

2026 Placements & Insights: Allied Health & Dental

Understand what today's provider is looking for in their next opportunity to help you attract ideal candidates.

The Medicus Firm

Healthcare Recruitment

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This publication features proprietary placement data from The Medicus Firm and direct insights from the 2026 National Physician & Healthcare Provider Preference & Insights Survey. Placement trends reflect real-world hiring across allied health and dental roles from 2023 to 2025. Survey responses from more than 1,000 allied health and dental providers offer a firsthand look at career motivations, satisfaction levels, and job search behavior, delivering a well-rounded view of today's workforce. Together, these findings give healthcare leaders data-driven guidance to strengthen recruitment strategies and align with provider expectations in an increasingly competitive talent market.

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Allied Health & Dental Placements (2023–2025)



Allied health and dental activity centered in rural and underserved regions, where local talent pipelines cannot meet sustained employer demand.

Allied health and dental placement activity from 2023 through 2025 pointed consistently to one conclusion: demand is most acute in markets least equipped to supply it. Small, rural, and often geographically isolated states drove a disproportionate share of both placements and demand, while high-population regions accounted for far less activity than their size would suggest.

The Midwest and West absorbed the largest shares of demand relative to population, with small-town and rural settings representing the majority of placements in every year of the period. Federally Qualified Health Center (FQHC) and Community Health Center (CHC) settings grew fastest, behavioral health and therapy deepened rural concentration, and dental placements outpaced rural demand, reflecting strong recruitment penetration in underserved areas.

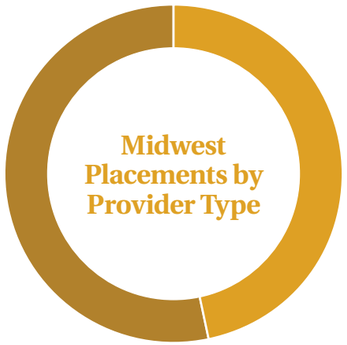
For rural and small-town employers, that concentration reflects a familiar reality: the communities with the greatest need also have the most limited talent pools, where traditional recruitment produces the weakest results.

Key Takeaways:

- **Small-town and rural settings** accounted for 61.8% of all placements across the three-year period, with year-over-year figures of 56.4% in 2023, 64.0% in 2024, and 61.6% in 2025, underscoring the demand outside major markets.
- **Rural demand accelerated in 2025,** rising from 50.7% in 2024 to 61.9%, nearly closing the gap with placement concentration and signaling alignment between recruitment activity and workforce need.
- **Alaska** accounted for 6.6% of all placements and 4.0% of all demand despite representing just 0.2% of the U.S. population, ranking among the top placement markets every year since 2023.
- **FQHC/CHC settings** grew from 20.5% of placements in 2023 to 33.3% in 2024, held at 31.9% in 2025, and are now tied with hospital-employed settings at 30.9% of all placements across the full period.
- **Hospital-employed demand** held within a two-percentage-point range across all three years, making it the most stable practice setting in the data, with therapy and technician roles driving the majority of activity.
- **Behavioral health (BH)** climbed to 15.2% of placements in 2025 after dipping to 11.7% in 2024; of all BH placements from 2023–2025, 75.6% were for licensed clinical social workers (LCSWs) and 80.5% were in rural areas.
- **Physical therapy demand** exceeded placements by 13.5 percentage points across the full period (51.7% of therapy demand vs. 38.2% of placements), reflecting a persistent workforce imbalance that held every year.
- **The Midwest and West** each absorbed demand well above their population share (Midwest: 29.7% demand vs. 20.5% population; West: 31.1% vs. 23.5%), while the Northeast generated just 7.0% of demand despite 17.0% of the population.
- **Dental placements** showed a higher new-graduate share than allied health (12.0% vs. 7.8%) and reached 61.1% in rural settings against 50.0% of dental demand, one of the strongest rural placement rates in the data.
- **Experienced, in-practice providers** drove 90.6% of all placements (92.2% allied health, 88.0% dental), confirming competition for practicing clinicians across both.

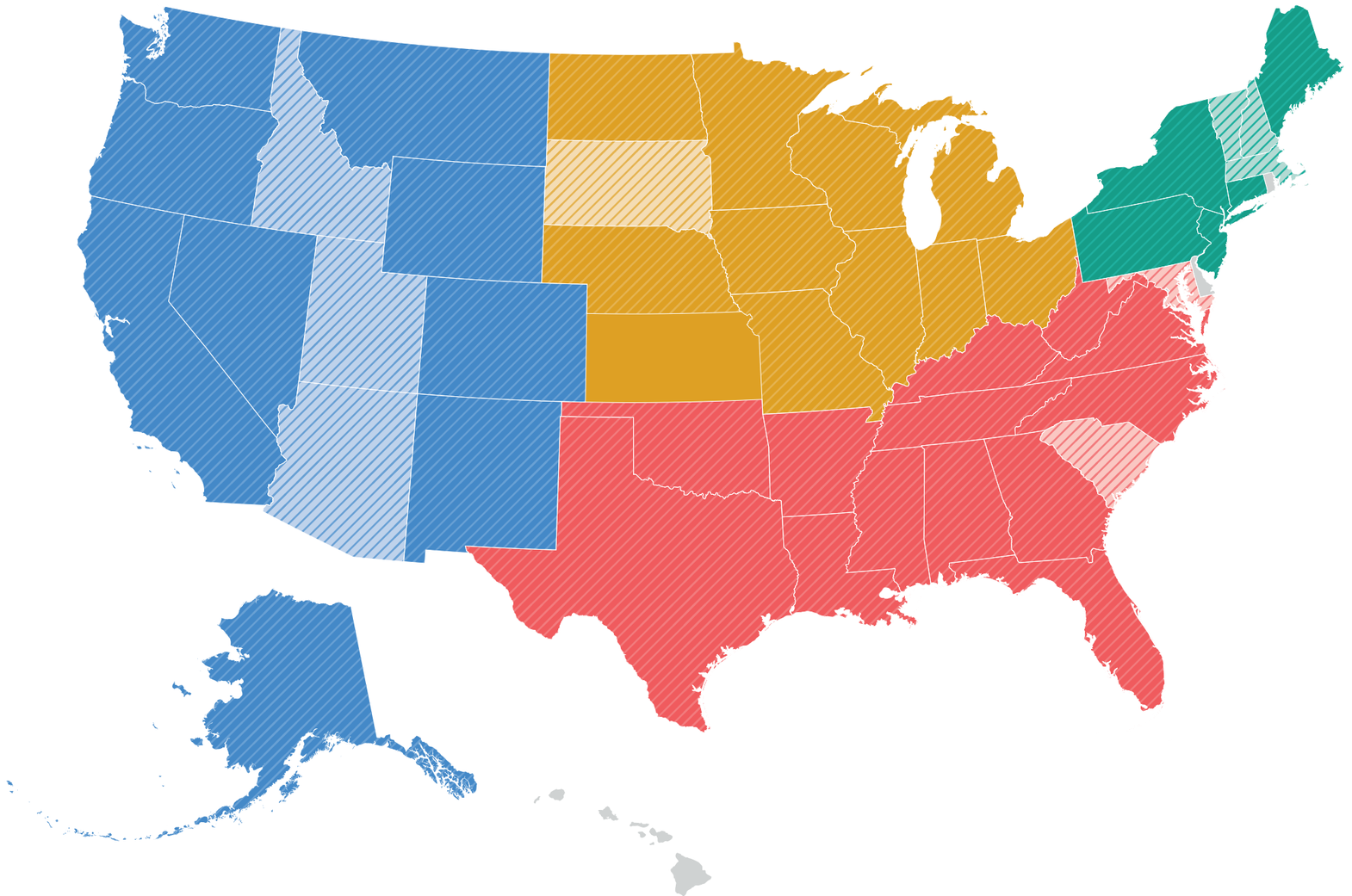
Placement Trends and Regional Demand

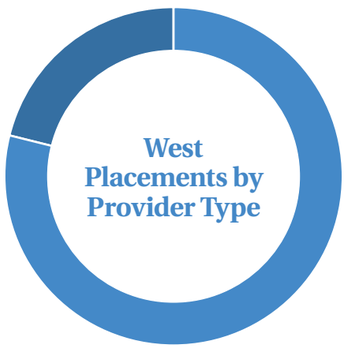
The West leads all regions in placements (34.7%) and is the only region where placements exceeded demand, while the Midwest and West both saw demand outpace their population share, signaling stronger hiring activity in less populated markets.



