

# The Psychological Impact of the Coronavirus Disease-19 Pandemic on Dental Health-care Professionals – A Cross-Sectional Study

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## ABSTRACT

**Background:** The coronavirus disease (COVID)-19 pandemic has put the entire world's population at risk of infection, which is a big source of concern, primarily for susceptible populations like dentists. **Objective:** The objective of the study was to examine dental trainees' levels of COVID-19-related stress and anxiety, modifications in hygienic and social practices, and perceptual concerns about the dental profession. **Methods:** Student at Bareilly International University in Bareilly was sent a self-structured questionnaire. Demographic details, inquiries on personal hygiene and social routines, students' perceptions of the sufficiency of information obtained during the outbreak and its source, subjective concerns about the dentistry field, and the Generalized Anxiety Disorder 7-item scale were all included in the study. A total of 258 replies have been obtained. **Results:** Moderate and severe anxiety was reported by 17% of students and 4% of students, respectively, with no significant relationships between anxiety and gender or degree of study. A large number of students (46.5%–62.4%) reported significant changes in most sanitary and social practices, with a highly significant link between changing sanitizer purchases and anxiety levels. About 46% believed that their work performance was not up to par, and 31% said that they were considering changing careers, with male students reporting the latter more frequently (63.8%). **Conclusion:** COVID-19 has made a significant number of students in our college concerned and has caused them to adjust their hygiene and social practices. One-third of participants have concerns about the dentistry profession, necessitating the use of counseling and mental health support.

**Key words:** Anxiety, Bareilly International University, Coronavirus disease-19, dental students, Generalized Anxiety Disorder-7

## INTRODUCTION

All facets of life were affected by the novel coronavirus disease (COVID-19) pandemic. For several people, the infection and its deadly consequences contributed to behavioral changes.<sup>[1]</sup> Such lifestyle modifications involved social distancing, avoiding public areas, washing hands more often, and using face masks in public.<sup>[2]</sup> Such changes were often correlated with stress-inducing causes such as temporary unemployment, working from home, children's home education.<sup>[3,4]</sup>

The psychological effect of the pandemic COVID-19 is also faced by researchers and academics. The implementation of e-learning technology was mandated by the abrupt closing of schools. It might have generated additional pressures and contributed to existing mental health problems associated with work-life conflicts, along with the suspension of many research projects<sup>[5]</sup> and unemployment threats.<sup>[6-9]</sup>

Because of their everyday interactions with infected patients, health care workers are at a higher risk of contracting COVID-19 than the general population. Dental practitioners are particularly

prone to diseases during pandemics.<sup>[8]</sup> Teachers who train dental graduates face elevated levels of stress due to excessive workload and imbalance between their ability to function and what is required of them.<sup>[10]</sup> They were also likely to experience anxiety and worry as a result of increased rate of contamination in dental offices throughout treatment, particularly during disease outbreaks.<sup>[11]</sup> Mild stress aids people in completing goal-oriented activities, is widespread, and may aid protective behavior during disease outbreaks.<sup>[12]</sup> Extreme anxiety, on the other hand, is linked to physical manifestations including muscle rigidity, dyspnea, and dizziness. Significant anxiety that endures can have a negative impact on one's overall health.<sup>[13-15]</sup>

The theory of planned behavior (TPB) suggests that behaviors could be predict by motives to engage in these actions.<sup>[16]</sup> In addition, motives influenced by the people believe that they have

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over their practice, by their attitude toward the behavior and whether they think it is beneficial, necessary or attractive, and by the values they perceive to be dominant around them. The TPB was traditionally used to clarify the activities of dentists, including prevention,<sup>[17]</sup> documenting alleged violence,<sup>[18]</sup> and drug user management.<sup>[19]</sup> The TPB describes the shift in behaviors among dentists due to the COVID-19 pandemic, along with the influence they perceived that they have over preventing infection due to past training they received, concerns about the pandemic that may affect their attitudes and the significance they attach to implementing preventive behaviors, and the prevailing expectations across them concerning the pandemic. Health-care personnel, their spouses, patients, and the public are covered by the implementation of prevention methods to prevent infection. The factors associated with these behaviors and whether they are affected by the levels of stress these practitioners have are crucial to consider. Several studies have looked at the psychological effects of the outbreak on health care workers<sup>[20-22]</sup> and the public at large, but none have looked at dental scholars.<sup>[23-26]</sup>

The focus of this research was to look into the psychological impact of the COVID-19 outbreak on dentistry students, as well as any changes in their behavior as a result of it. The study's premise was that the TPB elements are related to improvements in dental scholars' behavior as a result of the epidemic.

