“Perfectionism & Burnout in Dentistry: Are They Inevitable?”

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Dental Wellness Advisory Committee

ADA Headquarters
Chicago, IL
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“Perfectionism & Burnout in Dentistry: Are They Inevitable?”

- Introduction
- The State of Dentistry
- Origins of Dental Stress
- Dental Burnout
- Perfectionism

- Survey Results
- Solutions
- Call to Action
Introduction
Dr. James,
DENTIST.

3d Floor North American Bldg.,
E. W. Cor. State & Monroe-sts.,
Extracts teeth absolutely without pain.

Don't patronize dental parlors and fake colleges when you can have a specialist with years of experience do your work.

I make a specialty of vitalized air for painless extraction.

My Very Low Prices Until April 1:

Best Set White Teeth ............... $3.00
Gold Crowns .................. $2.00 | Bridgework .............. $2.00
Porcelain Crowns ............. $2.00 | Gold Fillings ........... 50 cents

Cavities, Extractions, German-speaker.

Hours 8 a.m. to 9 p.m. Sunday 10 to 4.
The first dentist to ever suffer from burnout?
Dentistry

Past
## Dentistry Past

<table>
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<tr>
<th>Fee for service / Insurance driven</th>
<th>Amalgams/Composite Extractions, Crown &amp; Bridge, Dentures, Partials</th>
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<td>Word of mouth</td>
<td>Office Care</td>
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<td>No / Little advertising</td>
<td>Patient</td>
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<td>Private practice/Group Practice</td>
<td>Burnout?</td>
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<td>Controllable practice loans</td>
<td>Autonomy</td>
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Dentistry Present

Insurance driven/PPO/DMO/Finance options
Word of mouth, Social Media
Major Advertising (TV, Radio, Billboards, Social Media)
Private practice/DSO/Corporate model
Huge practice loans
Commodity

Implants, Sleep Medicine, Orthodontics, CAD/CAM, Implant-retained Overdentures, Hybrids, Botox, Dermal Fillers
Office Care/DIY Dentistry/Third Parties (Dental Therapists, Denturists, Expanded Function)
Burnout
Decreased autonomy
Digital, Teledentistry
Artificial Intelligence
Machine Learning
The State of Dentistry
Dentistry Attracts People With...

- Compulsive Personalities
- Unrealistic Expectations
- Unnecessarily High Standards of Performance
- Require Social Approval and Status
- Perfectionism
- Limited Capacity for Self-Observation
- Isolation-Driven Personality Traits
• Eye of an Artist/Sculptor
• Hands of a Surgeon
• Insight of a Therapist

• Tact of a Diplomat
• Reasoning of a Scientist
• Skills of a Business Person

Dr. Jerry Gropper
The Business of Dentistry

(2018)

- Earnings have declined steadily
- Practices aren’t as busy as they used to be
- Incomes haven’t rebounded from the last recession
- 50 / 30 / 20
Feel they have time for personal life

Only 68.8%

Experiencing high levels of stress

59.5% of solo practitioners

Have achieved the practices they envisioned

66% of dentists
The State of the Dental Industry

Satisfied with salaries
Only 57.8% of solo practitioners

Satisfied with vacation time
Only 55%

Satisfied with income relative to peers
Only 47.2%
Dysfunctional Personality Traits of Dentists

- Codependency
- Avoidant personalities
- Passive aggressive traits
Dysfunctional Personality Traits of Dentists

- Codependency
- Avoidant personalities
- Passive aggressive traits
- OCD tendencies
I have CDO

It's like OCD, but the letters are in alphabetical order as they should be.
39.99

THIS SALE $

10.0000

GALLONS
Dysfunctional Personality Traits of Dentists

- Codependency
- Avoidant personalities
- Passive aggressive traits
- OCD tendencies
- Addiction
- Fear & Anxiety
- Narcissism
Female Dentists in U.S.

