Feasibility Analysis of Mental Health Wellness Program in Dental Practice

For

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**Table of Contents**

Introduction………………………………………………………………………………………1

Data Section…………………………………………………………………………………….. 3

 Sources of Mental Health Issues in Practice……………………………………………..3

 Mental Health Awareness………………………………………………………. 3

 Environment…………………………………………………………………….. 3

 Job Requirements……………………………………………………………….. 4

 Patient Relations……………………………………………………………….....5

 Global Health Crisis…………………………………………………………….. 6

 Practice Effects…………………………………………………………………………. 7

 Dental Team…………………………………………………………………….. 7

 Patient Care…………………………………………………………………….. 7

 Methods to Reduce Stress………………………………………………………………. 8

 Individual……………………………………………………………………….. 8

 Organizational……………………………………………………………………9

 Mental Health Programs……………………………………………………………….. 9

 Types…………………………………………………………………………….10

 Benefits…………………………………………………………………………. 11

 Cost…………………………………………………………………………….. 12

 Effectiveness…………………………………………………………………… 12

 Limitations of Evidence………………………………………………………………….13

 Survey……………………………………………………………………………13

 Literature…………………………………………………………………………13

 Dental Industry Views………………………………………………………………….. 13

 Lack of Education………………………………………………………………. 14

Responsibility……………………………………………………………………14

Conclusion……………………………………………………………………………………….14

 Summary…………………………………………………………………………………14

 Interpretation of Findings………………………………………………………………. 14

 Recommendations………………………………………………………………………. 15

References………………………………………………………………………………………..16

Figures and Tables

Figure 1 Personal Methods to Reduce Stress……………………………………………………. 9

Figure 2 Useful Resources in Dental Practice………………………………………………….. 11

Figure 3 Process of Implementing a Mental Health Program………………………………….. 13

**Introduction**

In recent years mental health has become a significant aspect of overall health. Awareness of the importance of mental well-being is rising in professional and personal lives. According to the Canadian Centre for Occupational Health and Safety “mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” Whereas mental illness is defined by the Canadian Centre for Occupational Health and Safety as “a medically diagnosable illness that results in the significant impairment of an individual’s cognitive, affective, or relational abilities.” Symptoms of mental illness can vary in number and severity. The most common mental illness symptoms are changes in sleep or diet, headaches, gastrointestinal problems, worrying or fear, depression, anxiety, withdrawn, irritability, substance abuse, and suicidal ideation (Montoya; Dental; Nayee).

In dental practice professionals often experience symptoms of mental illness. Dentistry can be a stressful profession that results in mental illness. Evidence suggests many individuals in dentistry experience nervousness, trouble sleeping, anger, and irritability (Barnard et al.). Given the level of stress, many practitioners should seek mental health care, but due to fear of career repercussions or the perception of being unable to care for patients many dental professionals do not seek care (Bridgeman et al.). The stigma of seeking care along with stressors has created a profession with high amounts of mental illness.

Dental professionals need mental health resources. The purpose of this report is to evaluate mental health in practice and the feasibility of a mental health program to reduce mental unwellness. To assess the feasibility the following questions, need to be answered.

* What contributes to mental health issues in practice?
* What effects does mental illness have on the dental practice?
* Will a mental health program and resources reduce mental unwellness?

To answer the questions 16 dental professionals actively working a dental practice responded to a short survey designed to analyze mental health awareness, stress reducing activities, and useful mental health resources in dental practice as a possible solution. An analysis of the potential costs of a mental health program with resources was completed to determine the feasibility of implementing a mental health program. In addition, this report analyzes data gathered from related literature to increase the depth of data and information regarding workplace mental health programs. After identifying common sources of mental health issues in dentistry the analysis examines the practice effects, methods to reduce stress, and mental health programs in the workplace.

