

WELLNESS



CONTINUUM SERIES – UK

WELLNESS – DEALING WITH DIFFICULT TIMES

UK

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OVERVIEW

Dental Protection's **Continuum** series of Advice Booklets forms part of our commitment to assist and support members every step of the way from student to graduate, from the early years of professional life on to safely negotiating the many challenges that can arise at critical moments throughout a professional career, and helping them through to a happy and worry-free retirement (and beyond). In particular we aim to make members aware of the dento-legal pitfalls associated with all these critical moments, so that they are more able to cope with them at a personal level and to manage them safely and successfully in a professional sense.

1.0 INTRODUCTION

For most of us, dentistry is a rewarding and challenging profession. In addition, its rewards and challenges contribute to a mix that suits our intellect, our ambitions and our inherent need to contribute to society. Whether you are a student, a young graduate in a training post or an experienced old hand, it is also worth remembering that dentistry has also been identified as one of the most stressful of the health professions.

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2.0 WHY ARE DENTISTS SO SUSCEPTIBLE TO STRESS?

Not only are we required to work in an intricate manner in a sensitive and intimate part of the body, sitting in the same position for long periods of time, but we are also responsible for the smooth and seamless management of the patients on our day list. Added to this may be the ever-increasing demands and expectations of patients and a constant awareness of not running behind schedule. Work-related financial pressures can emerge both at a personal level and from the complex challenges of running and working in a small business. As if this wasn't enough, we have to ensure that we maintain the clinical excellence expected by our patients, colleagues and a variety of regulatory bodies.

Faced with all these factors, and for the most part, not having received any particular training in, for example, people skills or financial management, it is little wonder that we can fall victim to stress related illnesses, either mental, physical or both.

AM I ILL?

Stress itself is not an illness but is, 'the adverse reaction people have to excessive pressure or other types of demand placed upon them'. The definition 'makes an important distinction between the beneficial effects of reasonable pressure and challenge (which can be stimulating, motivating and can give a 'buzz') and work-related stress, which is the natural but distressing reaction to demands or 'pressures' that the person perceives they cannot cope with at a given time'. The concept of individual perception is particularly relevant in that, faced with the same situation, eg, A difficult procedure or a demanding patient, one dentist may relish the challenge and yet the other be trembling in their shoes!

Two other factors which can generate stress in dentists are control and change – our ability to influence the circumstances around us, whether at work or home.

Stress is a very personal thing. As intelligent, highly trained professional people we feel that we should be able to cope, and we are often highly resistant to any suggestion that we are not coping as well as we should be. But there are many factors which impact upon our 'coping' mechanisms and when several of them are working against us at the same time, or in ways that are unhelpful or destructive, 'coping' may not come as naturally as it might do in more normal times, and it will often need to be a conscious and deliberate set of actions.

Most of the time 'coping' is an unconscious, natural reaction to challenging situations. Some of us are better able to stay positive and take things in our stride, and some people see solutions rather than problems. But even the deepest and most resilient of coping reserves may prove to be insufficient on occasions when a particular combination of challenges confronts us at the same time. People who normally cope very well with life's challenges can find it quite perplexing and disorientating when suddenly they find that they are struggling and they can't understand why.

Reading and thinking about the contents of this Advice Booklet is a positive first step towards understanding and getting to grips with what is happening – and dealing with it.

KEEPING CONTROL

It is clear that we function best when we are in control of our circumstances; when we feel we are responsible for our successes or failures due to our own personal attributes. This could also include the responsibility of the welfare of both patients and staff. As is often the case however, bureaucracy can on occasion, militate against this feeling of control which can then result in work-related stress. It also illustrates the importance of involvement in the process of change for the best results to be achieved. 'Today's dental environment is not going to change to accommodate the individual. It's the individual who needs to learn to accommodate to the environment if he or she does not want to pay the price of chronic stress.¹'

ACHIEVEMENT

There is no doubt that we all need some pressures and challenges in our daily lives to get us up in the morning and to keep us going. These can galvanise us into achieving great things and to work at our most productive level, but we have to be aware that having unrealistic goals or expectations can possibly result in the 'law of diminishing returns' ie, the more we push ourselves to reach that elusive goal, the less well we can sometimes perform.

It can be demoralising to keep missing targets that we have set for ourselves. Indeed, in a study examining the sources of stress for Australian dental students it was suggested that the high levels of stress reported could be explained by an 'underlying tendency towards perfectionism'. Typically, students enter dental

school as high achievers with powerful expectations of scholastic excellence. Once immersed in an environment where academic excellence is the norm, their self-concept is adjusted, and a new norm of competitive perfectionism can emerge². Careers develop subsequently and that competitive perfectionism characteristic is transferred to general dental practice. At that point, because many contradictory incentives are introduced, the norm is influenced again by a confused set of ethical and performance questions.