> 30% of the dentists by 2020
  (Mainly < 40 years old)

Younger female dentists
  (More prone to stress/suicide ideation)

Females
  (More vulnerable to suicide than the general population)
  “Super Mom Complex”

Females > 50% of U.S. households
  ( Majority of the college / Advanced degrees / Main breadwinner)
Solo Dental Practice Analysis

2007: 83%
2017: 78%

Average Dentist (GPs) Earnings

2005: $227,147
2016: $192,597
2017: $197,910

ADA Health Policy Institute
June 2019
2017
Average Debt $287,000
(American Dental Education Association)

Student Loan
7%

Amortization
10, 20, 30 Years

Median Entry - Level Salary
$118,800
($9,900/month)

19 - 34% of income
Student Loan Summary
(Based on $287,000 Student Loan Debt)

**$3,332.31**
Monthly Payment

**$399,878**
Total of 120 Payments

**$112,878**
Total Interest Paid
Jun, 2029
Pay-off Date

**$2,225.11**
Monthly Payment

**$534,026**
Total of 240 Payments

**$247,026**
Total Interest Paid
Jun, 2039
Pay-off Date

**$1,909.42**
Monthly Payment

**$687,391**
Total of 360 Payments

**$400,391**
Total Interest Paid
Jun, 2049
Pay-off Date
Retirement Predictors

- Bad real estate investments
- Extramarital affairs
- Living beyond one's means
- Debt (bondage)
Boutique

Solo

Group

Corporate

Dental Practice
"Corporate Dentistry"

Watch → Filling

Filling → Crown

Crown → Implant
“Corporate Dentistry”

“Cognitive Dissonance”

Created by doing something you don’t believe in that can take a toll and lead to increased burnout risk.

Ethical Conflict → Internal Stress → Burnout!
Professionalism & Ethics

“Over-treatment Plans”

1 Filling & 1 Crown
vs.
4 Fillings & 7 Crowns
Common Traits for the Dental/Medical Student

Two Greatest Stressors

• Academic Performance
• Professional School Debt

Men = Women
Dentistry = Medicine
Future MD

Faculty/Student Interaction

- Shadow
- Support
- Indirect Patient Contact
- Less graded evaluations
- Sense of medical community
Each progressive year in school

Faculty relations

Professional Identity (Imposters)

Fear about Residency (25% Change)
Faculty/Student Interaction

Inconsistent Feedback

“Checkers”

One-on-one

Less role modeling than MDs

Student gives independent care, unlike medical student
Stress

Professional Identity

Academic Performance

Patient/Clinical Responsibilities

Faculty Relations

Younger dentists more prone
Dental Students
(As compared to medical students)
(Lloyd & Musser)

• More obsessive-compulsive in degree and number of symptoms.

• Co-dependent (interpersonal sensitivity).

• 50% less likely to seek help.

• More competitive and isolating.
Physicians —> Colleagues

Dentists —> Competitors
Medicine ➔ Football Team

External - Controls / Pressures
Many variables
Loss of control
Partial contribution
Many coaches hired

Dentistry ➔ Golfer

Internal - Controls / Pressures
Solo performer / Stage presence
Need for control
Strong contribution
Need for coaches
Patients vs. Consumers
Social Media Reviews
I’m Confused!
Communications in the U. S.

Internet = 89%
Email  = 91%
Text   = 97%
The Typical Dental Career?
Dental Student
> 40 Years in Practice
Dentistry’s “Four Corners”

- Stress
- Substance Abuse
- Perfectionism
- Burnout
54.9% of dental students represents four personality types:

- ISTJ
- ESTJ
- ISFJ
- ENTJ

Associated With or Possibly Predictive of Substance Abuse

(Myers-Briggs Type Indicator)


Personality Types Of Dentists
Westerman GH1, Grandy TG, Erskine CG.
Dentists: 84%
Dental Auxiliaries: 26%

Lower Levels
ISFJ, ESFJ, ENFP

Higher Levels
ISTJ, ESTJ

www.dentistrytoday.com
Dentistry includes more *Introverts, Thinkers and Judgers* as compared to the general population (n = 9,320)

**Introverts**: 58.9%
**Thinkers**: 65.9%
**Judgers**: 75.0%


*Personality Types Of Dentists*

*Westerman GH, Grandy TG, Erskine CG.*
Dentistry includes more
Introverts, Thinkers and Judgers

- Introverts: 58.9%
- Thinkers: 65.9%
- Judgers: 75.0%

Higher Levels of Burnout
ISTJ, ESTJ

41.7%
25.5%

Associated With or Possibly Predictive of Substance Abuse

ISTJ, ESTJ
Origins of Dental Stress
Goal of a Dental Practice

Great clinical care
Marvelous patient care experience
Joined meaning for all care givers
Eustress

Distress

STRESS CURVE

PERFORMANCE

fatigue

exhaustion

burn-out

too little stress (underload)

optimum stress

too much stress (overload)

inactive

laid back

anxiety/panic/anger

breakdown

STRESS LEVEL
Two Biggest Causes of Stress
(Dental Office)

1 - Running behind schedule
2 - Difficult / uncooperative patients

Stress Level
Schedule > Patients
Dentists: How Do We Respond?

