

Post-COVID Mental Health Challenges Among Dental Professionals-A Review¹Dr Gurjot Kaur Chind, BDS, Goregaon Dental Centre, India²Dr Anoli Agrawal, BDS, MDS, Public Health Dentistry, ACPM Dental College and Hospital, Dhule.**Corresponding Author:** Dr Gurjot Kaur Chind, BDS, Goregaon Dental Centre, India.**Citation of this Article:** Dr Gurjot Kaur Chind, Dr Anoli Agrawal, “Post-COVID Mental Health Challenges Among Dental Professionals-A Review”, IJDSIR – September – 2026, Volume – 9, Issue – 4, P. No. 41 – 48.**Copyright:** ©2026, Dr Gurjot Kaur Chind, et al. This is an open access journal and article distributed under the terms of the creative common's attribution non-commercial License. Which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given, and the new creations are licensed under the identical terms.**Type of Publication:** Review Article**Conflicts of Interest:** Nil**Abstract**

The COVID-19 pandemic significantly altered the delivery of dental care worldwide and has been consistently associated with increased psychological burden among dental professionals. Due to the inherent nature of dental procedures, which involve close proximity to the patient's oral cavity and frequent exposure to aerosol-generating procedures, dentists were identified as a high-risk group for viral transmission. This elevated occupational risk contributed to heightened fear and anxiety, particularly during the early phases of the pandemic when uncertainty regarding transmission pathways was prevalent. In response, dental practices underwent substantial modifications, including the implementation of enhanced infection control protocols, reduced patient volume, and the mandatory use of advanced personal protective equipment (PPE). Existing literature has reported that these rapid and extensive changes disrupted routine clinical workflows and imposed additional physical and cognitive demands on dental practitioners. Moreover, qualitative and cross-

sectional studies have highlighted that the combination of infection risk, financial instability due to reduced clinical activity, and ongoing uncertainty contributed to increased levels of stress, burnout, and emotional exhaustion among dental professionals. Collectively, these findings indicate that the impact of the COVID-19 pandemic on dentistry extends beyond clinical practice and has important implications for the psychological wellbeing of the dental workforce. Because some of these pressures have persisted beyond pandemic acute emergency periods, dental practitioners will remain at risk of depression and anxiety unless coping behaviors and support systems are strengthened.

Keywords: COVID-19, Mental Health, Personal Protective Equipment (PPE), Occupational Stress, Post-Pandemic Impact.**Introduction**

During the first pandemic wave, numerous cross-sectional and qualitative studies documented excessive levels of dentists' fear, depression, anxiety, and stress worldwide. A survey of North Indian dental practitioners

revealed that nearly 60% were depressed and nearly half were anxious; nearly everyone was apprehensive about changing dental practice and many feared aerosol-generating procedures even when wearing protective gear¹. To support this, an Indian survey of orthodontic specialists and postgraduate trainees showed that over 90% negatively impacted mental health, with around 93% documenting increased stress levels due to reduced clinical activity, suspended training, and financial concerns². Similar trends in the UK: members of primary care dental teams reported sleep and mood disturbances; many participants reported professional and economic impact, especially for general dental practitioners³. A solitary UK study conducted under lockdown surprisingly found that psychological distress in dentists was less than in pre-pandemic data, perhaps because of reduced regulatory and contractual pressures and temporary alleviation of clinical duty, though new stressors were present.⁴ A second recurring theme across studies is the utilization of PPE. Even though infection control is facilitated by protective gear, its intensified use put both physical and psychological pressure. Dentists found physical discomfort—heat, restricted breathing, decreased visibility, impaired communication—and mental burden in donning/doffing protocols, increased appointment duration, and the time expense of fallow time^{5,6}. Failure to smile in a full-face mask or shield, limits on social communication, and sense of dehumanization while interacting with patients have been explored in interpretative phenomenological analysis, e.g., in the UK, where professionals discussed "learning to smile with their eyes".⁷ These problems amplified feelings of loneliness, fatigue, and emotional exhaustion. Moreover, the impact extends beyond the clinic. The majority of dental professionals felt economic insecurity through reduced patient numbers, partial or full practice