This is not to underestimate the thrill of achievement, but it is worth paying heed to the warning signs, and to ensure we remain in control.

3.0 WHY DOES STRESS MATTER?

- How stress affects our behaviour.
- How stress affects our judgment and decision making.
- Tips for recognising and managing stress in ourselves and others.

The primal reaction to threat or stress has been described as a 'fight or flight' response. When we perceive such a threat, this triggers a response which has three components:

A physiological component – changes occur in our bodily systems over which we have little or no control

An emotional component – we feel tense and anxious

A behavioural component – stress impacts upon our performance both intellectually and physically (see below).

The evolutionary increase in human intelligence has enabled men and women to perceive stress in ever more varied and numerous situations; some people have a diminished capacity for adaptation and feel threatened by situations that for others would be trivial and innocuous, particularly in circumstances involving change of an

established routine or when meeting a situation for the first time. This perception of threat is an elective decision – in most cases you can decide to treat a given situation as stressful, or not. Emotional intelligence helps us to make more rational decisions when stress is challenging our impulse control and ability to think clearly.

Any new situation, including people that we don't quite know how to handle, is a demand for adaptation and by definition can activate our stress response. It is no surprise, therefore, that if these demands for change could be measured in some way, we would have some measure of the stress levels experienced by an individual over a given period.

Fortunately, precisely such a scale is available to us, thanks to the early pioneering work of Walter Cannon in the 1920s, Adolf Meyer in the 1930s and the better known work of Thomas Holmes and Richard Rahe in the late 1960s and early 1970s. The fact that these studies still have wide application today, so many years later, is a testament to how sound and enduring the principles are.

THE HOLMES-RAHE ANALYSIS

Rahe had developed a 'Social Readjustment Rating Scale' (SRRS) after sampling subjects in the USA with a broad 'mix' of ethnic origin, religion and culture, to obtain a subjective 'score' for 42 carefully chosen social changes that might call for readjustment (adaptation) on the part of an individual. Subjects were asked to rate the severity of the subjective impact of each of these changes on a scale from 0 – 100, and each of these units was referred to as one Life Change Unit (LCU). For orientation purposes, the most frequently occurring major social readjustment – marriage – was allocated a random value of 50 LCU's, enabling subjects to assess each change relative to marriage, ie, whether more or less stressful, and by how much.

The 42 'life events' and the LCU score that was allocated to them after all the subjects' scores had been analysed are detailed in Table 1 below. These LCU scores are mean values, standardised for age, sex, race, religion and so on. Within each loosely-worded category there is a wide range of possible interpretations – it would be very easy to structure a survey of 1,001 life changes but the results would be impossible to apply. For example, 'Change in living conditions' may mean a change in the number of people sharing a flat, or moving house, or getting the builders in, or indeed emigrating into a totally unfamiliar lifestyle or culture. It is also relevant to bear in mind that the chosen 'life changes' reflected life, values and the work and social environment as it existed for a very different generation.

By totaling the LCU's accumulated in a given period of time, it is possible to assess the social stress experience of an individual for that period. Holmes and Rahe took this one step further to investigate levels of stress upon health in general for the individuals concerned (Tables 1 and 2).

The Holmes-Rahe analysis has since proved remarkably consistent, having produced similar results when applied to groups outside the USA – in Europe, Asia and Africa. This consistency is surprising in that one would expect to find incongruities in response between people of different cultures and traditions.

Furthermore, the reliability of the Holmes-Rahe analysis helps us to understand two further facets of stress which are of direct relevance to us in dentistry. Firstly the demands for change do not have to be harmful – many of the life events quoted are amongst the most enjoyable and desirable we will encounter in life, but they still represent a demand for change (adaptation) and are therefore stressful.

