



Exploring ways to mitigate burnout

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Part 2 of 2: This article navigates mental health issues related to stress and burnout while exploring ways to mitigate burnout. Part 1 in the May/June issue of AAOMS Today reviewed statistics related to stress and burnout while investigating factors contributing to burnout in healthcare providers.

The link between burnout and anxiety, depression, substance use and misuse and suicidal ideation has been well-established in literature. In 2021, the ADA conducted a well-being survey where 20,000 dentists practicing in the U.S. were randomly surveyed. Of the respondents, 63 percent reported they had experienced a medical condition – most common being back problems (27 percent), followed by anxiety (16 percent), depression (13 percent), headaches (12 percent) and arthritis (10 percent), among others.

Compared to the 2003 survey, the percentage of dentists diagnosed with anxiety tripled in 2021. The report findings helped support Resolution 95H-2021, Prioritizing the Mental Health of Dentists, which the ADA House of Delegates passed in 2021.¹

A study showed dentists were three times more likely to report anxiety as compared to other professionals and had a disproportionate rate of alcoholism, drug use and misuse and divorce.⁵ Another study also showed nearly one in three residents or early-career surgeons reported increased depressive and burnout symptoms. A literature review examining the psychological impact of epidemic and pandemic outbreaks on healthcare workers found anxiety and PTSD symptoms were most widely investigated. Healthcare workers reported PTSD symptoms (11 to 73.4 percent), depressive symptoms (27.7 to 50.7 percent), severe anxiety symptoms (45 percent), general psychiatric symptoms (17.3 to 75.3 percent) and high levels of work-related stress (18.1 to 80.1 percent).^{2,3}

A retrospective study utilized the National Violent Death Reporting System database to compare suicide rates of the general population to healthcare professionals and further compared three groups of healthcare professionals:

non-surgeon physicians, dentists and surgeons. This study examined 170,030 individuals who died of suicide between the period of 2003 to 2016, of which 0.5 percent were healthcare professionals. Of these healthcare professionals, 23.3 percent were dentists and 13.4 percent were surgeons. OMSs comprised 3.9 percent of surgeons in this study.

Risks factors associated with suicide are older, male, Asian or Pacific Islander ancestry, job problems, physical health problems and those who are currently receiving treatment for mental illness. Marital status also was found to be a dynamic risk factor as it could be detrimental or protective, depending on the relationship with the spouse. Additionally, post-mortem toxicology tests performed on 13 surgeons who died of suicide revealed ingestion of antipsychotic, barbiturate and benzodiazepine medications.⁴

While job stressors are risk factors for suicide, unique to surgeons is what the study calls the “stoicism-associated reluctance to acknowledge personal challenges or seek mental healthcare, especially when feeling vulnerable or depressed.” The cultural stigma of Asian or Pacific Islander descent associating mental health issues with shame was another risk factor for surgeon suicide. Additionally, risks for malpractice or litigation may vary among surgical specialties to be independent risk factors, and the lack of confidentiality and fear of repercussions often stop surgeons from seeking help.^{3,4,5}

Mindfulness and resilience

The consensus throughout literature regarding burnout is that it is multifactorial, and many research articles suggest mitigating burnout from the individual level and the organizational level.^{5,6,7}

Dr. Sheela Raja, a clinical psychologist, faculty and Director of the Resilience Center for University of Illinois at Chicago College of Dentistry, presented a two-part ADA CE seminar on how to build resilience for dentists. Resilience is the ability to adapt during times of stress or change – the ability to bounce back after adversity. One of the key skills to resilience, according to Dr. Raja, is mindfulness.⁸ Mindfulness and resilience have been studied extensively in literature to mitigate burnout. As defined by Jon Kabat-Zinn, mindfulness is “the awareness that emerges through paying

continued on next page

attention, on purpose and non-judgmentally to the unfolding of experience moment by moment.⁹

Simple and portable relaxing techniques can prove beneficial to busy dentists and OMSs to improve resilience on the individual level. Dr. Raja suggests starting to build mindfulness through simple resilience skills such as basic abdominal breaths. She describes starting by putting one hand on the abdomen and one hand on the chest. Take a few normal breaths, then take a few slower, deeper breaths through the belly. Slowly count to 10 and with each breath, feel the air flow from the nose and mouth, through the chest and down to the abdomen. Gently bring attention back to breathing if thoughts start wandering.

