the morning stress level, so having staff who can cover an unscheduled missing staff member is worth planning for – easier in larger practices. Rotating staff occasionally to familiarise "other roles" can also be a good investment. Chapter 4 included an activity to help reception staff, who are fundamental to the efficient organisation of the operating schedule, reduce occupational stress by arranging appropriate treatment times and keeping you informed. However, when poor communication exists between staff, efficiency suffers, and this can result in behaviours such as unreliability, absenteeism, and low work motivation, for any of the members of the dental team (Locker, Burman & Otchere, 1989).

One strategy is to engage management consultants for example Prime Practice or Momentum. These companies, **for a fee**, help mould staff into more effective teams. They may run facilitated strategic planning sessions to develop practice goals which can be reviewed regularly along with annual plans and key performance indicators (KPI). For example, staff KPI s could include specific targets around being on time, new patient inquiries and daily work production targets.

Links for management consultants include the two below, but you will find others who advertise online too.

www.momentummanagement.com.au/

www.primepractice.com.au/who.php

Communication breakdown between members of the dental team, unaired staff grievances and deteriorating relationships are unambiguously major stresses that affect work life and spill over into home life too. There may be situations when you recognise that you are not managing well. Ultimately, your standard of patient care may be affected by how you are feeling, and that means your career will be too, so it can be seen as a focus for self care. Having a practice administrator may relieve some of the stress that is associated with poor communication. However, having a

practice policy document that covers an agreed way to manage problems, can take the sting out of conflict. The ultimate staff problem, dismissal, and the selection of new staff is always a stressful occurrence but with the processes set out for ready reference, you and/or your office manager know what to do and when, without having to "reinvent the wheel".

In terms of your responsibility, it may seem obvious but necessary to be aware of a dentist's professional responsibility to patients, colleagues, family and the community is a matter of pride and a source of satisfaction.

activity 21 Staff meetings matter

The aim of this (last) activity is for your practice to ensure everyone knows what the steps they should take are, under certain "problem" circumstances. It is recommended that practices hold regular staff meetings (for example, fortnightly) to ensure that the practice goals and values are well understood and implemented. These can be the first items in a **Practice Policy Document**, which is kept in a staffroom.

The task this time is to use your staff meetings as an opportunity to examine the essentials of communication, stress management, conflict resolution, and problem behaviour.

STEP 1 TO STEP... **WELL HOWEVER MANY YOU NEED**

Begin a folder or box (or add to one you may already have) with at least the following information, plus whatever else your team and partners think should be a practice resource. Label the folder or box **Practice Policy Documents**. In addition to the following conceptually negative material, you could have your practice VALUES as the top page.

Technical and legal issues, including problem behaviour

NZDA/DCNZ Codes of Practice cover complaints and problem behaviour. They are invaluable if you get into difficult situations.

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. This situation can be a major stressor and knowing the right procedures to follow greatly eases the tension. The self care activity is to know where your information is stored: in your Practice Policy Document/Box. 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.

Disciplining staff can be difficult and dangerous. NZDA recommendations are to:

- Attend an EMA/NZDA lecture series.

Plus...

- Join your local employers group.
- Seek advice from EMA or NZDA before any disciplinary action.
- Have multiple photocopies of the 'action checklist' and the 'disciplinary procedures flowchart' in the box for the various parties to take away and use.
- Find a contact for a local employment law firm.

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 being dismissed? Yes/No
- Considered any initial explanation given? Yes/No

Has the employee been informed of, or was aware of:

- The rule or code of conduct concerned? Yes/No
- What was expected of the employee? 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

