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Shifting your balance



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Shifting whose balance?



By David Westgarth,
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I think the very fact that many people reading the headline will instantly think about a document produced by the profession's regulator tells its own story. It's like seeing a photograph that triggers a past memory you'd rather not be associated with. The ability to box off what happened then and what is happening now is one we all have, to varying degrees of success. It is healthy to ask yourself if what has gone before you is adversely affecting what is happening now. It is healthy to ask whether what went on from nine to five adversely affects what happens when you leave the practice. There's a balance to life as a dental professional, yet unfortunately many don't have it.

Finding the right balance between work and life has always been important, perhaps more so now than ever before. Real term pay, 11 years of a contract unfit for purpose, the changing landscape of the profession due to the increased corporate presence. It would be easy to take all these things home. To an extent, it would only be natural. But





according to research conducted by the BDA, one is blurring the lines of the other.

In response to concerns about stress and difficult working conditions within community dentistry, the BDA surveyed members working in the UK community dental services in 2013¹. The purpose of the survey was to investigate levels of well-being and occupational stress and to understand the links between high job stress, working conditions, and job satisfaction among dentists.

The survey found that 37% of community dentists reported experiencing high levels of work-related stress. Those community dentists who said they experience stress at work were also asked an open question about the sources of this stress. A systematic thematic analysis of this data was undertaken to identify the different sources of work-related stress in their accounts.

The most commonly identified sources of work-related stress were:

- Time constraints or pressures, with 27% identifying this as a source of stress
- Challenging patients – for example, patient or carer expectations, anxious patients
- Management – for example, poor quality management, managerial expectations, lack of support (21%)
- Administrative duties and other non-clinical responsibilities (14%)
- Workload – for example, too much work, work-life balance, working late (13%)
- Staffing issues – this includes staff shortages (where there are insufficient numbers of staff employed by the service) and understaffing (where staff are temporarily absent or unavailable, for example, due to illness) (12%).

Out of these six points, five relate to in-practice issues. It's the fifth point on this list that has the potential to be truly destructive.

According to the Health and Safety Executive (HSE)², in 2014/15, 440,000 people in the UK reported work-related stress at a level they believed was making them ill. That's 40% of all work-related illness. Psychological problems, including stress, anxiety and depression, are behind one in five visits to a GP. Some pressure at work can be motivating, but when it becomes excessive it can eventually lead to work-related stress. And that's when your balance becomes too heavily weighted towards work.

A balancing act

That's not to say every dental professional is the same. The work-life balance of a young associate will be very different to that of a seasoned practice owner with a young family. Depending on your circumstances, keeping work and home life separate might be a challenge, or not at all.

Claire Stevens is a paediatric consultant and media spokesperson for the British Society of Paediatric Dentistry. Those roles, together with being a mum to young children, mean keeping a balance is increasingly challenging.

'Since having my children I have become far more protective about my home life and have reduced my hours in order to be able to do the 'normal' mum things like taking my daughter to school when I am not working in Manchester', Claire explained. 'Usually I can take her to school three or four days a week.'

'My salary took a big hit, but my well-being and general life satisfaction have dramatically improved. Over time I have found a balance that more or less works for me. I have protected work days where I start early and finish late and do not see my family, but these are balanced by days when I am home with the kids and my emails are unopened.'

'My advice would be to ensure that you communicate your intentions to work colleagues. Let them know when you are available, and when you do not wish to be disturbed. I have found that most are respectful of this.'

'That said, my media work means that I have to remain accessible at all times in case a story breaks and BSPD needs to comment. This has included briefing the BBC at midnight and back to back interviews on a Sunday. I see this as a small price to pay for the flexibility I have in my job plan. It wouldn't work for all, but it does work for me.'

Table 1 - Origin of the problems

Work conditions-environment	15
NHS work	14
Patients	8
No break-exhaustion	7
Physical condition	5
Bereavement	4
GDC	3
Workload	2
Drug-use	1
Relationship breakdown	1
Absence	1

Dr Ben Atkins is a practice owner and also has a young family. He said: 'For me, keeping work and home life separate isn't massively difficult. However, I put that down to making a commitment to myself – I have to say no.'

'That doesn't mean not taking on new challenges. You have to prioritise what is important. If, as a young dentist, you have a mentor or a more experienced colleague you can relate to, take the time to listen to them. They have probably seen and done it all before. Things may have changed, but the

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basic principle of looking after your mental health has not.'