## METHODS

A questionnaire research was carried out among dental students of Bareilly International University, Bareilly, in the month of October 2020. To ensure full participation, convenience and snowball sampling (students were asked to forward the questionnaire to their colleagues) have been used. Of a total of 300 students, 258 study subjects responded to the questionnaire. The research was conducted during the lockdown period before the enrollment of Grade 2 students in the next academic year and thus comprised junior students of the 1<sup>st</sup> and 2<sup>nd</sup> academic years and also senior students of the 3<sup>rd</sup> and 4<sup>th</sup> academic years along with interns.

### Study Questionnaire

A comprehensive, anonymous, structured questionnaire was provided to the study participants together with its connection through the WhatsApp platform, crafted by the authors as an online Google Forms of 27 items in six parts. An introduction to the study that stressed the questionnaire's confidentiality was included in the first section. The second section included four questions related to demographic data (age, gender, study level, and university name). In answer to COVID-19 on the 5-point Likert scale, the third segment of eight questions determined the extent of improvement in basic hygiene and social habits (did not know, did not change, changed a little, moderately changed, and greatly changed). The section four included two questions about the assessment by students of the adequacy of knowledge they obtained about COVID-19 on a 5-point Likert scale (excellent, good, fair, poor, and very poor) during epidemic and the origin of that data. Six

questions based on subjective concerns about the dental profession with a Yes or No choice and its rate on a scale from 1 to 10 was asked in the fifth segment. Finally, seven questions about the amount of anxiety participants experienced over the preceding 2 weeks due to the COVID-19 outbreak were included in the sixth segment of the Generalized Anxiety Disorder 7-item (GAD-7) scale. On a 4-point scale, each question was graded from 0 (not sure) to 4 (not sure, for 2–3 days, more than half of the days, and virtually every day) (nearly every day). The cutoff marks for mild, moderate, and severe anxiety were 5, 10, and 15, respectively, with 0–4 indicating no to minimum anxiety, 5–9 indicating mild anxiety, 10–14 indicating moderate anxiety, and 15–21 indicating severe anxiety.<sup>[27]</sup>

### The Questionnaire's Validity and Reliability

With 10 participants, a pilot study to assess the accuracy of survey questions was performed. Three survey questions were changed based on their answers, and the format was modified for consistency and understandability. To assess the feasibility, validity, and reliability of the questionnaire, a second pilot study was performed with another 10 participants. Google Forms was designed to accommodate the submission of fully answered questionnaires only to prevent questionnaire bias. Only a singular submission was authorized for each respondent.

The correlation among anxiety level and gender, level of study, hygiene practices, and behavioral patterns, as well as personal concerns about the dental professional, was assessed using Pearson's Chi-square test.

### Statistical Analysis

Data were entered and analyzed using the Statistical Package for the Social Sciences (SPSS 23). To explain the data, whose frequency and percentage were calculated for categorical variables, descriptive statistics have been used. Mean and standard deviation represented the subjective issues about the dental profession and total GAD-7 ranking. Pearson's Chi-square analysis was used to check the relationship between anxiety level and gender, research level, personal cleanliness and social practices, and subjective concerns about the dental field. A Chi-square test was also employed to investigate the relationship here between potential intention to change careers and gender and educational level. For statistical significance, a critical probability value  $P = 0.05$  was employed as the cutoff threshold.

## RESULTS

### Demographic Details

Out of 300 participants enrolled from the Institute of Dental Sciences, Bareilly International University, Bareilly, the respondents were 258 students, with a response rate of 86%, with 104 (40.3%) men and 154 (59.7%) women, and an age group of 18–26 years. Fifty-three (20.5%) 1<sup>st</sup> year, forty-five (17.4%) 2<sup>nd</sup> year, forty-nine (19%) 3<sup>rd</sup> year, and 47 (18.2%) 4<sup>th</sup> year students and 64 (24.8%) dental interns were among the respondents.