**Defensive Tools**

- Blame
- Intellectualize
- Isolation
- Resistant / defensive to help (Status-related)
- Arrogance
- Denial
Dentists: Why Are We Special?

• Disconnect from feelings / “Compartmentalize”
• Extensive knowledge
• Performance expectations
• Care giver / Neglect of self / Not an acceptor of help
• Entitlement: Privileged / Special treatment
• Acquired Situational Narcissism
The Burnout Syndrome and Associated Personality Disturbances
(The Study in Three Graduate Programs in Dentistry at the University of Barcelona)
Med Oral Patol Oral Cir Bucal. 2008 Jul 1;13(7):E444-50
Aurelia Alemany Martinez, Leonardo Berini Aytes, Cosme Gay Escoda

Obsessive - compulsive (75%)
Unstable / impulsive personality
Need for excessive admiration
Narcissistic personality

Developed burnout
• Creativity
• Empathy
• Appropriate Humor
• Wisdom
• Self-reflective
• Beauty and wonder
• Zest
• Relationships

Healthy Adult Narcissism
“It’s A Wonderful Life”

Spills

Drills

Thrills

Bills

Pills

Wills

Stills

The Seven Ages of Man
Richard J. Needham
Suicide Rate
2X general population / 3X white collar workers
(Little evidence for dentists/
Female? / More studies)

Emotional Illness
Ranks #3 of health problems in dentists
Ranks #10 of health problems in general population

Coronary Disease/Hypertension
> 25% more prevalent than general population

Psycho-neurotic Disorders
2.5 X > MDs

Cardiovascular Disease (stress-related)
Ranks #1 killer
Musculoskeletal Disorders

Neck / Low back pain
(Most common)

40-60%

Prolonged sitting
Awkward postures
Sustained muscular contractions

ADA Center for Professional Success
May 4, 2016
Figure 30: Area of the Body in which Pain or Discomfort Interfered with Work

- Neck: 91%
- Lower back: 85%
- Shoulders: 84%
- Upper back: 80%
- Hands: 67%
- Fingers: 64%
- Wrist: 62%
- Forearm: 41%
- Elbow: 33%
- Chest: 20%
Dentists with Moderate / Severe Stress Levels

86% of dentists experience one or more of these conditions in any given year.

- Loss of focus
- Loss of energy / mental capacity
- Missed treatment
- Missed treatment
- Decreased case acceptance
- Delay starting necessary treatment

60 days / year dentists are so significantly stressed and disengaged from their practices.
Major Causes of Dental Stress
Ashes of Problem Patients

Patient Demands
Uncooperative Patients
Concentration & Focus
Team Issues
Common Symptoms of Dental Stress
Loss of:

Energy
Focus
Concentration
Memory
(Forgetfulness)
Physical

Headaches
Muscle Tension
Stomach Distress
Frequent Illnesses
Fatigue
Mental

Overwhelmed

Self-Doubt

Worry

Insomnia

Insecure
Emotional
- Irritability
- Anxiousness
- Apathy
- Indifference
3 Developmental Stages of Dental Stress

1. Psychological Stress
2. Physiological Stress
3. Situational Stress
Psychological Stress

UNDERGRADUATE
Physiological Stress

DENTAL SCHOOL
Situational Stress

DENTAL PRACTICE
Dental Burnout
2 Most Critical Issues In Healthcare

U. S. Surgeon General
2017

Opioid Addiction

Burnout in Physicians
Anxiety, Depression & Burnout

Dentists are prone to:

- Anxiety Disorders
- Clinical Depression
- Professional Burnout

Due to:

- Clinical Practice
- Personality Traits

JADA
What Burnout Isn’t?