Midwest Placements by Provider Type

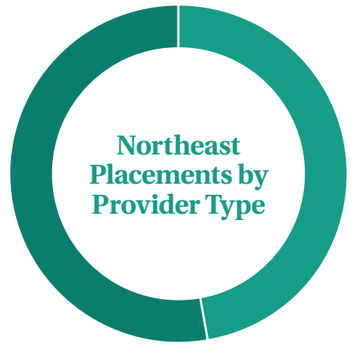
- **46.8%** Allied Health
- **53.2%** Dental





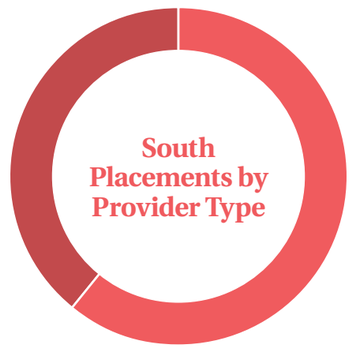
West Placements by Provider Type

- **79.0%** Allied Health
- **21.0%** Dental



Northeast Placements by Provider Type

- **47.4%** Allied Health
- **52.6%** Dental



South Placements by Provider Type

- **60.9%** Allied Health
- **39.1%** Dental

West Region
Placement Demand

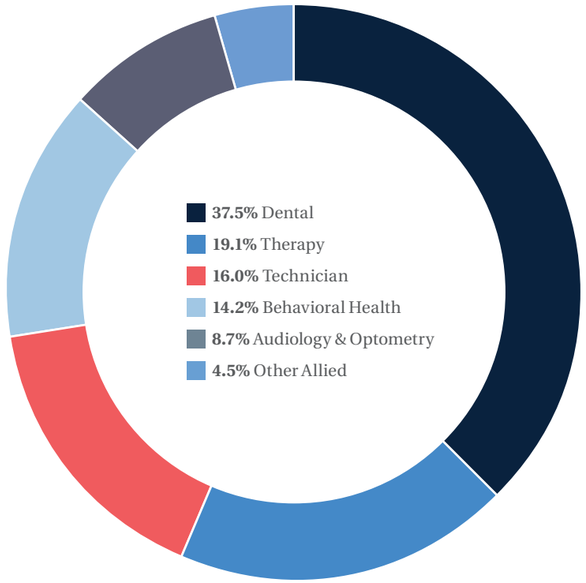
Midwest Region
Placement Demand

South Region
Placement Demand

Northeast Region
Placement Demand

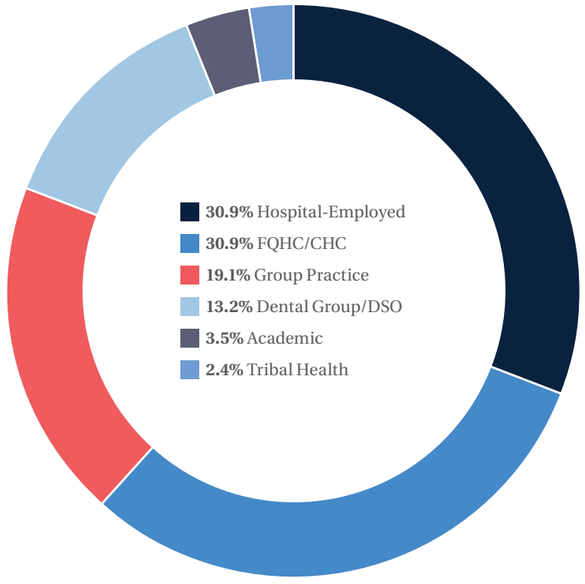
Placements by Specialty Type

Dental led all specialty types at 37.5% of placements, followed by therapy (19.1%) and technician (16.0%), together representing more than 70% of all placements.



Placements by Practice Setting

FQHC/CHC and hospital-employed settings tied as the top practice settings at 30.9% of placements each, together accounting for roughly three-fifths of all placements.



Placements by Community Size

Small-town and rural communities drove 61.8% of placements, outpacing demand in those areas at 55.9%, indicating that placement activity in underserved markets reflects structural need rather than coincidence.

9.0%
Major Metro
500K+ Population

12.5%
Mid-Sized City
100K–499K Population

16.7%
Small City
25K–99K Population

61.8%
Small Town & Rural
<25K Population

Placements by Prior Experience

Nearly all placements went to experienced providers, with 90.6% already in practice at the time of placement.

90.6%
In Practice

9.4%
In Training

Placements by Provider Type

Allied health represented 62.5% of placements and dental 37.5%, a split that closely mirrored search demand, indicating balanced, sustained employer need across both provider types.

62.5%
Allied Health

37.5%
Dental

Placement Spotlights & Pay Insights



Specialty influences practice setting, practice setting shapes geography, and compensation structures diverge sharply across provider types and care environments.

Across allied health and dental specialties, placement patterns follow a consistent internal logic: specialty drives practice setting, and practice setting drives geography. Technicians land in hospitals. Behavioral health lands in FQHCs. And in nearly every case, those settings are in small towns or rural communities where the workforce demand is greatest.

Time to first candidate engagement varies meaningfully by specialty, from under a week to several weeks, and compensation gaps between practice settings add another layer of complexity, particularly between private practice and FQHC/CHC environments.

For organizations in rural and community health settings, the data indicates that recruitment timelines, compensation structures, and incentive offerings are among the most consequential variables in recruitment outcomes.

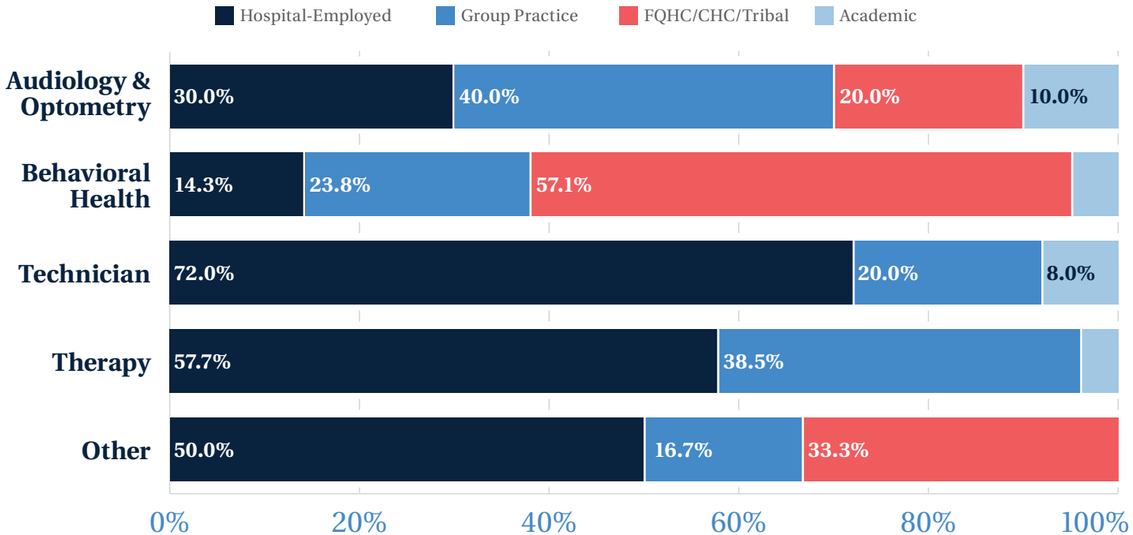
Key Takeaways:

- **Specialty drives practice setting and geography**: technicians clustered in hospital-employed settings (72.0%), behavioral health in FQHC/CHC/Tribal settings (57.1%), and both concentrated primarily in rural communities.
- **62.5% of allied health placements** in 2025 occurred in small towns or rural areas, consistent with 62.1% in 2023 and 61.9% in 2024, establishing rural concentration as a structural feature of this market.
- **Time to first candidate engagement** for most specialties ranges from under one week for respiratory therapists (RRTs) to approximately 3.5 weeks for optometrists, with specialty type the primary driver of how quickly a qualified candidate can be identified and presented.
- **Rad techs** had the longest time to first candidate engagement (approximately six weeks) yet one of the faster total fill times, indicating that additional upfront sourcing time contributes to faster completion once candidates enter the hiring process.
- **Time to first dentist candidate engagement** averaged nine days across all three practice settings, with total fill time varying from 61 days (Dental Service Organization) to 100 days (FQHC/CHC/Tribal), driven almost entirely by post-submission credentialing and contracting.
- **The average base salary gap between group/DSO dentists and FQHC/CHC/Tribal dentists** is $107,261 ($309,677 vs. $202,416), with the average earning potential gap reaching $126,096, driven by the absence of production-based incentives in community health settings.
- **82.1% of FQHC/CHC/Tribal dental placements** included a signing bonus vs. 35.7% in group/DSO; incentives are closing part of the gap, though overall compensation remains substantially lower.
- **68.1% of all dental placements** included a signing bonus averaging $15,531, vs. $10,843 for allied health, pointing to stronger reliance on incentive compensation within dental recruitment.
- **The average optometry base salary** increased 51.7%, from $144,640 in 2024 to $219,408 in 2025, while audiology moved within a narrower $82,750 to $96,667 range across three years.
- **Physical therapy signing bonuses trended downward** from $21,875 in 2023 to $9,500 in 2025 as base salary reached a three-year high of $106,728, while occupational therapy hit 100.0% signing bonus inclusion in 2025 for the first time.

Allied Health Overview (2025)

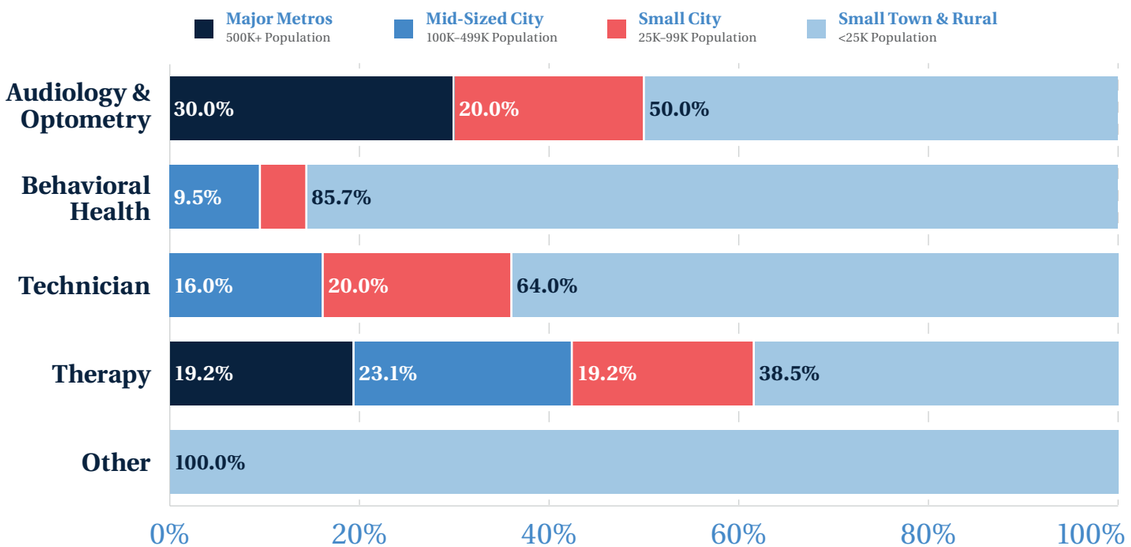
Placements by Practice Setting and Specialty Type

By specialty type, technician and therapy led hospital-employed placements in 2025, while FQHC/CHC/Tribal settings captured the majority of behavioral health placements at 57.1%



Placements by Community Size and Specialty Type

Behavioral health was the most rural-concentrated specialty type in 2025 at 85.7%, while therapy was the most geographically distributed, with each community size holding at least 19% of placements.



