

## North Carolina Health Workforce Sentinel Network *Findings Brief: Dental Practices*

During October and November 2021, healthcare employers in North Carolina reported on their current workforce needs. Employers answered a series of questions about staff vacancies, turnover, training/onboarding priorities, and the effect of the COVID-19 pandemic over the past 6 months (roughly May-October, 2021). This brief summarizes the responses from **dental practices** to some of these questions. More findings, including current pandemic-related concerns and responses from other health care settings, may be viewed at [nc.sentinelnetwork.org/findings/](https://nc.sentinelnetwork.org/findings/).

### Dental Practices

26 Responses

**Top occupations with exceptionally long vacancies**  
(% of 26 responding dental practices reporting long vacancies for these occupations):

1. Dental Assistant (14 – 54%)
1. Dental Hygienist (14 – 54%)
2. Dentist (6 – 23%)
2. Office Staff/Front Desk Staff (6 – 23%)

- Multiple reports of retirements of longtime employees at all levels, with subsequent difficulty in filling those positions.
- Multiple reports of employees requesting higher wages than the practice was willing to pay, and of employees leaving for higher-paying positions.

**Reasons for long vacancies and high turnover reported by dental practices:**

**[Dental Assistant]** *“Not enough experienced dental assistants applying. When we have qualified experienced dental assistants apply, many times they have turned down job offers from us as they’re using as a leverage to get increase in salary from their current employer”*

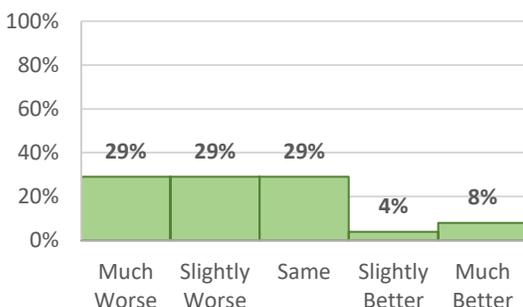
**[Dental Assistant]** *“We have had working interviews with many candidates and they are poorly trained and need too much work/are unwilling to be brought up to speed. There is also significant vaccine [hesitancy]”*

**[Dental Hygienist]** *“We are experiencing a severe shortage of RDH’s. We have been advertising in many ways and spent a lot of money for months and have come up with no one. We hear RDH’s want more pay and we are willing to pay more, but no one has even applied to our office and we are hearing the same from other offices in the area”*

**[Dentist]** *“Not enough orthodontists looking to work as associates or willing to work in underserved areas”*

**[Office Staff/Front Desk Staff]** *“No one grows up wanting to be a dental insurance coordinator. Very difficult to train. Insurance companies make sure this is the case”*

**In the past 6 months, has COVID-19’s impact on your workforce gotten better, stayed the same, or gotten worse?**  
(% of 24 responses to this question)



**Comments on COVID-19 workforce impact over May-October 2021:**

**[Much Worse]** *“The longer folks have stayed out the harder it is to recruit them back in. High demand for limited pool of available workers who now command much higher wages”*

**[Slightly Worse]** *“I have had multiple staff members miss work because of exposure or quarantine and it is almost impossible to find people to fill in for them”*

**[Same]** *“Persists in creating additional challenges and required man hours to accomplish traditional operation”*

**[Much Better]** *“Once new protocols were established to make a safe working environment... we [were] able to resume traditional dental care”*

