Dental
Protection

Breaking the burnout cycle

Keeping dentists and patients safe

Foreword

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

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

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

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

That is why Dental Protection, alongside other organisations, must seek a commitment from the wider dentistry system and government to improve the working environment for all who practise dentistry and to truly begin to tackle the endemic of burnout in healthcare. Only with these organisational interventions can the wellbeing of our members be safeguarded.

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

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

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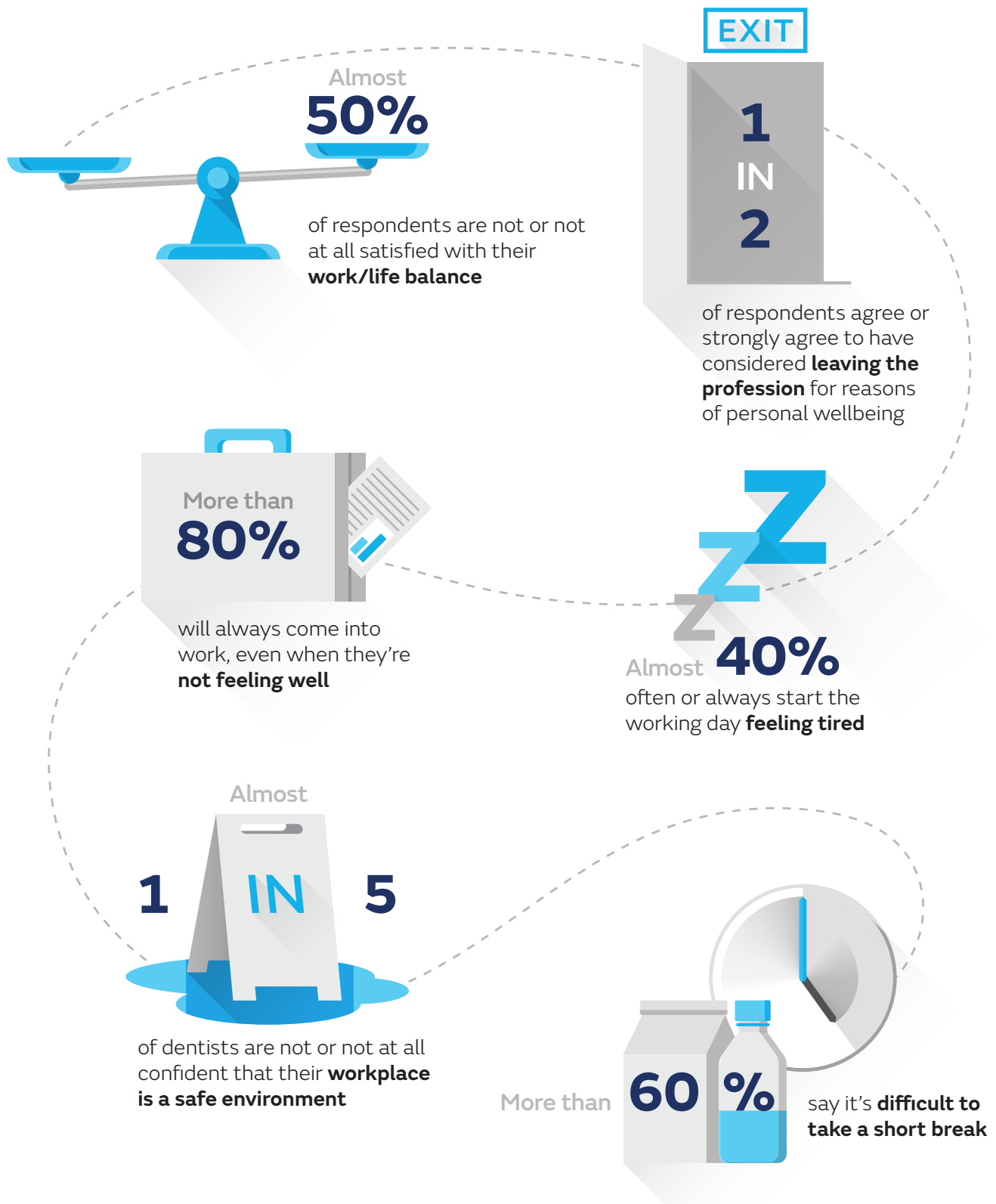Dental Director, Dental Protection

January 2020

Views from the frontline

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

Among other things, our members in the UK told us:

Almost
50%
of respondents are not or not at all satisfied with their **work/life balance**

EXIT
1 IN 2
of respondents agree or strongly agree to have considered **leaving the profession** for reasons of personal wellbeing

