

Digital Toolkit.

Mental Health and Well-being in the dental workplace.

Sources of stress at work

How are the different sources of stress affecting you? Reflect on the list of common stressors available on the next page, and list the top five stress sources affecting you in order of importance. Add other if needed.

Rate how easy it would be to change each of these.

My top 5 sources of stress at work				
Importance Ranking	Stress source	Ease of change 1 = very easy 5 = very hard		
1				
2				
3				
4				
5				

Common stressors identified by members of the dental team				
Dental practitioners	Dental nurses	Dental hygienist		
Time and scheduling pressures	Earning enough	Feeling an 'outsider' in the practice		
Pay-related stressors and systems of remuneration	Being blamed for mistakes	The perception that Dentists undervalue prevention		
Patients' unfavourable perceptions of dentists	Long hours	Patient appointments booked too closely together, so time management difficult		
Staff and technical problems	Being behind schedule			
Dealing with patients/ High patient expectations	Dealing with money			
Staff turnover	Feeling undervalued			
Financial worries	Difficult patients			
Too many patients				

How workplace stress is affecting you

How workplace stress affects the way you act

Thinking about the **last month**, have you noticed any of the following changes in your behaviour? Mark the changes identified with an X.

	Smoking more			
	Drinking more alcohol			
	Changes in diet (eating more, eating less)			
	Seeing less of friends			
	Taking sick leave from work			
	More arguments with colleagues			
	Working late more often			
	Missing more lunch breaks			
Number of changes identified: Date:				

How workplace stress affects your health

Thinking about the **last month**, which of the following aspects of your health have changed negatively? Mark the changes identified with an X.

Feelings of tiredness and headaches

Increased number of headaches and migraines

Increased number of colds

Indigestion

Feelings of low self-esteem

Feeling anxious

Feeling depressed

Number of changes identified: _____

Date: ____