**NC Sentinel Findings Brief: Dental Practices**

**What are your top workforce needs that could be alleviated by policy, regulatory, and/or payment changes?**

Need	Suggested Changes
<p><b>More Qualified and Available Dental Assistants and Dental Hygienists</b></p>	<p><b>Many suggested increasing the number of training programs or increasing the class sizes of existing programs. One suggested reinstating a federal program for funding new programs. One suggested adding a new type of training program.</b>  <i>“[M]ore quality [dental assistant] schools or increase numbers of students per school”</i>  <i>“More availability of training programs that are [American Dental Association] certified”</i>  <i>“[I]ncrease funding/class size in community college dental hygiene programs”</i>  <i>“Reinstitute the federal program that provided funds for new schools to produce more hygienists. This was shut down...due to some fraud. It would have been better to punish those who were [acting] fraudulently rather than scrap the program”</i>  <i>“Have training for DA1, a shorter program to train for dental hygienist assistant”</i></p> <p><b>Some suggested adding supports or adjusting other incentives to encourage workers to rejoin the workforce.</b>  <i>“Increase hygiene [and assistant] workforce by allowing K-12 schools to return to normal, eliminating COVID related unemployment benefits”</i>  <i>“Government subsidized childcare [for staff]”</i>  <i>“End unemployment pay”</i></p> <p><b>Others suggested decreasing regulatory requirements.</b>  <i>“Dental assistants...should...be apprenticed. No need for certification”</i>  <i>“Changing the policies in NC to allow for reciprocity between state lines for [dental hygienists]”</i>  <i>“[Make it] easier for [dental assistants and hygienists] with out of state license[s] to move to NC”</i></p>

**How has your facility’s staffing arrangements/configurations affected your ability to respond to patient demand in the past 6 months?**

An overwhelming majority stated that staffing difficulties have reduced the number of patients the practice can see in a day, increased the need to cancel and re-schedule patients, and delayed appointments for routine services.

- “Patients have had to wait longer than normal for appointments and we have a wait list for check ups”*
- “Unable to schedule patients, reduced patient visits due to less staff”*
- “Have had to cancel and reschedule patients due to not enough providers”*

**To what extent have you observed burnout as a workforce issue in the past 6 months?**

Most reported staff were experiencing burnout due to increased hours, less support, and the stress of interacting with patients about safety protocols.

- “Fewer staff are working longer hours and seeing more patients. This is a recipe for burnout and is unsustainable”*
- “Because of the underlining stress that we all carry related to covid for the last 2 years, everyone seems to have more exhaustion in general, but then on top of it, there are added duties with screening and then concerns over exposures... there are the conversations with patients in office that cause stress...there is tension and exhaustion everywhere”*
- “Stress of having to do more due to less support. Also the rudeness and hostility of patients that come to the office”*

**Have there been changes in your facility’s priorities regarding orientation/onboarding for new employees, or training required for your existing workforce?**

Multiple responses indicating the provision of increased training for less-experienced new employees, as well as additional COVID-related training.

- “Due to hiring more inexperienced assistants since Covid, we have had to focus on more training for these employees to try and bring them up to speed”*
- “Covid-19 has required new protocols in daily processes in the clinic regarding cleaning, sterilization and medical awareness. Monitoring and patient screening along with new insurance protocols”*

**Has your facility deployed its existing workforce in significantly new roles, or employ any new healthcare occupations?**

Few new roles were reported. Most reported changes were due to being understaffed, so employees need to fill in for other roles in new ways: dental assistants assist hygienists, dentists check in patients, and front desk employees are cross-trained as dental assistants. One response indicated adding new support staff for COVID-related screening and cleaning.

*“Dental assistants have been asked to help assist the hygienists due to the demand of patients but lack of hygienists available. When this happens we sacrifice time that the doctor can see a patient due to not having an assistant”*

*“[We] cross trained [a] front desk employee [as a dental assistant]”*

*“[Dentists] check in patients and process insurance claims and answer the phones now”*

*“Additional administration/clinical support [staff]...was added to help screen patients and clean rooms due to COVID-19”*

**Data Limitations**

Findings presented in the brief represent the responses from a convenience sample of health system administrators who voluntarily participated in the Fall 2021 Sentinel Network questionnaire (Oct-Nov 2021). Generalizability of these findings to the broader North Carolina health care system may be limited.

**About the North Carolina Health Workforce Sentinel Network**

The Health Workforce Sentinel Network links the healthcare sector with policymakers, workforce planners, and educators to identify and respond to changing needs for healthcare workers.

To view an interactive version of all responses from all types of health care organizations and to join the network to provide information on your organization’s workforce needs and challenges, visit: <https://nc.sentinelnetwork.org/>

Questions? Contact: [nc@sentinelnetwork.org](mailto:nc@sentinelnetwork.org)