More than
80%
will always come into work, even when they're **not feeling well**

Almost **40%**
often or always start the working day **feeling tired**

Almost
1 IN 5
of dentists are not or not at all confident that their **workplace is a safe environment**

More than **60 %**
say it's **difficult to take a short break**

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1. Survey of UK based Dental Protection members, conducted between 11 June and 25 June 2019. Sample size was 422

A growing global concern

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

The findings from many international studies confirm that dentistry is a highly stressful profession. There is a one-on-one relationship between the patient and the dentist; this places pressure on the dentist as the clinician, who is faced with challenges that require independent decisions, unlike working in groups or team. Thus dentistry is considered a 'lone' profession where the risk of burnout is real.

A survey of more than 2,000 UK dentists by the *British Dental Journal* (BDJ) in January 2019 found high levels of stress and burnout: 54% of respondents revealed they were currently experiencing high job stress, with 43% stating they were unable to cope with the level of pressure in their role.[2]

The British Dental Association (BDA) launched a campaign to tackle stress in dentistry, looking at causes of stress and burnout in order to find solutions to support dentists and to help foster positive working environments.[3] "Probing stress in dentistry" is another BDA-supported project to raise awareness of mental health issues and wellbeing among dental professionals.

Burnout among dentists is not unique to the UK. It is a widespread and global phenomenon and its prevalence is high among dentists around the world. While the rates vary by country, gender and career stage, the overall evidence suggests that many dentists worldwide will experience burnout in their careers and that burnout rates are rising and have reached an 'epidemic' level.

Many international studies conducted over the past few years have identified increasing levels of stress and burnout among dentists and the impact this has on their personal and professional lives.[4,5,6,7]

In its third annual report in May 2019, the Irish Practitioners Health Matters Programme (PHMP)[8] published a 60% increase in the number of health professionals seeking help for depression, stress and burnout. In total, there were 75 new presentations to PHMP, with the number of dentists increasing from two to eleven in 2018.[9]

We are looking forward to seeing the findings from a large member survey conducted by the New Zealand Dental Association (NZDA) on the issue of burnout which are expected to be published soon. The NZDA also run nationwide small group courses with 'wellbeing' elements at each Annual Conference, they introduced a 'Wellbeing 360' programme, and for more than 50 years they have managed a benevolent fund for help and prevention. They have written two New Zealand-specific books on self-care and given them to members.

An occupational hazard

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

It is described in the chapter *Factors influencing health status or contact with health services,* which includes the reasons why people contact health services that are not classed as illnesses or health conditions.

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

> *Burnout is a syndrome conceptualised as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions:*
>
> - *feelings of energy depletion or exhaustion*
> - *increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and*
> - *reduced professional efficacy.*
>
> *Burnout refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.*[10]

The WHO is about to embark on the development of evidence-based guidelines on mental wellbeing in the workplace, and we welcome this effort. Burnout is a widely-used term and a common condition in modern society, but it is often poorly understood and therefore not always treated effectively. It is often not taken seriously by employers, policy-makers or the wider public.

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

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

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10. World Health Organisation, *11th Revision of the International Classification of Diseases,* 2019

Effect on quality of care and patient safety

Evidence suggests a significant correlation between healthcare staff wellbeing and patient safety.[11] Burnout directly and indirectly affects dentolegal risk, with the poor wellbeing of dentists having major implications for patient outcomes.[12]

Dentists with burnout are more likely to subjectively rate patient safety lower in their organisations and to admit to having made mistakes or delivered substandard care at work. They are less empathic, less able cognitively and can have a negative impact on colleagues, teams and the organisation.[13]

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

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

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

Role of Dental Protection

Dental Protection is extremely concerned to see that the number of dentists suffering from burnout is increasing.

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

We assist members with ongoing learning and help reduce dentolegal risk. As part of our comprehensive education and risk management programme, we introduced the workshop "Building Resilience, Avoiding Burnout" (BRAB).

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

> **This is what members attending our workshops can expect:**
>
> ☑ Enhance their understanding of resilience, burnout and associated risk
>
> ☑ Recognise the key signs of burnout
>
> ☑ Learn how to develop coping strategies to recover
>
> ☑ Find out why individual and organisational resilience is important.

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

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

With this paper, we outline key findings as well as recommendations that, if taken seriously, will help prevent dentists from burning out.

Recognising and preventing burnout

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

She identified the following areas of work life:

1. Workload
2. Control
3. Reward
4. Community
5. Fairness
6. Values.[14]

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

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

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

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

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Workload

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

Our survey results reveal that almost 25% of dentists rarely or never take a break at work[15], and 68% responded that regular rest/recovery periods are not the norm during work sessions.