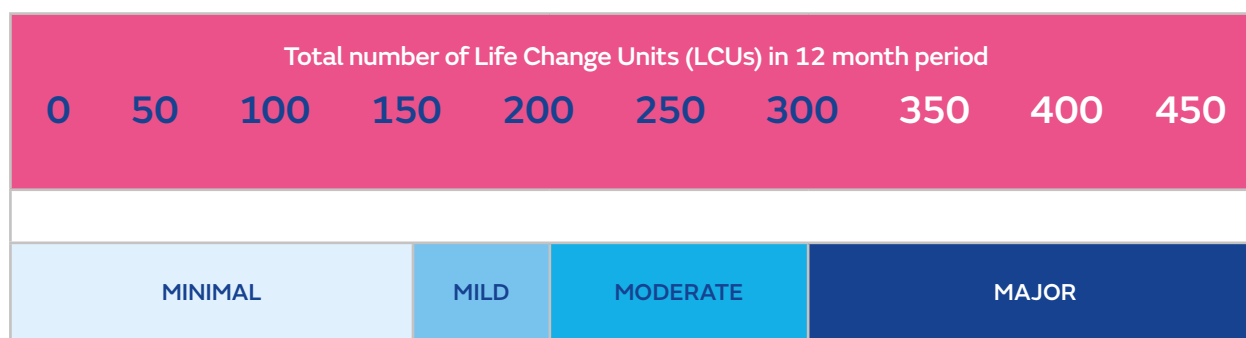
The second important point to record is that many of these life changes record psychosocial stress – to which all individuals are exposed – and we dentists are obviously far from immune from these areas of stress. Indeed, some of the life events in the analysis are very likely to affect the general practitioner, perhaps during every year in his professional life, while he may be able to avoid others. It is essential to bear in mind that these social demands are setting the 'background' level of stress in addition to which will feature the other areas of stress prevalent in dentistry itself.

The physiological effects of such cumulative stress may well be more severe than when the same stressors act separately, and this has been a frequent criticism of the Holmes-Rahe analysis, in that it makes no provision for the effect of such stress potentiation. Of course, so controversial an approach to any subject will invite criticism from those who disagree with it. It is unrealistic to expect that human beings will fall conveniently into any classification of this kind, and the fiercest opposition has come from those who feel that the nature of the life event itself may be of less importance than the individual's response to it, ie, whether he sees it as pleasurable or not.

SOCIAL READJUSTMENT RATING SCALE (RICHARD RAHE)		
	Life Event	Mean Value LCU's
1	Death of spouse	100
2	Divorce	73
3	Marital separation	65
4	Jail term	63
5	Death of a close family member	63
6	Personal injury or illness	53
7	Marriage	50
8	Fired at work	47
9	Marital reconciliation	45
10	Retirement	45
11	Change in health of family member	44
12	Pregnancy	40
13	Sexual difficulties	39
14	Gain of a new family member	39
15	Business readjustment	39
16	Change in financial state	38
17	Death of a close friend	37
18	Change to a different line of work	36
19	Change in number of arguments with spouse	35
20	Mortgage of £150,000 ** or more	31
21	Foreclosure of mortgage or loan	30
22	Change in responsibilities at work	29
23	Son or daughter leaving home	29
24	Trouble with in-laws	29
25	Outstanding personal achievement	28
26	Partner begins or stops work	26
27	Begin or end school or college	26
28	Change in living conditions	25
29	Revision of personal habits	24
30	Trouble with boss	23
31	Change in working hours or conditions	20
32	Change in residence	20
33	Change in schools	20
34	Change in recreation	19
35	Change in church activities	19
36	Change in social activities	18
37	Mortgage or loan less than £150,000**	17
38	Change in sleeping habits	16
39	Change in number of family get-togethers	15
40	Change in eating habits	13
41	Holidays	13
42	Minor violations of the law	11

** This value has been adjusted from original to current day equivalent levels

To assess your LCU rating, total all separate life events during one year; if an event occurs more than once, count the score for each separate occasion. It is also interesting to note your LCU rating for short, intense periods of activity.

**Table 2**

Impact of level of “Life Crisis” upon associated likelihood of experiencing stress-related illness

Scale of “Life Crisis” and associated likelihood of suffering some kind of stress-related illness (Generic and other factors will influence areas of particular vulnerability).

AROUSAL AND PERFORMANCE

Let us accept for a moment that human performance can take place on various levels, is enormously variable for the same individual, and embodies emotional, intellectual and physical performance. A term used to describe the body’s level of stimulation at a given time is ‘arousal’. Any form of stress can increase arousal. Dr Peter Nixon was for many years the senior Consultant Cardiologist at Charing Cross Hospital, London and his explanation of the relationship between arousal and performance presented stress management in a way that is readily understood.

Nixon’s priceless contribution to the understanding of stress is his ‘human function curve’ which is, he says: ‘A paradigm illustrating the way in which we go ‘over the hump’ into exhaustion and deteriorating function if we allow ourselves to go on being aroused hard enough past the level of healthy fatigue’.

The diagram overleaf (page 8) illustrates this curve; note that point F marks the onset of fatigue, point E the onset of exhaustion and L the limit of adaptation beyond which even minimal arousal can precipitate a breakdown.