Simply stress

Stress may be associated

“I had a bad day…”

“I’m tired…”

“I can’t concentrate…”

“Today has been stressful…”
Three Wise “Dogs”

See no evil  
Hear no evil  
Speak no evil
The Widespread Problem of Doctor Burnout

By PAULINE W. CHEN, M.D.

1 in 2 US physicians burned out implies origins are rooted in the environment and care delivery system rather than in the personal characteristics of a few susceptible individuals.
Environmental Drivers

80%

- Inefficiencies / frustration (EHR)
- Workload / time constraints
- Lack of autonomy / control
- Ineffective leadership
- Mission / values mismatch (loss of meaning)
- Culture of incivility
- Perception of fairness and respect
- Diminished rewards
Individual Drivers
10-20%

- Perfectionism
- Boundary setting difficulties
- High achievement orientation
- Intellectualization
- Delay of gratification
- Materialism
- Compartmentalization
Not if…

But when?

MD

Burnout
Medical Students 55%
Residents 60%
Practicing MDs 54%

MD burnout is 1.36 X education matched non-MD peers
Burnout and Physicians

2011: 33%
2014: 54%
2016: 74%

2018 Survey of America’s Physicians Practice Patterns and Perspectives

Merritt Hawkins
Physicians Foundation

78%
Dental Burnout

The Dentist

The Practice

Surviving?  Thriving?
The Occupation of Dentistry

Three Domains
Sport / Education / Work

• Burnout is related to job and workplace characteristics (esp. HCW)

• High external motives (financial remuneration)

• The potential for ‘entrapment’ is high (work is our livelihood)

• Work Domain: Care Providers / Instructors / Service for Others

Dentistry: HIGHEST RISK for burnout

Maslach, et al., 2001
Dental burnout origins rooted in the...

Environment and care delivery system?

Personal characteristics of a few susceptible individuals?
Burnout is a continuum —> Lightly burnt to crispy!
Lightly burnt?
• Energy is depleted
• Don’t have an interest in people
• Don’t feel like you are very effective at what you do

“A bad combination for a dentist”
Emotional Exhaustion  
(Stress dimension)

Depersonalization  
(Interpersonal dimension)

Personal Accomplishment  
(Self-evaluation dimension)

Maslach Burnout Inventory
Emotional Exhaustion (EE)

Exhaustion
Key sign in predicting burnout!
“Listen” to your body.
Don’t neglect.
Depersonalization (DP)

Compassion Fatigue
- Caring without boundaries
- Exhaustion
- Less empathetic
- Sarcasm
- Cynicism

Conscientiousness → Neuroticism
Low Burnout → High Burnout
Reduced Personal Accomplishment (RPA)

Why?
Low self-esteem
Decreased productivity
Burnout Consequences

Social

Marital and family conflict
Alienation
Sense of futility
Diminished career prospects
Burnout Consequences

Workplace

• Decreased performance
• Absenteeism
• Turnover
• Increased accident risk
• Lowered morale and commitment
• Cynicism
• Reduced willingness to help others
• No drama
• “Triangulation”
Stress-coping skills training is necessary in prevention of addiction.
Emotional Exhaustion  Energy  Involvement  Efficacy

Depersonalization  Engagement

Reduced Personal Accomplishment
Perfectionism
Perfectionism

A “spiritual” issue
Addiction in Healthcare Professionals

Triad of Conditions

- Compulsive Work (Over-achievers)
- Opioid Addiction (Other drugs)
- Non-acceptance (Perfectionism)
Personality Profile of the Addicted Dentist
(Dr. Jerry Gropper)

- Dissatisfied with career choice
- Fear of causing pain
- Low professional self-esteem
- OCD / perfectionistic behavior
- High need for control / feeling out of control
- Avoidant style in relationships (Isolation)
Perfectionists deal with:

• Mistakes
• High standards
• Expectations
• Criticism from others
• Acceptance
• Control
• Doubt / not knowing everything
Is not knowing everything about a subject/situation a sign of weakness/vulnerability?
Perfectionistic Thinking

Black & White

“My dental work must be perfect because second best is for losers.”

Catastrophic

“I would never ask a colleague for help because it would make me look like I didn’t know what I was doing.”

Probability Overestimation

“Even though I am prepared for the root canal treatment, I know I’ll forget a step and the outcome will not be good.”

