

1 **Evaluating the stress-response of dental students to the dental**
2 **school environment.**

3 Katarzyna Mocny-Pachońska DDS, PhD¹, Rafał Doniec PhD², Agata Trzcionka DDS, PhD¹, Marek
4 Pachoński DDS³, Natalia Piaseczna², Szymon Sieciński², Aleksandra Osadcha⁴, Patrycja Łanowy¹,
5 Marta Tanasiewicz DDS, Prof.¹

6 ¹ Medical University of Silesia, Faculty of Medical Science

7 Department of Conservative Dentistry with Endodontics

8 Pl. Akademicki 17, 41-902 Bytom, Poland

9 ² Silesian University of Technology, Faculty of Biomedical Engineering

10 Department of Biosensors and Biomedical Signal Processing

11 Roosevelta 40, 41-800 Zabrze, Poland

12 ³ Pachońscy Dental Clinic

13 Lubliniecka 38, 42-288 Strzebiń, Poland

14 ⁴ Silesian University of Technology, Institute of Mathematics

15 Kaszubska 23, 44-100 Gliwice, Poland

16 Corresponding Author:

17 Katarzyna Mocny-Pachońska DDS, PhD

18 Department of Conservative Dentistry with Endodontics

19 Pl. Akademicki 17, 41-902 Bytom, Poland

20 Email address: kpachonska@sum.edu.pl

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39 **Abstract**

40 **Introduction and Objective.** Dentists experience high amounts of professional stress beginning
41 with their student years in dental school. This stress, given its early onset, may negatively impact
42 the personal and professional lives of these individuals, as well as the quality of their clinical work.
43 We sought to create an objective scale to evaluate the levels of stress in students at different stages
44 of their education, as well as in practicing physicians.

45 **Materials and Methods.** 30 dental students participated in this study, with 10 students each
46 selected from junior, mid-senior, and senior classes. They were randomly divided into two groups
47 in which one group was subjected to stressors while the other group was not. JINS MEME ES R
48 (JINS) smart glasses and Garmin Vivoactive 3 smartwatches were used to obtain data, including
49 electrooculography (EOG), heart rate (HR), and accelerometer (ACC) and gyroscope (GYRO)
50 feedback, while the subjects performed a dental exercise on a phantom tooth.

51 **Results.** The heart rates of more experienced students were lower than those of the junior students.
52 The EOG, ACC, and GYRO signals showed multiple differences in the measurement of amplitudes
53 and frequency of episodes.

54 **Conclusion.** Our pilot results show that electronic tools, like smart glasses with software and
55 sensors, are useful for monitoring the stress levels of dental students in preclinical operating
56 conditions. We would like to further assess the stress levels in students performing dental
57 procedures on phantom teeth and in later clinical interactions with patients.

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68 **Introduction**

69 Dentists experience high levels of professional stress which can negatively affect them from

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260 their student years working with phantom teeth through their preclinical and clinical practice years
261 [1].

262 Stress related to dental school can negatively impact a dentist's personal and professional
263 life, particularly with regard to the quality of their clinical work [2-6]. Stress resulting from external
264 physical or mental factors can affect an individual's physical and psychological well-being and
265 may reduce work efficiency and impact the accuracy of diagnostic and therapeutic decisions [2,4].

266 It is difficult to predict and control reactions to external stressogenic situations. During
267 stressful conditions, the hypothalamus-pituitary-adrenal (HPA) axis and the sympathetic nervous
268 system (SNS) are activated. The nervous system becomes aroused in periods of stress or danger,
269 which affects an individual's reactions. Responses to stressful situations vary among individuals
270 due to diverse perceptions of circumstances. The stress response is more highly aroused when a
271 stressor is directed in a personal manner and continues with the ongoing risk of threat [7,8].

272 Studies have shown that students from medical universities are more prone to psychological
273 problems due to unique stressors, including the demands of their education and special expectations
274 compared to students of humanities and technical faculties [3]. Dyrve et al. (2006) reported that
275 medical students experience high levels of anxiety and depression [9]. Mohammad et al. (2019) and
276 Brazeau et al. (2014) confirmed that depression in dental students and interns appears more
277 frequently than in the general population, with evidence of mental health deterioration over the
278 course of their medical training [10, 11]. Faris et al. (2016) emphasized that the third and fifth years
279 of dental and medical studies are highly associated with depressive symptoms in students [1].

280 Dental school is a significant source of stress for dental students who are required to practice
281 in a professional manual workshop for clinical work, establish direct patient contact, and manage
282 patient stress. These stressors are in addition to their rigorous educational challenges, which include
283 providing care for patients and performing treatments that could cause harm if performed
284 improperly.

