



Recognizing and preventing burnout

Dentists and dental practice owners regularly confront stressful situations in their work. These include time and resource constraints, staffing issues, and managing difficult patients. The COVID-19 pandemic also contributed to the stresses dental professionals confront, with some choosing to [leave the workforce](#) as a result. These professional stressors, in addition to the personal stressors everyone faces in their personal lives, can make maintaining high levels of concentration to deliver quality patient care more challenging.

It's no wonder that the danger for burnout is at a new high. Dentists need to understand what burnout is, recognize its dangers, and take action to prevent it. Prevention will help dentists avoid personal distress caused by burnout and burnout-related errors in patient care.

Burnout defined

The 11th Revision of the International Classification of Diseases (ICD-11) defines burnout as "a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed." The definition says the syndrome is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one's job, or feelings of negativism or cynicism related to one's job; and reduced professional efficacy. It's considered an occupational phenomenon, not a medical condition.

This definition aligns with the three dimensions in social psychologist Christina Maslach's model of burnout:

- emotional exhaustion (feelings of being emotionally overextended and exhausted by one's work)
- depersonalization (an unfeeling and impersonal response toward patients); and
- diminished personal accomplishment (lacking feelings of competence and successful achievement in one's work).

The [Maslach Burnout Inventory Human Services Survey \(MBI-HSS\)](#) comprises three scales that measure each dimension and can be used to assess burnout, which tends to occur gradually in response to work environment stressors and can cause significant harm.

Dangers of burnout

Burnout can lead to job dissatisfaction, reduced commitment, and distraction, all of which can result in errors that harm patients, including treatment errors and inadequate patient education. This harm can lead to lawsuits against the dentist. At an organizational level, burnout among staff can result in increased absences and high turnover, creating "churn" that is expensive in terms of orientation costs, loss of efficiency, and legal fees when an error results in a lawsuit. When burnout is not addressed, the personal toll on dentists can be serious, including depression, anxiety, sleep disorders, and substance use disorders.

A common problem

Most research on burnout among healthcare professionals focuses on medical professionals, such as physicians and nurses. However, the research into the mental health status of dentists indicates that burnout is likely increasing among dental professionals as well. The American Dental Association's latest (ADA's) Dentist Health and Well-Being Survey, distributed to a random selection of 20,000 dentists in March 2021, found 16% of dentists reported that they had experienced anxiety. That was more than three times the percentage of dentists who

reported having experienced anxiety in a similar survey conducted in 2003. Additionally, 13% of surveyed dentists reported that they had experienced depression.

Causes of burnout

Stressors leading to burnout can be divided into two categories: personal and workplace. Personal stressors include a person's health, family dynamics, financial hardship, and life/work imbalance. Workplace stressors include heavy workload, lack of autonomy, negative coworker relationships, cumbersome documentation requirements, patients who are unhappy or even disruptive, and technology (for example, excessive alerts in the electronic dental healthcare information record and systems that are cumbersome for users).

Maslach and Leiter have noted that imbalances in workload, control, reward, community, fairness, or values can cause burnout.

- **Workload** is particularly relevant for dentists and other dental practice staff and providers, as they may be asked to practice under unrealistic productivity requirements.
- **Control** refers to the ability to influence work-related decisions, to engage in professional autonomy, and to have access to needed resources.
- **Insufficient reward** (both material rewards such as salary and intrinsic rewards such as job satisfaction) can contribute to burnout. For example, dentists may feel undervalued by their managers, colleagues, or patients.
- An unsatisfying **community**, which is marked by relationships with coworkers that are characterized by a lack of support and trust, as well as unresolved conflict, can lead to burnout.
- A perceived lack of **fairness** in decision-making can spark distress, especially if people feel they are not being treated with respect.
- Finally, **values** relate to the ideals and motivations that attracted people to their job; a conflict in values, for example being pressured to "cut corners" to speed medication delivery, will create distress.

