

RESEARCH REPORT

Burnout among Dental Professionals Before and During a Public Health Crisis

Causes, Consequences, and Next Steps

SUGGESTED CITATION:

CareQuest Institute for Oral Health. *Burnout among Dental Professionals Before and During a Public Health Crisis: Causes, Consequences, and Next Steps*. Boston, MA: CareQuest Institute, July 2022.

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Burnout among health care professionals was on the rise even prior to the COVID-19 public health crisis,¹ and dental providers are not immune from its effects.

Professional burnout is defined as “a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job.”² Key features of professional burnout include exhaustion, feeling cynical about and detached from one’s own work, and “a sense of ineffectiveness and lack of accomplishment.”² In addition to psychological distress, burnout can cause physical symptoms such as inability to sleep, stomach disturbances, and headaches.³ Burnout among dental providers is also linked to use of alcohol and drugs to manage feelings of stress.⁴ Although suicide rates in the dental profession have decreased over the last few decades,⁵ job-related burnout is associated with a higher risk of death by suicide, particularly among health care workers.⁶

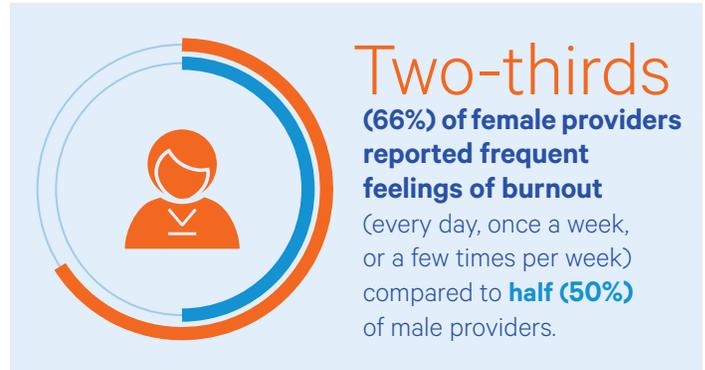
A survey of dentists in the United States (US) completed prior to the onset of COVID-19 suggested that nearly one in seven dentists experienced burnout,⁷ and this number surely increased due to stressors associated with the pandemic. Frequent sources of stress for dental providers include

maintaining an on-time schedule,⁸ treating “challenging” (i.e., aggressive or demanding) patients,⁹ managing staff relations,¹⁰ worrying about potential errors and litigation,¹¹ and dealing with physical pain, particularly back and neck pain.¹² Studies since the onset of the COVID-19 pandemic have shined a light on increased stress and anxiety among dental providers, exacerbated by fear of COVID-19 exposure in the workplace,^{13,14} work-related changes due to the pandemic,¹⁵ and unique financial stressors associated with public health restrictions.¹⁶

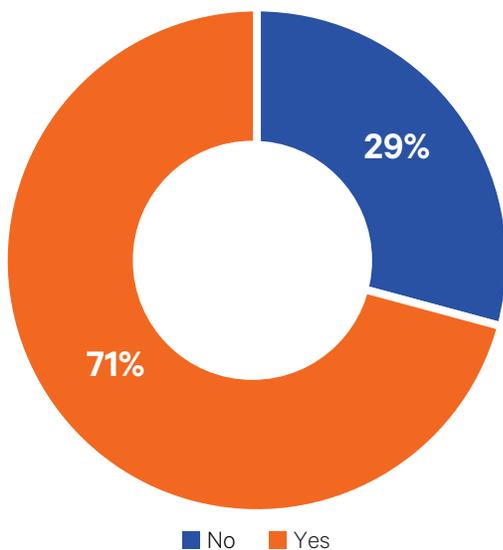
CareQuest Institute for Oral Health® conducted a survey of 377 dental providers (general dentists and specialists) from March 9 to April 2, 2021, regarding providers’ perceptions of the impact of the COVID-19 pandemic on the dental profession. Oral health providers described experiencing increases in professional burnout during the beginning of the pandemic. However, this sense of increased burnout did not affect all dental providers equally, with differences by gender, age, race, and ethnicity emerging.