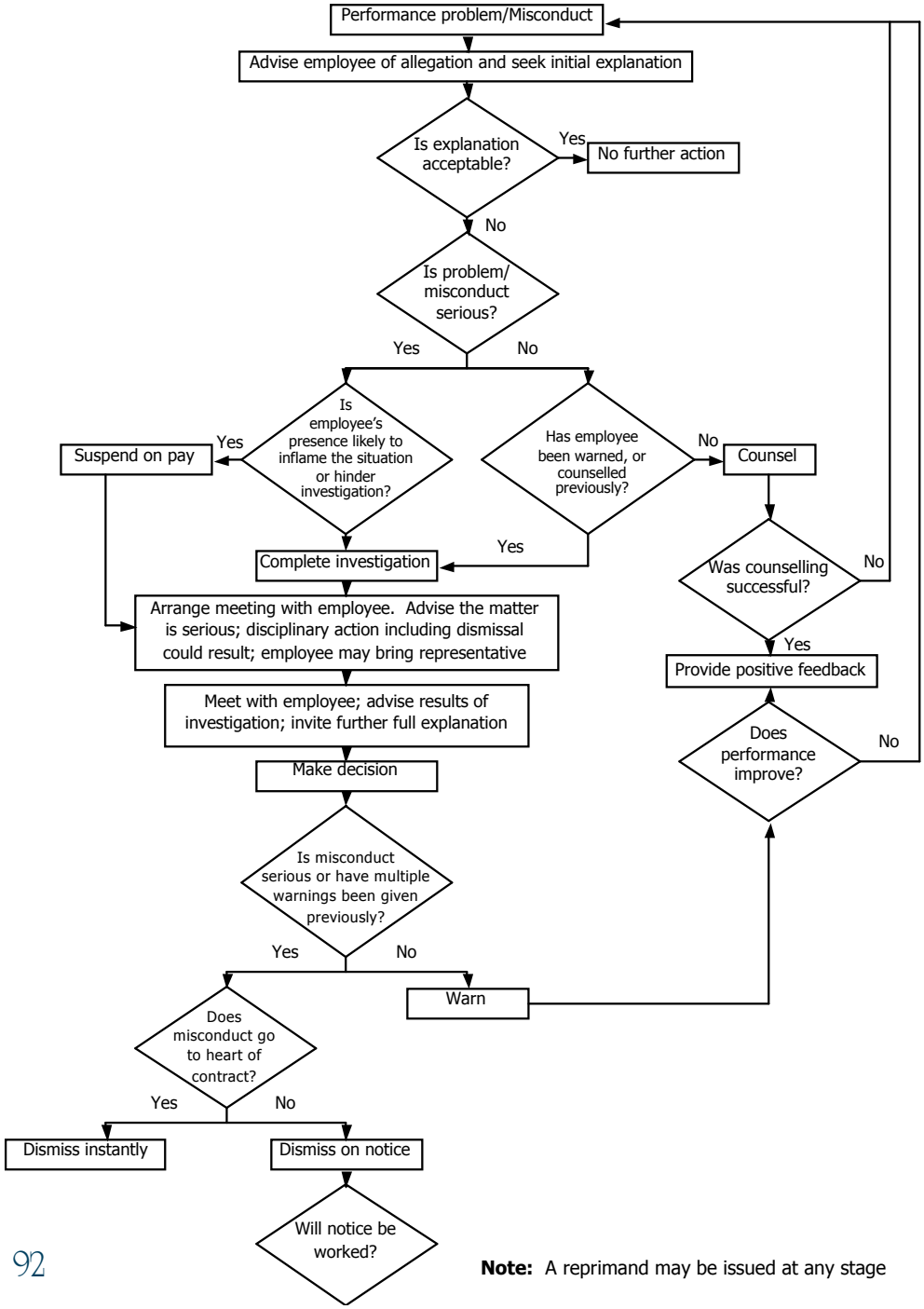
DURING THE INTERVIEW

- 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

EMA disciplinary procedures flowchart



Note: A reprimand may be issued at any stage

Conflict negotiation and conflict resolution

Discuss the principles of conflict resolution at staff meetings, so it is not something that you try to learn, when conflict arises. Have a handout on negotiation and resolution in the Practice Policy box.

Here is another useful quote from a dentist. You could use it as the basis of a staff meeting discussion to practise new learning about resolving conflicts.

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

In conflict resolution many people only see two options:

Avoidance – hoping it will go away; and

Win-lose (I win, you lose/you win, I lose).

But there are five options:

1. **Avoidance**. This avoids any conflict but also avoids resolving the problem.
2. **Indirect resolution.** This approach addresses a side issue in the (vain) hope the main issue will go away.
3. **Confrontation or lose-lose**. Full on confrontation may mean neither party gets their way. For example, you may want a pizza and your friend may want a curry. 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 met 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*.

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).

Copy the following diagram for use in your staff meeting. You might like to try it for yourself first. Circle 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 interpersonal behaviour. Reflect on that when you get into conflict. Might you need to give a little or toughen up? Might you need to be less judgemental and more supportive?