“Should” Statements

“I should never have a paresthesia from a mandibular block because my technique is always correct.”
Perfectionistic Behavior

- Chronic Procrastination
- Difficulty Completing Tasks
- Excessive Checking
- Avoid Risking Mistakes
- Avoid New Things
- Redoing Tasks
"Better" is the Enemy of "Good Enough"
- Voltaire
Types of Perfectionism

1. Self-directed

Perfection is determined by your standards, not someone else.

“My cosmetic case was not good enough for my standards so I must redo the case so that it will be ‘perfect’”.
Types of Perfectionism

2. Socially-prescribed

You feel that others expect you to always perform to the highest standard when in reality they may not.

“I would never show my finished root canal on a radiograph or large cosmetic case to my study club because I’m sure others do these procedures better than I do.”
Types of Perfectionism

3. Other-oriented

You criticize other dentist’s work because it doesn’t meet your perfectionistic standards without knowing the conditions/limitations the dentist worked under.

“I would never perform substandard dental work like this dentist.”

“I can’t believe how much bad dentistry I have seen in my career by other dentists.”
Types of Perfectionism

4. Overt

You know what’s right and how to do it the best. Any procedure you incorporate into the practice, you must have total control so the outcome will always be 100% predictable. Failure or imperfection at any level is not an option.

“I have developed my own “cook book” of how to place implants so there will be no problems or failures. I am so glad I went to __________ Dental School because I got the best education in the country.”
5. **Covert**

You are hiring an associate. You tell her that you are a laid back person and are open to new techniques and ideas. In reality, you are very rigid and structured in everything and can’t wait for her to mess up so that you can “show her” what all the years of experience have taught you.

“I will show you the correct and best way to do that procedure.”
Perfectionistic

Concerns (Unhealthy)  Strivings (Healthy)
Perfectionistic Concerns

- Standards $\rightarrow$ Unreachable / Unreasonable
- Perfection $\rightarrow$ “Only”
- Failure / Disappointment $\rightarrow$ Depression / Catastrophizing / “N”
- Defensive when criticized $\rightarrow$ Need for validation
- Mistakes $\rightarrow$ Unworthiness / Not good enough
Perfectionistic

Concerns > Strivings

Destructive

“Burnout” (Poor coping skills)
Procrastination

Fear of...

• Not knowing something
• Not being perfect
• Trying something new
• Making a mistake

Paralysis
Minutes Played: 41,011

FT: 7,327 / 8,772 = 83.5%

FG: 12,192 / 24,537 = 49.7%

G.O.A.T.
Perfectionistic Strivings

- Standards → Reachable / Reasonable
- Enjoying process / journey / outcome
- Failure / Disappointment → Bouncing back quickly
- Controlling anxiety and fear of failure
- Mistakes → Opportunities for growth / learning
- Open and receptive to helpful criticism / humble / teachable
Perfectionistic

Strivings $>$ Concerns

Motivator $\rightarrow$ “No Burnout”
(Better coping skills)
**Perfectionistic Strivings**

- Overall Burnout: Small Negative
- Exhaustion: Non-significant
- Depersonalization
- Reduced Personal Accomplishment: Small Negative

**Perfectionistic Concerns**

- Overall Burnout: Medium to Large Positive
- Exhaustion: Medium Positive
- Depersonalization
- Reduced Personal Accomplishment: Medium Positive

Andrew Hill, PhD.
York St. John University in England
Overcoming Perfectionism

- Introduce flexible and reasonable goals
- Re-conceptualize failure as a learning experience
- Realize the task is excellent without it being perfect
- Accept degrees of failure and success
Why don’t you place implants?

“I don’t place implants because I don’t think I can place them ‘perfectly’ like an oral surgeon.”

News Alert:
Oral surgeons don’t place them perfectly, either!
Why do you do crowns?

Are they perfect?

What makes them “perfect” or “clinically acceptable”? 
Why do you allow your dental hygienist to clean teeth?

Does your dental hygienist remove 100% of the plaque / calculus that you check / approve?

Why is that OK?
Why don’t you perform RCTs?

“I don’t do root canal therapy because I’m afraid I won’t be able to find all the canals, so I refer them to an endodontist.”