Among dental students, the level of stress felt due to COVID-19 varied. Out of figure, it can be noted that 40% of the participants had no or mild psychological distress, while 4% reported extreme anxiety. The mean response values for each aspect of Graph 1 and Graph 2 show the GAD-7 score.<sup>[2]</sup> The least rate of pupils reported anxiousness virtually every day here. The overall GAD-7 score was  $6.20 \pm 4.38$  on average. There was no significant relationship among anxiety levels and gender or academic level [Table 1].

Percentages of anxiety levels among dental students according to the GAD-7 scale

Interpretation	
A	Feeling nervous, anxious, or on edge
B	Not being able to stop or control worrying
C	Worrying too much about different things
D	Finding it difficult to relax
E	Being so restless that it's hard to sit still
F	Becoming easily annoyed or irritable
G	Feeling afraid as if something bad might happen

**Personal Hygiene and Social Habits Changes in Response to COVID-19 and Their Relationship to Anxiety**

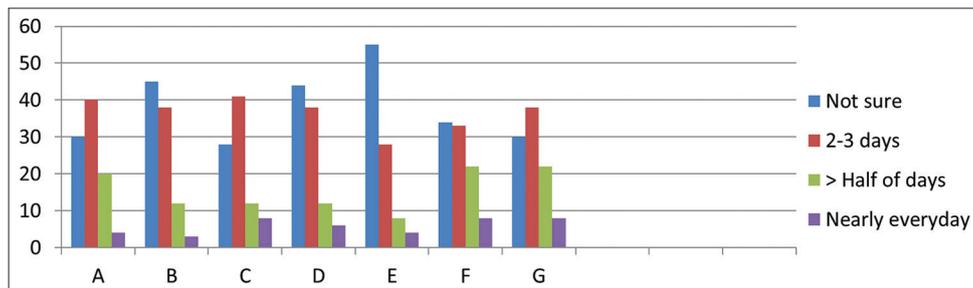
Table 2 shows that the majority of undergraduates (46.5–62.4%) believe that almost all personal hygiene and behavioral patterns have changed dramatically, with the exception of hand washing, purchasing additional sanitizers, and avoiding social events, where the majority of students (31.8–60.9%) believe that they have changed moderately. Improvements in the habit of purchasing additional sanitizers were found to have a substantial association with anxiety levels, with percentages of students with substantially modified behaviors increasing with rising levels of anxiety, while the link with anxiety level was substantial in accordance with conventional standards.

Comparison between different GAD-7 scale items among dental students.

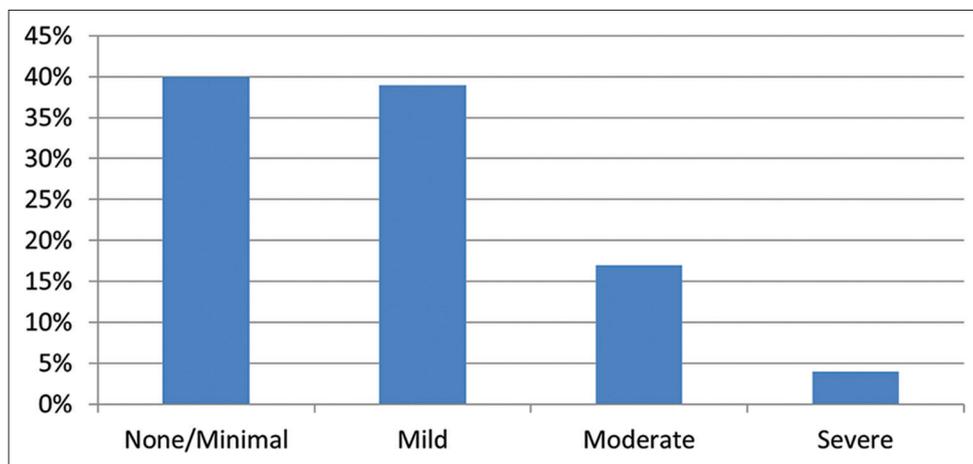
**Subjective Concerns About the Dental Career and Their Relationship to Anxiety**

On the scale of 1–10, the mean rate of worries recorded was  $7.67 \pm 1.91$  (where 1 is not at all worried and 10 is highly worried) about COVID-19 contracting. Table 3 indicates that higher proportion of students (53.9%) disagreed with the notion that they'd never be able to do the job to the fullest of their post-COVID-19 potential, with a highly significant correlation with anxiety level ( $P = 0.001$ ).