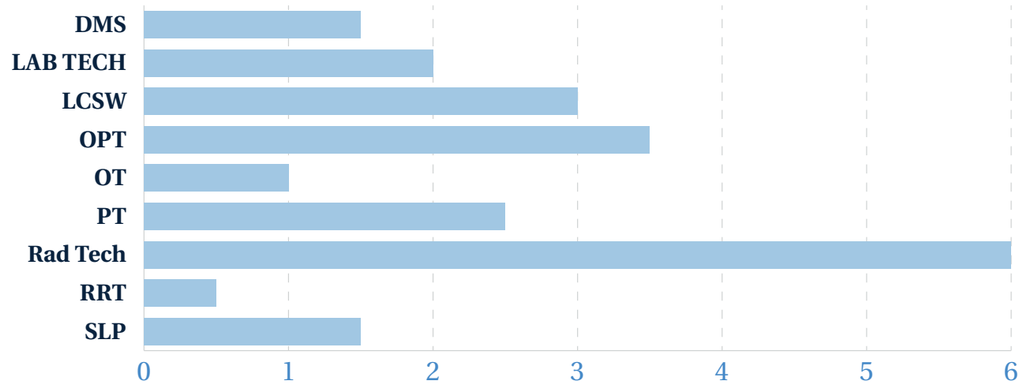
Placements by Specialty

Placements spanned across 26 allied health specialties in 2025, led by LCSWs (17.0%), optometrists (10.2%), and radiological technologists (9.1%).

- Athletic Trainer
- Audiology
- Behavioral Health
- Behavioral Health Consultant
- Cardiac Sonographer
- Computed Tomography Technologist
- Diagnostic Medical Sonographer
- Lab Tech
- Licensed Clinical Social Worker
- Licensed Professional Counselor
- Medical Lab Technician
- Nuclear Medicine Technologist
- Occupational Therapist
- Optometry
- Pharmacist
- Physical Therapist
- Physical Therapist Assistant
- Psychologist
- Radiation Therapist
- Radiological Technologist
- Registered Nurse
- Respiratory Therapist
- Sonography
- Speech-Language Pathologist
- Speech-Language Pathologist Assistant
- Surgical Technologist

Average Time to First Candidate Engagement

For most specialties, first candidate engagement occurs within three weeks, with respiratory therapists averaging under one week and radiological technologists the longest at six weeks.



Avg. Weeks to First Candidate Engagement

Financial Packages for Select Specialties

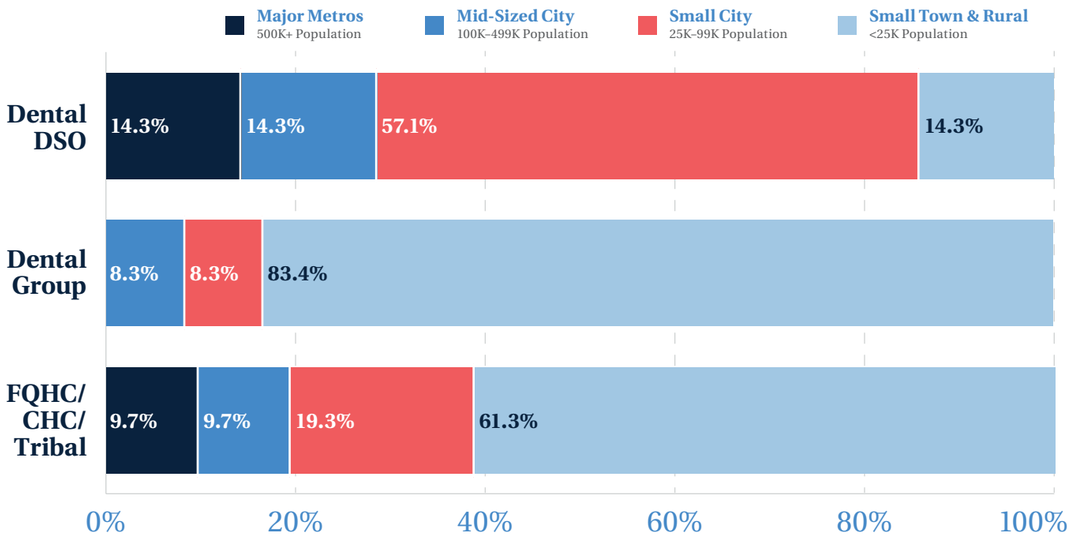
77.3% of allied health offers included signing bonuses, with 100.0% of respiratory therapists and occupational therapists receiving signing bonuses, a pattern consistent with strong incentive use across the specialty mix.

Table Reflects Averages	Base Salary	Signing Bonus	Relocation Package	Earning Potential
Diagnostic Sonographers	$106,859	$13,333 (75.0%)	$4,167	$112,875
Lab Tech	$98,181	$10,000 (75.0%)	-	$101,025
Licensed Clinical Social Worker	$84,369	$12,000 (86.7%)	$9,214	$88,380
Radiological Technologist	$91,046	$9,286 (87.5%)	$6,250	$95,983
Respiratory Therapist	$78,666	$13,383 (100.0%)	$3,667	$89,550
Speech-Language Pathologist	$113,360	$8,333 (80.0%)	$5,000	$116,360

Dental Overview (2025)

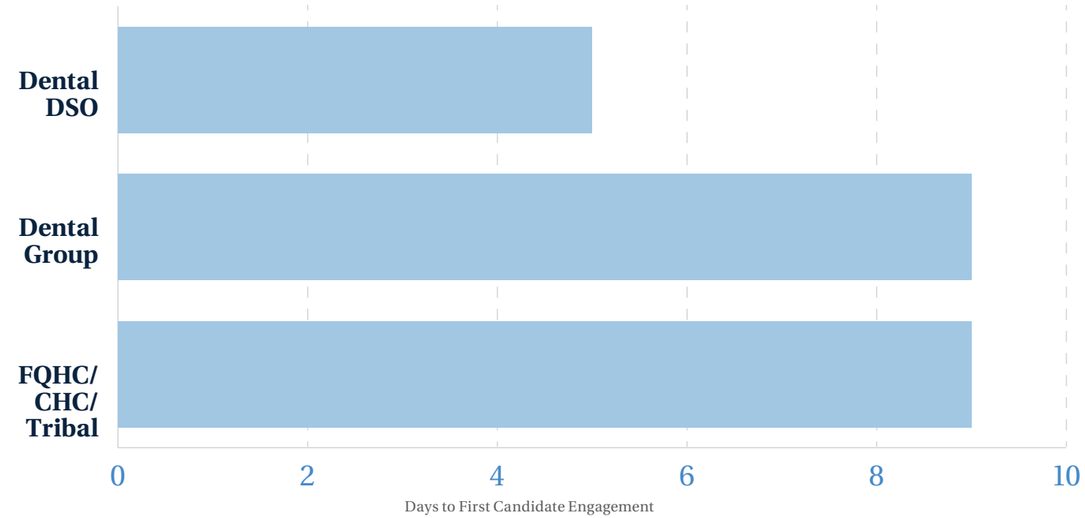
Placements by Community Size and Practice Setting

Rural and small-town communities accounted for 60.0% of dental placements in 2025, with dental group settings the most rural-concentrated at 83.4%.



Average Time to First Dentist Candidate Engagement by Practice Setting

Dentist searches averaged just nine days to first candidate engagement across all practice settings in 2025, with dental DSOs reaching that milestone fastest at five days.



Financial Packages by Specialty

Base compensation across dental roles ranged from $103,920 for registered dental hygienists to $400,000 for oral surgeons in 2025, with 68.1% of dental offers including a signing bonus averaging $15,531.

Table Reflects Averages	Base Salary	Signing Bonus	Relocation Package	Earning Potential
General Dentist	$237,276	$14,357 (66.7%)	$10,774	$255,224
Oral Surgeon	$400,000	$25,000 (100.0%)	-	$750,000
Pediatric Dentist	$258,333	$50,000 (33.3%)	-	$308,333
Registered Dental Hygienist	$103,920	$10,000 (50.0%)	-	$111,500

Dentist Financial Packages by Practice Setting

FQHC/CHC/Tribal dentists earn $107,261 less in base salary than dental group/DSO dentists. The base salary gap is partially offset by higher signing bonuses (82.1% vs. 35.7%), which average $6,522 more than dental group/DSO offers.