News Alert:

Endodontists don’t find all the canals, either!
“It is truly amazing that even with our human shortcomings that a majority of our dentistry serves the public well and for a long time.”
1 / day

Highest Rate of Any Profession
(28 to 40/100,000)

2x the General Population
(12.3/100,000)

Diagnosis:
Untreated / undertreated depression

American Psychiatric Association (2018)
In U. S., 300-400 MDs commit suicide / year
In U. S., 80 DDS/DMDs commit suicide / year
2018 Suicides
(U.S.)

Practicing
Dentists 199,487
Physicians 800,000

Deaths / Year
Dentists 80
Physicians 300 - 400

1 : 4
Perfectionism ⏺ Suicide
Perfectionism is likely associated with the development of suicide ideation, but not the progression from suicide ideation to suicide attempts.
Burnout Questionnaire

2019 ADA Health and Wellness Conference

August 16, 2019
What is your current occupation?

- Dentist: 26
- Dental Hygienist: 0
- Dental Assistant: 0
- Dental Office Manager: 1
- Counselor/Therapist: 0
- Dental Student: 1
- State Dental Society Staff: 4
- Nurse: 1
- Physician: 2
- Other: 4

Total: 38
Sometimes / Often / Always / Much Change

( > 19/38 )

#1 Do you worry at night, have trouble falling asleep or staying asleep?

#2 Do you feel less competent/effective than before or work harder yet accomplish less?

#3 Do you consider yourself unappreciated or “used” on the job?

#4 Do you feel tired/fatigued rather than energetic even when you get enough sleep?

#6 Do you feel angry, irritated, annoyed or disappointed in people around you?

#8 Do you feel overwhelmed?

#18 Are you too busy to do ordinary things (making phone calls, reading, calling/contacting family or friends?)

#20 Does your job pay too little?

#23 If you had the chance to relive your life, would you have gone into dentistry?
Sometimes / Often / Always / Much Change

- Worry
- Difficulty sleeping
- Less competent
- Unappreciated
- Tired
- Fatigued
- Angry
- Irritated
- Annoyed
- Disappointed
- Overwhelmed
- Too busy
- Underpaid
Never / No Change / Rarely

( < 18/38 )

#5 Do you dread going to work or feel trapped in your job situation?

#7 Do you suffer from physical complaints or frequent illness (headaches, stomach/back/neck aches, colds)?

#9 Are you more forgetful (about appointments, deadlines, personal possessions) or disassociated than usual?

#10 Are you always watching the clock?

#11 Are you avoiding conversation with co-workers or isolating from people in general?

#12 Are you rigidly applying rules without considering more creative solutions?

#13 Are you increasing your use of alcohol or drugs?

#14 Are you easily or automatically expressing negative attitudes especially to changes?

#15 Are you absent, out sick more often or while at work?

#16 Are you unable to laugh at a joke about yourself or have difficulty finding joy?

#17 Are you experiencing interpersonal conflict with co-workers/family?

#19 Does your job seem meaningless or filled with too many repetitive situations?

#21 Does your job lack access to a social-professional support group?

#22 Have you ever considered an alternative career?
Never / No Change / Rarely

- Enjoys life, work and co-workers
- Keeps work and social commitments
- Enjoys life, work and co-workers
- Keeps work and social commitments
- Illness infrequent / healthy
- Good memory
- Good social integration with others
- Creative
- Not increasing drug / alcohol use
- Positive attitude about change
- Happy / joy / appropriate sense of humor
- Good social support system
- Satisfied with life conditions
Solutions
Solutions for Dental Practice Burnout

**Goal Focus**
Productivity and Efficiency
(Scheduling, Define Practice Type)

**Foundational Focus**
Well-being of the practitioner / staff

Results: Our patients, the practice and you win!
Goal

Focus Solutions
Solutions for Dental Practice Burnout

• Control Your Practice Schedule!

• **Systems:** Office & Clinical

• **Marketing:** Delegate to third party (like accountant, lawyer, etc.)

• **Efficiency:** All areas / Reassess

• **Bonuses:** Staff

• **Case Acceptance:** Staff - driven

• **Same Day Dentistry / CAD-CAM**

• **Patient - focused technology:** A.I. - Machine Learning
Solutions for Dental Practice Burnout

• **Reduce**: Low value / High frustration activities and dental procedures

• **Increase**: High value / High energy activities and dental procedures

• **Relationships**: Draining vs. Stimulating (“Stick with the winners!”)