She suggests practicing every day, anywhere, 30 breaths each time. Other skills included in her book *The Resilient Teen* involve visualizing and grounding through the senses, journaling and self-care. These techniques are suitable for any age to build resilience, not just teens.⁸ Other individual level interventions may include building self-efficacy, reducing work hours in response to excessive workload, delegating work, training on efficiency and engaging in positive psychology.^{5,7} Knowing the trigger of stress and taking action will help increase the sense of control.⁵ Additionally, the portability of mobile apps, anonymous online tools and online self-learning modules have become popular ways of delivering mindfulness practice to help self-reflection.^{7,9}

Mindfulness-based interventions have been utilized at an organizational level by hospitals and institutions to improve resilience, and many have been proposed in literature to mitigate burnout. One of the most widely studied mindfulness-based intervention programs is called mindfulness-based stress reduction, which was developed by Kabat-Zinn in the late 1970s. The program was originally designed to treat psychological morbidity associated with chronic illness through means of focused attention, meditation, cognitive restructuring and adaptive learning. The program traditionally lasts eight weeks, consisting of a group session meeting once weekly for two to three hours, followed by a one-day retreat.

Patients need to practice daily mindfulness sessions consisting of formal tasks such as body scan, sitting meditation, mindful walking and hatha yoga. Similar to the stress-reduction program, mindfulness-based cognitive therapy was originally developed for the treatment of depression, PTSD, anxiety and phobias. This therapy combines mindfulness practices and cognitive-behavioral therapy to “allow individuals to become acquainted with their thoughts, emotions and bodily sensations while simultaneously learning to develop a new relationship.”



Also like the stress-reduction program, the cognitive therapy program is delivered over eight weeks and consists of two-hour sessions. Due to existing work demands, some hospitals or institutions have attempted to deliver abbreviated versions of the two programs with success (less frequency, shorter duration).¹² Participants often report improvements of personal well-being through cultivation of supportive networks and shared experiences.

Current research recommends hospitals, training programs, institutions and government agencies provide help-seeking platforms including psychological and bereavement support, working hours limitation, team role clarifications, leadership training, wellness programs, conflict-resolution training, informal peer focus group meetings, and more clearly define the maternal leave policy, keeping busy schedules and individual needs in mind.^{3,5,7,10,11,13} Team-based approaches can help provide support and improve communication skills.¹⁰

Establishment of a Resilience Center at a dental school is a practical example to help improve wellness at the organizational level. Dr. Raja recruited volunteer students to be Student Ambassadors for the Resilience Center, and these Ambassadors organize their own initiatives, such as a fun field day for the incoming students. Training programs, organizations and institutions are encouraged to design their own evidence-based wellness programs.

Dental Wellness Advisory Committee

In response to ADA's 2021 Dentist Wellness Survey Report, the Dental Wellness Advisory Committee and the Council on Dental Practice recruited the first cohort of volunteer dentists called Wellness Ambassadors, who are required to participate in monthly educational online meetings, yearly in-person meetings and complete a minimum of three projects to promote wellness. The role and responsibilities of the ADA's



Wellness Ambassadors is not to serve as therapists but to share resources in wellness-related topics. Going forward, the hope is that these efforts will increase wellness and mitigate mental and physical health issues for dentists – including OMSs – and protect the personal well-being and longevity of this profession.

For more information on wellness, visit [ADA.org/Wellness](https://ada.org/Wellness) and refer to the *National Plan For Health Workforce Well-Being*.¹³

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