Accordingly, if offered a chance, 69.0% of students would not like to change their occupation, and this was substantially correlated with the level of anxiety (0.011). Besides which, well after the number of COVID-19 incidents decreased ( $P = 0.001$ ), there is also a highly significant correlation between the level



Graph 1: Comparison between different GAD-7 scale items among dental students



Graph 2: Percentages of anxiety levels among dental students according to the GAD-7 scale

**Table 1:** Association between anxiety level and gender and level of study

	Anxiety level				Chi-square	
	None/minimal (n=103)	Mild (n=101)	Moderate (n=45)	Severe (n=9)	$\chi^2$	P-value
Gender						
Male	43 (41.7%)	35 (34.7%)	22 (48.9%)	4 (44.4%)	2.872	0.412
Female	60 (58.3%)	66 (65.3%)	23 (51.1%)	5 (55.6%)		
Level of study						
1 <sup>st</sup>	25 (24.3%)	23 (22.8%)	5 (11.1%)	0 (0.0%)	7.829	0.798
2 <sup>nd</sup>	16 (15.5%)	18 (17.8%)	8 (17.8%)	3 (33.3%)		
3 <sup>rd</sup>	19 (18.4%)	19 (18.8%)	9 (20.0%)	2 (22.2%)		
4 <sup>th</sup>	17 (16.5%)	19 (18.8%)	9 (20.0%)	2 (22.2%)		
Dental interns	26 (25.2%)	22 (21.8%)	14 (31.1%)	2 (22.2%)		

of anxiety and the answer of participants to their need for extra precautions during dental school.

### There is a Relationship Between Gender and Study Degree and the Possibility of Changing Careers

The findings of this study revealed a marked significant difference in their potential to promote their dental career between both genders ( $P = 0.001$ ), with a greater percentage between male students (63.8%). On the other side, for their potential intention to pursue another career, there had been a non-significant distinction between students at different levels of study [Table 4].

## DISCUSSION

Stress is an individual's general reaction or response to a stressful physically or emotionally situation. Anxiety, which has a detrimental effect on mental and physical well-being, may be predisposed to a feeling of uncontrollability and unpredictability over possibly adverse life events.<sup>[28,29]</sup> Undergraduate dental education is generally regarded as a stressful environment, and the threat of infection, which can contribute to clinical anxiety, is one of the recorded stressors confronting to dental students.<sup>[30,31]</sup>

The hypothesis tested here was that during the COVID-19 crisis, dental students may have heightened stress and anxiety, which could have an effect on personal hygiene practices and social activities as well as subjective dental career concerns. The total mean GAD-7 score in this study indicates that most participants have mild anxiety, while some percent of them have moderate to extreme anxiety. During the COVID-19 disease outbreak among dental students at Bareilly International University, Bareilly, the same anxiety scale (GAD-7) was used to measure anxiety and recorded a greater percentage of moderate to extreme anxiety levels in almost half of the participant.<sup>[32]</sup> However, in undergraduates in china, much lower percentages of moderate (2.7%) to severe anxiety (0.9%) were found.<sup>[33]</sup> The percentages were very much the same in dental students or in the recorded levels of moderate (15.2%) and severe (8.7%) anxiety.<sup>[34]</sup> On the other side, dentists and dental hygienists in Israel used several psychological distress scales, such as Kessler's K6, and found that 11.5% of their study sample reported distress due to COVID-19.<sup>[4,35]</sup> The current study

demonstrated a non-significant variation in anxiety levels between students in different grades as per study levels, with no students experiencing severe anxiety in the 1<sup>st</sup> year. This may be due to their theoretical studies and insufficient training in working in clinical conditions with infected patients and being less familiar with the clinical setting. Females expressed anxiety at a higher rate than males, with such a non-significant difference between the two genders. This could be attributed to the higher number of women in the study (154 vs. 104 men), as well as Muhammad and Rajan's (2020) theory that women are much more likely to have emotional and neurotic disorders due to their metacognitive values and thought regulating processes.<sup>[36]</sup>

Even so, as per their personality make-up, any person's reaction to a possible stressor may be changeable.<sup>[37]</sup> Participants in the current study said that their hygiene practices and behavior patterns had been altered with moderate to high levels of anxiety, and that there was a significant association between such a change in behavior of buying additional sanitizers and a change in standard measures and anxiety level.