• **Boundaries**: Work / Home / Life

• **Replenish & Recreate**: Each day, especially weekends

• **Call**: Share / Hire

• **Burnout**: An indicator for positive change in life
Solutions for Dental Practice Burnout

• **Practice Systems:** Non-functional / non-existent systems are in need of “review and treatment”.

• **Practice managers / consultants** may be necessary for rejuvenation.

• **Office Wellness Managers**
  “Health Kitchens” with cooks (1X / week)
  Schedule downtime
  Massage therapist: 10 - 15 minutes (2X / month)
  Treadmills
  Cycling

• **Change** comes from the “we” concept, not the “I” concept.
1. **Create realistic schedules**
   a. Break down tasks into smaller projects and conquer, not perfect it.
   b. Involve dental lab (big cases) / other dental specialties.
   c. Develop a tx plan with options.
   d. **Block Scheduling:** Respect Doctor / Assistant time overlaps.

2. **Set priorities**
   a. Order / Importance
   b. Flow chart / Options
   c. Pluses / Minuses

3. **Set boundaries**

4. **Recognize habits**
1. Realistic Thinking

2. Perspective Thinking

3. Looking at the big picture
   a. Does it really matter?
   b. What is the worst that could happen?
   c. If the worst does happen, can I survive it?
   d. Will this still matter tomorrow / next week / month / year?

4. Compromising
Reward Yourself!

Long weekend
Special restaurant
Vacation
Scoop of ice cream
Movie
Spa treatment
Massage
“Doctor Lounges ???”
Do
Get out of the office
Drive into the country
Walk
Nap
Colleague for lunch
Journal
Listen to music
Go to a park

Don’t
Fill out charts
Call patients
Email / text patients
Staff meetings
Job interviews
Employee evaluations
“Time away from the office is as important \textit{if not more important} than the time you spend in the office.”
Ways to Share Patient-Induced Stress

Inform before you perform!

Co-Diagnosing
Record Keeping
Informed Consent
Ways to Share Patient-Induced Stress

Dentist | Treatment | Patient
---|---|---
Patient | | Dentist
The E-Myth Revisited:
Why Most Small Businesses Don't Work and What to Do About It
Michael E. Gerber

“Work ‘on’ your business, not just ‘in’ your business.”
Foundational Focus Solutions
WORK LIFE
The following statement may shock you!
Not All Dentists Are Suited for Private Practice!
Other areas a dentist could practice in dentistry:

- Teaching
- Dean
- Specialist
- State Board Member
- Mentoring as a consultant
- Insurance review dentist
- Corporate dentist
- Public health dentist
- Military dentist
- Dental mission work
- Advocate for a dental company
- President of a state dental society
- Dental laboratory consultant
- Practice Management Consultant
- Locum Tenens
Maybe... Not a healthy career choice for you!
Why is self acceptance so difficult for us?

It requires us to confront our humanity, self-limitations or outcomes that occasionally are less than desirable.
Your most intimate relationships don’t require you to be perfect. In fact, the opposite is usually true.

People closest to you see you through your imperfections and vulnerabilities. They just want you to be open, honest and admit your faults while accepting their imperfections.
Balint Group

*Medical Students / Residents*

Meeting room
Attendees
Facilitator(s)
Schedule
“Lunch and Learn”
No grades
No clinical medicine
Human being (not doing) issues

the american balint society
Talk about human matters, not clinical matters.

We are human beings, not human doings.
Friend
Colleague
Accountability Partner
Life Coach
Mentor

Collegial Community
forgiveness
“People buy into the leader before they buy into the vision.”

“Leaders must be close enough to relate to others, but far enough ahead to motivate them.”

John C. Maxwell, D. Min.
“Law of the Lid”
Thermostat = Direction-setting
Thermometer = Current environment

Dentists need to be “thermostats, not thermometers” in their practices.
Continuous Education
Personal Growth
Spiritual Development

New Life

Old Life
Quit
Tolerating
Get rid of “life stuff” that’s not working.
Exercise > Antidepressants
Sleep
Engage
Communicate
Curious / Passion
Don’t Isolate

Ask for help!