285 Dental students must deal with life-threatening conditions, work long hours, undertake a
286 demanding workload, and master an intense theoretical education [4]. Studies show that young
287 dental students can significantly improve complicated fine motor skills, such as performing dental
288 work while looking in a mirror with practice [12].

289 Dental students appear to be more at-risk for stress than students from other faculties,
290 including medical students, because the need to acquire extensive knowledge is combined with
291 manual training, which is practiced in a preclinical simulation center and then in clinical practice
292 [13].

293 When training in clinical practice, students have direct contact with patients who may be in
294 pain and fearful of dental examinations and procedures [13]. Our findings support the results
295 demonstrated by Abu-Ghazaleh et al. (2016) that stress in dental students at the University of Jordan
296 increased over the years of the clinical training; fifth-year students showed especially high levels

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540 of psychological stress due to an increased awareness of the expectations and responsibilities of
541 their work [14]. The negative impact of depression on dental students is replaced by stress resulting
542 from the need to cope with professional duties and full-time clinical work, and the need to
543 simultaneously carry out continuing postgraduate education [15].

544 Stress adversely affects the quality of patient care, patient safety, and professionalism, and
545 its effects extend to the community at large [1]. Therefore, given the high rate of depressive
546 symptoms in dental students, stress levels and their causative factors should be determined and
547 preventive measures should be considered [16].

548 Davidovich et al.'s (2015) research comparing students and experienced professionals
549 shows that stress levels are significantly higher among newcomers to clinical practice. Junior
550 students rely on theoretical knowledge from preclinical classes, which may not yet be sufficient,
551 and are typically anxious about using dental equipment with precision [16].

552 Piazza-Waggoner et al. and Davidovich et al.'s (2003, 2015) investigations confirmed that
553 dental students practicing on patients in a clinical setting have a particularly high level of stress
554 during the implementation of procedures related to invasive work on patients, especially when
555 practicing on a child [3, 16].

556 The environment in which students perform their clinical work is also significant. The
557 possibility of being able to perform tasks in silence, under time constraints while being able to
558 complete the task satisfactorily, and the knowledge of how to deal with stressful situations are
559 factors that influence a student's quality of work [17, 18].

560 Several recent studies have investigated the effectiveness of interventions such as
561 psychoeducational interventions, music therapy, and Progressive Muscle Relaxation (PMR) to cope
562 with student anxiety or stress before academic exams or evaluations [19, 20, 21].

563 Researchers have not yet confirmed that relaxation or stress management techniques are
564 effective in reducing the fear of working in a clinical setting [16]. It is difficult to accurately identify
565 a person's cognitive state but it is important to have an objective real time evaluation for dentists
566 because their cognitive state can influence their performance.

567 Researchers typically rely on psychological measurements to collect data [22, 23]. However,
568 future research should determine whether differences in the prevalence of severe depressive
569 symptoms among students in different disciplines are due to the innate nature of the discipline, the
570 type of curriculum being studied, or the intellectual and manual skills required [1].

571 Objectives

572 We conducted an arbitrary, measurable study of the arousal level of 30 dental students in
573 their third, fourth, and fifth years of study. Results were measured by blink occurrence, speed, and
574 strength; vertical and horizontal eye movement; head movement (rotation roll, pitch, and yaw), and
575 changes in heart rate measured by JINS smart glasses and a GPS smartwatch, with and without

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812 stress stimulation. We created our own protocol for stress simulation based on literature data [24, 813 25]. The first measured stressor was shaping a cavity in a tooth in a limited time under the careful 814 supervision of a teacher. The second stressor was creating the shape of a cavity similar to the matrix 815 of the cavity. The third stressor was a lack of information on how to prepare the cavity. The control 816 group of students without the stress simulation protocol underwent a session of muscle relaxation, 817 music therapy, and were given full information about the task to be performed. We sought to 818 standardize the measurement method that could be used in further studies using JINS smart glasses.

819 Materials and Methods

820 Technology used

821 We used JINS MEME ES R (JINS) smart glasses with three-point electrooculography (EOG) 822 and six-axis sensors (an accelerometer and a gyroscope) to detect the following actions: blink 823 occurrence, speed, and strength; vertical and horizontal eye movement; and head movement 824 (rotation roll, pitch, and yaw) [26].

825 Participant's heart rates (HR) were measured using the Garmin Vivoactive 3 GPS smartwatch with 826 a heart rate sensor located on the back of the device, which displayed the current heart rate in beats 827 per minute (bpm). A graph of the heart rate was also displayed on the device.