In a research of 719 medical and 323 dental students, Saddik *et al.*<sup>[32]</sup> showed an increase in hand washing (46.7%), cooperation with preventive measures (29.3%), an increase in the use of hand sanitizers (60.6%), a drop in social visits (34.8%), a drop in handshaking (27.5%), and a decline in the use of public facilities (39%). The increased number of students in their study, and also the involvement of medical students in addition to dentistry students, could distinguish the connection in the percentage of variation.

The majority of students revealed during the pandemic, the information they obtained about COVID-19 ranged from good to excellent. For the greatest percentage of students, the Ministry of Health (MOH) was the major source of information followed by social media. Institution announcements provided the least number of students with their results. In contrast, Saddik *et al.*<sup>[32]</sup> recorded 46.7% of their medical/dental research group as the main source of information on social media, with the MOH as the secondary source (39.8%), while 31.3% received their information from institution announcements.<sup>[32]</sup> The regular messages sent to all cell phones include details on modes of infection, alerts, and protective measures against COVID-19 could be clarified by the documentation of MOH as the key source of information in the present research. The dental profession has been deemed a

**Table 2:** Level of change in personal hygiene and social habits in response to COVID-19 among students and its association with anxiety

Personal hygiene and social habits	Response	Total n (%)	Anxiety level				Chi-square	
			None/minimal n (%)	Mild n (%)	Moderate n (%)	Severe n (%)	$\chi^2$	P-value
Hand washing technique	R1	3 (1.2)	0 (0.0)	3 (3.0)	0 (0.0)	0 (0.0)	18.149	0.111
	R2	24 (9.3)	12 (11.7)	7 (6.9)	4 (8.9)	1 (11.1)		
	R3	34 (13.2)	19 (18.4)	9 (8.9)	5 (11.1)	1 (11.1)		
	R4	100 (38.8)	42 (40.8)	43 (42.6)	14 (31.1)	1 (11.1)		
	R5	97 (37.6)	30 (29.1)	39 (38.6)	22 (48.9)	6 (66.7)		
Buying more sanitizers	R1	2 (0.8)	0 (0.0)	0 (0.0)	2 (4.4)	0 (0.0)	32.043	0.001**
	R2	24 (9.3)	11 (10.7)	11 (10.9)	2 (4.4)	0(0.0)		
	R3	75 (29.1)	39 (37.9)	31 (30.7)	3 (6.7)	2 (22.2)		
	R4	82 (31.8)	26 (25.2)	29 (28.7)	24 (53.3)	3 (33.3)		
	R5	75 (29.1)	27 (26.2)	30 (29.7)	14 (31.1)	4 (44.4)		
Wearing surgical masks and gloves outdoor	R1	5 (1.9)	2 (1.9)	3 (3.0)	0 (0.0)	0 (0.0)	15.004	0.241
	R2	22 (8.5)	11 (10.7)	4 (4.0)	6 (13.3)	1 (11.1)		
	R3	42 (16.3)	18 (17.5)	20 (19.8)	3 (6.7)	1 (11.1)		
	R4	59 (22.9)	23 (22.3)	28 (27.7)	7 (15.6)	1 (11.1)		
	R5	130 (50.4)	49 (47.6)	46 (45.5)	29 (64.4)	6 (66.7)		
Following social distancing (2 m apart)	R1	3 (1.2)	1 (1.0)	2 (2.0)	0 (0.0)	0 (0.0)	13.685	0.321
	R2	14 (5.4)	6 (5.8)	8 (7.9)	0 (0.0)	0 (0.0)		
	R3	47 (18.2)	20 (19.4)	17 (16.8)	10 (22.2)	0 (0.0)		
	R4	74 (28.7)	36 (35.0)	25 (24.8)	11 (24.4)	2 (22.2)		
	R5	120(46.5)	40 (38.8)	49 (48.5)	24 (53.3)	7 (77.8)		
Avoid social gathering	R1	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	14.540	0.104
	R2	6 (2.3)	3 (2.9)	3 (3.0)	0 (0.0)	0 (0.0)		
	R3	32 (12.4)	7 (6.8)	20 (19.8)	5 (11.1)	0 (0.0)		
	R4	63 (24.4)	22 (21.4)	23 (22.8)	14 (31.1)	4 (44.4)		
	R5	157(60.9)	71 (68.9)	55 (54.5)	26 (57.8)	5 (55.6)		
Avoid hand shaking	R1	1 (0.4)	1 (1.0)	0 (0.0)	0 (0.0)	0 (0.0)	10.655	0.559
	R2	10 (3.9)	3 (2.9)	4 (4.0)	3 (6.7)	0 (0.0)		
	R3	33 (12.8)	13 (12.6)	18 (17.8)	2 (4.4)	0 (0.0)		
	R4	57 (22.1)	26 (25.2)	18 (17.8)	11 (24.4)	2 (22.2)		
	R5	157(60.9)	60 (58.3)	61 (60.4)	29 (64.4)	7 (77.8)		
Avoid using public utilities	R1	6 (2.3)	3 (2.9)	3 (3.0)	0 (0.0)	0 (0.0)	6.294	0.901
	R2	6 (2.3)	3 (2.9)	2 (2.0)	1 (2.2)	0 (0.0)		
	R3	36 (14.0)	14 (13.6)	16 (15.8)	6 (13.3)	0 (0.0)		
	R4	49 (19.0)	19 (18.4)	21 (20.8)	6 (13.3)	3 (33.3)		
	R5	161(62.4)	64 (62.1)	59 (58.4)	32 (71.1)	6 (66.7)		
Compliance with standard precautions	R1	9 (3.5)	5 (4.9)	3 (3.0)	1 (2.2)	0 (0.0)	25.972	0.011*
	R2	8 (3.1)	4 (3.9)	1 (1.0)	1 (2.2)	2 (22.2)		
	R3	35 (13.6)	17 (16.5)	10 (9.9)	7 (15.6)	1 (11.1)		
	R4	77 (29.8)	34 (33.0)	36 (35.6)	6 (13.3)	1 (11.1)		
	R5	129(50.0)	43 (41.7)	51 (50.5)	30 (66.7)	5 (55.6)		