	HIGH DOMINANCE	LOW DOMINANCE
HIGH SOCIABILITY	advises co-ordinates directs initiates leads analyses criticises	submits agrees assists allows obliges admits avoids
LOW SOCIABILITY	disapproves judges resists	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 a 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.

Boundary issues

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

Boundaries are limitation placed 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 including clinical, financial, or, sexual.

CLINICAL BOUNDARIES

Clinical boundaries could be based on current licence or future scopes of practice, but what dentists actually do, or where they 'draw the line' is largely their own decision. This is based on the desire to provide a service, training and experience, the demand for the service, and enjoyment of success. Clinical boundaries determine whether we carry out services such as surgical extractions, molar endodontics, or implant restorations. As the nature of practice changes, specialist help becomes more available and patient demand for a service, such as full dentures, becomes less frequent, dentists need to decide which tasks to provide and which to refer. Patients deserve the highest level of service available. At present, dentists broadly determine the clinical boundaries of their practices. Future changes to dental legislation may impact on this privilege but the practitioner will always have the ethical responsibility of deciding what they are capable of.

Another issue is who you accept as patients and for what fee. Do you treat all of your family members including cousins for nothing or at 'mates rates'? Do you continue to treat staff members when they leave your employment and if so on what basis? It is worth considering these issues before they arise so that, at the least, embarrassment and irritation may be avoided. Similar confusion can arise in less central relationships. Do you employ a patient to paint the roof? As discussed in Chapter 2, when you need medical care do you go to a GP you can trust to be objective and professional or do you go to a friend?

FINANCIAL BOUNDARIES

Financial issues also require consideration. Are dentists, for instance, prepared to adapt their clinical diagnosis or practises to advantage a patient, or themselves, at the expense of a third party provider? Being caught out could be a painful and costly experience. A capitation scheme calls on contractors to deliver appropriate, timely, preventive care. Under-treatment has been a problem with some capitation schemes, so monitoring or auditing becomes a much more regular occurrence.

SEXUAL BOUNDARIES

Dentists do not have the same focus on this issue as their medical colleagues. The Medical Council has a published "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 policies in Australia, Canada and the USA. Neither the NZDA nor the Dental Council has a policy guideline on sexual boundaries, but the physiotherapists Code of Ethics clearly states that a physiotherapist "shall not enter into a sexual relationship with a patient".

As many dentists use the courtesy title 'doctor' so they 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 – 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."*

TRANSFERENCE

Another category of boundary dilemma comes from the psychotherapeutic model. This is the territory of transference, projection 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 dentists are too far back from the "boundary", or too remote, the patient may feel that the dentist didn't listen or care. At the other extreme is the increased risk of burnout from taking on the patients' distress. Some form of mentoring or supervision can provide an ideal structure for exploring this complex interaction. Understanding your limitations will improve your effectiveness with patients.

Summary

This chapter looked at a range of difficult problems and suggested you have all the procedures set out in advance of your practice experiencing any of them. It suggested you have a resource – box or file – with copies of key processes kept where all staff can find them; and to familiarise staff with skills in conflict resolution by trying out scenarios in staff meetings.

chapter 7

conclusions & resources

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 it is a stressful job and many dentists, at some stage, have experienced doubts about their career choice and/or their ability to deal with the stress a career in dentistry produces. If the hassles are recognised and discussed it becomes possible to see small manageable steps that can be taken to improve your quality of life. If the going gets tough, follow the key recommendations:

- Remember why you valued being a dentist and work to recapture the dream.
- Get your own GP and mentors. 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.
- Be realistic and honest about stress levels, physical problems and pain, and how you are coping. Be especially aware of the risks of self medication and alcohol.
- Examine your own practices and if necessary discuss the boundaries with those you trust and write your own personal contract.
- Enhance your work environment to increase your mental and physical comfort.
- Develop a support network and be willing to ask for mentoring or help. Identify your supporters' network, value it, and use it. Utilise professional support.
- Minimise your worries by being a lifelong learner. Build your knowledge in handling emergencies, technology, multicultural health practices, and effective management skills.
- Have a practice policy document so everyone knows the procedures to follow.
- If prevention fails, get professional help quickly.

The all-important resource collection

WHERE TO FIND A LOCUM

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. One suggestion for sole practitioners especially, is to talk to other local dentists and see if you can coordinate your holidays and hence arrange for a locum to come and work in the area for a longer period, which might be a more attractive proposition. In a city or group practice, dentists could plan their leave or holidays consecutively and employ a locum for the entire period.