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

In addition, 28% suspect that emotional exhaustion has contributed to an irreversible clinical error, with 48% of them saying it was related to a lack of concentration.

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

Analysis from the NHS Staff Survey – which covers a wide range of healthcare professionals – found that opportunities for employees to recover from work demands can have a strong influence on organisational and patient outcomes. Greater satisfaction with work/life balance was linked with better financial performance and lower absenteeism, as well as higher patient satisfaction and lower risk of infection rates in hospitals. Such findings further highlight the need for evidence-informed initiatives to promote work/life balance and recovery from work.[16]

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

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

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

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

- ☑ Teams should have policies in place that allow for breaks during work sessions.

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

Control

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

62% of respondents agree or strongly agree that it's difficult to say "no" when asked to undertake additional tasks.

68% of dentists feel unable to take a short break in between two clinically demanding procedures.

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

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

Dentists practising in chaotic practices reported lower work control and job satisfaction, less emphasis on teamwork and professionalism, more stress and burnout, and a higher likelihood of leaving the practice within two years. Chaotic practices had higher rates of errors and more missed opportunities to provide preventative services.[17]

More than 20% of respondents do not feel able to practise to the standard they're capable of.

- ☑ Dentists should feel supported by their peers and leaders to speak up for safety.

- ☑ Teams should have optimal rotas in place that allow for a structured and responsible approach to work sessions.

- ☑ Organisations should put measures in place that help create a culture in which it is the to norm for staff to say no for safety.

Reward

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

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

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

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

54% of responding dentists feel often or always like they are on a treadmill, and a disturbing number of dentists – more than 30% – do not feel appreciated for the work that they do.

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

- ☑ Dentists should routinely acknowledge and celebrate their achievements.

- ☑ Teams should develop processes and procedures to recognise and celebrate achievements.

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

Community

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

54% feel supported or strongly supported by their peers, and 60% would be prepared to cover a colleague's work for a short period, so that they may take a break.

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

- ☑ Dentists should stimulate mutually supportive working relationships.

- ☑ Teams should create an open and supportive working environment and actively support team-building opportunities.

- ☑ Organisations should facilitate dentists' messes, ie spaces to meet, talk and share time together.

Fairness

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

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

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

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

Our survey also revealed that almost 50% of respondents would be supported to learn from an error if they made one, while 17% say they would be blamed.

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

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

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

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

- ☑ Dentists should feel comfortable and receive training to enable them to raise any concerns regarding unfairness with their manager.

- ☑ Teams should make use of standardised tools, scales and procedures to ensure a "Just Culture" type of workplace.

- ☑ Organisations should put policies in place and mandate training to ensure psychological safety is measured, developed and maintained.

- ☑ *Action is needed to further support openness and learning and give dentists confidence in this process. Some of these actions can be taken relatively swiftly; others will require change over a longer period.*

Values

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

34% of respondents said they often or always feel disillusioned in their work.

When asked how frequently systemic factors compromise ethical standards, 28% of respondents say they experience this once or twice a week or more.

They indicated that time pressure (58%), workload (39%) and targets (36%) were the top three factors that most contribute to this.

A body of research on job crafting suggests that at least 20% of work should be personally meaningful.[18]

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

> ☑ Teams should strive to appreciate different motivators and values and ensure job crafting can allow team members to do enough meaningful work that aligns with their values.
>
> ☑ Organisations should strive to offer support and resources to allow teams and individuals to perform ethical and safe work with flexibility for job crafting embedded in the culture.

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

Presenteeism

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

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

Dentists are notoriously reluctant to take time off when they are sick, and this can result in a number of issues, including not performing efficiently. This can have greater repercussions than if the dentist had sought advice from a doctor and stayed off work.[19]

Working while sick has serious implications for mental wellbeing. Presenteeism increases the risk of long-term sickness absence as well as future mental health problems, such as burnout.

Research has found that healthcare employees who continue to work while sick are more likely to make errors, leading to adverse patient outcomes.

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

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

There is a danger that trying to live up to the 'superdentist' expectation risks burnout. Ensuring that goals are realistic and sustainable is an important step in building resilience. It is important that dentists consider whether they need to realign their expectations of either the job or themselves.

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

Whilst only 15% of responding doctors claimed that colleagues make them feel guilty for taking sick leave, a much higher number, 56%, felt guilty for taking time off.

Guilt is more internally than externally driven. Michael Peters said: "Healthcare professionals often regard taking sick leave as exposing weakness, jeopardising ambitious career paths or letting colleagues down. This is where employers need to work to change the culture."