R1: Do not know, R2: Did not change, R3: Changed a little, R4: Moderately changed, R5: Greatly changed. (\*\*) Highly significant  $P \leq 0.001$ , (\*) significant  $P < 0.05$ . COVID: Coronavirus disease

**Table 3:** Subjective concerns about the dental profession and their relationship to anxiety levels

Subjective worries questions	Total n (%)	Anxiety level				Chi-square	
		None/minimal n (%)	Mild n (%)	Moderate n (%)	Severe n (%)	$\chi^2$	P-value
Will your profession be risky post-COVID-19?							
Yes	211 (81.8)	79 (76.7)	87 (86.1)	37(82.2)	8 (88.9)	3.384	0.336
No	47 (18.2)	24 (23.3)	14 (13.9)	8 (17.8)	1(11.1)		
Will your ability to perform your job to the best, be jeopardized post COVID-19?							
Yes	119 (46.1)	28 (27.2)	52 (51.5)	33 (73.3)	6 (66.7)	30.971	0.001**
No	139 (53.9)	75 (72.8)	49 (48.5)	12 (26.7)	3 (33.3)		
Would you choose another profession if given a chance?							
Yes	80 (31.0)	21 (20.4)	35 (34.7)	21 (46.7)	3 (33.3)	11.238	0.011*
No	178 (69.0)	82 (79.6)	66 (65.3)	24 (53.3)	6 (66.7)		
Do you prefer to postpone your training until COVID-19 cases decline/vaccine is available?							
Yes	193 (74.8)	69 (67.0)	79 (78.2)	37 (82.2)	8 (88.9)	6.223	0.101
No	65 (25.2)	34 (33.0)	22 (21.8)	8 (17.8)	1 (11.1)		
Will there be a need for extra precautions in clinical training after COVID-19 cases decline?							
Yes	217 (84.1)	76 (73.8)	91 (90.1)	41 (91.1)	9 (100.0)	14.274	0.003*
No	41 (15.9)	27 (26.2)	10 (9.9)	4 (8.9)	0 (0.0)		