Anna Middleton is just setting out on her career in the profession, and as a young business owner, can relate to Dr Atkins' advice about saying no.

'I run my own business and I use to be terrible at it. I was doing too much and not managing my time effectively. While the money was coming in I was tired and falling behind on my work which meant my business wasn't growing or developing. I realised then only I could make the changes needed to correct this. I dropped a day in surgery so I could do admin and business development. I also reduced down to some half days which then freed up time for meetings, or if I'm honest, simply to do nothing and relax. I also stopped looking at my emails or working on the weekends unless I want to.'

'It's only natural to come into the profession and be enthusiastic and want to do everything. You have to make your mark. Learning to say no sounds simple, but if – like me – you commit yourself to something, it can be very difficult to do.'

Simon Oldfield, a recent graduate, believes the problem is starting not when you enter the profession, but before you even get there.

'There seems to be mounting pressure at dental school to do more, achieve more and publish', he said. 'Living with other dental students, socialising with dental students, dentistry was obviously the hot topic.'

It does become extremely difficult to separate home and the course, so it can become all-consuming.

'For me, it is key to meet people outside the profession and keep up hobbies and sport. For me this meant frequent early mornings and late nights. As you continue through the years your passion for dentistry grows and you find yourself involved in research and projects on top of the course, but I think it's important to only get involved in areas of interest to you and learning to say no and turn down projects if they're not for you, something I struggled with.'

'I think it is hard sometimes to remember we are just starting and our work may not compare to leaders in the field and work we are so frequently exposed to, which is often done in extended sessions, but that's okay and all we can do is keep working at it.'

'If one has taken on too much, it is better to renegotiate your commitment rather than burn out.'

A burning threat

Burnout in dentistry, is thought to be multifaceted, with causal factors pointing to numerous aspects of job demands. The cause of burnout is still difficult to extrapolate, it may arise from the interplay between job performance and productivity, especially in current times where there is an augmented ageing population, reduced workforce in some areas and lower amounts of public funding in addition to increased public expectation of services.

While the manifestation of the problem – stress, burnout, anxiety, depression and mental health problems – requires some serious thought, research conducted by the BDA³ sought to identify the origins of these manifestations (Table 1).

What is apparent is burnout is grounded in pressure and can take a number of different forms – dealing with anxious patients, having to decide on the correct treatment or procedure, allocating time for each patient. Each challenges a different aspect of working life, and therefore – as Simon mentions – has the potential to become all-encompassing, and can take its toll on a dentist and impact the profession more broadly.

Which begs the question, to what extent do stress and poor working conditions undermine job satisfaction and work engagement? What are the subsequent implications for dentists' productivity and patient care?

According to Ben, it's the people you surround yourself with that can make all the difference.

‘Without my management team I think I would pop’, he said. ‘The threat of burnout for me is very real. I don’t speak for the profession, but my circumstances aren’t unique and there will be others facing the same issues as me. Too much time in the surgery and not enough time working on my business and career soon builds up. I can feel me getting short and angry quickly, which is why my management team is so important.’

It was a similar story for Anna and Claire. ‘I have had a couple of times in my life when I felt extremely close to burnout’, Claire told me. ‘Experience has taught me when I need to slow down or say no. I try to schedule in regular holidays and when things are calmer I make sure to take time out.’

‘I had my self-inflicted burnout about six to eight months after qualifying’, Anna added. ‘Finding my feet in the working world took time. I was doing six days a week at several practices, with little guidance and almost no sense of direction. This left me sore, exhausted and miserable.’

‘Then I remembered happiness is a choice. I took a long 17 day holiday to Thailand so I could reevaluate my situation and when I returned I made the necessary changes.’

Even though Anna may be at the start of her fledgling career, perhaps her story serves as a word of warning. Young professionals, rather like their patients in some respects, think ‘it won’t happen to me’. Simon’s experience at university can attest to that.

‘There have been times at university where I have struggled and have seen many others around me struggle’ he said. ‘For me it was managing financial pressure and juggling paid work, the course and extracurricular activities. For others, it is the first time they had experienced failure or the first time living away from family. They may be issues relating to students, but for any professional looking to relocate, they will be real.’

‘It is hard for me to comment fully only just starting my career, however I can see how burnout is a real possibility. This is why we need to support each other and encourage not put down and criticise, as I have already seen and heard too often myself, in forums and on social media. For many people social media

can be a release, and if it’s mentally taxing, that individual will need to seek a different way of unwinding.’