BUT where do you find them? You can advertise in the NZDA News, and they have a "Situations Vacant" classified column; you can find available dentists there too; plus Dental Supply companies/reps often know and word of mouth can be helpful: ask your mentor! As a novel suggestion, if you are looking for, or want to be a locum and want to have fun at the same time, check out "Locum Adventures New Zealand" You can advertise or seek a job on this site.

www.lanzrecruitment.com/about-lanz.php

New Zealand Dental Association
Headquarters – NZDA House
1/195 Main Highway
Ellerslie
Auckland 1541

Postal Address: PO Box 28 084
Auckland 1541
T +64 9 579 8001
www.nzda.org.nz

The Dental Council of New Zealand
Level 10, 101-103 The Terrace,
Wellington
Postal Address: PO Box 10-448
Wellington 6143
T +64 4 499 4820
www.dentalcouncil.org.nz

Doctors Health Advisory Service (DHAS)

This service is a national network that provides collegial support and arranges appropriate counselling for dentists with health problems and/or occupational stress.

PO Box 812
Wellington
Free phone: 0800 471 2654
Fax: 04 499 3239
email: dhas@clear.net.nz

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Shugars, D, Miller, D, Williams, D, Fishburne, C & Strickland, D. (1987). Musculoskeletal pain among general dentists. *Gen Dent*, 35(4), 272-276.

Williams, M, & Jones L. (2011) Validating a measure of children's monitoring-blunting coping styles in dental situations. *Psychology, Health & Medicine*. 17(3):274-284

Winwood, P, Winefield, A, & Lushington, K. (2003). The role of occupational stress in the maladaptive use of alcohol by dentists: a study of South Australian general dental practitioners. *Australian Dental Journal*, 48(2): 102-109.

Reading list

This list includes books cited in the text plus books Jeff has found especially helpful in dentistry.

Stress Solutions for the Overstretched. A practical guide to identifying and managing stress. David Gibbons and Tim Newton. British Dental Journal (Books), 1998.

The Antidote: Happiness for People who Can't Stand Positive Thinking. Oliver Burkeman. Faber and Faber, 2012. (Also available on Kindle).

Man's Search for Meaning. Viktor Frankl. Beacon Press. First published 1959. (Also available as an audible book through Amazon Books)

The Stress Check. Coping with the stresses of life and work. Cary Cooper. Prentice Hall. 1981.

How to Handle Tough Situations at Work. A manager's guide to over 100 testing situations. Ros Jay. Pearson Ed. 2003.

Top Business Psychology Models. 50 transforming ideas for leaders, consultants and coaches. Stefan Cantore, Jonathan Passmore. and Kogan Page, 2012.

The End of Illness. David Agus & Kirsten Loberg. New York:Free Press. 2012. Available from Amazon for Kindle.

Thinking Fast and Slow. Daniel Kahnemann. New York: Farrar, Straus & Giroux. 2011.

TA Today: A New Introduction to Transactional Analysis. (2nd ed.). Ian Stewart. UK: Vann Joines Books. (no date)

Brain Rules. John Medina. Melbourne: Scribe Publications, 2011.

The Age of Absurdity. Michael Foley. UK: Simon & Schuster. 2012.

Employment Matters. Peter Cullen's syndicated Dom Post column. Publications available on www.cullinlaw.co.nz

Links to online resources

Please note that on the NZDA members pages you can find hyperlinks for all the websites mentioned in this book. If you go straight there you will not have to type in any of the links, but just click on them.

LINKS FROM CHAPTER 1

Cognitive Behavioural therapy/theory (Froggart, 2006)
www.rational.org.nz/prof-docs/Intro-CBT.pdf

Warm up YouTube clip
www.youtube.com/user/OtagoUniversity?v=JqYRLB7SQ8g

Erikson's Lifespan development theory:
http://en.wikipedia.org/wiki/Erik_Erikson

Values word list.
www.stevepavlina.com/articles/list-of-values.htm

If you want to do more activities establishing your values and goals, you could try the mindtools website:
www.mindtools.com/pages/article/newTED_85.htm or the RVS survey at
http://en.wikipedia.org/wiki/Rokeach_Value_Survey

A range of values and motivational calendars/posters is available online at
www.allposters.com/-st/Motivational-Posters_c12920_p2_.htm