**Data Section**

**Sources of Mental Health Issues in Practice**

Working in dentistry professionals face many daily stresses. If stress is not managed, over time mental unwellness develops. Identifying factors causing high stress levels determines areas in practice that contribute to mental illness.

**Mental Health Awareness.** Professionals working in the dental field are aware of the symptoms of mental illness. Professionals are trained to identify symptoms in patients and act in the patient’s best interest, supporting their overall well-being. When colleagues are displaying symptoms fellow team members do not have the training or resources to offer support (Montoya). Formal education does not include addressing mental illness symptoms in a professional setting. Team members avoid offering help to each other during times of mental unwellness due to limited awareness of mental health in co-workers or the inability to approach colleagues without the perception of being judgemental.

**Environment.** The physical working conditions in dental practice are challenging. Clinical practitioners work in small rooms with poor ergonomics. Operatories are usually windowless, and some workers do not see sunlight in their workday. Practitioners have limited time outside the confines of the operatory (Montoya; Barnard et al.; Ozarslan and Caliskan; Lopresti). The repetitive nature of the job coupled with poor ergonomics results in musculoskeletal problems and chronic pain (Peters; Lopresti). Administrative professionals have more exposure to light and typically larger working space, but they too have chronic pains. Administrators remain seated for much of their workday, leading to stiffness or soreness. Many have workspaces that have poor ergonomics to support physical health. The use of digital communication and schedules results in eye strain and frequent headaches. Clinicians and administrators have chronic pain reducing their abilities to cope with stress.

The dental culture is aware of harassment and bullying and most have policies prohibiting both acts. Offices face harassment that goes unnoticed. Microaggressions or passive aggressive comments occurring regularly reduces the team’s ability to work together. Women often face microaggressions that over time increases stress the workplace, reducing the ability to manage symptoms of mental illness (Peters).

Despite dentistry being a team-oriented profession, it is somewhat isolating. Most are working alone in a closed operatory without social contact with colleagues. The little number of breaks or downtime in practice limits the ability to create healthy supports at work (Glick and Haji). Professionals do not feel they have social support within the team to express their feelings. Often professionals withhold symptoms to avoid the appearance of being weak or unprofessional. Without social support professionals are managing stressful workdays alone. Those experiencing symptoms could be unaware that their behaviours are out of character and need a co-worker to help identify and address the issues. Without a support system most are unable to obtain resources to improve mental health or decrease stress in the workplace.

**Job Requirements.** Professionals in the field have job requirements that result in higher stress levels. Dental practices have long working hours to accommodate patients (Lopresti; Montoya; Dental; Ozarslan and Caliskan). Professionals spend more time caring for patients than with personal relationships, a work-life imbalance. When an imbalance occurs stress and pressures increase as the individual attempts to maintain their professional and personal life. If stress increases at work and personally, mental illness symptoms develop, and personal stresses are predominant in the workplace. The schedules are demanding for many individuals. The time pressures to complete patient care, infection control, and adequate documentation while staying on schedule (Lopresti; Ayatollahi et al.; Peters). Schedules offer staff limited breaks to maintain healthy lifestyles. Professionals are required to work for hours without breaks for nutrition, hydration, or use of a restroom.

Dentistry, at all staff levels, needs constant mental focus. Clinicians perform procedures that are in a delicate area of the body with very little room for error (Dental). Errors in dentistry have outcomes that are irreversible. Expectations of perfectionism create pressures that if unable to cope, results in extreme stress and anxiety. Administrators are required to maintain the schedule while managing patients in person, virtually, and on the phone. Without breaks from the mental concentration individuals experience mental fatigue and exhaustion.

As regulated health professions each clinical member must adhere to guidelines and requirements determined by their regulatory body. The requirements relate to all aspects of the profession. Guidelines are lengthy and are difficult to following at times. Professionals must constantly be aware of any restrictions or potentially face litigations. The fear of litigations or loss of professional licensure is a common source of high pressure and anxiety in practice (Glick and Haji).