‘The topic of mental health is the elephant in the room – it still appears to be a subject that is rarely spoken about. Many dentists appear stoic and talking through problems is a rarity, perhaps as we feel we are the caregivers not those that need to receive help or care. That paradigm has to change.’

Taking responsibility

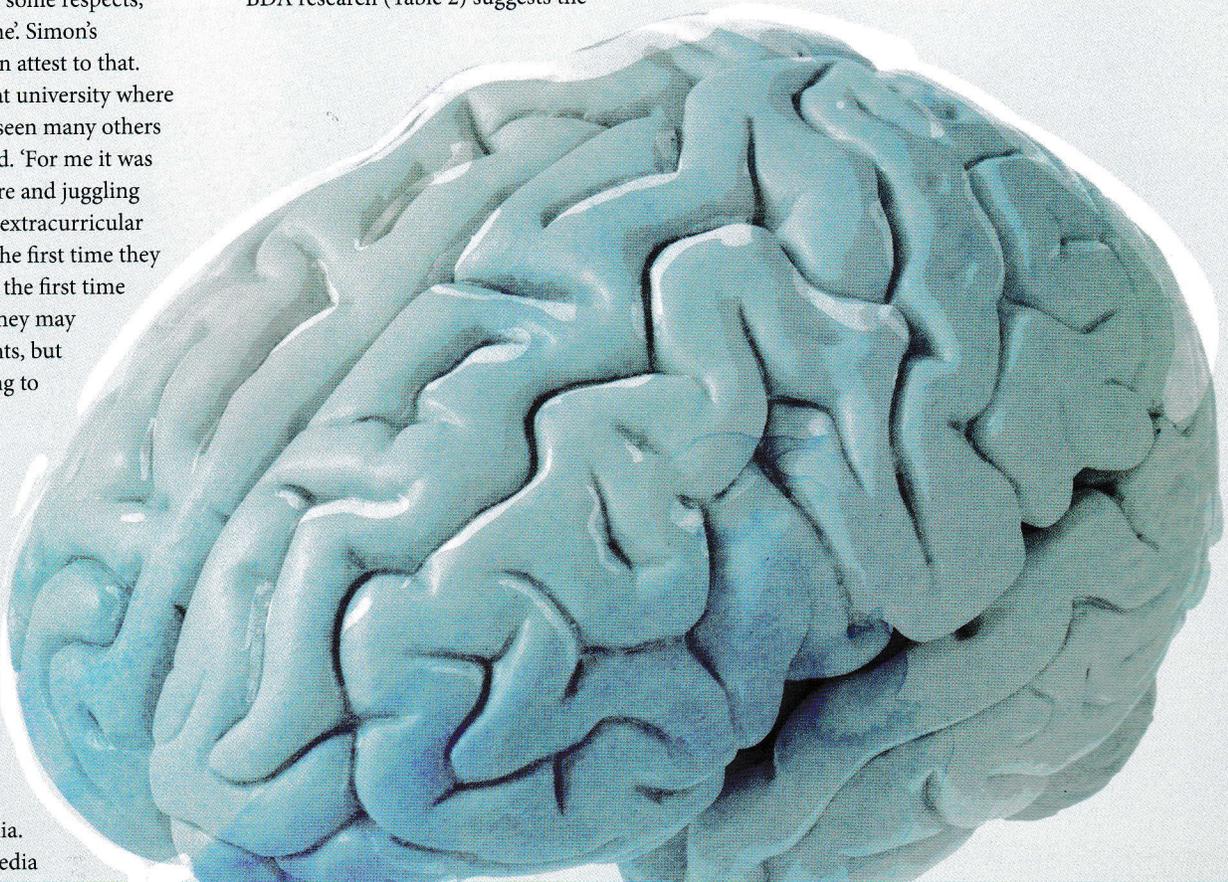
Recently I saw a social media post from a dental professional with their schedule for the day. It involved them getting up at 5am and returning at 10.30pm, some 17 hours later. And this got me thinking about the growing blame culture creeping into today’s society. It is always someone else’s fault. There is always someone to blame. Look at the increasing number of advertisements on TV featuring lawyers who will look into a workplace injury claim. ‘Nah mate, they should not have let me climb this 11 foot ladder without correct supervision. Definitely their fault.’

I’m not for one minute suggesting stress and burnout is down to an individual. Far from it. However I do pose this question; who should take responsibility for the mental well-being of the profession?