Preventing burnout

Several resources exist to help prevent burnout. For example, a goal of the National Academy of Medicine Action Collaborative on [Clinician Well-being and Resilience](#) is to address burnout. They provide multiple resources for enhancing well-being and resilience, including articles and webinars, and a community area where clinicians can share their stories. Additionally, the American Dental Association offers a [health and wellness resource center](#).

You might begin your burnout prevention journey by conducting a self-assessment. Consider the risk factors in your personal and professional lives and assess the effectiveness of your coping skills. You can obtain [your index](#) in only a minute and compare your scores to peers and national averages. You'll also gain access to custom resources and can track your progress over time.

Resiliency is a useful tool for preventing burnout. It has been referred to as the ability to "bounce back" from adverse experiences, but it's

more nuanced than that. Stephens defines resiliency as an individual's use of coping skills to "navigate stressful situations or perceived adverse events [to] reach a higher level of well-being." These coping skills also can enhance a person's ability to handle future adversity. Because inadequate sleep can contribute to burnout, you may want to assess your sleep with the [Epworth Sleepiness Scale](#).

Armed with the results of your assessment, you can implement the following strategies to prevent burnout:

- **Speak up.** If others, particularly managers, don't know how you feel, nothing will change. For example, if documentation demands seem unreasonable, provide suggestions such as templates, which can save time, or recommend modifications to the electronic dental healthcare record system to reduce the number of unnecessary flags. Documenting throughout your shift (instead of waiting until the end) can save time and improve the quality of your documentation, which will help you mount an effective defense in the event of legal action because of an error caused by burnout.
- **Have realistic expectations.** You can only do the best you can under your given circumstances. Given the demands of your specific work situation, you simply may not be able to spend the time you want to explain all details about procedures or medications to patients because of your workload. This doesn't mean delivering substandard care, of course, but it does mean that nonessential elements, such as that bit of time socializing to better forge the dentist-patient relationship, might not be possible.
- **Engage in physical self-care.** For example, exercise regularly, eat a healthy diet, and get enough sleep. Yoga may be helpful in reducing stress.
- **Engage in psychological self-care.** Practice activities you find fun or restful such as reading, listening to music, or walking. Consider engaging in meditation and mindfulness or using deep breathing exercises. Keeping a journal or pursuing creative outlets (for example, painting, writing, or cooking) also may be helpful. Connect with friends and family on a regular basis.

Caring for the clinician

The National Academy of Medicine suggests the following strategies to support the well-being of dentists and other clinicians:

- **Meet basic needs:** Eat, drink, sleep, and exercise regularly.
- **Take breaks:** Taking appropriate rest leads to proper care of patients after your break.
- **Stay connected:** Give and receive support from your colleagues to avoid isolation, fear, and anxiety. Partner with colleagues to support each other and monitor each other's stress, workload, and safety. Communicate with colleagues clearly and optimistically. Contact family and loved ones for support.

- **Practice reframing.** It can be challenging but try to focus on the positive and view challenges from a new perspective. For example, you may find managers and colleagues are more open to a new idea you had unsuccessfully proposed in the past because the current environment requires innovation.

Are you experiencing burnout?

Common symptoms of burnout include:

- Psychological symptoms
 - Anger
 - Anxiety
 - Dreading going to work
 - Fear
 - Feeling detached or cynical
 - Feeling overwhelmed
 - Frustration
 - Hopelessness
 - Inability to feel happy
 - Irritability
 - Lack of empathy
- Physical symptoms
 - Fatigue/exhaustion
 - Gastrointestinal problems
 - Headache
 - Muscle tension
 - Sleep disorders such as insomnia

- **Choose your employer wisely.** Don't simply look at salary and benefits. Evaluate how the organization treats its employees. Employers that invest in employee health and wellbeing will see a return on their investment. A healthy work environment contributes to better relationships and overall dental practice performance.

