Feasibility Analysis of Mental Health and Wellness Program in Dental Practice

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**Introduction**

Recently mental health has become a significant aspect of overall health and awareness of the importance of mental well-being is rising professionally and personally. 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(“Canadian”)”. Symptoms of mental illness \ vary in number and severity. The most common mental unwellness symptoms are changes in sleep or diet, headaches, gastrointestinal problems, worrying or fear, depression, anxiety, withdrawn, irritability, substance abuse, and suicidal ideation (Montoya; Dental; Nayee).

Dentistry is a stressful profession that results in dental personnel experiencing symptoms of 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 perceptions of inability to care for patients most 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.

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 in 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 (see Appendix A). The sample size of the survey is small and may not be a complete representation of a larger population. In addition, this report analyzes data gathered from related literature to increase the depth of data regarding workplace mental health programs. Many of the studies were limited in scope, not relevant to the areas of study, or has high potential for bias. Studies focused on clinicians and did not include administrative workers; this report generalizes findings to include all dental professionals. 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.

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.

The report concludes by recommending steps to introduce a mental health and wellness program in the dental practice.

**Data Section**

**Sources of Mental Health Issues in Practice**

Professionals working in dentistry 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.** Individuals 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 display symptoms fellow team members do not have the training or resources to offer support (Montoya). 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, sometimes windowless, operatories with poor ergonomics and most clinicians have limited time outside the confines of the operatory in the workday (Montoya; Barnard et al.; Ozarslan and Caliskan; Lopresti). The poor ergonomics coupled with the repetitive nature of the job results in musculoskeletal problems and chronic pain (Peters; Lopresti). Administrative professionals remain seated for the workday, have workspaces with poor ergonomics, and high amounts of screen time leading to acute and chronic pain. Clinicians and administrators have chronic pain reducing their abilities to cope with stress.

The dental culture has policies prohibiting harassment, but offices face harassment that goes unnoticed. Microaggressions and passive aggressive conflicts occur regularly reducing the team’s ability to work together and increasing workplace stress. (Peters).

Dentistry is somewhat isolating as most work alone in a closed operatory without social contact with colleagues. The little number of breaks in practice limits the ability to create healthy supports at work (Glick and Haji). Often professionals withhold symptoms to avoid the appearance of being weak or unprofessional. Without social support professionals manage stressful workdays alone and those experiencing symptoms could be unaware or 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 and dental personnel spend more time caring for patients than with personal relationships, creating a work-life imbalance (Lopresti; Montoya; Dental; Ozarslan and Caliskan). When an imbalance occurs stress and pressures increase as the individual attempts to maintain their professional and personal life, increasing mental illness symptoms. Schedules are demanding with time pressures to complete patient care, infection control, and adequate documentation while staying on schedule with limited breaks to maintain healthy lifestyles; working for hours without breaks for nutrition, hydration, or use of a restroom (Lopresti; Ayatollahi et al.; Peters).

Dentistry requires constant mental focus. Clinicians perform procedures that are in a delicate area of the body with very little room for error (Dental). Administrators need to maintain the schedule while managing patients in person, virtually, and on the phone. Expectations of perfectionism create pressures and without breaks from mental concentration workers experience extreme stress, anxiety, and mental fatigue.

As regulated health professionals each clinical member must adhere to guidelines and requirements determined by their regulatory body. Dental professionals are constantly aware of any restrictions or potentially face litigations. The fear of litigations or loss of professional licensure is an additional source of high anxiety in practice (Glick and Haji).

**Patient Relations.** Patients in a dental practice often hate dental work or have high levels of anxiety and practitioners need to manage patients’ stress to complete tasks (Dental; Ayatollahi et al.; Ozarslan and Caliskan). Patients often complain to dental practitioners about dental and personal issues, so practitioners spend their days in a negative atmosphere reducing overall morale. Patients have high expectations about dental care but expectations that are unrealistic result in anger from the patients 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 and fear in dentistry and the most common is the fear of contagion. (Nayee; Montoya; Glick and Haji). Given the mode of transmission of COVID-19 dental professionals are at higher risk for infection. Practitioners fear becoming infected and fear spreading it to loved ones or patients. If a worker is infected or spreads the virus the worry about lost income from extended sick days and potential job insecurity upon return is high.

Regulatory bodies create confusion with guidelines that are not coherent for differing staff roles and are rapidly changing (Glick and Haji). 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 workplace 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. Personal protective equipment shortages cause difficulties to work and 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 lowered income from reduced working hours if the personal protective equipment is not available.

**Practice Effects**

Professionals dealing with unmanaged mental illness 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 daily tasks. Absences from work increase, resulting in staff shortages or a reduction in daily profits. (Barnard et al.; “Canadian”). Presenteeism, when a member shifts from doing their best work to doing the bare minimum, increases while productivity decreases. Colleagues have increased workloads as unwell members do not complete their daily tasks in a timely manner. The dental team struggles to effectively work together as tensions among the team members rise if workloads are unbalanced or unfair and working relationships become conflictual or dysfunctional (Maslach and Leiter). 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 and clients will not feel valued or looked after during their treatment. As individuals become indifferent about their jobs, patient errors increase. Workers will no longer feel passionate or fulfilled with their job role or requirements causing aloof attitudes, decreasing 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 (Figure 1). 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). Exercising at a comfortable level can reduce musculoskeletal and chronic pains, increasing the ability to cope with stresses. Other activities such as meditation, watching television, self-care, and personal hobbies are known stress reduction methods (Maslach and Leiter; Lopresti; Peters; Dental).

**Figure 1.** Dental professionals’ survey responses of preferred individual activities. Source: Vyfschaft, Kristy. Survey question 5??

**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 feelings of isolation. Employers and managers actively listening to worker concerns about stresses and working towards reducing issues in the practice environment without repercussions encourages a commitment from the team members and productive support (Dental; Glick and Haji; Lopresti).

**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 requires identifying the current mental health needs or stressors with an assessment (Lopresti). Online surveys or quizzes available through mental health websites, such as Guarding Minds at Work, provide instant, anonymous feedback (“Documents”).

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

Providing accessible information regarding available resources gives the team an outlet to seek help. Listing resources for dental professionals that are included with professional associations and regulatory bodies ensures that everyone is aware of the availability (Lopresti). Offering extended health benefits that include mental health services allows workers to privately seek mental health care without fears of negative perceptions (“Your”). Leaders can seek out local counsellors and provide their current information. By partnering with a mental health care provider, staff have an opportunity for care and the company has 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 increasing Concentration and communication among colleagues and towards patient care (“Canadian”). The team will have increasing commitment to the office and patients, reducing absences and presenteeism (“Canadian”; “Documents”). Conflicts reduce in the team, limiting the need for management interventions. Staff turnover rates decrease as the loyalty to the office continues to increase. Clients have compassionate, safe care, and are less likely to leave the practice. Overall office productivity increases as the office morale improves.

 **Cost.** The assessments are available online and are free. Staff time to complete the assessment is minimal and should not reduce production. Using the health and safety 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 policy process to reduce staff time and production lost. Using online educational and training resources through mental health websites and providing training during lunch hour reduces training costs and lost production (“Documents”; “Workplace”). Extensive training costs more if the leaders feel it is required to improve the mental health of the office. Beginning with free resources and re-evaluating the needs after training will keep education costs low. Providing outside resource information is inexpensive but seeking out resources will use staff time and may result in loss of 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 most 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 and Those with understanding and commitment have higher levels of success than those that do not understand the importance of mental health (“Canadian”).

**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 but 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. A lack of awareness leads to a lack of resources for the team and 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 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, it is unlikely staff will 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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