828 Research group

829 The research participants were 30 third-, fourth-, and fifth-year students (junior, mid-senior, 830 and senior, respectively) of the Dental Division of Silesian Medical University, Katowice, Poland. 831 Ten students were selected from each year group and randomly classified into two equinumerous 832 subgroups: a Management Anxiety Group (MAG) and an Uncontrolled Anxiety Group (UAG). 833 Participation in the study program was determined by the schedule of didactic classes that coincided 834 with the start date of the experiment. Study subgroups were randomly assigned from a closed pool 835 of tickets marked MAG or UAG.

836 The MAG received a session of PMR and music therapy, detailed and precise information 837 about the task to be performed (analysis of the 3D model, and measurements of the range, shape, 838 and depth of the tooth's cavity, both without any time limit), and recommendations to fully 839 concentrate on precision shape modeling. Relaxation procedures were guided by an experienced 840 physiotherapist [27]: subjects were placed in a room with dimmed lights and sat in chairs to relax 841 the main muscle groups and relieve tension. Relaxing music was also played from a portable audio 842 system using a CD played at a volume of 50-60 DB.

843 The UAG was not given any information or recommendations and did not undergo 844 relaxation training. The UAG was given a time limit to prepare the cavity. The procedure was 845 conducted under careful teacher supervision but without assistance. The teacher was tasked with 846 informing the students of the passing time at 10 second intervals as well as evaluating their work 847 using the phrase: 'It's bad, not good, hurry up' [24,25].

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1113 All participants were equipped with a set of monitoring devices (the smart glasses and
1114 smartwatch) during the cavity preparation procedure to measure the vital signs that defined their
1115 stress intensity.

1116 Experiment

1117 Students were asked to perform the preparation of a cavity in a standard phantom molar, tooth 36,
1118 of a 1:1 scale (Frasaco GmbH, Germany) with limited or unlimited time, depending on the group they were
1119 assigned to. The matrix with the outline of the cavity was prepared beforehand (Figure 1).

1120 They used a Round End Taper NTI Rotary Dental Instruments burr with head length 4 mm;
1121 diameter .009 mm; grit medium.

1122 The participants performed the procedure with high speed ending (350.000 revolutions per
1123 minute) and water cooling. A pattern of the cavity outline was presented on a model (Figure 2)
1124 prepared using a 3D printer (Formlabs 2). The model was characterized by the following features:
1125 magnification x10, material: Photopolymer Resin Black FLGPBK04, volume: 389.82 ml, layer
1126 thickness: 0.025 mm, number of layers: 3312, print time: 57 h 13 min.

1127 After a one-week period, the participants switched experimental groups and performed the
1128 same procedure, allowing us to determine the differences between MAG and UAG data for the
1129 same individual.

1130 Data acquired from the smart glasses worn during the experiment were divided into three
1131 parts:

- 1132 I. electrooculography (EOG),
- 1133 II. acceleration (ACC),
- 1134 III. gyroscope (GYRO).

1135 The data collected during the first four seconds of the experiment (when the participant
1136 started the procedure) and the last four seconds (when the procedure was completed) were not used
1137 for analysis, as the largest change in values were observed during that time.

1138 60 experiments were conducted and one common episode that caused rapid rises of
1139 amplitude in a signal was chosen to properly evaluate the results. Consent for the experiments was
1140 issued by the Ethical Commission of Medical University of Silesia with resolution number
1141 KNW/0022/KB1/79/18 on October 16, 2018. All participants gave their written consent prior to
1142 the start of the study.

1143 Statistical procedures

1144 Statistical analysis was performed using Statistica Version 9.0 (MUS Katowice, Poland).
1145 Results are presented as mean and standard deviation (SD). Statistical analysis of HR values
1146 revealed that all distributions were normally distributed. Differences among groups were analyzed
1147 using the Student's t-test. A Shapiro-Wilk test of normality was performed. A one-way analysis of

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1434 variance was used to compare the groups. Fisher's LSD variant was used for two-tailed post hoc
1435 tests in justified cases of this test (two cases).

1436 Results

1437 A. HR Data

1438 The Student's t-test was used to evaluate the differences in the before and after results from
1439 the UAG and MAG groups. Statistically significant differences were only found in the mid-senior
1440 UAG ($p=0.02$) (Table 1). The heart rate in this group gradually decreased while performing the
1441 dental task, which implies that stress management training is useful for less experienced students.