Table Reflects Averages	Base Salary	Signing Bonus	Relocation Package	Earning Potential
Dental Group/DSO	$309,677	$9,000 (35.7%)	$8,500	$340,338
FQHC/CHC/Tribal	$202,416	$15,522 (82.1%)	$11,153	$214,242

Audiology & Optometry (2023–2025)

Community Size

Optometry placements skewed rural at 56.3%, while audiology skewed toward small cities; together, 70.9% of audiology and optometry placements occurred outside major metro and mid-sized city markets.

16.7%
Major Metro
500K+ Population

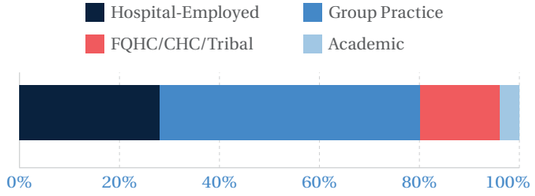
12.4%
Mid-Sized City
100K–499K Population

29.2%
Small City
25K–99K Population

41.7%
Small Town & Rural
<25K Population

Practice Setting

Group practice was the dominant setting for both specialties, accounting for 54.2% of combined audiology and optometry placements, with hospital-employed second at 25.0%.



Financial Packages

Optometrists averaged $187,747 in base salary with an earning potential of $207,119, while audiologists averaged $88,438 in base salary, less than half the optometrist figure, though half of audiology offers included a signing bonus.

Audiology	*Optometry*
$80,000 to $115,000	**$113,000 to $350,000**
Annual Salary Range	**Annual Salary Range**
$88,438	**$187,747**
Avg. Annual Salary	**Avg. Annual Salary**
$6,250	**$16,667**
Signing Bonus	**Signing Bonus**
50.0% Included	*42.9% Included*
$158,250	**$207,119**
Annual Earning Potential	**Annual Earning Potential**

Prior Experience

Audiology placements included a higher share of new graduates at 37.5%, compared to just 6.3% for optometry; together, 83.3% of combined placements went to in-practice providers.

83.3%
In Practice

16.7%
In Training

Therapy—PT & OT (2023–2025)

Community Size

Nearly 70% of physical and occupational therapy placements occurred in small-town or rural areas, with occupational therapy the most rural-concentrated at 75.0% and physical therapy showing a more distributed mix in 2025.

6.1%
Major Metro
500K+ Population

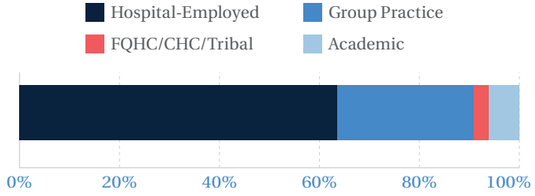
9.0%
Mid-Sized City
100K–499K Population

15.2%
Small City
25K–99K Population

69.7%
Small Town & Rural
<25K Population

Practice Setting

Hospital-employed dominated combined physical and occupational therapy placements at 63.6%, though physical therapy showed a pronounced shift toward group practice in 2025, rising from 16.7% in 2023 to 57.1%.



Financial Packages

Physical and occupational therapy base salaries are comparable at $102,618 and $99,578, but physical therapy commands a higher signing bonus, averaging $15,115 versus $7,500 for occupational therapy.

Physical Therapy	*Occupational Therapy*
$75,600 to $155,000	**$73,000 to $134,451**
Annual Salary Range	**Annual Salary Range**
$102,618	**$99,578**
Avg. Annual Salary	**Avg. Annual Salary**
$15,115	**$7,500**
Signing Bonus	**Signing Bonus**
68.4% Included	*63.6% Included*
$105,365	**$101,562**
Annual Earning Potential	**Annual Earning Potential**

Prior Experience

Nearly 88% of physical and occupational therapy placements went to experienced providers, though physical therapy placements included a higher share of new graduates at 14.3% compared to 8.3% for occupational therapy.

87.9%
In Practice

12.1%
In Training

Allied Health Provider Insights



The allied health workforce is largely stable yet open to opportunity, with financial considerations playing a greater role in retention than overall job satisfaction.

The allied health workforce in 2025 is financially pressured, largely stable in place, and more recruitable than actual turnover numbers suggest. The majority of providers work full-time in hospital-employed settings, and a meaningful share remain open to a job change–not because engagement has collapsed, but because the conditions driving departure have not been addressed.

Burnout and compensation dissatisfaction are concentrated among providers with longer hours, lower earnings, and earlier career stages. Extended-hours providers, lower-earning groups, and early-career clinicians carry the highest dissatisfaction and the highest openness to change.

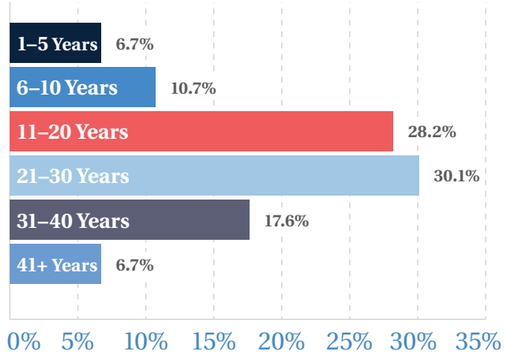
For employers, that disconnect defines the recruitment challenge. The providers most likely to move are reachable by email, motivated first by base salary, and held in place by financial risk and personal ties rather than job satisfaction. Competitive base pay, signing bonuses, and relocation support convert outreach into action in this market.

Key Takeaways:

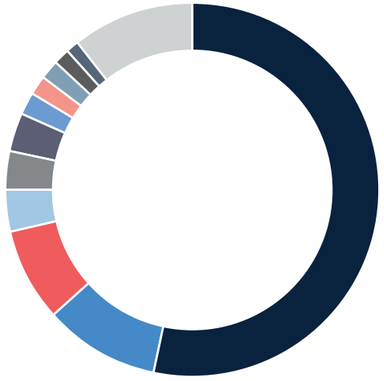
- **Hospital employment is the current setting for 53.4% of providers,** up from 47.1% in 2024, placing the highest recruitment volume and greatest retention exposure in a single practice environment.
- **54.6% of burned-out allied health providers are open to change,** compared to 47.4% of allied health providers overall, marking burnout as the strongest signal of recruitment receptivity.
- **Compensation dissatisfaction** leads all dimensions in allied health (36.9% dissatisfied vs. 40.2% satisfied), with fewer than half of providers reporting satisfaction, and 48.9% of dissatisfied providers open to change.
- **Unwillingness to relocate does not equal retention:** 66.5% will not relocate, yet 55.0% of that group is still open to change; in-state competition is as consequential as cross-market outreach.
- **Income gains broadened in 2025,** with 51.8% of providers seeing increases (up from 46.1% in 2024), but 81.5% of those gains fell in the 1–4% range, not enough to close the compensation gap.
- **Benefits priorities hold constant across gender, age, and earnings level:** paid time off (82.4%), health insurance (76.9%), and retirement savings (69.6%) rank as the top three, a consistent baseline for any allied health offer.
- **Compensation leads job-change motivators at 42.5%,** while retiring or approaching retirement ranks third at 11.2%, rising to 36.0% among providers aged 60+.
- **Risk of decreased earnings and relocation burden tie** as the second-ranked barriers to change at 27.0% each; both can be directly offset by signing bonuses and relocation assistance in the offer.
- **Providers switching employers held at 8.5% in 2025** despite 62.2% of providers receiving three or more solicitations weekly; offer quality, not outreach volume, drives conversion in this market.
- **Allied health providers find jobs primarily through email (66.4%)** and want that job ad to include compensation (58.8%), benefits package (57.1%), job location (56.0%), and employment status (52.9%); ads that include all four tend to generate stronger engagement.

Allied Health Practice Snapshot

Years in Practice



Current Practice Setting

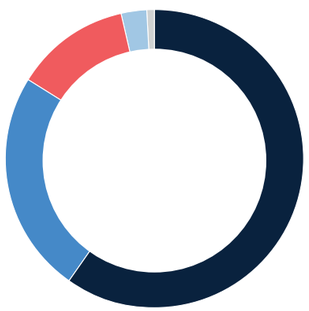


- **53.4%** Hospital-Employed
- **10.1%** Single Specialty Group (SSG)
- **8.0%** Multi-Specialty Group (MSG)
- **3.7%** Solo Practice
- **3.3%** Locum Tenens
- **3.3%** Military/Gov't.
- **2.0%** Academic
- **1.7%** Telehealth
- **1.6%** Non-Clinical
- **1.4%** FQHC/CHC/Tribal
- **1.2%** Concierge
- **10.3%** Other

78.3%

of allied health's primary professional focus is **direct patient care.**

Schedule Structure

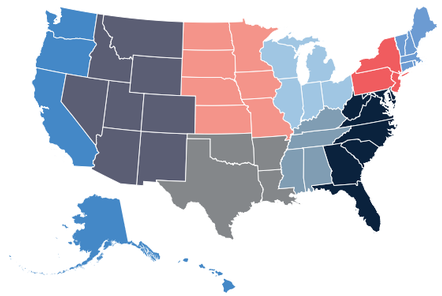


- **59.9%** Traditional
  Consistent Weekly Schedule
- **24.2%** Extended
  Longer Shifts, Fewer Days
- **12.4%** Variable
  Irregular or Rotating Shifts
- **2.8%** Block
  Set On/Off Work Periods
- **0.7%** Other

30.4%

of allied health providers work **41+ hours** per week.