shut-down, delayed treatment, and disrupted clinical training or objectives^{1,2}. Trainees lost the opportunity for clinical experience with a negative effect on levels of confidence, skill acquisition, and subsequent professional development. Simultaneously, regulatory and contractual pressures characteristic of pre-COVID practice were compounded by the necessity to adapt rapidly to changing infection control guidance, PPE supply issues, and concern about transmitting infection to relatives^{3,5}. As some of these pressures have persisted beyond pandemic acute emergency periods, post-COVID is a crossroads. Dental practitioners will be at risk of depression, anxiety, burnout, and moral harm unless coping behaviors, organizational transformation, and support systems are strengthened. This study therefore aims to investigate the lingering mental health challenges among dentists after the peak of the COVID-19 pandemic, specifically referring to the ongoing relevance of enhanced PPE, economic/workflow pressures, professional self, and shifts in interpersonal-communication. By combining qualitative and quantitative information, one hopes to trace the character of such challenges and also the paths through which they may be mitigated.

Materials and Methodology

Review of literature search was conducted via electronic databases like PubMed, Scopus, Web of Science, and Google Scholar. The articles were selected with restrictions on the year of publication to get a good idea of evidence available. The literature search was directed towards identifying studies that were relevant to post-COVID mental health problems in dental professionals with particular emphasis on the psychological impact of using personal protective equipment (PPE) and modified clinical protocols. The search words utilized were "dentist," "mental health," "COVID-19," "stress,"

"burnout," and "PPE." Qualitative and quantitative studies, cross-sectional surveys, and systematic reviews were included to give broad coverage of psychological impacts on dental professionals. -The Dental Profession as a High-Risk Occupational Environment during the COVID-19 Pandemic: The COVID-19 pandemic has significantly changed the job landscape of the dental field, making dental professionals one of the highest at risk among the medical practitioners because of constant exposure to aerosols, saliva, and close contact with patients. The findings based on research conducted in the dental field have consistently emphasized increased levels of job-related anxiety among dental professionals because drilling, scaling, or the use of the air/water syringe constituted potential agents of the virus. These beliefs brought constant levels of stress associated with the exposure, largely because there were no clear indications at the start or the use of PPE available^{1,8}.

Compared with the rest of the healthcare sectors, dentistry could not even temporarily shift to telemedicine. Rather, dentistry, by definition, required a significant physical interaction between the healthcare provider and the client. Qualitative findings from UK family dentists show that during the time of the pandemic, the dentistry industry actually had a rapid shift in terms of the clinical role, where dentists had the responsibility of balancing the priority for infectious control as opposed to the role they have with their patients⁷. The use of greater protective gear not only changed the process of providing health care but also affected the interaction between the healthcare provider and the patient, thereby reducing the non-verbal communication processes. All these processes contributed to physical alertness, physical discomfort, and psychological fatigue, leading to decreased job satisfaction.

Impact of the COVID-19 Pandemic on Dental Practice

The COVID-19 pandemic disrupted dental services in an unparalleled way worldwide. Upon the declaration of COVID-19 as a global health emergency, dental clinics around the world abruptly transitioned from routine care to emergency or urgent treatment, since aerosol-generating procedures highly increased the risk of viral transmission [7,9,10]. Government-forced shutdowns, especially at the beginning of this pandemic, resulted in dental practitioners ceasing or limiting their operations, contributing to significant financial and operational problems^{3,8}. Most dental practices experienced a reduced patient load as fear of exposure prevented people from seeking care. Practitioners had to reassess clinical schedules, extend the time used for appointments, and include fallow periods between patients in order to have proper ventilation and disinfection, hence providing reduced productivity and revenue. Dental schools and professional training programs were no different, and trainees had fewer clinical hours, which impeded skill development and increased stress linked to delayed graduation and job opportunities².

Moreover, COVID-19 imposed regulatory changes like enhanced infection control guidelines, COVID screenings, and makeshift tele-dentistry solutions on dentists, which definitely changed the conventional workflows. The sudden introduction of these rules led to a situation of uncertainty whereby the dental teams always felt unprepared for the dynamic policies.⁸ Furthermore, broader evidence has demonstrated that dental professionals experienced substantial disruptions in clinical practice, patient management, and workflow efficiency during the pandemic, with implications for

both professional performance and psychological wellbeing^{2,8}.