Burnout Affects Oral Health Providers Differently Across Demographic Groups

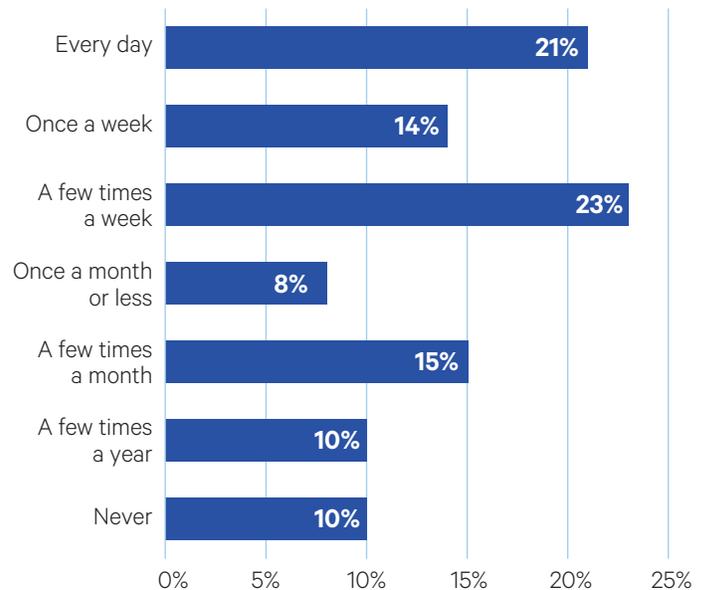
Nearly three-quarters (71%) of oral health providers said their feelings of burnout had increased since the start of the COVID-19 pandemic, and 58% said they experienced feelings of burnout due to work a few times per week or more. Two-thirds (66%) of female providers reported frequent feelings of burnout (every day, once a week, or a few times per week), compared with half (50%) of male providers. Frequent feelings of burnout were reported most by the youngest group of providers (ages 18–34; 71%). The oldest provider groups (55–64 and 65 and over) were least likely to report frequent feelings of burnout (46%).



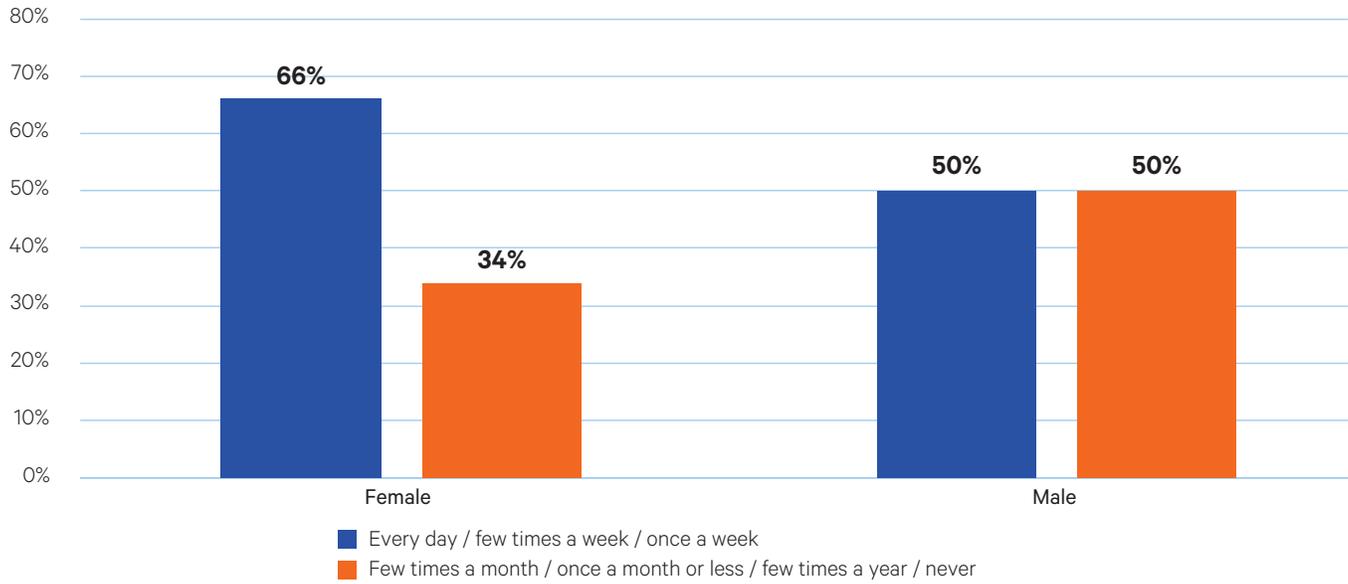
Increase in Burnout Due to Work Since the Beginning of the COVID-19 Pandemic