Current Practice Location

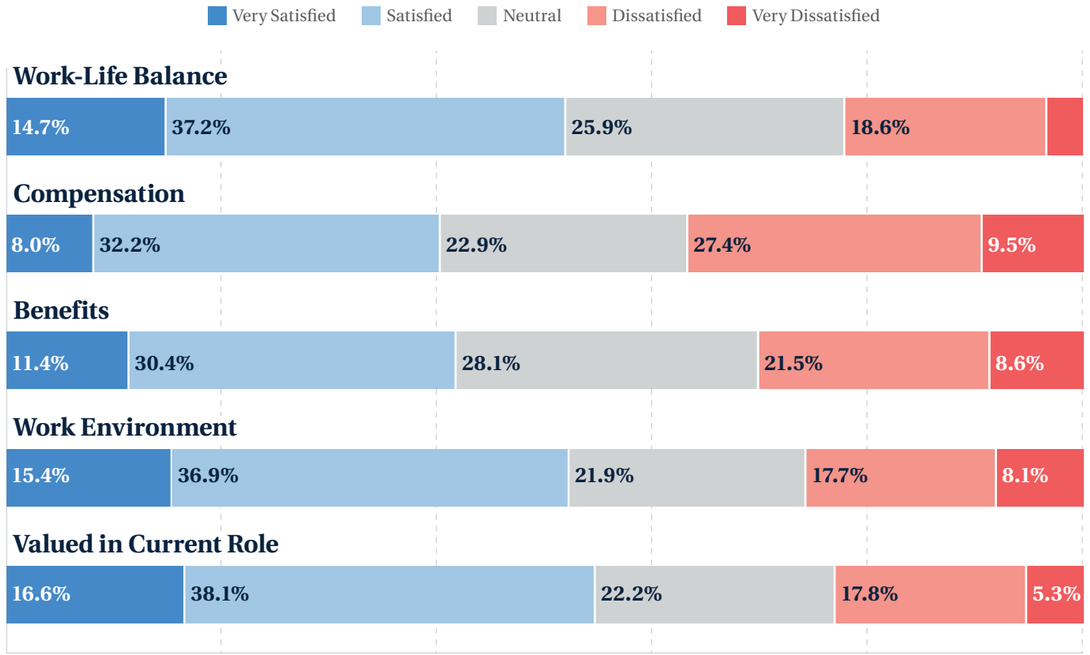


- **18.8%** South Atlantic
- **16.4%** East North Central
- **11.8%** West South Central
- **11.7%** Middle Atlantic
- **11.6%** Pacific
- **9.7%** Mountain
- **7.8%** West North Central
- **8.0%** New England
- **3.4%** East South Central
- **0.8%** International/U.S. Territory

Satisfaction & Burnout

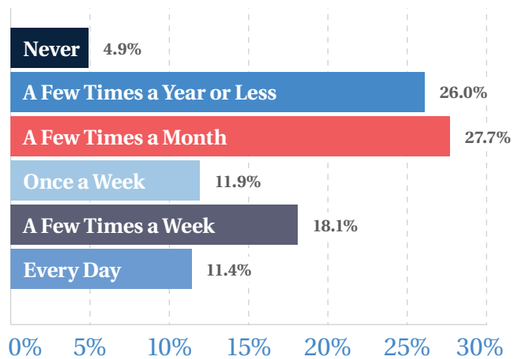
Levels of Satisfaction

Compensation draws the most dissatisfaction of any dimension surveyed, with 36.9% of allied health providers dissatisfied and only 40.2% satisfied. Feeling valued ranks highest at 54.7% satisfied, the widest satisfaction gap across all dimensions.



Frequency of Burnout

Burnout affects 41.4% of allied health providers weekly or more, with frequency rising among providers working extended hours and those in lower earnings tiers.



Top Contributors to Burnout

Compensation misalignment, staffing shortfalls, and administrative burden are the top three burnout contributors, each cited by more than 40% of allied health providers.

1. **Comp. Not Aligned w/ Workload**
2. **Inadequate Staffing/Support**
3. **Admin. Burden/Documentation**
4. **Workplace Culture/Leadership**
5. **RVU/Volume Expectations**

Ideal Role & Location

32.4%

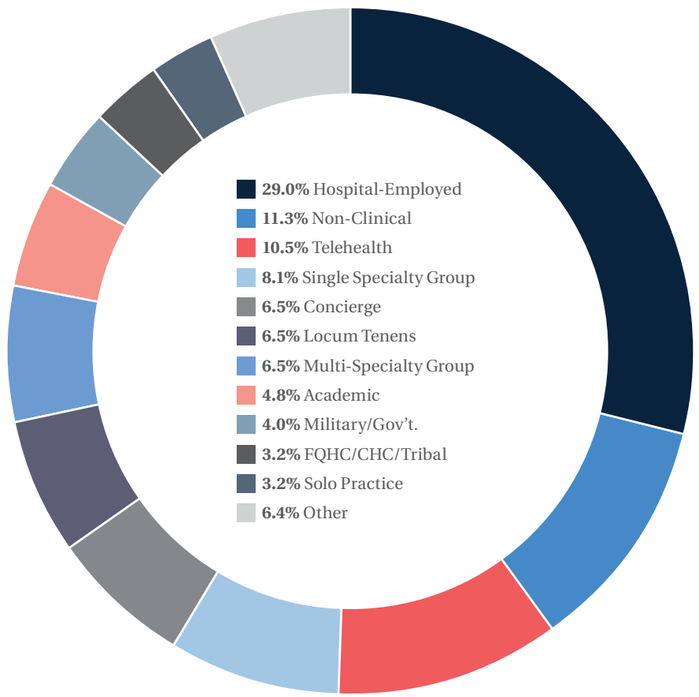
of allied health providers are **willing to relocate** out of their current state.

79.8%

of allied health providers are **satisfied with their practice setting & location.**

Preferred Practice Setting

Hospital-employed roles are the preferred practice setting for 29.0% of allied health providers, a share nearly three times that of any other single setting.



Top 10 Most Considered States

1. Florida
2. Texas
3. North Carolina
4. California
5. Colorado
6. Washington
7. Arizona
8. South Carolina
9. Georgia
10. Oregon

Top 10 Least Considered States

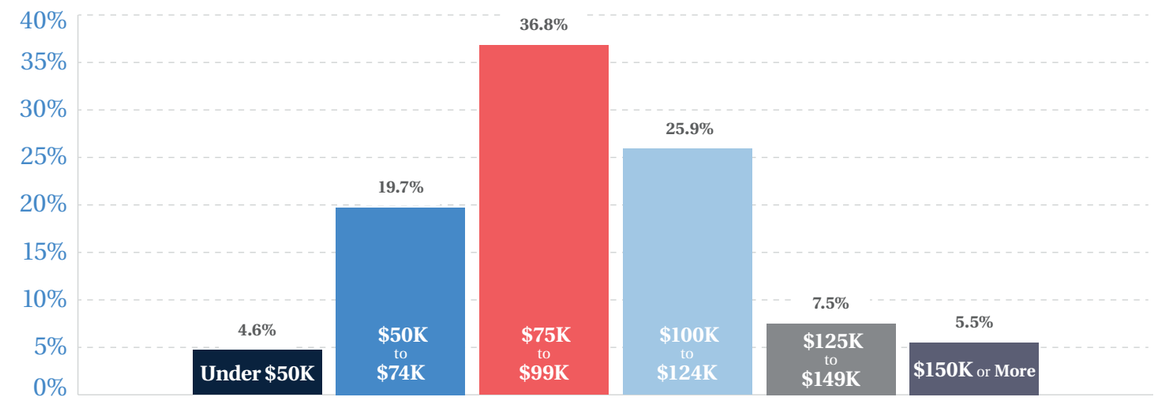
1. Alaska
2. Alabama
3. Mississippi
4. New York
5. California
6. Iowa
7. Arkansas
8. North Dakota
9. Louisiana
10. Oklahoma

Florida (18.2%) and Texas (12.5%) lead allied health relocation preferences; Alaska (45.5%) and Alabama (40.2%) top the states allied health providers would least consider.

Compensation & Benefits

2025 Annual Compensation

Allied health compensation clusters in the $75,000–$124,999 range, where 62.7% of providers land. Only 13.0% earn $125,000 or more.



55.9%

of respondents' income increased due to a **cost-of-living adjustment**.

29.1%

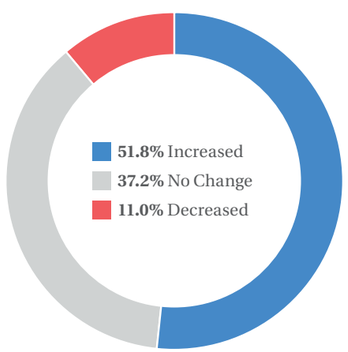
of respondents received **quality- or value-based** compensation.

14.5%

of respondents received **income from providing telehealth services**.

2025 Income Changes

Income increased for 51.8% of allied health providers in 2025, but 81.5% of those gains fell in the 1–4% range.



Most Important Benefits

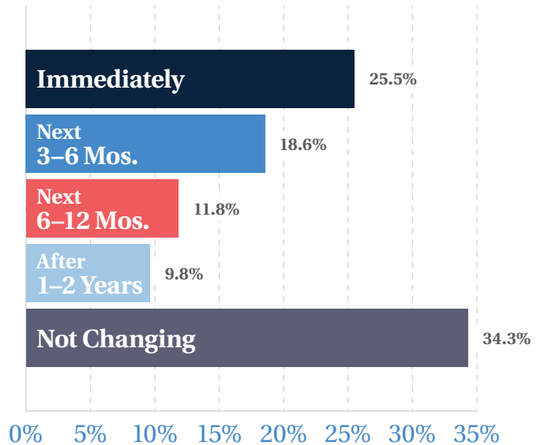
Three benefits form the non-negotiable core of allied health priorities: paid time off (82.4%), health insurance (76.9%), and retirement savings (69.6%).