1442 The ANOVA test was used to compare HR values among the UAG and it revealed significant
1443 differences between the year groups (Figure 3). The post hoc test results show that significant
1444 differences occurred between the third- and fourth-year groups (Table 2).

1445 The results of the ANOVA test in the UAG show significant differences in HR between year
1446 groups. The post hoc test results show significant differences when comparing juniors with mid-
1447 seniors, and mid-seniors and seniors with mid-seniors. Mid-year seniors had a lower HR than
1448 juniors and seniors. There is no statistically significant difference in HR between juniors and
1449 seniors (Figure 4, Table 3).

1450 No statistically significant results were obtained for the MAG (MAG before; $p = 0.69$, MAG
1451 after; $p = 0.13$). The anti-stress training indicates that HR values did not differ significantly.

1452 B. Data from EOG

1453 Data were collected on blinks, squinting of eyes, and probable change of sight directions.
1454 There were higher amplitudes and more frequent episodes demonstrated by seven participants in
1455 the UAG (Figure 5), while their counterparts in the MAG received lower scores (Figure 6). There
1456 were more frequent blinks and squints, and higher muscle tension in eyes in the UAG.

1457 The number of episodes of saccades and blinks was determined as the number of local
1458 maxima of the moving average of the EOG_H signal. EOG_H was used to find these episodes
1459 because, according to the producers of the JINS glasses, the greatest changes in EOG while blinking
1460 occur in the horizontal component of this signal. The signal processing steps are as follows:

- 1461 1. Zero-phase 3rd order band-pass Butterworth filter (frequency range 1-35 Hz). Filtration was
1462 performed in MATLAB R2019b using the filtfilt function. The frequency range of the band-
1463 pass filter was chosen based on [28].
- 1464 2. Median filtration using 5th order median filter.
- 1465 3. Moving average FIR (finite impulse response) filter (window-width of 45 samples).
- 1466 4. Finding local maxima using findpeaks function (Figure 7).

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1739 Based on the comparison of the mean number of peaks, mid-senior and senior MAG students had
1740 a lower number of peaks than students from the UAG. The MAG had a higher number of peaks
1741 than the UAG in junior-level students (Table 4).

1742

1743 C. Data from ACC and GYRO

1744 Data from the gyroscope were observed as tilts of the head along each plane of the body.
1745 Accelerometer data were collected from movements of the head, and their acceleration and intensity. The
1746 complete information about the dynamics of the head movements was acquired from both the
1747 accelerometer and gyroscope.

1748 The average acceleration (ACC) of juniors and seniors in the UAG and MAG on the x- and
1749 y-axes was higher in the UAG than in the MAG, but was lower on the z-axis. The amplitude of the
1750 gyration on x-axis head tilts were larger for all students (junior, mid-senior, and senior) in the UAG
1751 than for the MAG.

1752 The standard deviations of the head rotation angles were high when considering the average
1753 (Table 5).

1754 The ACC X signal was used in further analyses because of the differences in amplitude
1755 among all study groups (Figures 8-9).

1756 Each of the students who took part in the examination was added to the histogram. Three
1757 ranges were proposed from minimum to maximum ACC X, with the arousal flagged. The mean
1758 values of ACC X signal amplitudes were calculated for each of the students from the UAG and
1759 MAG in order to compare his/her stress management abilities (Table 6).

1760

1761 The following ranges were determined based on the data:

- 1762 1. -1509 to -726; low level of arousal;
- 1763 2. -726 to 57.7; normal level of arousal;
- 1764 3. 57.7 to 841; high level of arousal;

1765 Students were classified as having a particular range of arousal based on their medium
1766 values. The greatest number of students were characterized by normal arousal levels in both the
1767 UAG and MAG. High level of arousal was observed in three participants: two seniors from the
1768 UAG and one senior from the MAG (Table 7).

1769 Simultaneous movements of both eyes in the same direction are called saccades. Typical
1770 characteristics of saccadic movements are 400° for the maximum velocity, 20° for the amplitude,
1771 and 80 ms for the duration. Fixations are static states of the eyes during which the gaze is held at a
1772 specific location [29]. Humans typically alternate saccadic eye movements and fixations while
1773 perceiving their environment, and the ACC signal and the EOG signal are needed to evaluate these
1774 motions.

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1972 The pilot scale of arousal was created to determine levels of stress, however, its usefulness
1973 should be confirmed in further research. There is an arbitrarily measurable difference in ACC and
1974 EOG when using JINS glasses and, inversely, eye movements can be tracked by analyzing the
1975 changes in the EOG signal. The electrode pairs capture the horizontal and the vertical components
1976 of eye motion.