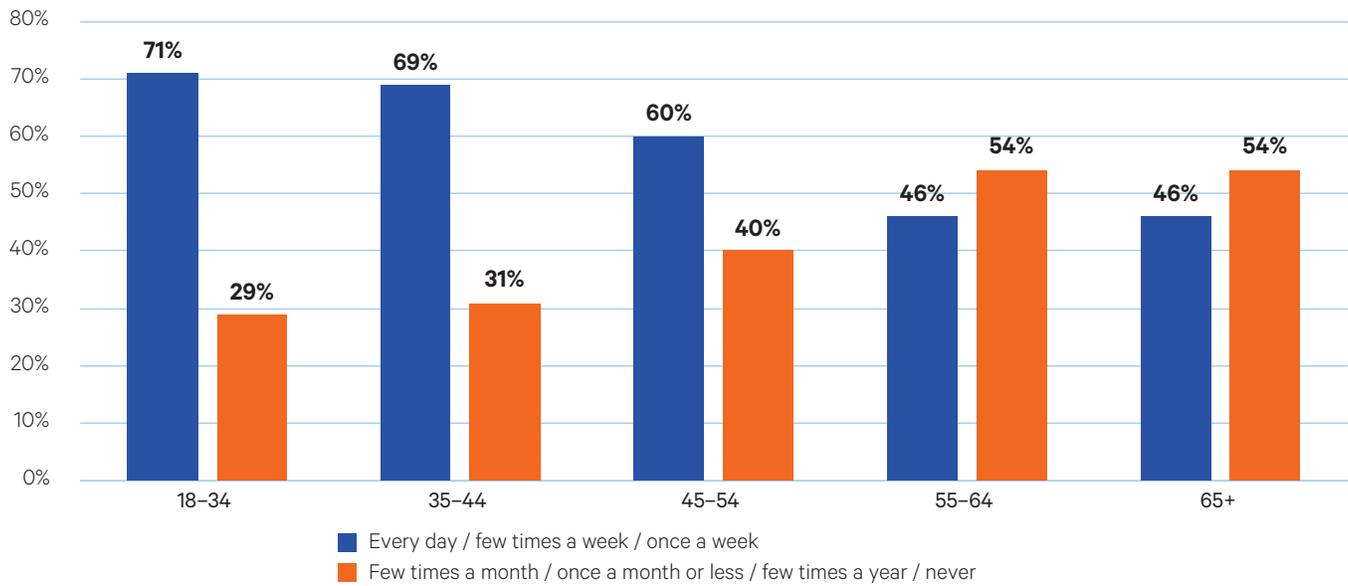
Increase in Burnout Due to Work Since the Beginning of the COVID-19 Pandemic