It will be seen from the diagram that initially, stress – from whatever source – will increase your arousal, and at the same time

increase your performance; hence the frequently heard statement ‘I work better under pressure’. Similarly, observe the intense concentration and clenched fist in a high jumper or weightlifter preparing for a record breaking attempt; it is an education to watch world class athletes using stress this way to raise their performance.

Throughout the day, then, your level of arousal increases up to a point where ‘acceptable’ fatigue appears. Note that performance after this moment is still increasing, but more gradually than before.

The amount of stress already experienced in the day will determine what time of day this point is reached and it becomes easy to understand why one dentist can be heard to say ‘I’m at my most productive between 1 and 2pm; after about 4pm my work rate falls away so sharply, I see little point in working at all’ and another ‘It’s funny – I work well until about 4.30pm, but the last half hour is really hard work and by the time I have driven home, I feel absolutely shattered’. The dentist in the latter example has travelled over the hump and is running perilously close to the stage of exhaustion. The more often he does this, the further he will slide down the slope towards ill health. The steepness of the slope and the type of ill health he might experience will obviously depend upon physiological, genetic and external factors.

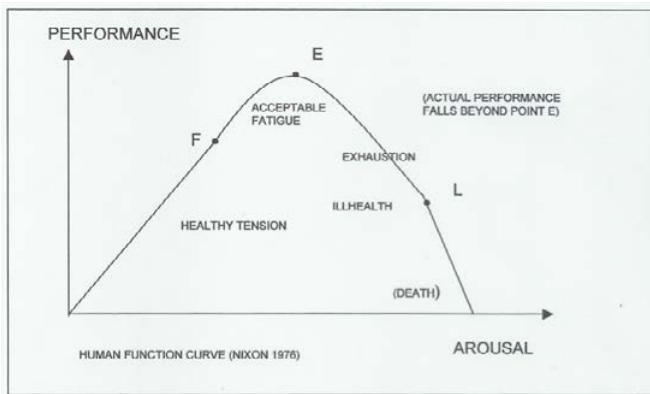


Diagram 1.
An illustration of Nixon’s human function curve³

Nixon observes: ‘To be exhausted is to court danger from every point of view. There are no reserves of energy to cope with unexpected and unfamiliar stimuli, and it is difficult to adapt to change. Furthermore, high levels of arousal interfere with the restorative value of sleep, and so aggravate the exhaustion’.

Exhaustion from physical causes may be familiar, when the individual’s need and his desire are both served by rest and sleep.

Exhaustion from rage, or worry or frustration, however, is a particularly dangerous form of arousal because the individual’s usual response is to deny the problems or to reject them, and to press on regardless towards ill health. Another problem of worry is that it interferes with one’s ability to sleep, and with the quality of sleep, thereby undermining the individual’s potential for recovery and restoration.

CAUSES OF OVER-AROUSAL

Nixon found that the commonest immediate causes of what he described as ‘over-arousal’ are:

- Loss of ability to understand or control our circumstances
- ‘People poisoning’ – that is, interpersonal pressures exerted from people from whom there is no escape
- Unacceptable time pressures
- A high score in lifestyle changes (Homes-Rahe analysis)
- Sleep deprivation.

Fatigue and exhaustion are, of course, two of the ‘warning lights’ of the body, whose purpose it is to maintain homeostasis.

WHICH TYPE ARE YOU?

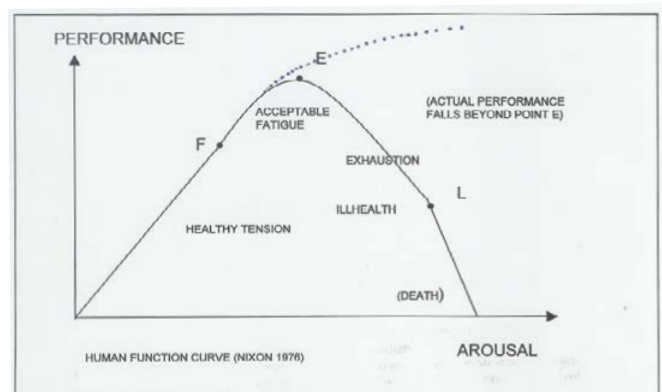
Personality can also have a bearing on the dentist’s ability to cope with stressful situations. A study carried out by Professor Cary Cooper et al⁴ suggested that dentists had a tendency to exhibit ‘Type A’ behaviour. People with ‘Type A’ personalities tend to be driven, highly ambitious, impatient, aggressive and intolerant. They have high expectations of themselves and those around them. ‘Type B’ personalities although they may be equally ambitious and successful, are able to perform in a calmer and more relaxed manner. People can fluctuate between these two behaviours which are said to be on a continuum.