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Managing burnout

Burnout can occur despite prevention efforts, but early recognition facilitates effective management. The most common symptom is excessive fatigue, but dentists may experience a variety of negative effects (see Are you experiencing burnout?).

Dentists who experience burnout may want to take time to reaffirm their sense of purpose—why they chose the field—and consider the positive effects they are having on others, including patients and colleagues. It's also important to explore opportunities to modify the work setting, such as reducing overtime and increasing autonomy. A frank discussion with management can result in modifications that reduce stress and, in turn, burnout. In some cases, it may be necessary to change jobs, but another option is to shift into another practice area or specialty to rejuvenate your enthusiasm for your career. Other action steps include delegating whenever appropriate to do so, setting limits (such as not engaging in nonproductive conversations or taking on extra tasks), prioritizing, trying to avoid dwelling on work when not on the job, and bolstering self-care activities.

Talking with someone you trust can help, but also be open to seeking professional assistance. A therapist can help you sort out your emotions and make decisions as to next steps regarding the work environment. Keep in mind that the most important step you can take is to care for yourself.

Time to act

The stress that dentists face is likely to continue now and into the post-pandemic world. Fortunately, implementation of preventive strategies and early recognition and management of burnout can help address this common problem and protect dentists from personal and legal harm.

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Dental Expressions® – From the CNA Claim Files

Dental Extractions and Implant Placement Performed Under Sedation Allegedly Leads to Patient Death.

Procedures that are associated with the highest average paid indemnity for dental professional liability claims include surgical and/or simple extractions, dental implant placement and root canal therapy. (Refer to the [Dental Professional Liability Claim Report: 2nd Edition](#).) In order to help alleviate a patient's anxiety and improve the comfort level during surgery, dentists may administer medications in addition to local anesthetic drugs, or request the services of an anesthesia provider to do so. Although administering sedation medications may benefit an individual patient, the potential for increased risk exposure is present. Therefore, dentists must remain focused on patient safety and meet the standard of care to prevent adverse events, while also being prepared to manage an adverse event, if needed.

CLAIM CASE STUDY

Practitioner: General dentist

Claimant: Male, aged 55 years, history of hypertension (controlled) and substance use

Risk management topics: patient assessment, selection and monitoring, evidence-based clinical guidelines, regulatory compliance and documentation

Facts: The patient sought care from a new general dentist after years of postponing dental treatment. As a younger man, the patient struggled with substance use and addiction. With treatment he overcame addiction, but his oral and general health remained compromised, primarily due to recurrent dental decay and physical inactivity.

On examination, the patient's periodontal condition involved general mild attachment loss with no signs of active disease. The dentist noted multiple posterior restorations, two of which were failing due to recurrent decay. Although the patient was asymptomatic, the two teeth were non-restorable and the dentist recommended extraction with placement of dental implants. The quadrant would be restored with an implant supported crown and three unit fixed bridge.

The patient revealed a history of anxiety related to dental and medical procedures. His decision to find a new dentist was, in part, based upon a desire for sedation dentistry, an option described on the dentist's website. After discussing and agreeing to the treatment plan, the dentist obtained informed consent and scheduled the patient for surgery under moderate sedation.

Anesthesia administration and surgery proceeded without incident through completion of the two extractions. However, during the process of site preparation and placement of dental implants, the patient's oxygen saturation level fell rapidly. The dentist observed that respirations had stopped, and he immediately began resuscitation efforts. Although a dental team member contacted emergency medical services (EMS), the contact did not occur until several minutes after the dentist discontinued the surgery to begin resuscitation. EMS personnel took over treatment and transported the patient to the hospital emergency department. Unfortunately, he expired shortly after arrival.

Key Allegations: Negligent care including: wrongful death; failure to refer (for sedation); failure to properly monitor the patient during sedation; failure to recognize and respond to a medical emergency

Alleged Injury/Damages: Medical expenses, funeral and burial costs, lost income and loss of consortium. The plaintiff's demand exceeded \$1.5 million.