Frequency of Feelings of Burnout Due to Work by Gender



Frequency of Feelings of Burnout Due to Work by Age Groups

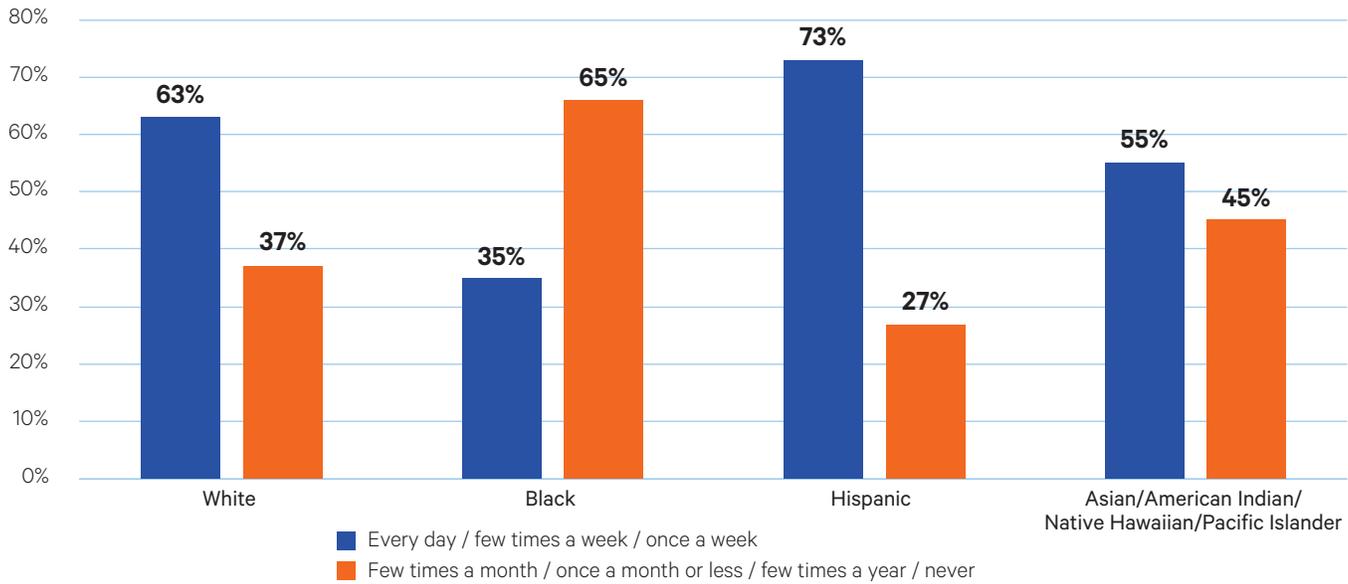


The survey also uncovers some differences in burnout by race and ethnicity. Oral health providers identifying as Hispanic reported burnout symptoms due to work in greater proportions (73%) compared with individuals identifying as white (63%), Asian/American Indian/Native Hawaiian/Pacific Islander (55%), or Black (35%). Black oral health providers were the only providers who were more likely to report experiencing burnout infrequently (a few times per month or less) than frequently (once a week or more).



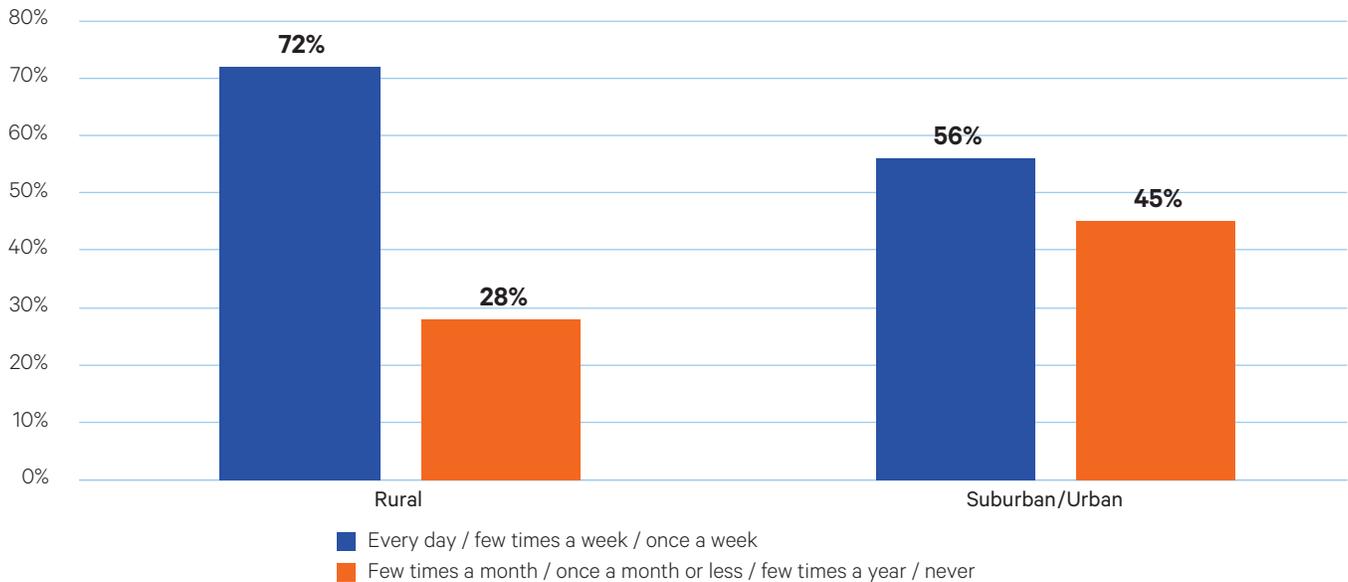
Oral health providers identifying as **Hispanic reported burnout symptoms due to work in greater proportions (73%)** compared with individuals identifying as white (63%), Asian/American Indian/Native Hawaiian/Pacific Islander (55%) or Black (35%).