Mental Health Outcomes Among Dental Professionals

The psychological effects of the pandemic among dental professionals have been profound. Several cross-sectional studies reported increasing anxiety, depression, stress, and burnout among dentists and allied dental workers^{8,11}. Additional evidence suggests that psychological distress was significantly associated with fear of infection, social isolation, and uncertainty regarding professional responsibilities^{6,12}. These factors, combined with financial instability and reduced clinical exposure, contributed to increased burnout and emotional exhaustion across different levels of dental practice. In fact, surveys conducted in India and the UK during peak pandemic periods reported depression rates as high as 60%, while anxiety was found to prevail among almost half of the respondents.^{1,3} Various related factors that motivated these outcomes were uncertainty about infection control, delayed patient care, financial insecurity, and prolonged use of PPE adding mental and physical stress^{5,13}. Importantly, disrupted education and training pathways left

younger dental practitioners and trainees particularly vulnerable to poor mental health outcomes, further impacting on their confidence in their clinical competence. Certain evidence also suggests that female dentists might have been disproportionately affected owing to increased family burdens related to professional ones.

The Role of Enhanced PPE

The upgraded personal protective equipment (PPE) became an essential and defining aspect for dentists during the pandemic era due to the high possibility and rapid transmission of viral infections during aerosol-generating procedures. Dental professionals had to work

in a protected environment by applying advanced protective strategies involving N95 or FFP2 masks, face shields, gowns, headgear, and layers of gloves for extended periods^{8,9}. The impact and application of these protective strategies have resulted in modified dental practice and augmented dentists' occupational stress in dental settings as supported by studies without exceptions⁹.

Evidence from medical and dental sector research suggests that prolonged usage of personal protective equipment contributed to a variety of physical symptoms such as headaches, difficulty in breathing, sweating, dehydration, and skin irritations. These physical conditions were considered to negatively impact concentration, efficiency, and stamina during dental procedures, leading to an increase in mental fatigue and strain^{8,14}. Dentists who worked long hours in their dental clinics were found to experience higher levels of fatigue and stress, especially in dental facilities with poor air circulation or high patient turnover¹³. Beyond physical effects, enhanced PPE had a considerable effect on the communication and interrelation within dental settings. Qualitative findings among UK primary care dentists reported that face coverings reduced facial visibility and verbal clarity, therefore limiting emotional expression and impeding rapport with the patients.^{7,12} Dentists reported being forced to make an effort of compensation involving greater use of eye contact and verbal reassurance, thus posing significant cognitive tasks to the dentists in their daily practice. Conversely, challenges in communication have also been reported in different dental studies across the globe, facing challenges in communication between the dentist and the patient, thus reducing the practitioner's satisfaction with their practice.¹⁴

The operational impacts of enhanced PPE were a source of psychological stress. Many of the studies commented on how longer appointment times, the constant putting on and taking off of protective equipment, and strict infection-control measures themselves impeded efficient workflow and increased time pressure. The cumulative impact of physical discomfort, communication challenges, and increased workload placed better PPE as a perpetual occupational stress factor that further promoted anxiety, burns, and emotional exhaustion among dental personnel and specialists after the Covid outbreak.¹⁵

Communication and Interpersonal Issues in PPE Utilization

One of the most psychologically taxing aspects of dental care practice during this period was that dentists could no longer depend on their facial expressions because of the usage of upgraded PPE. This is evident in the quote “learning to Smile with your eyes,” a Show of the emotional fight that dental professionals are facing when trying to cope with their patients wearing face masks and shields¹⁶. The scope that was reduced through the minimized facial expressions is essential to dental care practice. Aside from disrupting the communication between the patient and provider, other PPE-related barriers also affected interactions within the dental care teams. Comparatively, masks and face shields reduced clarity and increased difficulties related to speech clarity, which continued to be influenced by the loud noise level produced by dental equipment. Consequently, there were often repetitions and confusion and increased cognitive load during the procedural contexts. For example, such challenges in communication eventually led to increased stress and mental fatigue among dental staff as they continued to work.

Physical and Psychological Strains of Prolonged PPE Use

The physical strain of using PPE was one of the most prevalent causes of burnout throughout the COVID-19 crisis. According to research studies, workers experienced dehydration, dizziness, and heat exhaustion due to PPE use, no different from dental professionals^{8,17}. Repetitive stress is also presented as musculoskeletal pain due to the constant positioning and restricted mobility in these protective suits¹². Such physical demands increased psychological stress. Over 70% of dental professionals felt emotionally exhausted at the end of shifts; many were under symptoms of burnout, irritability, and disturbances in sleep. Stories surfaced about dentists leaving the profession, or early retirement, due to stress, exhaustion, and dissatisfaction with ongoing clinical protocols^{3,7}.