Analysis: The insured was an experienced mid-career dentist with more than 5 years of experience providing in-office sedation. The defense experts supported the dental treatment provided and generally supported the sedation services. However, the sedation/anesthesia expert expressed concern that although the dentist's written procedure generally followed the state requirements for patient monitoring, documentation in the dental healthcare information record did not. In fact, an associated investigation by the State Board of Dentistry resulted in suspension of the dentist's anesthesia permit due to inadequate documentation of patient monitoring.

Although not diagnosed, the plaintiff's expert suggested that the patient may have suffered from obstructive sleep apnea, given his height and weight and the facts of the case. It was not the insured's custom and practice to request that prospective sedation patients complete a sleep apnea screening questionnaire, and this screening also was not required by the state in which the incident occurred. However, sleep apnea presents risks for patients undergoing sedation and general anesthesia, and many patients are not formally diagnosed. [Screening for the condition](#) may benefit the patient and provider.

American Dental Association (ADA) [Guidelines for the Use of Sedation and General Anesthesia by Dentists](#) (2016) — current at the time of the incident — recommended considering assessment of Body Mass Index (BMI) as part of the patient workup for moderate sedation. Individuals with elevated BMI may be at increased risk for airway associated morbidity. The patient's height and weight at the time of the incident indicated a BMI of 31, placing him in the “**obese**”

[category](#). The plaintiff's expert opined that a prudent practitioner would have investigated further, given the potential for the airway to be compromised during moderate sedation.

The plaintiff's expert also asserted that the insured breached the standard of care by not monitoring end tidal carbon dioxide (CO₂). This protocol was not required by the state at the time of the incident, but the ADA [Guidelines](#) state that dentists “must monitor” end-tidal CO₂ unless this is “precluded or invalidated by the nature of the patient, procedure or equipment”.

Furthermore, the practice could not produce staff training records for the management of medical emergencies. The office had not conducted a mock emergency drill to practice emergency procedures for several years. Although the office procedure that was established prior to the incident required contacting EMS in emergency situations such as this, notification was delayed in the confusion of the moment. Staff members were engaged with assisting the dentist, but the procedure was unclear on the responsibility to notify EMS.

Outcome: Defense counsel and the claim professional expressed concern to the defendant dentist about the dental board decision (anesthesia permit suspension and monetary penalty), patient assessment, case selection and the office emergency response. These and other challenges led the defense team to recommend settlement. The dentist also did not wish to try this case and all agreed to seek settlement. After failed direct negotiations, the case was ultimately settled at mediation. The total incurred cost (indemnity plus claim defense expenses) totaled more than \$1.2 million.

This case represents an example of the risks that may be involved with in-office sedation or general anesthesia. Offering sedation services provides certain benefits. Nevertheless, inherent risks exist even for patients that do not present with significant diagnosed medical conditions. Patient assessment and medical consultation, when appropriate, are important considerations before deciding to treat, engage with an anesthesia specialist, or refer.

Understanding and complying with state regulations for informed consent, patient assessment, monitoring and other requirements are mandatory in order to prevent the imposition of disciplinary action against a dentist's license. As in this case scenario, state requirements may not include the most recent evidence-based guidance and recommendations. It may take years to modify a statute or regulation. Therefore, one cannot rely upon the standard of care being met solely by complying with statutes and regulations. Dentists must remain updated on evidence-based guidelines and research published by the American Dental Association and other reputable sources.

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CNA Dental Risk Control



New Dental Claim Report Released!

You have invested your life in your career, all of which can be threatened by a single malpractice lawsuit or state licensing board complaint. Dentist's Advantage, in collaboration with CNA, has released their newly updated claim report: Dental Professional Liability Claim Report: 2nd Edition. Included within the report are in-depth analysis and risk management recommendations designed to help dental professionals avoid claims and improve patient outcomes.

[Click here](#) to get your free copy of the report.

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