“Isolation and withdrawal have the effect of compounding and magnifying all our insecurities, fears and stress levels.”

Surviving in Dentistry: The Sources of Stress, p. 92, J. E. Dunlap, DDS, 1977; Dental Economics/PPC Books
“Your thoughts are irrational, your emotions are unmanageable and your actions are self-defeating.”

Tammy Bell, LCSW
“Recreation”

Hobbies
Patients of physicians who have higher professional satisfaction may themselves be more satisfied with their care.
Dentistry???
Conclusions About MD Burnout

8 Year Study (2006 – 2014)
(ACS, Mayo Clinic, AMA, & U. Washington)

• High prevalence.

• Substance abuse, depression, suicidal (ideation), medical errors, dissatisfaction with professional / personal lives.

• Recognizable, reversible, and treatable.

• Easier to prevent than to treat.

• “Listen” to your body —> directly related to physical health.

• Not necessarily age-related.

• Process / Condition.
Triune Being
Spirit / Soul / Body

Spirit
Intuition, Communion, Conscience

Soul
Intellect, Emotions, Free Will = MIND

Body
Physical Substance
What We Can’t Control?

- Unreasonable people
- Social media reviews
- Exacting or demanding patients
- Other people’s beliefs, work, promises, etc.
What We Can Control?

- Schedule, schedule, schedule
- Define your practice
- Set boundaries: All areas
- Collegial community
- Mentor
- Couples mentoring
- Recreation & Vacation
- Daily Downtime
- Spiritual Life
Faith in God
Prayer
Meditation
Mindfulness
Mercy
Grace
Forgiveness

Things We **Can** Control

(Gratefulness)

Things We **Can’t** Control

(Trust)
Call to Action
First

Next

Now
First
Recognize Burnout!
<table>
<thead>
<tr>
<th><strong>Stress</strong></th>
<th><strong>Burnout</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Over-engagement</td>
<td>Disengagement</td>
</tr>
<tr>
<td>Overactive emotions</td>
<td>Blunted emotions</td>
</tr>
<tr>
<td>Urgency / Hyperactivity</td>
<td>Helplessness / Hopelessness</td>
</tr>
<tr>
<td>Loss of energy</td>
<td>Loss of ideals / motivation / hope</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>Detachment / Depression (CF)</td>
</tr>
<tr>
<td>Primarily physical damage</td>
<td>Primarily emotional damage</td>
</tr>
<tr>
<td>Acute / physical disease</td>
<td>Life not worth living / suicide ?</td>
</tr>
<tr>
<td>Easily identified and treated</td>
<td>Difficult to manage</td>
</tr>
<tr>
<td>Individual recognizes</td>
<td>Individual doesn’t recognize</td>
</tr>
</tbody>
</table>
Dental Wellness Advisory Committee
(DWAC)

Proposal
“Voices from Dentistry”

March 16, 2018
Bill Claytor, Jr., DDS, MAGD
“Voices from Dentistry”

Purpose
To address the ongoing issues of stressors encountered by dental students in the school environment while giving them an outlet to process issues through peer interaction.

Goals
To develop effective stress coping skills through peer interaction by identifying, discussing and addressing feelings, inadequacies and emotions encountered in the didactic and clinical setting in dental schools.

Outcome
To be better equipped to utilize constructive means of dealing and confronting stressful and uncomfortable situations or people in future dental practice and life.
“Voices from Dentistry”

- Introduce to ADEA and ASDA initially through webinars or lecture
- Incorporate into dental schools / student / private room
- Peer interaction / reviewed
- Faculty facilitated (one or two)
- No grades / voluntary
- Personal, not clinical issues
- Safe place
Minimize Debt
Control Your Schedule
Don’t Isolate
Collegial Community
Define Your Practice
Self-care & Family
Spiritual Life & Gratitude

Now
Resources

MBI
(Maslach Burnout Inventory)
www.mindgarden.com

MBTI
(Myers-Briggs Type Indicator)
www.myersbriggs.com

KevinMD.com
kevimd.com

American Dental Association
312-440-2500
www.success.ada.org/Wellness/Work-Life Balance

ABS
(American Balint Society)
www.americanbalintsociety.org

“Ask Bill”
www.digitalenamel.com

State Dental Wellbeing Programs (47)

Your State Dental Society
Thank You!

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