People with Type A personality trait are convinced that they can never exhaust their reserves of potential performance. They believe that if they keep pushing themselves hard enough, for long enough, they will achieve more. Indeed, they do not even notice that they are starting to achieve less. They will not acknowledge that this is why they are making mistakes, or things are starting to frustrate them when they are not going right. They see the upward slope of healthy tension on Nixon’s Human Function Curve continuing for ever (see the dotted line on diagram 2).

HUMAN FUNCTION CURVE

Let us now establish how we can understand the signs and recognise an individual’s position on the human function curve.

Diagram 2



HEALTHY TENSION

Over this phase you feel well, respond well to change and challenges, are adaptable and your overall performance is good; as you climb up the slope of healthy tension, you are actually capable of clearer and more original thought, you are more productive, you make more astute decisions and generally perform better as your level of arousal increases.

ACCEPTABLE FATIGUE

You think less clearly, and feel generally less ‘sharp’ than before. You will notice that you have to work harder and harder in order to achieve the same result. You may become frustrated more easily, things don’t ‘go right’ for you, and you may become more accident prone in the early stage of exhaustion. These changes reflect the emotional and behavioural component of the stress response, and are caused by physiological changes occurring within our body.

EXHAUSTION

At this stage you may engage in fruitless activity for its own sake, and /or become bad tempered, grumbling and irritable. You may have a preoccupation with trivia while failing to attend to more important matters. The qualities for success disappear and the individual becomes increasingly resistant to change. Eating, drinking or smoking may increase, and there is a notable increase in ‘escape’ activities.

The difference between healthy tension, acceptable fatigue and exhaustion is analogous to pushing a car. On the flat, you gradually pick up momentum (healthy tension) and the going is easy. On reaching a slight uphill incline, the going becomes a little more difficult (acceptable fatigue). Some progress can still be made, but finally a point will be reached where the car starts slipping back towards you despite all your pushing (exhaustion).

During periods of relentless pressure (including periods of change), it is much more likely that managers and staff members will be driven ‘over the hump’ into the area of exhaustion. Nixon’s simple model helps us to understand why the overall performance of members of the practice team can be directly affected during times of change.

THE ‘HUMP’

At the height of the Human Function Curve, where Acceptable Fatigue goes ‘over the top’ into Exhaustion, certain features come into prominence with remarkable consistency between individuals – see section on Procrastination 3.11 below (page 11).

WHY IS CHANGE STRESSFUL?

In recent years the pace of change in healthcare has been accelerating, and there is no sign of a more stable period ahead. It is easy for the impact of change upon our wellbeing to go unnoticed, but it leaves a legacy that manifests itself in how we feel, react and behave on a day-to-day basis. As the Holmes-Rahe analysis of life events suggests, change is stressful because it creates insecurity and can prompt concerns about the future. The less control the individual has over the changes, the more destabilising and stressful the change tends to be. It is for this reason that it is particularly stressful when a number of changes occur at once, or in quick succession, because the individual doesn’t get time to restore any sense of stability or re-establish homeostasis through effective use of so called ‘coping strategies’ which we will consider shortly.

Much of the stress of change can be dissipated by having good support through times of change. The lack of such support – or a perception or assumption that such support is not available – can make change seem all the more threatening and stressful.

Change also creates a number of knock-on effects; the sense of loss of control over events can lead to poor management of people, information, resources and systems/processes, a poor response to stress, poor judgement, poor decision making or – worse still – no decision making at all. The manager, who loses the confidence to assess situations, evaluate options and make decisions, or to recognise when others are struggling to cope with the demands made upon them, is not likely to be effective in his or her role as a manager.

One of the problems of change is that it very often threatens or squeezes out the most pleasurable aspects of a job or working situation. Sometimes the workplace – especially a dental environment which presents so many of the factors that can lead to over-arousal - is no longer a ‘fun’ place to be, and the extra demands imposed by the periods of change leaves no time, energy or space for members of the working team simply to enjoy each other’s company.

At times like these, strong leadership can come to the rescue, rebuilding confidence and self-belief, guiding and reassuring those members of the team who have lost focus as a result of the change, and restoring the mutual trust and reliance that exists in more stable times, when everyone is more sure where they are generally, more sure of their own role and of the role of others. The greatest danger in times of change (as we will see shortly) is that negative attitudes can start to prevail. When those at the top of the management structure or senior members of the team are themselves struggling to cope with stress, they are unlikely to be able to provide the leadership and support that might be needed by other team members.