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

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

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

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

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

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Incivility at work

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

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

A substantial barrier to progress in patient safety is a dysfunctional culture rooted in widespread disrespect. Creating a culture of respect is the essential first step in a health care organisation's journey to becoming a safe, high-reliability organisation that provides a supportive and nurturing environment and a workplace that enables staff to engage wholeheartedly in their work.[20]

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

Almost 30% of respondents experience behaviour from colleagues that undermines respect.

32% of respondents witness disrespectful behaviour among colleagues more than once or twice a week. When they witness disrespectful behaviour, more than 50% of respondents say they are comfortable speaking up, and 14% would not feel comfortable at all.

It is essential for dentists to have the skills to manage disagreements with colleagues while remaining respectful, and know how to manage themselves well in difficult situations.

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

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

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

Wellbeing oversight in the workplace

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

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

☑ Dental Protection is advocating for wellbeing to be a KPI in all organisations and practices.

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

Almost 30% of respondents do not always get the support they need from their employer to do their job well, and 42% of respondents do not feel encouraged by the line manager/practice owner to discuss wellbeing issues.

58% do not feel like their personal wellbeing is a priority of the practice owner/their manager.

47% do not or not at all feel supported by practice/hospital management.

28% do not or not at all feel supported by their supervisor/practice principal.

86% of respondents say they do not have someone at work solely responsible for staff wellbeing.

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

The NHS Staff and Learners' Mental Wellbeing Commission, which was set up by the HEE, reviewed academic literature, and from its research it has become clear that as in many other non-healthcare sectors, there is a need for board-level leadership to be responsible for the mental wellbeing of staff. The HEE places this recommendation so central to the culture of the NHS, that their primary recommendation is the NHS should establish a *Workforce Wellbeing Guardian* in every NHS organisation, and that the Wellbeing Guardian should be authorised to operate within a set of principles as set out by the HEE.[21]

☑ We strongly support the employment of staff dedicated to wellbeing in the workplace in every corporate dental organisation or group of dental practices.

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Recommendations

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

Dental Protection continues to provide valuable support to members dealing with burnout through risk management and education, because there are actions that can be taken by individual dentists to mitigate the risk of burnout. However, the focus should not solely be on interventions that help the individual dentist to cope with their work environment. A move towards prevention is needed with much more emphasis placed on the improvement of underlying working conditions that impact on the wellbeing of dentists, and all healthcare professionals.

We are calling for the following actions:

1 **Dentists**

- should be trained about the risks and consequences of burnout

- should be trained to recognise burnout in themselves

- should receive training on how and when to say no for safety

- should stimulate mutually supportive working relationships

- should feel comfortable and receive appropriate support and training to enable them to raise any concerns regarding unfairness with their manager.

2 **Dental teams and practices**

- should have policies in place that allow for breaks during work sessions

- should have optimal rotas in place that allow for a structure and responsible approach to work sessions, so the team feels able to take breaks and take time off when ill

- should create work environments that encourage the recognition and celebration of achievements

- should create an open and supportive working environment and actively support team-building opportunities

- should make use of standardised tools, scales and procedures to ensure a "Just Culture" can develop in the workplace

- should strive to appreciate different motivators and values and ensure job crafting can allow team members to do enough meaningful work that aligns with their values

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

- should be trained on the importance of putting policies and procedures in place to prevent burnout. Resilience of individuals and teams must be seen as a priority at all times

- should allow occupational health teams to be involved in the planning and support of psychological safety in the workplace, ie proactive involvement rather than just being involved when burnout has occurred.

3 **Large dental organisations** should include wellbeing as part of the staff survey, and they should, like NHS organisations, look to establish the implementation of a Wellbeing Guardian. Given that the role of board-level leadership is central to wellbeing of staff, and the culture of dental organisations, we are calling for Wellbeing Guardians to be put in place in every large dental organisation by 2022, and to report to the board. The Wellbeing Guardian needs to ensure that sufficient information is being provided, so the board can benchmark, set organisational expectations and monitor performance. Such a role would be very similar to the Workforce Wellbeing Guardians as recommended by the NHS Staff and Learners' Mental Wellbeing Commission's recommendation to establish Workforce Wellbeing Guardians in every NHS organisation and GP partnership.[22]

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

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

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

They should establish comprehensive standards for dentists' wellbeing at every career stage and measure those standards. They should provide scholars with obligatory training in general wellbeing in the workplace, in building resilience, speaking up for safety, and how to develop good individual coping strategies.

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

REFERENCES

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

Dental Protection

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

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

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

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

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