**Patient Relations.** Patients at the dental practice often hate dental work or have high levels of anxiety (Dental; Ayatollahi et al.; Ozarslan and Caliskan). Professionals need to manage patients’ stress to complete tasks. Patients regularly complain to dental professionals about dental and personal issues. Practitioners spend their days in a negative atmosphere reducing their overall morale. Patients have high expectations about dental care. Expectations that are unrealistic result in anger from the patients that is directed at the dental team. Clinical and administrative employees managing patients stress are unable to manage personal mental well-being during working hours.

**Global Health Crisis.** The global pandemic has been a period of increased anxiety for all healthcare workers (Nayee). The fear of contagion in dentistry in most common (Montoya; Glick and Haji). Given the mode of transmission of COVID-19 dental professionals are at higher risk for contagion. Practitioners fear becoming infected but also fear spreading it to loved ones or other patients. If an individual is infected or spreads the virus the worry about lost income from extended sick days and potential job insecurity upon return is increasing. Anxiety and fear in dentistry is prevalent since the beginning of the global pandemic.

Regulatory bodies are creating confusion with guidelines that are not coherent for differing staff roles and are rapidly changing (Glick and Haji). The regulatory bodies for dentists and dental hygienists do not agree about the best practices during the pandemic. Hygienists and dentists are left deciphering guidelines and resolving conflicts while upholding the highest levels of safety.

Office conflicts and uncertainty related to regulations creates a high-tension working culture that increases individual stress.

The personal protective equipment requirements have increased for all staff. Clinicians producing aerosols are required to wear N-95 masks and some require gowns. Learning to practice with enhanced personal protective equipment is demanding and stressful for most. Personal protective equipment shortages cause difficulties to practice according to the regulations. The shortages lead to increasing costs, reducing the profits of the company (Gohil et al.; Glick and Haji; Burger). Financial stress is increasing for leaders in practice, while workers are facing reduced income from reduced working hours if the personal protective equipment is not available.

**Practice Effects**

Professionals dealing with unmanaged mental illness can have a negative impact on the practice. Overall abilities to support the dental team and care for patients reduce resulting in potential loss of income for the company.

**Dental Team.** As mental unwellness progresses team members become indifferent about their job and their daily tasks. There are increasing absences from work (Barnard et al.; “Canadian”). Absences in the dental practice result in staff shortages or a reduction in daily profits. Presenteeism, when a member shifts from doing their best work to doing the bare minimum, increases while productivity decreases. The team member continues to come to work but is not mentally present (“Canadian”). Colleagues continually have increased workloads as unwell members do not complete their daily tasks in a timely manner. Tensions among the team members rises over time if workloads are unbalanced or unfair. Working relationships become conflictual or dysfunctional (Maslach and Leiter). The dental team struggles to effectively work together. Those in senior positions must manage conflicts or manage high staff turnover rates (“Canadian”).

**Patient Care.** Those experiencing mental illness lack empathy towards patients (Pradhan et al.; Barnard et al.). Without empathy professionals lack the ability to provide compassionate care. Clients will not feel valued or looked after during their treatment. As individuals become indifferent about their jobs, errors with patients increase. Workers will no longer feel passionate or fulfilled with their job role or requirements causing aloof attitudes. Poor attitudes decrease patient and operator safety (Nayee; Glick and Haji; Bridgeman et al.). Professionals no longer adhere to strict safety guidelines or deviate from patient treatment plans. Patients that are not satisfied with the level of care or professionalism may not return to the practice resulting in a loss in profits.

**Methods to Reduce Stress**

Decreasing stress levels reduces the risks of mental illness. The most effective means for the dental team to reduce stress are a combination of individual and organizational interventions. (Pradhan et al.)

