Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.
The abstracts on this page have been chosen and edited by **Paul Hellyer.**

Failure is inevitable...

Lee J R, Gil Y M. Exploring dentists' strategies for overcoming failure in daily dental practice. *J Dent* 2022; DOI: 10.1016/j.jdent.2022.104079. Online ahead of print.

...but coping strategies can be developed.
Synonyms for failure vary from catastrophe and disaster to flop and botch. Occasionally, a restoration I had placed would fail catastrophically after only six months. Sometimes, I botched the job due to lack of time. In the high-stress environment of dental practice, how do we cope when things don't go as anticipated?

The authors here define failure as a 'deviation from expected or desired results.' Conducting one-to-one interviews with 15 experienced (>5 years since graduation) general dental practitioners revealed that all of them had experienced failure during daily dental practice. Reasons for overcoming such failures included patient safety, personal satisfaction and personal responsibility. The interviews revealed seven themes in overcoming failure:

- **Reflecting** – characteristically, dentists 'do what they always do.' When a procedure fails, the ability to think through processes, sometimes with written notes, often reveals the cause(s) of the problem
- **Learning** – online learning, reading a textbook or attending lectures, where a specialist could be questioned, enabled analysis of the causes of failure and tips to overcome the problem
- **Correcting** – modifying procedures are introduced, thus changing routine behaviours. For instance, one interviewee stated that 'before any extraction, I now carefully check the X-ray in advance'
- **Asking a colleague** – in particular, experienced colleagues whom they trust, with a view to acquiring information and gaining a variety of different perspectives on the problem
- **Referring to a colleague –** particularly when they judged the solution was beyond their competence, but sometimes because self-confidence had been lost and there was fear of further failures
- **Communicating** – not meeting the patient's expectations of treatment outcomes was perceived as a cause of failure. 'Explaining later is an excuse, whereas talking in advance is an explanation. So I am talking increasingly'
- **Adopting** – new pieces of kit, particularly in cases of endodontic failure, were frequently seen as the solution. Ultrasonics, a microscope, cone beam tomography and using newer materials such as MTA were all examples given by the interviewees.

The discussion highlights the need for dentists to hone their critical thinking skills to identify the root causes of failure and to strengthen both basic and postgraduate training to enhance practitioner confidence. The importance of informed consent in the patient:practitioner relationship and the need for dentists as lifelong learners to keep abreast of technological and material innovations are stressed.

https://doi.org/10.1038/s41415-022-4350-3

In a high-stress hospital emergency department...

Kirk K, Cohen L, Edgley A, Timmons S. "I don't have any emotions": an ethnography of emotional labour and feeling rules in the emergency department. *J Adv Nurs* 2021; **77:** 1956–1967.

...nurses have unwritten rules for coping.
Nurses working in emergency departments (EDs) in the United Kingdom are at high risk of anxiety, stress and burnout due to increased patient attendance and intense government targets. 'Changes in provider-patient relationship, acuity of patients, their complex needs, associated financial constraints and availability of resources have an impact on the pressures facing nurses.' While the emphasis in nursing is on the physicality and clinical skills of their work, many tasks are invisible and difficult to quantify. Emotional labour is defined as 'the management of feeling to create a publicly observable facial and bodily display.' It takes work to create that calm, coping carapace of the caring nurse.

Ethnography is a form of qualitative research, used to study behaviours with communities. In this study, ED nurses (n = 18) completed semi-structured interviews after 200 hours of authorial observation in their departments, in order to understand what underpins the values and beliefs which drive their behaviours – how they 'do' emotional labour. Four 'feeling rules' were established:

1. Feeling rule 1 – feel tough, fearless and detached. The 'feminine' side of nursing (showing warmth, connection and affection) frequently has to be subsumed into 'masculine', task-based behaviours in a busy ED. This results in a degree of tension as emotional labour is used as defence against building relationships and connection with patients
2. Feeling rule 2 – feel calm yet in control. In the face of time pressures, organisational priorities and a patient with a more serious condition than they realise, nurses work to mask their busyness both from the patient and from colleagues
3. Feeling rule 3 – feel empathy and do not feel resentment. All patients should be treated equally yet nurses use emotional labour 'to suppress resentment towards patients who appear to perceive that that their clinical condition should be a higher priority than it is'
4. Feeling rule 4 – do not feel (too much) distress and grief. ED nurses need to be seen to be stoic and hiding personal sadness while showing care is a difficult balancing act. There is frequently no space to process their own upset, other than the sluice room or the corridor.

Understanding emotional labour is complex but is closely associated with staff wellbeing. Different roles will have other, more diverse emotional challenges. The consequence of these challenges – anxiety, stress and burnout – could equally apply to dentistry. The authors conclude that their findings 'may offer a starting point for research into other distinctive healthcare contexts.'

https://doi.org/10.1038/s41415-022-4363-y

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