

Guest Editorial

Mental Health Issues in Health Care Providers



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Mental health and burnout have been a growing concern for health care clinicians for decades, yet it has only been recently that actionable steps have been taken to address the omnipresent elephant in the room. In 2017, the National Academy of Medicine (NAM) created the Clinician Well-being Collaborative as response to epidemic levels of mental health issues including burnout, depression and suicide being experienced by clinicians across all health care disciplines.¹⁻² In 2014 it was suggested that the much-celebrated Triple Aim of health care could not be successful without a fourth aim that included improving the work life of clinicians and staff.³ Why, after so many decades is it still somewhat of a novel concept that those providing care need care and support for their own wellness? More importantly, why is there so little in the literature regarding wellness and burnout among oral health providers?

Perhaps more important than the lack of research on the mental health and well-being of oral health providers, is the lack of attention given to the mental health and well-being of women in the oral health care professions, particularly in dental hygiene. While the number of men in dental hygiene has been slowly increasing, the vast majority of clinicians and educators are women. Without fail, the literature in other health disciplines points to women suffering more from burnout and depression regardless of their professional role. Health care providers and educators who are women with children are more likely to suffer burnout and depression, yet we as a profession have not adequately addressed this issue. It is not just a problem for dental hygiene in the United States. Our dental hygiene colleagues in Canada have brought the subject into the open and have already begun addressing these concerns head on. It's time we do the same.

I am not implying that there is no joy or resilience in dental hygiene. On the contrary, there is much to be celebrated in our profession! In what other health profession do most patients leave with smiles on their faces, looking forward to their next appointment? Generally, we receive personal fulfillment from delivering personalized patient care, a reason many of us chose this profession. However, no one knows better than we do how physically and mentally demanding the profession actually is. We must present ourselves as sunny, smiling providers of oral health care to anywhere from eight to sixteen patients a day. And for many of us, we are expected to do so while being hungry and desperately needing to use the restroom. Some of us keep on smiling, while suffering with musculoskeletal pain. We hear distressing information from our patients or need to have difficult conversations with them. Some of us experience pressures about production. Many dental hygienists are the main breadwinners for their family. Missing work due to illness or childcare can put an enormous amount of mental and financial stress on clinicians. We may also receive unwanted attention from our patients or even our employers. The accumulation of these stressors can take a significant, but silent toll on our mental health and wellbeing.

If there is anything positive to be said about the COVID-19 pandemic, it is that the mental health crisis in dentistry and dental hygiene was brought fully into focus. We could no longer remain unaware of the problem, and it swiftly gained significant attention. Gurenlian et al., found that COVID-19 has led to an 8% decrease in dental hygiene employment, with childcare issues noted as one of the drivers for leaving the workforce.⁴ Again, as a predominately female profession, this should not have been a surprise, yet it underscores how

the pandemic exacerbated the already existing contributors to poor mental health and burnout. Personal safety was also a concern. What if we brought the virus home to our loved ones? What if we got sick? What about the physical and mental tolls the increased levels of PPE had on providers? Headaches and exhaustion were common daily side effects and being physically unwell began to impact mental wellbeing.

Dental hygiene educators were particularly impacted by the pandemic with high levels of burnout.⁵ Ever-changing protocols, challenges in sourcing PPE, supporting student learning when patient care was shut down, all while juggling their own families and responsibilities, took a significant toll on the mental health of our educators. Both faculty and students mourned the loss of community that we all know is an integral part of dental hygiene education. Our educators were thrust into unknown roles they were not prepared to take on as the pandemic took a toll on the mental health and wellbeing of their students. Students in turn, did not have access to internet or computers, had family illnesses and deaths, and encountered food and housing insecurities. During the days of isolation, the faculty were their support lifeline. But, who supported the faculty's mental health and wellbeing?

Healthy work environments do not happen by chance. We can no longer be complacent about mental health, anxiety and burnout in the dental hygiene profession. The COVID-19 pandemic has given momentum to dismantling the stigmas and taboos surrounding the mental health status of all health care providers. It is time to seize the opportunity and join with our dental colleagues and the other health professions to address mental health and wellbeing head-on. Our professional colleagues, our students, and our patients are counting on us.

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