Frequency of Feelings of Burnout Due to Work by Race



Burnout frequency was related to practice location. Oral health providers practicing in rural areas experienced frequent burnout at higher rates (72%) than providers in suburban or urban areas (56%).

Frequency of Feelings of Burnout Due to Work by Location

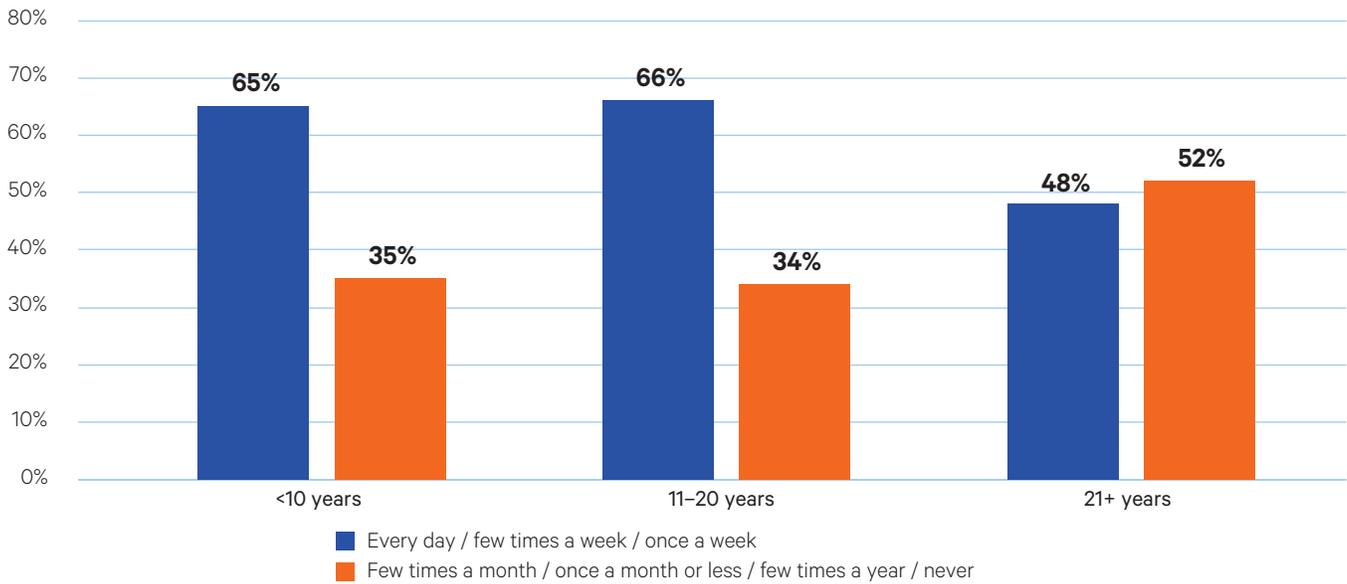


More years in dental practice were associated with lower levels of frequent burnout. While two-thirds (65% of those with 10 years or less of years in practice, 66% of those with 11–20 years) of providers who had been in practice for 20 years or less experienced burnout frequently, fewer than half (48%) of those with 21 years or more of practice experience reported frequent burnout.