 **Individual.** Social supports systems outside the workplace are a common, effective stress reduction method. Encouraging workers to spend time with family and friends during non-working hours will reduce office stress. Active, healthy living promotes mental well-being and reduces stress in personal and professional lives (Maslach and Leiter). Exercise at a comfortable level can reduce musculoskeletal and chronic pains, increasing the ability to cope with stresses. Exercise and healthy eating can provide mental clarity and one’s ability to manage mental unwellness

symptoms. Other activities such as meditation, watching television, self-care, and personal hobbies are known stress reduction methods (Maslach and Leiter; Lopresti; Peters; Dental). Focusing on the positive beyond the workplace will significantly reduce stress levels at work and at home.

**Figure 1. Personal Methods to Reduce Stress.** Responses from survey results of dental professionals.

**Organizational.** Increasing support for team members in the workplace alleviates everyday stresses. Allowing workers to have open dialogue about concerns in a productive manner will decrease individual and team stress (Glick and Haji). Team building activities will promote cohesiveness among colleagues to reduce the feelings of isolation. Leaders in practice actively listening to worker concerns about stresses and working towards reducing leading issues (Dental; Glick and Haji; Lopresti). Eliminating or reducing in the daily practice environment will encourage a commitment from the team members. Employers and managers ensuring that workers do not fear repercussions for voicing concerns continues to provide productive support. As the stresses at work are reduced the risk of mental illness in the practice decreases.

**Mental Health Programs in the Workplace**

The health of a workplace includes the physical and psychological well-being of the workers. Treating mental health is as important as physical health. It is imperative that all members of the dental team are involved with a shared responsibility for overall mental wellness.

 **Types of Programs.** Mental health programs in a dental office can include variations depending on the needs of the team. The initiation of a mental health program first requires identifying the current mental health needs or stressors with an assessment (Lopresti). Online surveys or quizzes available through mental health websites provide instant, anonymous feedback. The Guarding Minds at Work website provides assessment tools to begin the process. (“Documents”). The survey is comprehensive and will provide leaders with reliable information.

Planning after the assessment will determine the direction of the program. A crucial step is the development of a mental health and wellness policy. The policy statement reflects the company’s commitment to making mental health a priority (“Canadian”). A policy shows strong leadership and commitment. Providing education and training to enable all staff and leaders to recognize mental illness symptoms, unhealthy working conditions, and methods to address the issues in a professional manner (“Canadian”). Activities in the workplace that improve mental health interactions, enhance team building, and create a safe space for communication will improve the team’s commitment to each other and the psychological well-being of the office.

Resources need to be accessible for staff. Providing information regarding available resources gives the team an outlet to seek help. Resources for dental professionals are available through professional associations and regulatory bodies (Lopresti). Listing the options for staff ensures everyone is aware of the availability. Extended health benefits that include mental health services given to all staff, if available(“Your”). Information about insurance coverage that is accessible in the office and personally allows workers to privately seek mental health care without fears of negative perceptions. Leaders can seek out local counsellors and maintain and provide their current information. Partnering with a mental health care provider gives staff an opportunity for care and the company additional educational resources (Burger).

**Figure 2. Useful Resources in Dental Practice.** Reponses from survey results of dental professionals currently working in a dental practice.

 **Benefits.** A workplace that implements a mental health program will gain many benefits. Workers who feel valued will be engaged at work (“Canadian”). Concentration and communication will increase among colleagues and towards patient care. The team will have increasing commitment to the office and patients. An increased commitment reduces absences and presenteeism (“Canadian”; “Documents”). Conflicts will reduce in the team, reducing the need for management interventions. Staff turnover rates decrease as the loyalty to the team continues to increase. Clients will have compassionate, safe care and are less likely to leave the practice. Overall office productivity will increase as the office morale improves.