Implications for Future Practice and Mental Health Support

It has also drawn attention to the existing large gaps in providing mental health care in the dental profession and the need for effective long-term structured mental health support for the dental community. Dentistry has long been known to be an occupational environment of existing high occupational stress even before the advent of the pandemic, but the COVID-19 scenario has multiplied these issues with the risk of infections, use of PPE, financial instabilities, and ever-changing protocols of care. Therefore, accessing mental health care should no longer be considered an "add-on" for the profession of dentistry but an integral part of the profession itself. There is also a need for changes in the organizational policies that will take into account the psychological effects that come with wearing personal protective equipment and strict infection control procedures. To handle physical fatigue and its related psychological

effects, there should be flexible schedules and breaks as well as ergonomic changes. Moreover, communication on infection control procedures by relevant authorities would help alleviate anxiety and uncertainty that was caused by constant changes in guidelines and was reported as a source of stress for health practitioners^{3,18}. Mental health resilience training should be integrated into curriculum programs for dentists. It was found that new professionals, especially among young practitioners, were particularly at risk from the impact of the pandemic, as their educational programs had been disrupted, their exposure to practical experience had decreased, and their prospects for professional advancement had been clouded¹⁹. Teaching new dentists how to handle their current situations, as well as future ones, would be a great preparation for what may come down the line. On a larger scale, there is a need for a rethink regarding workforce retention in the dentistry field as a result of the pandemic. The news about some practitioners retiring early, changing occupations, and reducing their work hours indicates that mental health issues, if left untreated, could be some of the reasons why there is a shortage of practitioners in some occupations^{7,20}. Spending on mental health care is, therefore, both a matter of personal concern and a means for having a sustainable work force in dentistry.

Limitations in Current Evidence and Directions for Research

Despite the growth of literature in this area, studies assessing the psychological impact of COVID-19 on dental professionals still have several limitations. Most of the studies so far conducted are cross-sectional in nature, and all depended on self-reported questionnaires. This clearly restricts the ability to identify causality and introduces the issue of reporting bias. Moreover, most studies were conducted either in the early or peak

pandemic periods; hence, long-term or post-COVID mental health outcomes may not be that feasible [21]. Longitudinal designs should be the priority in future research to fully understand the persistence of anxiety, depression, burnout, and occupational stress among dental professionals beyond the acute pandemic period^{7,22}. Qualitative research should be given more emphasis when investigating lived experiences, coping strategies, and recovery processes. Further studies in comparing different practice settings, professional roles, and demographic groups would help identify vulnerable populations and inform targeted mental health interventions within the dental profession.

Conclusion

The COVID-19 pandemic also left its imprint on the dental community with its effects being felt long after this pandemic crisis was contained. This review aims to focus on how this pandemic had an impact on dental care with its very nature requiring patient interaction and procedures that result in generation of aerosol. Dental care professionals and patients had to endure this pandemic with their procedures being modified overnight, use of upgraded personal protective equipment, and always being at risk of being infected with COVID-19. The results that have emerged from the current literature indicate that there has been a consistent rise in cases of anxiety, depression, stress, burnout, and emotional exhaustion among dental professionals. The need for more sophisticated PPE has emerged as an important factor that has contributed to physical discomfort along with psychological fatigue, affecting communication, increasing cognitive overload, and influencing professional identity. These factors have further been compounded by a reduction in patient flow, changes in training models, and ambiguities in new regulatory requirements. The data has revealed that new

dental professionals have been particularly affected in their professional development. Notably, however, the presence of these stressors within the post-COVID environment is indicative that mental health implications for dental professionals may not be short-term but have potentially long-term implications. To mitigate these, a paradigm shift is required with regard to mental health beliefs and practices within the dental sector. Mental health wellbeing must be mainstreamed within support structures by virtue of organizational changes and provisions that include it within dental education structures. Although existing findings are very informative, there are limitations concerning cross-sectional study designs and a reliance on self-report data; therefore, more research is needed longitudinally and qualitatively. Long-term recuperation, coping mechanisms, and profession-specific interventions will be imperative in strengthening resilience within the dental workforce. Essentially, mental health support should be a priority not only for practitioners but also to ensure a future that is stable, effective, and of assured quality in the delivery of dental care in a post-pandemic world.

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