While two-thirds (65–66%) of providers who had been in practice for up to 20 years or less experienced burnout frequently, less than half (48%) of those with 21 years or more of practice experience reported frequent burnout.

Frequency of Feelings of Burnout Due to Work by Years in Practice



Resources Are Available to Help Oral Health Professionals with Burnout

The first step in addressing burnout is recognizing when it is occurring. Tools like the [Dental Burnout Self-Assessment](#) can help identify specific symptoms that members of the dental team experience. Once burnout is identified, [changes can be made](#) on individual and team levels to emphasize self-care (e.g., nutrition, exercise, sleep hygiene, and social connection) and restructure the work environment to reduce job stressors.

The American Dental Association (ADA) recognizes the impact of burnout and other mental health issues on dental professionals and has taken steps to provide additional support to those experiencing symptoms of burnout. The ADA also provides a set of resources focused on health and wellness, and each of the 50 US states has [its own well-being program](#) designed for dental providers. Additionally, the ADA offers a one-page handout designed to identify [whether a dental team member needs additional support](#). It has also launched a podcast called [Beyond the Mouth](#) that addresses nonclinical issues that affect dental providers and their teams. One episode specifically addresses the [issue of burnout](#).

In 2022, the US Surgeon General released an [advisory report on health care worker burnout](#) that provides extensive guidance on ways that health organizations can help prevent burnout. The report gives suggestions for health workers (pages 54–55 of the report), such as learning to recognize signs of distress in themselves and their colleagues, developing and maintaining a support system, establishing self-care habits, and advocating for positive change in their own workplaces. The report also presents additional resources, including a [“Rescue Package”](#) from the National Academy of Medicine (part of the [“All In — WellBeing First for Healthcare”](#) campaign) that outlines five key actions that leaders in health care can take to best support their teams. Further resources on health worker burnout are available through the [US Department of Health and Human Services](#).

If you or someone you know is struggling with thoughts of suicide, please contact the [National Suicide Prevention Lifeline](#):



call or text 988

or 1-800-273-8255

(voice or text)

or visit

<https://suicidepreventionlifeline.org>.

For other support with burnout or other mental health issues, national resources are available through the [National Institute for Mental Health \(NIMH\)](#), the [Centers for Disease Control and Prevention \(CDC\)](#), and the [National Alliance on Mental Illness \(NAMI\)](#).

Methodology

CareQuest Institute for Oral Health assembled a research panel of DentaQuest-enrolled providers to conduct a series of quarterly online surveys to further examine the trends, patterns, and impact of the COVID-19 pandemic in dentistry. The request to join the research panel was sent to 22,075 providers. Of these, 575 providers agreed to participate and were eligible, for a participation rate of 2.5%. Eligibility was assessed by age (18+) and having a high degree of familiarity with their dental office's patient volume, staffing, dental insurance carriers, treatment protocols, and the office's pre- and post-COVID finances. The research panel is substantially similar to the population of dental providers as a whole in terms of geographic distribution, specialty, and gender. The results in this report come from the first quarterly survey, which was fielded from March 9 to April 2, 2021. Up to four reminders were sent to prompt completion. A total of 377 dental providers partially or fully completed the survey, for a response rate of 63% of those who agreed to participate.

Acknowledgments

The authors would like to acknowledge the contributions of Asma Hussain, BS, and Peggy Timothé, DDS, MPH, of the Texas A&M College of Dentistry, along with the contributions of Lisa J. Heaton, PhD, Adrianna Sonnek, MPH, and Eric P. Tranby, PhD, of CareQuest Institute for Oral Health, Abby Kelly, MS of PPD, Inc., and Julie Frantsve-Hawley, PhD, of TAG Oral Care Center for Excellence.

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