1977 EOG requires good electrode placement on the horizontal and vertical axes of eye motion.
1978 to prevent crosstalk between both components. Typically, the signal amplitudes resulting from
1979 horizontal eye movements are larger than those from vertical movements. Therefore, crosstalk
1980 affects the vertical component more severely. Signal crosstalk poses problems for the robust
1981 detection of eye movement events and eye gaze tracking for which both components need to be
1982 analyzed simultaneously. In the human eye, only a small central region of the retina, known as the
1983 fovea, is sensitive enough for most visual tasks. There are differences between the measurements
1984 of HR and gyration in a student who has knowledge of stress and stress-management techniques
1985 and a student who does not [30].

1986 The statistical tests and histograms obtained from data from the JINS glasses and pulse rates
1987 enabled us to systematize and determine a scale for the differences caused by stress.

1988 Summary of the results

1989 We found that stress management training helped one subject from the senior group to
1990 progress from a high level of arousal to a low level of arousal and one subject from the mid-senior
1991 group moved from the low arousal level to the normal arousal level after training. According to the
1992 literature, arousal may be helpful in a high-pressure situation. Body signals resulting from stress,
1993 including butterflies in the stomach, increased heart rate, and muscle tension, are associated with
1994 an adaptive stress reaction and improved task performance [31]. We found no direct relationship
1995 between eye movement and the definition of stress. However, we were able to demonstrate with
1996 JINS glasses that the training had an effect on eye movement. We also found that mid-senior and
1997 senior MAG students had a lower number of peaks, which may indicate the effectiveness of anti-
1998 stress training.

1999 Discussion

2000 According to the literature, dental students experience considerable stress and depressive
2001 symptoms during their theoretical and hands-on training [1, 5-6, 18]. Dental schools are known for
2002 their highly demanding and stressful learning environments and high levels of depression among
2003 their students, which is more pronounced in women [1].

2004 The most common data collection method to evaluate stress levels are questionnaires, such
2005 as the Dental Environment Stress (DES) questionnaire [32-33], or the Depression, Anxiety and
2006 Stress Scale (DASS-21) [34]. We sought to determine the usefulness of JINS glasses for the
2007 assessment of stress levels among dental students when they perform dental procedures. The
2008 experiment was performed using phantom teeth to avoid patient contact and remove the stress

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variable of the subjects' awareness of working on live patients. The student's stress was related to the time restriction and the need to precisely perform the dental procedure. The usefulness of the tools (the smart glasses and the smartwatch) was assessed to measure objective symptoms and to control the vital parameters that confirmed anxiety and stress.

The JINS glasses have been used for the objective evaluation of physical parameters directly related to the intensification of stress [23]. We used JINS glasses for the first time with dental school students during their performance of a task to evaluate and obtain data for analysis and further classification.

There are few reports in the literature on tools used for measuring and analyzing the objective responses of the body to increasing levels of stress and only one pilot study on the subject concerning the area of dentistry. Hunasgi et al. (2018) used the sensor and software located in smartphones to record and analyze the heart rate, oxygen saturation, and stress in dental students before and after their university practical exam [35].

Our own pilot study was conducted using a phantom clinical simulation. The least experienced students felt the highest level of stress while fifth year students who had worked with living patients managed their stress better. These results are consistent with the literature [3, 13, 16], which indicates that clinical work with a living patient is more stressful than the first contact with mechanical dental equipment and the precise preparation of the cavity in a phantom tooth, despite having additional training or experience.

Our results are similar to other studies that also had a limited number of participants and data, and reveal that electronic tools with software and sensors can be used to detect stress levels at any point of time. The JINS glasses were calibrated in preclinical operating conditions, and the graphs were analyzed to preliminarily determine the readings that corresponded with a particular stage of concentration or stress. We intend to continue this study by assessing the stress levels of large groups of students performing dental procedures, including students practicing on phantom teeth and later on patients. We will compare the results to the patterns obtained in this preliminary experiment.

2203 Conclusion

Our pilot study shows that electronic tools, such as the JINS glasses with software and sensors, can measure different levels of stress experienced by dental students in preclinical operating conditions. We currently lack a clear definition of the states of stress. However, research using modern wearable devices can record baselines and establish patterns of stresses to allow for accurate assessments and management of stress in the future.

Future research should seek to determine whether the prevalence of severe depressive symptoms among students in different disciplines is due to the innate nature of the discipline, the type of curriculum being studied, or the forms of knowledge and manual skills required.

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2505 **Acknowledgements**

2506 The authors wish to thank all of the students who participated in this study.

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