1. Paid Time Off
2. Health Insurance
3. Retirement Savings Plan
4. Professional Development
5. Flexible/Remote Work Options

Job Change Motivations

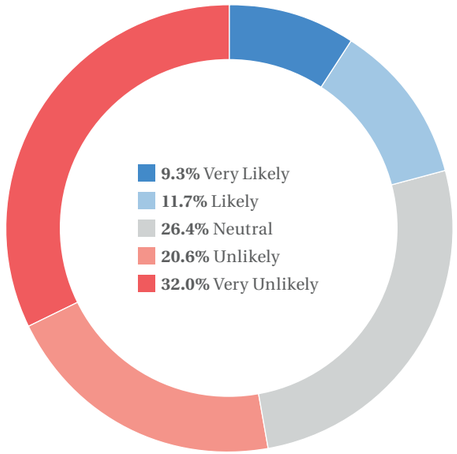
Timeline to Consider a Job Change

55.9% of allied health providers would consider changing jobs within 12 months, but the share willing to move immediately has declined to 25.5%, down from 32.7% in 2024.



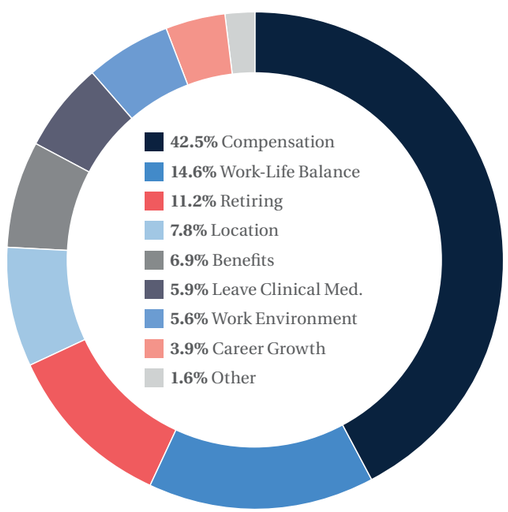
Likelihood of Changing Jobs

47.4% of allied health providers are likely or open to a job change in 2025, down from 60.2% in 2023; the decline reflects reduced willingness, not improved satisfaction.



Top Motivation to Make a Change

Compensation leads allied health job-change motivators at 42.5%, a share nearly three times that of the next-ranked driver.



Top Barriers to Making a Change

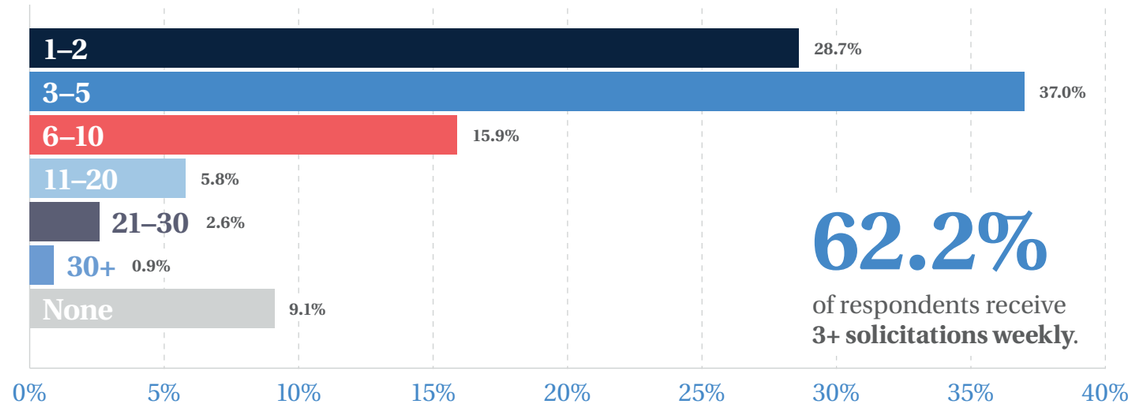
Family and personal reasons rank first among allied health job-change barriers at 52.8%, with risk of decreased earnings and relocation burden the next-ranked concerns.

1. **Family/Personal Reasons**
2. **Risk of Decreased Earnings**
3. **Relocation Burden**
4. **Geographic Location**
5. **Risk of Lesser Benefits**

Job Search

Weekly Opportunity Solicitations

62.2% of allied health providers receive three or more job solicitations per week, yet volume alone does not drive conversion; only 30.8% of those receiving six or more weekly are open to changing roles.



62.2%
of respondents receive **3+ solicitations weekly.**

Top Ways to Learn About Opportunities

Email leads allied health opportunity discovery at 66.4%, a position held for two consecutive years, followed by online job boards (43.6%) and text messages (36.5%).

1. **Emails**
2. **Online Job Boards**
3. **Text Messages**
4. **Personal/Professional Networks**
5. **Social Media**

39.2%
of allied health providers use **social media** to look for new opportunities.

Top Information Sought in Job Ads

Compensation (58.8%), benefits (57.1%), job location (56.0%), and employment status (52.9%) lead allied health job ad priorities, clustered within six percentage points of each other.

1. **Compensation**
2. **Benefits Package**
3. **Job Location**
4. **Employment Status**
5. **Practice Type**

34.9%
of allied health providers have worked with a **staffing agency**.

Dental Provider Insights



Falling compensation and early-career burnout are associated with rising dental mobility in 2025, with DSO and FQHC settings reporting the greatest openness to change.

The dental workforce in 2025 presents a more acute picture than allied health: satisfaction is falling across every measured dimension, income losses are more prevalent and more severe than in 2024, and mobility is rising. The data indicates these pressures are already contributing to provider movement, not building toward it.

Three forces are converging. Early-career providers are experiencing burnout at rates that exceed any other group, and they are also the most under-solicited group in dental. Late-career providers are approaching retirement in growing numbers. Mid-career providers face deteriorating work environments and declining compensation in DSO and FQHC settings.

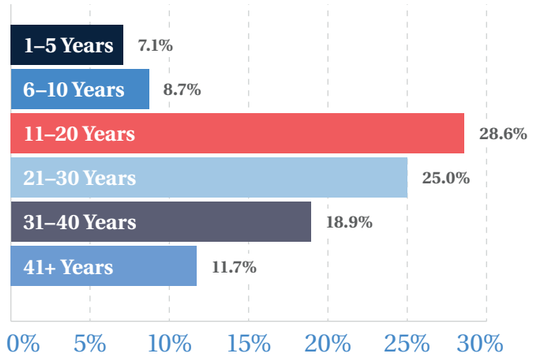
For dental employers, the priority is not long-term planning alone; it is immediate stabilization. Addressing early-career burnout, maintaining competitive compensation in DSO and community health settings, and building retention infrastructure around each career stage are supported by the data as levers for stabilizing retention.

Key Takeaways:

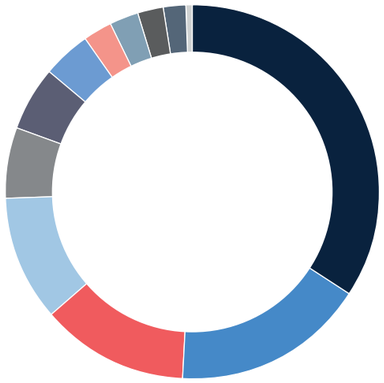
- **Traditional scheduling dominates dental at 83.7% of providers,** rising to 100.0% among those earning $300,000 or more; any deviation from standard scheduling will sharply reduce the available candidate pool.
- **Burnout peaks at 60.0% weekly among dental providers under 40,** and those same providers also report the lowest compensation satisfaction, making early-career dental the highest-risk group for departure.
- **Work environment satisfaction fell more than any other category year-over-year,** dropping 7.5 percentage points to 56.5% in 2025; 42.3% of dissatisfied providers are open to changing roles, making workplace conditions a worsening departure trigger.
- **43.9% of dental providers are willing to relocate,** rising to 62.8% among those open to changing roles, with Florida, Texas, Arizona, and California leading destination preferences among that group.
- **Nearly one in three dental providers saw their 2025 income decline,** up from 22.9% in 2024, and 49.1% of those experiencing decreases saw cuts of 11% or more, up in both prevalence and magnitude from 2024.
- **Compensation satisfaction declined 5.0 percentage points to 47.1% in 2025,** with DSO settings carrying the highest dissatisfaction at 40.0%, the same setting where open-to-change rates are highest.
- **Dental mobility is rising:** 46.4% of providers are open to a job change in 2025, with DSO providers at 80.0% and FQHC providers at 67.1%, levels that reflect instability, not routine turnover.
- **Compensation leads dental job-change motivators at 32.7%,** with retirement following at 19.6%, requiring distinct retention strategies across career stages.
- **Early-career dental providers are dramatically under-solicited:** only 25.0% of those under 40 receive three or more solicitations weekly, compared to 86.0% of those aged 60 or older, despite the highest burnout and mobility of any dental provider group.
- **Email leads dental opportunity discovery at 73.7%,** up from 65.8% in 2024; compensation (67.1%) and job location (65.8%) lead job ad priorities, making compensation messaging a core element of dental outreach.