For more information and further references for the 5-steps to change model, see:www.agale.com.au/FiveStagesOfChange.htm

For Martin Seligman's Authentic Happiness quizzes and resources, see:
www.authentichappiness.sas.upenn.edu/Default.aspx

LINKS FROM CHAPTER 2

Colour vision loss screening sites:
www.colblindor.com/2009/03/10/online-farnsworth-d-15-dichotomous-color-blindness-test/
www.colour-blindness.com/colour-blindness-tests/colour-arrangement-test/

Contrast sensitivity screening site:
http://psych.nyu.edu/pelli/pellirobson/

Other ways to manage OOS can be found online – one suggestion being:
www.joyworkz.co.nz/when-oos-starts-to-ooze-it-can-be-a-real-pain

LINKS FROM CHAPTER 3

The world of design and health – the International Academy of Design and Health:
www.designandhealth.com

Computer free download "mini break" programme
www.workrave.org/

Odd geeky items including bacon flavoured toothpaste, and a plush microbe toy collection for your little ones: www.thinkgeek.com

Halitosis *Mononucleosis* *White blood cell* *Red blood cell*

Flowers, fruit and other small gifts delivered the SAME DAY from:
www.teleflora.co.nz

Exploring dental environments on the web
www.levitch.com.au

LINKS FROM CHAPTER 4

Attribution theory

http://changingminds.org/explanations/theories/fundamental_attribution_error.htm

http://en.wikipedia.org/wiki/Fundamental_attribution_error

Hall's Proxemics (personal space zones)
http://en.wikipedia.org/wiki/Proxemics

Online support groups
www.wikihow.com/Start-a-Support-Group

LINKS FROM CHAPTER 5

Occupational stress theory - Job demand-control model
http://paei.wikidot.com/karasek-demand-control-model-of-job-stress

Personality types
http://en.wikipedia.org/wiki/Type_A_and_Type_B_personality_theory

Personality and stress and a link to a personality stress test, PLUS a lot of random and irrelevant material which the authors of this book do not endorse.
www.mentalgamecoaching.com/IMGCAArticles/StressControl/PersonalityAndStress.html

Explanatory styles/burnout and illness.
http://en.wikipedia.org/wiki/Explanatory_style
http://stress.about.com/od/stressmanagementglossary/g/ExplanatoryStyl.htm
http://stresscourse.tripod.com/id103.html

Locus of control theory and self-assessment
www.mindtools.com/pages/article/newCDV_90.htm

Management consultants for dental practices.
www.momentummanagement.com.au/ or
www.primepractice.com.au/who.php (takes a while to open)

relaxation techniques/learn how to relax
www.webmd.com/balance/stress-management/stress-management-breathing-exercises-for-relaxation
www.wikihow.com/Relax

Worry dolls – background
http://en.wikipedia.org/wiki/Worry_doll

TA online
www.businessballs.com/transact.htm

TWITTER @garytakas

LINKS FROM CHAPTER 6

SWOT analysis
www.mindtools.com/pages/article/newTMC_05.htm

Leadership
www.mindtools.com/pages/article/newLDR_00.htm

LINKS FROM CHAPTER 7

Find a locum, find a locum position and have a holiday at the same time,
www.lanzrecruitment.com/index.php

Books in the reading list may be available through www.amazon.com

about the authors

Dr Jeff Annan has been in general dental practice in Wellington for thirty-five years.

During that time he has served on many groups associated with dentistry, including the Dental Council, NZDA Executive and the Doctors Health Advisory Service. These opportunities have developed an interest in the health and well-being of dentists and their teams.

Co-editing the original Selfcare for Dentists in 2001 and the current version has involved an examination and understanding of the wide-ranging research on dentist's health and the threats which have been identified in practising our profession.

Dr Linda Jones PhD, MNZPsS, MRSNZ, is a senior lecturer in the School of Psychology at Massey University's Wellington Campus. Her teaching and research is in the area of occupational health psychology, and this is most often in dentistry. Current projects include intervening in children's dental anxiety; and intervening in occupational stress for dentists. Linda is the NZ representative for the International Society for Stress and Anxiety Research (STAR) and a member of the Scientific Committee of the International Acadamy for Design and Health.

When not exploring dental topics, Linda's research interests include neurotoxins in the workplace and work induced tremor, for example hand-arm vibration (HAVS) syndrome in construction workers.

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