(\*\*) Highly significant  $P \leq 0.001$ , (\*) significant  $P < 0.05$ . COVID: Coronavirus disease

**Table 4:** There is a correlation between gender and amount of education and the possibility of changing careers

Variables	Would you choose another profession if given a chance?		Chi-square	
	Yes (n=80)	No (n=178)	$\chi^2$	P-value
Gender				
Male	51 (63.8%)	53(29.8%)	26.478	0.001**
Female	29 (36.3%)	125(70.2%)		
Level of study				
3 <sup>rd</sup>	16 (20.0%)	37 (20.8%)	4.727	0.316
4 <sup>th</sup>	12 (15.0%)	33 (18.5%)		
5 <sup>th</sup>	21 (26.3%)	28 (15.7%)		
6 <sup>th</sup>	15 (18.8%)	32 (18.0%)		
Interns	16 (20.0%)	48 (27.0%)		

(\*\*) Highly significant  $P \leq 0.001$

risky work due to the high risk of dental health-care professionals contracting diseases during dental practice.<sup>[30]</sup> Because of early exposure to patients in dental clinics, this threat is projected to rise among undergraduate students when practicing in practical sessions with the likelihood of exposure to many respiratory viruses.<sup>[32]</sup> This probability appears to be greater during the COVID-19 pandemic, as confirmed by the high percentages of students who accepted that the dental career will be more dangerous after COVID-19.

In the current study, a substantial number of respondents admitted that their work performance would not be up to par and

that they planned to pursue another career; all of these are concerning responses. These findings are in line with those of an Italian study that revealed that COVID-19 anxiety could inhibit a new generation of dental practitioners from entering the field.<sup>[34]</sup> In that study, 74.4% of the participants said that COVID-19 had a negative impact on their professional behavior, and the majority of them (89.6%) were concerned about their future career prospects, due to the uncertainty about when the emergency situation would end.

Most participants in the current study, regardless of their level of anxiety, thought that they would prefer to delay their training until there is a decrease in COVID-19 instances or a vaccine available, although there was a very important correlation between the level of anxiety and participant response to their need for extra precautions on dental training even after the number of instances of COVID-19 decreases. These results are in line with previous research of Ahmed *et al.*, where 66% of their study subjects decided to close their dental practice before the number of cases of COVID-19 starts to decline.<sup>[4]</sup> Likewise, Consolo *et al.* stated that one-third of their study subjects were worried about the need for additional instruments and appropriate new clinical recommendations to overcome the propagation of COVID-19.

For the 4<sup>th</sup> year students and interns, though there was a non-significant difference between students at different levels of study and the potential intention to pursue another career, the highest percentages were reported. The potential reason for the higher numbers of fifth-grade students is that they have already completed 1 year of clinical practice and patient dealing, and are on the way

to being more clinical interaction in advanced dental driplines, whereas interns are on the way to being approved without supervision for actual clinical practice.

In the current study, the greater percentage of potential intentions of changing career among male students (63.8%) strongly recommends offering therapy services and psychological support to this recognized community with active monitoring of stress level. In addition, as reported by Bhanushali *et al.*,<sup>[37]</sup> Ghai,<sup>[38]</sup> and Varalakshmi *et al.*,<sup>[39]</sup> for the profit of their careers, the college should enable faculty members to engage students academically through online classes. In addition, they suggested having students attend webinars on COVID-19 and threat of infection during amid dental practice, aimed at recognizing the value of the application of its preventive protocols.

## CONCLUSION

The present study identified a substantial psychological health burden during the COVID-19 pandemic among dental clinicians. Knowledge of the significance of workplace stress-related mental well-being is poor and no concrete recommendations have been released that currently require an hour during the pandemic period. Therefore, with early focused psychological interventions, routine surveillance and analysis of the psychological effects related to the emergence of such life-threatening illnesses should be identified as a daily part of global efforts to curb the problem.

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