PROCRASTINATION

Stress is probably the greatest single cause of procrastination. Putting things off is a coping strategy inherent in the human stress response, designed to prevent overload and the physiological, physical and emotional over-arousal that leads to much of the stress related illness in modern society.

Procrastination is an 'escape' activity just as surely as the physical 'escape' of running away, but it is a kind of psychological escape associated with:

Suppression – here, something that needs to be done is deliberately and consciously forgotten or ignored, perhaps because it is big, complex, frightening or threatening in some way.

Repression – here the individual denies the existence of a problem or unpleasant job that needs to be done – but in an unconscious and unplanned way, as if body and mind is protecting itself by drawing a curtain over the problem, to give the individual time and space to gather the energy and will to address it.

In the context of the human function curve (see above), it is towards the end of the phase of acceptable fatigue (up towards point E in diagrams 1 and 2) that an individual tends to be less decisive, and feels less able to deal with challenges. It all seems just too much like hard work and this is here that 'escape' activities such as those described above, tend to appear. Procrastinating decisions and tasks is one of the hallmarks of this moment, and is a reliable indicator that the individual needs to take steps to reduce the stress he or she is experiencing or to take a break of some kind to draw breath and recharge batteries.

SLEEP DEPRIVATION

Prolonged sleep deprivation is another important factor in making an individual less able to cope with periods of stress. Sometimes, prolonged exposure to stress can create a vicious cycle by interrupting normal sleep patterns, making the individual more tired and less able to deal with the stress. Tiredness can result either from a lack of sleep, or overexertion (whether physical or psychological) or as a defensive reaction to prolonged stress ie, a coping mechanism. Either way, it makes you much more likely to procrastinate.

Individuals, who have a tendency to worry, may be particularly vulnerable to disturbed sleep patterns, especially if there is no obvious solution that is within their control, for the situation that is the focus of that worry, pressure and discomfort.

THE GUILT CYCLE

Knowing that you are putting things off, and knowing that you are not 'coping' terribly well, are two situations that can compound the problem. Many people feel guilty when they know that they are 'ducking' decisions or tasks, and this can be a source of further stress.

4.0 READING THE SIGNS

These warning signs are like traffic lights in our lives. Green means that everything (or nearly everything) is going well with us. We are enjoying our work, the practice is flourishing, we have a great team and the patients are appreciative. Home and social life is good and the sun is shining. Then perhaps things start to go slightly awry - a valued chairside assistant leaves, creating extra work for the rest of the staff, and leaving you feeling as if you've lost your right arm. You find yourself staying later at the surgery to catch up and you are aware that you are feeling more tired than usual. At the surgery you feel your concentration slipping slightly and you are becoming tense and irritable. This situation may carry on for a while with perhaps other events occurring to add to the mix – a complaint or family illness for example. At home, your evening glass of wine is turning into two or three. You are sleeping badly, relationships are suffering and you are starting to feel that you can't cope. The red light is beckoning! If the symptoms continue to intensify to the extent of absolute exhaustion, ill health and the inability to cope it could be advisable to ask or look for help.

RUNNING ON EMPTY. WHAT IS 'BURNOUT'?

Burnout is one of the possible consequences of chronic work related stress and is sometimes described as the gradual erosion of the person. It occurs when the person feels they are 'running on empty' on an emotional, physical and mental level and can manifest itself by a loss of enthusiasm for work, lateness and irritability towards staff. Other manifestations such as cynicism, negativity and indifference towards patients and others are not uncommon. This is known as 'depersonalisation' or 'dehumanisation'.

Lastly, a tendency develops in the person that makes them feel dissatisfied with their achievements and accomplishments and to view themselves in a negative light.

Burnout tends to occur less in people who are cynical and uncaring, but as dentists are mainly dedicated and compassionate professionals, they can try endlessly and futilely to improve the situation.

5.0 HOW DO WE REDUCE STRESS IN THE WORKPLACE?

IDEAL SITUATION

A successful practice (or dental department) is one where effective stress management strategies are firmly in place. This contributes to the atmosphere of well-being and competence within the practice. Its positive effect emanates throughout – staff and team members feel valued and motivated and patients feel more relaxed and welcome. It's a 'win-win' situation for all concerned.

Achieving this ideal situation does not come naturally to many practitioners who may require guidance. It may be necessary to consider what your goals and aspirations are in relation to both yourself and your practice. Hopefully some of the coping strategies that follow will be of assistance.