BDA research (Table 2) suggests the

Table 2 - Improving support to dentists in distress

Regulation support	15
BDA support	14
Confidential and accessible help	8
NHS contract improvement - no UDA's	7
Dentist specific support, advice guidance	5
Group therapy - networking	4
More local support	3
Address financial strain	2
Helpline	1
Counselling-psychological services	1
Explore gender differences in accessing help	1
Measure stress-reduce stress	6
Increased research	3
Business experience	3
Minimise stigma	2
CPD	2
Better insurance	2
Family support	2
Clarity around dental treatment on offer	1
Mentoring	1
Politics	1



help of the GDC and the BDA would go a long way to improving support to dentists in distress. But does that support come before, after or at the expense of helping yourself first?

'In this profession you are responsible for your own indemnity insurance, your vaccinations, your professional conduct, so my question is why should mental and physical health be any different?' Anna suggested. 'We live in a society where people like to point the finger too often, but in reality we must all take responsibly for our own actions and health.'

'It goes back to the ability to say no. Achieving that balance is so important. Without it you will constantly be eating away at 'you' time.'

Simon believes the responsibility should be shared.

'A collective approach is one I believe would assist the largest number of professionals,' he said. 'Not just the BDA, the GDC or local occupational health teams, but individuals and team members too. We should all make ourselves more aware of mental health and its role in high pressure jobs.'

'A culture of support and openness will breed better working conditions. Of course that needs to start at the top with regulators and large corporates taking the lead and setting the example, but we as individuals can do more to make people feel more attuned to their well-being and creating a supportive environment.'

'If you feel like we need change then get involved; voice your concerns to the BDA, become a local rep, start a local study club to support and encourage each other. The

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message is that there are support networks and mechanisms out there. You're not alone.'

Claire believes understanding and preparation starts at university, but ultimately lies within the profession.

'Universities should teach resilience-building and coping skills as part of the Undergraduate curriculum,' she said. 'We need to understand the options available to us as early as possible, and that includes flexible and part-time working. Ten years ago, I was the first Consultant in my Division to work flexibly. At first, it was met with suspicion but now it is understood that I can deliver components of my job outside 9-5.'

'As individuals we can choose how we wish to work and there are steps we can take to improve our mental wellbeing. The greatest responsibility lies with the profession.'

'Dentists are their own worst enemy for not looking after financial and mental well-being,' Ben suggested. 'The façade on social media is very different to the reality. It might sound blunt, but by taking greater responsibility for your own mental health, other things will fall into place. The BDA, the GDC and occupational health teams are there for when your own systems and coping mechanisms don't work, but viewing them as the first port of call wouldn't be what I would advise.'

'When I was involved with the Young BDA council, I would attend a number of the

meetings with a view to picking the brains of the great and good in the room. As an ice breaker I would ask if they had one piece of advice to give a young dentist starting out in their career, what would it be, and the second would be which course they would advise me to go on. I remember it well, because they all said spend more time at home and don't miss out on your family and friends. No one said do more dentistry.'

It is perhaps that final sentiment of Ben's that is at odds with the lay of the dental land. The profession is having to work harder just to make the same as they did a decade ago. There are more patients coming through the doors than ever before, and with that comes the management of their expectations, let alone managing your own diary just to see them.

There are more associates now than ever before, and that presents its own set of challenges for that homogenous group. Will they find work? Will their UDA value be low? Do they need to be more qualified than the next applicant? Will they ever own a practice? These aren't necessarily challenges mentors or senior colleagues faced when they graduated, so are they in a position to offer the best advice? All pressing issues, each as serious and impactful on individuals as the last.

In reality, the truth of getting your work-life balance right lies somewhere in the grey area. Ultimately the responsibility lies on your shoulders to make decisions that benefit you, although sometimes those decisions may be made for differing reasons than mental health and well-being. Which is why we will continue to highlight that elephant in the room. It is why we will continue to encourage people to come forward and seek help if they haven't quite got their own balance right. Like a flickering candle, only you can decide when it's time to put out burnout. ♦

1. British Dental Association. Work-related stress among community dentists. Available online at www.bda.org/dentists/policy-campaigns/research/workforce-finance/sal-serv/sources-of-stress-among-community-dentists (Accessed August 2017).
2. Health and Safety Executive. Work related stress, anxiety and depression statistics in Great Britain 2016. Available online at www.hse.gov.uk/statistics/causdis/stress/index.htm (Accessed August 2017).
3. British Dental Association. The Mental Health and Well-being of UK Dentists: A Qualitative Study. August 2017.