Dental Practice Snapshot

Years in Practice



Current Practice Setting

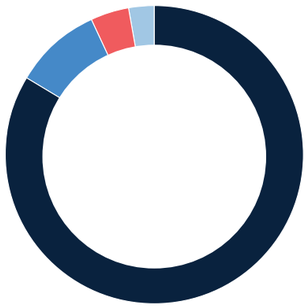


- **34.2%** Dental Practice
- **16.8%** FQHC/CHC/Tribal
- **12.8%** Solo Practice
- **10.7%** DSO
- **6.1%** Academic
- **5.6%** Military/Gov't.
- **4.1%** Hospital-Employed
- **2.6%** MSG/Partnership
- **2.6%** SSG/Partnership
- **2.0%** Concierge
- **2.0%** Locum Tenens
- **0.5%** Other

80.1%

of dental providers' primary professional focus is **direct patient care.**

Schedule Structure

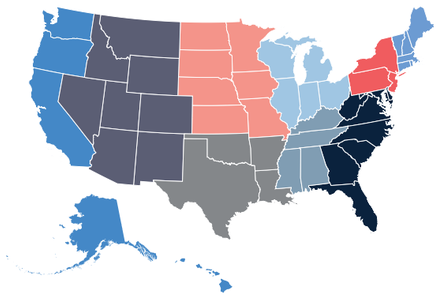


- **83.7%** Traditional
  Consistent Weekly Schedule
- **9.7%** Extended
  Longer Shifts, Fewer Days
- **4.1%** Variable
  Irregular or Rotating Shifts
- **2.5%** Block
  Set On/Off Work Periods

20.4%

of dental providers work **41+ hours** per week.

Current Practice Location

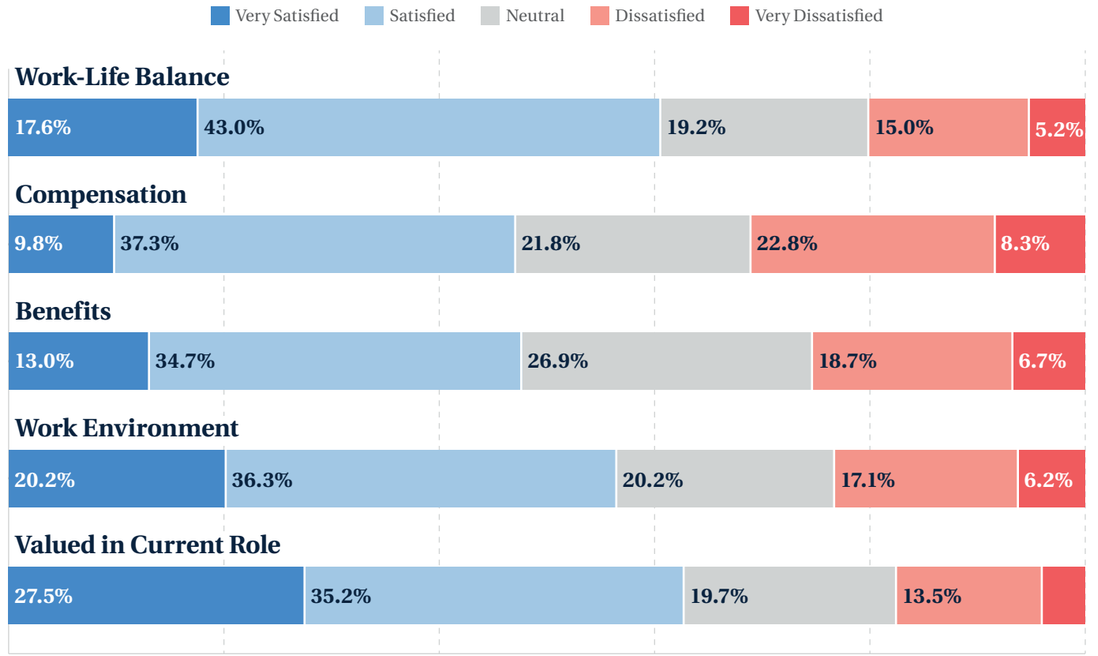


- **19.4%** Pacific
- **16.8%** West South Central
- **15.8%** East North Central
- **12.8%** South Atlantic
- **10.2%** Middle Atlantic
- **9.7%** Mountain
- **8.7%** West North Central
- **3.1%** East South Central
- **3.1%** New England
- **0.4%** International/U.S. Territory

Satisfaction & Burnout

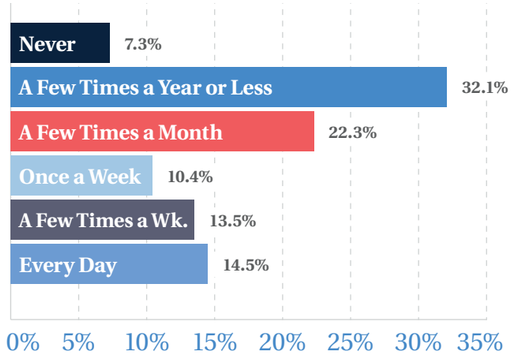
Levels of Satisfaction

Dental providers report the highest satisfaction in feeling valued (62.7%) and work-life balance (60.6%), with both dimensions drawing dissatisfaction rates below 21%. Compensation draws the most dissatisfaction with more than one in four providers expressing discontent.



Frequency of Burnout

Burnout affects 38.4% of dental providers weekly or more, with rates highest among female providers (47.2%) and those under 40 (60.0%).



Top Contributors to Burnout

Dental burnout is driven by compensation misalignment (51.1%), staffing shortfalls (50.0%), and administrative burden (47.1%), each cited by roughly half of providers.

1. **Comp. Not Aligned w/ Workload**
2. **Inadequate Staffing/Support**
3. **Admin. Burden/Documentation**
4. **Insurance/Payer Constraints**
5. **Workplace Culture/Leadership**

Ideal Role & Location

43.9%

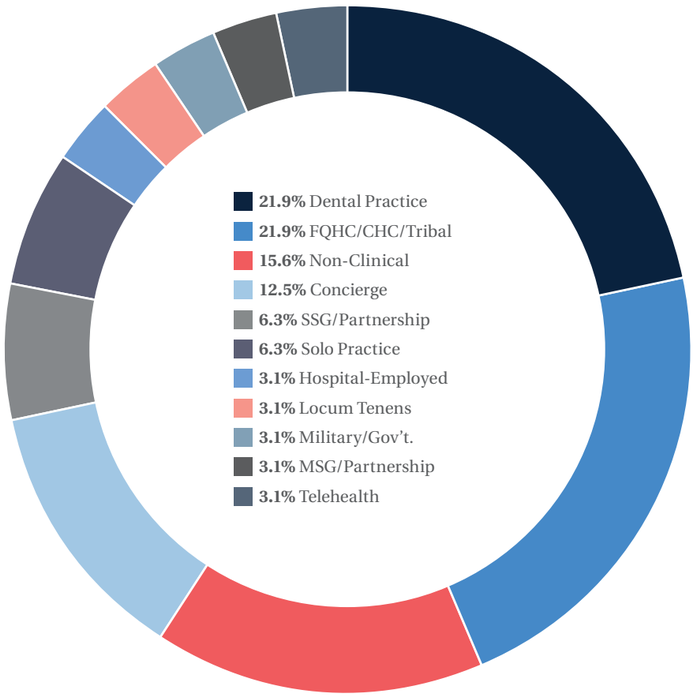
of dental providers are **willing to relocate** out of their current state.

81.5%

of dental providers are **satisfied with their practice setting & location.**

Preferred Practice Setting

No single setting dominates dental practice preferences: dental practice and FQHC/CHC/Tribal each lead at 21.9%, with non-clinical close behind at 15.6%.



Top 10 Most Considered States

1. Florida
2. Texas
3. Arizona
4. California
5. Colorado
6. North Carolina
7. Hawaii
8. Idaho
9. South Carolina
10. Tennessee / Washington

Top 10 Least Considered States

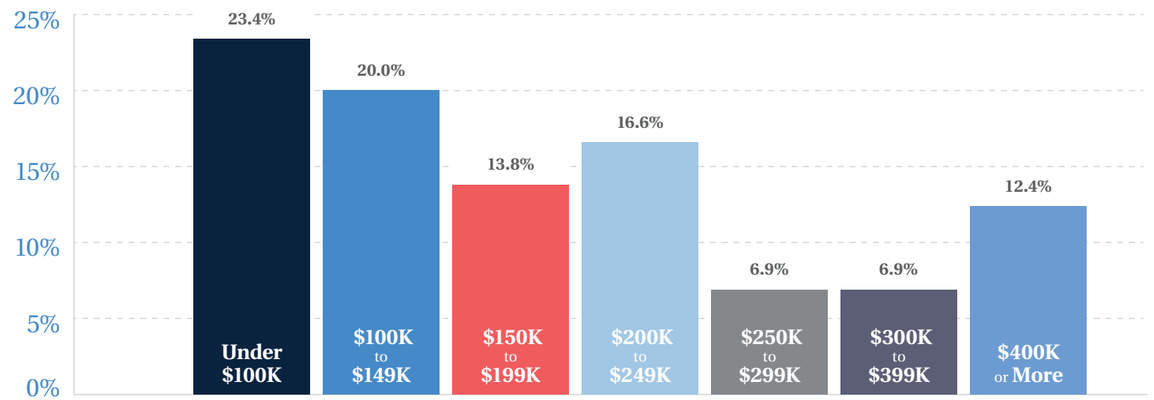
1. California
2. New York
3. District of Columbia
4. Alaska
5. Mississippi
6. New Jersey
7. Delaware
8. Massachusetts
9. Alabama
10. Connecticut / Maryland

Florida leads dental relocation preferences at 20.2%; California is both fourth most preferred at 16.8% and most avoided at 52.4%, the highest avoidance rate across either provider type.