 **Cost.** The assessments are available online and do not require payment. Staff time to complete the assessment is minimal and should not reduce production. Guiding Minds at Work and Workplace Strategies for Mental Health have assessments readily available on their sites (“Documents”; “Canadian”). The health and safety committee are experienced in policy formulation and maintenance. Using the committee to create the mental health safety policy is an inexpensive way to begin implementation. The health and safety committee can use free online resources to guide the process to reduce staff time. Educational resources can be provided during lunch hour to limit reduced production. Many online mental health websites offer online training and videos that are free (“Documents”; “Workplace”). Extensive training will cost more if the leaders feel it is required to improve the mental health of the office. To keep educational costs low begin with the free sources and re-evaluate the needs after the training is complete. Providing resource information is of no cost but seeking out resources will use staff time and may result in loss if productivity. Delivering mental health insurance benefits can be costly. Costs versus benefits to the office should be calculated. If it is not feasible to provide staff with insurance benefits, seeking out many different avenues will be cost effective.

 **Effectiveness.** The effectiveness of workplace programs varies. There is a positive trend for all types of programs. The most beneficial are those that include multiple organizational interventions (Hesketh et al.). For programs to be effective commitment needs to begin with the leaders of the company. Leaders drive the direction of the workplace (“Canadian”). Those with understanding and commitment have higher levels of success than those that do not understand the importance of mental health.

**Figure 3. Process of Implementing a Mental Health Program.**

**Limitations of Evidence**

The findings in this report are based on survey data and related literature reviews, each with limitations but the data from the survey and literature reviews are consistent in findings.

 **Survey Data.** The survey was distributed to 21 dental professionals. The response rate was 76% with 16 respondents. The survey evaluated the awareness of mental illness, methods to reduce stress, and resources in the dental practice. The sample size is small and therefore may not be a complete representation of a larger population.

 **Literature.** Sources for the literature review provided rich data. Many studies were limited in scope, were not relevant to the area of study, or were sponsored with a potential for bias. Studies mainly focused on dentists or dental hygienists and did not include administrative or managerial staff. Findings in this report are generalized to include all team members.

**Dental Industry Views**

Dentistry is a collaborative profession. Teams must effectively work together to provide patient care that leads to improved health outcomes. Physical health and safety is a large part of the field to reduce or prevent injuries and hazards. Psychological injury prevention is not prevalent in dental offices.

 **Limited Awareness or Training.** Leaders at the dental practice set the tone for the staff. Many in senior positions are unaware of the mental health needs in practice. Most practitioners and managers do not receive mental health training during their formal education. Lack of awareness leads to a lack of resources for the team. Without training most are unsure how to approach a team member with mental health symptoms or believe they are simply having a bad day. With proper education leaders gain access and awareness about mental health needs, available resources, and how to work with team members experiencing mental illness.

 **Responsibility to Staff.** Mental health has been recognized as an integral part of overall health. Employers and leaders readily protect employees physically but do not have the same need to protect employees’ mental well-being. Many leaders fear that a mental health program will be misused or abused by staff. Ensuring the awareness of the importance of the program and demonstrating commitment, staff will likely not abuse the program if it is effective. Mental wellness is a personal and organizational responsibility. Staff that is supported physically and psychologically will thrive in the practice.

**Conclusion**

**Summary**

Stress and mental illness are prevalent in dentistry. The high stress, fast-paced environment creates daily stressors above other professions, but professionals do not have adequate resources to seek help or provide help among colleagues. As a result, dental teams and patient care are negatively affected without mental health management. A mental health and wellness program can effectively be implemented at low costs to improve productivity, office morale, and staff loyalty.

**Interpretations of Findings**

Those working in dental practice will benefit from a mental health and wellness program. The program needs to begin with strong leadership to guide employees. Programs that offer multiple interventions will yield the best results. Implementing a mental health program can positively impact the workers and the practice profitability.

**Recommendations**

Based on the evidence leaders in practice should aim to reduce workplace stress and mental illness by:

* Creating a mental health and safety policy.
* Providing assessments to evaluate the stress levels of workers.
* Providing resources to staff without negative consequences to those who use them.
* Creating a workplace social support system to enable communication.

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