PRACTICAL STEPS

In terms of individual stress, try taking a step back and assess where the stress is coming from. Writing a list of causes from the most stressful down to the least stressful will help you gain some perspective of the problem and may inspire you to tackle some of the issues raised. It is even possible that you could be the cause of the stress! You may need help in dealing with some of these issues. Try not to let pride stand in the way of getting the help you need.

It could also be useful to employ this technique with your chairside assistant and receptionist by asking them to identify the sources of stress. By airing and discussing grievances, concerns and new strategies, the various members will feel part of the dental team and provide mutual support in time of stress.⁵

RELAXATION TECHNIQUES

Although it is often thought that relaxation is not compatible with working in a dental surgery, with organisation and planning it is feasible. (Some European countries manage successfully to incorporate this into their working day.) A prerequisite would have to be a competent receptionist who would not fill your appointment book so full that you do not have time to breathe, let alone try some deep breathing (which is excellent for calming you down). Take in a deep breath (don't hold it) and count one, two three as you exhale slowly.

In your everyday life having a period of relaxation is vital. It could be as basic as taking breaks in the day, or going out at lunchtime, to

listening to music or having a relaxing bath. The importance of relaxation is that it enables you to switch off and recharge your batteries.

Equally important is physical exercise. Exercise burns up the excess adrenaline resulting from stress, allowing the body to return to a steady state. It can also increase energy and efficiency. Do find an exercise which you enjoy that will motivate you to continue doing it. Exercise also releases endorphins, which give us the 'feel good factor' and make us nicer to our patients and staff! A brief walk at lunch time, for example, might make all the difference.

Balance your diet. Eat a proper breakfast, drink sensibly and include lots of water to rehydrate the system. Include complex carbohydrates (wholemeal bread, jacket potatoes) in your diet, to counteract mood swings, and fruit and vegetables to provide vitamin C to support your immune system.

Manage your time (and yourself) efficiently. Again, taking a step back and reviewing your working practice is essential. Do you have an allotted time for dealing with emergencies and administration? Are you constantly running behind schedule causing your stress levels to escalate? Is there a dedicated short break mid-morning and afternoon when the whole practice can stop for a drink and take a breath? Do you make sure you have time to go to the loo? Developing leadership and organisational skills will enable you to feel more in control of your working environment.

Ensure that your staff have been properly trained (and, if not, ensure they are!) and are aware of their individual roles and responsibilities. Encourage a culture of mutual support, whereby asking for help (say from you, your practice principal or an experienced colleague) is not viewed as weakness. Talking over your problems with someone you trust can be such a help. Dentists often relish being asked for advice by their colleagues and being able to share with them their own years of experience in managing stressful situations.

Some dentists may be excellent practitioners but sadly lacking in interpersonal skills. An ability to listen is a gift. If you feel you need some training in communication, there are a number of courses and modules available from Dental Protection at www.healthcare-learning.com/dpoffer.

By incorporating at least some of these strategies into your everyday and working lives, you could create an environment which is stress free and an environment in which it is a pleasure to work. It could also make the difference between a good practice and an outstanding one. A win-win! Who wouldn't want that?

6.0 HOW DO WE APPROACH OUR OWN PROFESSIONAL AND PERSONAL LIVES?

Solutions to burnout include the following strategies:

- admit the problem
- assume responsibility for solving it
- decide what can be changed and what cannot.

Feelings of burnout can be used as motivators in changing priorities and improving the quality of life⁶. It is ok to give yourself permission to take time off to allow more objective analysis of the problems. It isn't selfish or weak to do this. Whatever impression they may give to the wider world, those who appear to be strong, smart and confident continuously give themselves space to think, analyse and plan. It doesn't happen overnight for them either and searching out people who will actively listen in a non-judgmental manner will be an invaluable first step. Establishing good personal and professional networks means that you can enjoy the giving back as well as being in a position to soak up the experiences of others.

You might like to consider working somewhere different for one session a week (a teaching or supervisory role perhaps?) where a new set of colleagues and a change of environment can give another helpful perspective. Don't be driven by financial gain alone: take time off regularly, make time to 'decompress' after work, keep work and home life separate and create a social life that is truly satisfying.

7.0 YOU ARE NOT ALONE – SUPPORT IS AVAILABLE

Dental Protection provides access to a counselling service which is available to members who have experienced an adverse incident or dento-legal issue and are experiencing emotional or psychological difficulties. Professional help with stress and anxiety is often the best way of rooting out the issues that are at the core of the problem. Jenny Lanyon is Head of Clinical and Service Development at PPC Worldwide, who are facilitating the counselling service for Dental Protection. Ms Lanyon says that counselling can be an ‘enormously liberating’ experience.