Compensation & Benefits

2025 Annual Compensation

Dental compensation is broadly distributed, with 43.4% earning under $150,000 and 19.3% earning $300,000 or more. The gender earnings gap is pronounced at the top: only 8.3% of female dental providers earned $300,000 or more in 2025, compared to 35.3% of male providers.



32.8%

of respondents' income rose because of **increased productivity**.

30.3%

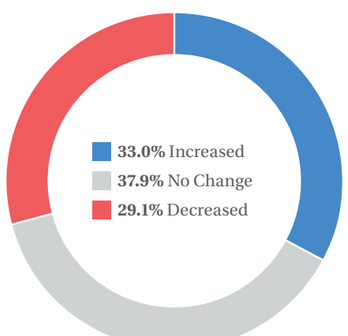
of respondents received **quality- or value-based** compensation.

6.7%

of respondents received **income from providing telehealth services**.

2025 Income Changes

Dental income deteriorated on both ends in 2025: the share seeing decreases rose from 22.9% to 29.1%, while the share seeing increases fell from 40.8% to 33.0%.



Most Important Benefits

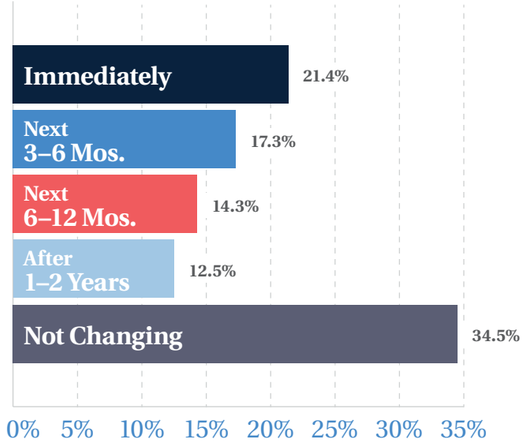
Health insurance (62.9%), retirement savings (61.8%), and paid time off (60.1%) lead dental benefits priorities; 19.1% of dental providers report having no benefits.

1. Health Insurance
2. Retirement Savings Plan
3. Paid Time Off
4. Professional Development
5. Employer-Paid Malpractice Ins.

Job Change Motivations

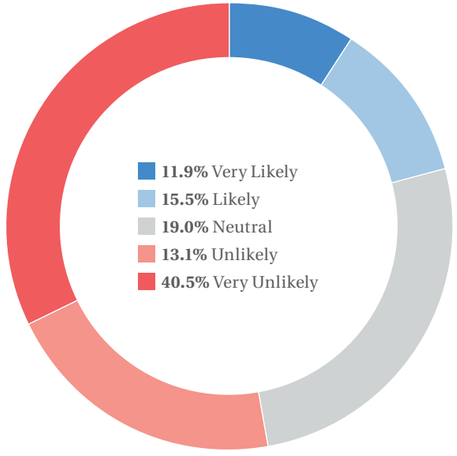
Timeline to Consider a Job Change

34.5% of dental providers would not consider a near-term job change, but that drops to 15.0% among those under 40, marking early-career dental as a far more active pool.



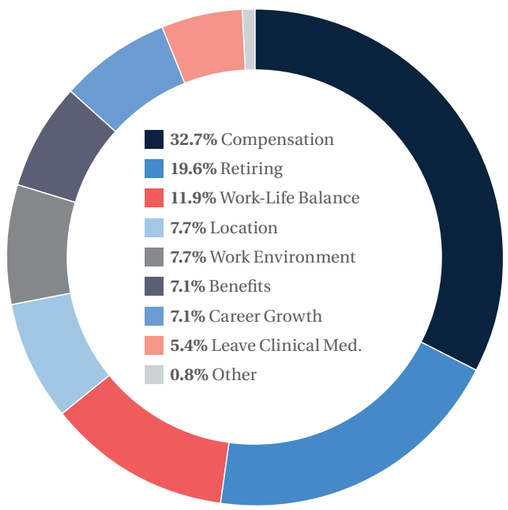
Likelihood of Changing Jobs

46.4% of dental providers are open to a job change in 2025, up from 41.4% in 2024, running counter to the allied health decline over the same period.



Top Motivation to Make a Change

Compensation leads dental job-change motivators at 32.7%, with retirement following at 19.6%, consistent with the age distribution of the dental workforce.



Top Barriers to Making a Change

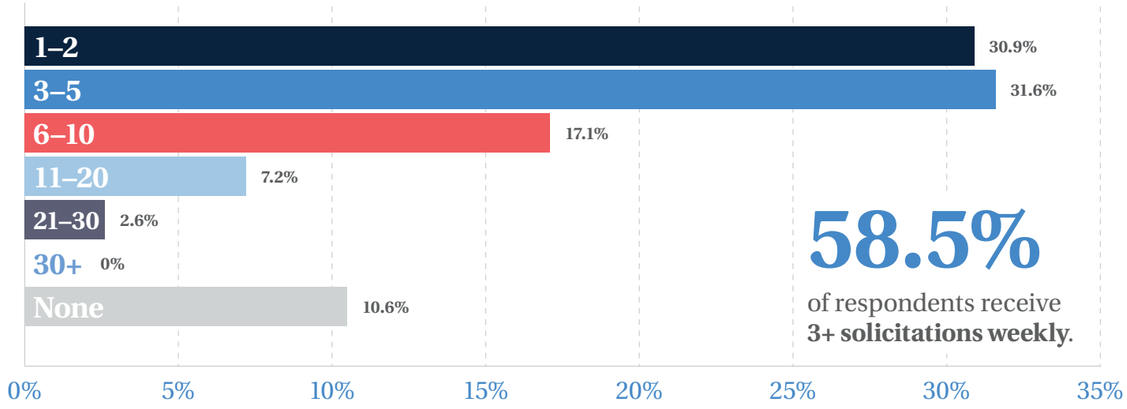
Family reasons rank first among dental job-change barriers at 45.7%, while potential transition costs rank fifth at 23.5%, driven by the higher setup costs of dental practice transitions.

1. **Family/Personal Reasons**
2. **Risk of Decreased Earnings**
3. **Relocation Burden**
4. **Geographic Location**
5. **Potential Transition Costs**

Job Search

Weekly Opportunity Solicitations

58.5% of dental providers receive three or more job solicitations per week; 10.6% report receiving none.



58.5%
of respondents receive **3+ solicitations weekly.**

Top Ways to Learn About Opportunities

Email tops dental opportunity discovery at 73.7%, with online job boards second at 40.1%, climbing to 60.0% among providers under 40.

1. **Emails**
2. **Online Job Boards**
3. **Text Messages**
4. **Personal/Professional Networks**
5. **Social Media**

30.9%
of dental providers use **social media** to look for new opportunities.

Top Information Sought in Job Ads

Compensation (67.1%) and job location (65.8%) top dental job ad priorities. Workload expectations rank fifth at 27.6%, pointing to sensitivity to production-based pay structures.

1. **Compensation**
2. **Job Location**
3. **Benefits Package**
4. **Employment Status**
5. **Patient Volume/Workload**

36.0%
of dental providers have worked with a **staffing agency**.

Action Plan

Strategic Considerations for Allied Health and Dental Recruitment and Retention



Recruitment and retention in 2026 are shaped by offer quality, workforce-specific outreach, and career-stage strategies across allied health and dental.

Allied health and dental recruitment in 2026 is shaped by rural concentration, financial pressure, and provider-specific mobility patterns. Allied health providers are largely stable in place but reachable and dissatisfied with compensation, while dental providers face deteriorating conditions and rising openness to change. Organizations that respond to each workforce on its own terms are better positioned to compete.

Recruitment Actions:

- **Compete on offer quality, not outreach volume.** Allied health providers receive heavy solicitation but most stay put; emphasize specific compensation, benefits, and role details to better engage the providers who are open to moving.
- **Engage early-career dental providers directly.** This workforce is the most under-solicited in dental despite carrying the highest burnout and the greatest openness to change, making proactive outreach to providers under 40 an important opportunity.
- **Lead with what providers are seeking.** Open job ads, emails, and recruiter messages with compensation, benefits, location, and employment status for allied health, and compensation and location for dental, since email is the primary discovery channel for both.
- **Calibrate timelines to specialty realities.** Set search expectations at kickoff based on specialty-specific engagement timelines for allied health, and build in post-submission credentialing and contracting time for dental to support more predictable hiring timelines.
- **Use structured incentives to help address community health compensation gaps.** Offer signing bonuses, relocation packages, and loan repayment to narrow the differential between FQHC, CHC, and tribal health settings and private practice, particularly in dental where the gap is most pronounced.

Retention Actions:

- **Target the three burnout drivers cited across both provider groups.** Reassess compensation against workload, invest in staffing ratios, and strengthen documentation support to address the top contributors in both allied health and dental.
- **Stabilize DSO and FQHC dental environments.** Conduct compensation and workload reviews in these settings, where openness to change is highest, dissatisfaction is concentrated in DSOs, and income deterioration is accelerating.
- **Build retention strategies around career stage in dental.** Address burnout for early-career providers, income deterioration for mid-career providers, and retirement transition for late-career providers with distinct, stage-specific interventions.
- **Treat in-state retention as a key priority in allied health.** Most allied health providers will not relocate but remain open to a job change, making local and regional competitors an important source of turnover.
- **Pair modest income gains with the benefits providers rank highest.** Strengthen paid time off, health insurance, and retirement savings to offset the modest raises most providers received in 2025, since these remain the highest-ranked priorities across allied health.

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