She said: ‘Counselling is a ‘stress-busting’ activity. Talking to a neutral but caring person allows clients to be open about the stressful situation, without losing face. Because the counselling services are available either by telephone or as a face-to-face meeting, it is possible to speak to a counsellor at the time which is most convenient. Telephone counselling is a 24/7 service, and it fits particularly well into busy lives. Online counselling – a real-time, ‘chat’-based service – is an alternative way of seeking help and support at any time, day or night.

‘PPC’s counselling aims to find practical solutions to issues, rather than unravelling the past. It is helpful to look at the reasons for the development of the stressful situation, but always with a view to replacing a ‘vicious’ with a ‘virtuous’ circle. In practice, this involves replacing emotional symptoms with behavioural tasks. So, for a client who feels tired and anxious 80% of the time, the aim would be to begin to reduce – rather than eliminate – that high percentage. Monitoring stress symptoms on a daily basis is an important part of the process, so that even small changes can be registered as progress.

‘The counselling process might continue to look at sleep patterns and, particularly, sleep deficit – a very common cause of stress. The counselling would then focus on establishing a plan to remedy the poor sleep pattern. This would need to be realistic and gradual – behavioural change takes time. It might begin with the client setting an alarm to remind him/herself to go to bed at an agreed time every night. The following week might introduce a period of relaxation before bed – a walk with the dog, a conversation with a partner, reading a book, or use of a relaxation tape.

‘Depending on the client’s needs, the counselling might then look at exercise patterns and increasing the time spent on enjoyable leisure pursuits. Scales of 0-10 are used to assess progress at every stage, and counsellors will always discuss with clients how they will handle setbacks. It is normal for progress to be ‘stop-start’, and it is important not to become demoralised, so that the whole project is abandoned.’

8.0 COUNSELLING SERVICES

If you have contacted Dental Protection about a case and you feel you might benefit from accessing the counselling service, simply contact the dento-legal adviser handling the matter, and they will provide you with the necessary contact details. If you have not reported a dento-legal matter to Dental Protection, but are suffering from stress due to an adverse incident or dento-legal issue, you can also contact Dental Protection and ask to speak with a dento-legal adviser.

As mentioned above Dental Protection's counselling service is provided by PPC Worldwide whose services are tailored to the individual's requirements and delivered by fully trained, qualified and registered psychologists and counsellors. PPC's in-house telephone counselling provides immediate access to support 24 hours a day, seven days a week, and face-to-face counselling sessions can be arranged near to you and at your convenience, all funded by Dental Protection. The service provided by PPC is entirely independent and confidential – Dental Protection will not be informed of any contact that members have with PPC.

But you don't have to wait until somebody sues before you decide to seek help. By adopting a pro-active awareness of the signs that signal that you could have a raised level of stress you put yourself in a position to address the situation at an early stage. A discussion with colleagues or close friends can frequently provide an opportunity to tease out some of the causes which can then be addressed. If the early signs of stress cannot be resolved then a more formalised approach could be required. Self-referral to your own doctor or to the occupational health team, if available, would be the most obvious approach.

Early recognition of a change in your own sense of wellbeing is actually the start to reversing the situation.

9.0 SUMMARY AND REFERENCES

Every dentist is likely to experience some level of stress from time to time during a long career. The important thing is to recognise when constructive, enabling and helpful stress is beginning to turn into damaging stress.

Knowing when to act before the situation has become a destructive cycle requires a level of self-awareness and personal honesty and this advice may help you to recognise the signs. Equally, you may have supportive colleagues and family members who might give you a nudge if they spot that all is not well. That's the time to accept their support and start to address the issues. Denying there's a problem will just make it harder to get back on an even keel and start to enjoy life again!

References

1. Mark Hillman, Ph.D, Article. Stress and Dentistry: Better Practice Through Control
2. Sanders et al – Journal of Dental Education. Volume 63 (9). September (1999)
3. Nixon, P. G. F. The Human Function Curve. (1976) Practitioner 217: 765-769; 935-944
4. Sutherland V J, Cooper C L, Understanding Stress: A Psychological Perspective for Health Professionals. London: Chapman & Hall (1990)
5. R. Freeman et al, Occupational Stress and Dentistry: Theory and Practice Part II Assessment and Control, BDJ (1995) 178:218-222.
6. Pride, J. Dealing with Dentistry's Image Dilemma : JADA 1991 122(9): 91-92

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