

Annual Belgian Dental Hygienist Survey

2025-2026

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1. INTRODUCTION

From 30 March 2026 until the end of April 2026, the annual Belgian dental hygienist survey was conducted by the Belgian Association for Dental Hygienists (BBM). According to the annual statistics on healthcare professionals in Belgium, the number of licensed dental hygienists in 2025 was 771, of whom 591 had their official residence in Belgium¹. The profession of the dental hygienist in Belgium is defined by a Royal Decree since march 2018².

This report is purely descriptive. The results are used by BBM to identify needs in the field and to optimally represent the Belgian dental hygienists. Conducting this survey annually allows BBM to explore possible evolutions throughout the next years.

2. METHODOLOGY

An online questionnaire was created by the board of BBM both in Dutch and in French. It consisted of 35 questions, both closed and open-ended. Besides demographics, the questionnaire included themes such as characteristics of employment and job satisfaction. Data collection took place on survey platform 'Checkmarket'.

Recruitment

The questionnaire was distributed through the following channels of BBM: newsletter, Instagram and Facebook pages.

Inclusion criteria	Exclusion criteria
Dental hygienists recognized by the Belgian government and working in Belgium	- Dental hygienists working abroad - Dental hygienists working without recognition from the Belgian government - Dental hygiene students

¹ Federal Public Service Health, Food Chain Safety and Environment. *HWF Jaarstatistieken 2025 [HWF Annual Statistics 2025]*. Brussels: Federal Public Service Health; 2026. Available from: [HWF Jaarstatistieken 2025 | Volksgezondheid](#)

² 28/03/18 - KB betreffende het beroep van mondhygiënist. In *BELGISCH STAATSBAD — 30.03.2018 — MONITEUR BELGE*. FOD Volksgezondheid, veiligheid van de voedselketen en leefmilieu. <https://www.health.belgium.be/nl/280318-kb-betreffende-het-beroep-van-mondhygienist>

3. DESCRIPTION OF THE SAMPLE

The sample consisted of 176 participants, of whom 170 Belgian dental hygienists completed the questionnaire. It included both members (82.4%) and non-members (17.6%) of BBM and was predominantly female (92.0%). Participants' ages ranged from 20–25 years to 56–60 years, with 67.0% aged between 20 and 30 years. Table 1 shows the participants' province of residence. Table 2 presents the university-colleges from which participants graduated, indicating that 71.6% completed their studies in Flanders (AHS in Ghent and UCLL in Leuven) and 27.3% in Wallonia (HEPL in Liège and HELB in Brussels). Table 3 shows the year in which participants graduated as dental hygienists.

Table 1. Province of residence (n = 176)

Province of residence	Count	% of responses
East-Flanders	38	21.6%
Antwerp	32	18.2%
Liège	25	14.2%
Flemish Brabant	20	11.4%
West-Flanders	20	11.4%
Limburg	17	9.7%
Brussels	12	6.8%
Namur	6	3.4%
Hainaut	4	2.3%
Luxembourg	1	0.6%
Walloon Brabant	1	0.6%

Table 2. University-college of graduation (n = 176)

University-college of graduation	Count	% of responses
Arteveldehogeschool Ghent	67	38.1%
UCLL Leuven	59	33.5%
HEPL Liège	35	19.9%
HELB Brussels	13	7.4%
Other	2	1.1%

Table 3. Year of graduation as a dental hygienist (n = 176)

Year of graduation	Count	% of responses
2019	18	10.2%
2020	17	9.7%
2021	16	9.1%
2022	29	16.5%
2023	26	14.8%
2024	34	19.3%
2025	33	18.8%
2026	1	0.6%
Other	2	1.1%

4. RESULTS

4.1 Distribution of workplaces

As graph 1 shows, almost two thirds (64.8%) of the Belgian dental hygienists work in more than one organization/practice.

Graph 1. Number of workplaces per participant

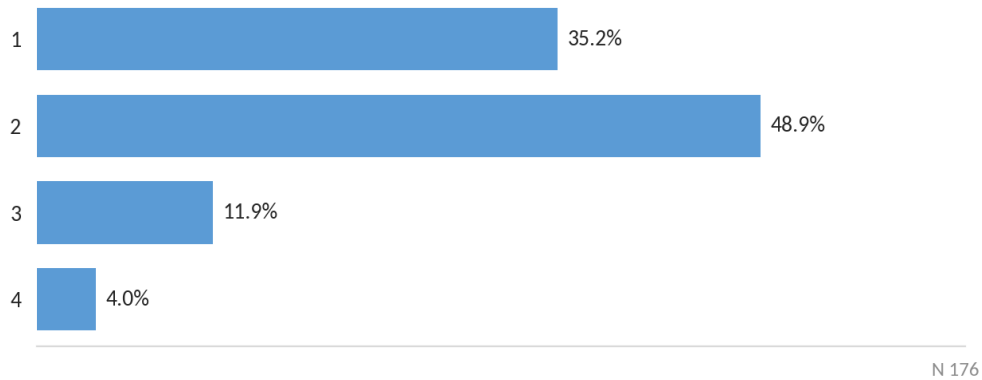


Table 4 categorizes the total number of dental hygienist workplaces (n = 254) by type of organization.

Table 4. Type of organization (n = 254 workplaces)

Type of organization	Count	% of responses
Group-practice dentistry	157	61.8%
Solo-practice dentistry	50	19.7%
University-college	14	5.5%
Multidisciplinary practice with both oral and non-oral health professionals	10	3.9%
Flemish Institute for Oral Health 'Gezonde Mond' as Process coordinator	7	2.8%
Hospital	6	2.4%
Other	4	1.6%
Flemish Institute for Oral Health 'Gezonde Mond' as Employee	2	0.8%
Nursing home	2	0.8%
Community health center	1	0.4%
Dental lab	1	0.4%

Participants were also asked with which other oral health specialties they collaborate. Nearly all participants (96.6%) collaborate with general dentistry, followed by periodontology and implantology (both 52.3%). The results are presented in Table 5.

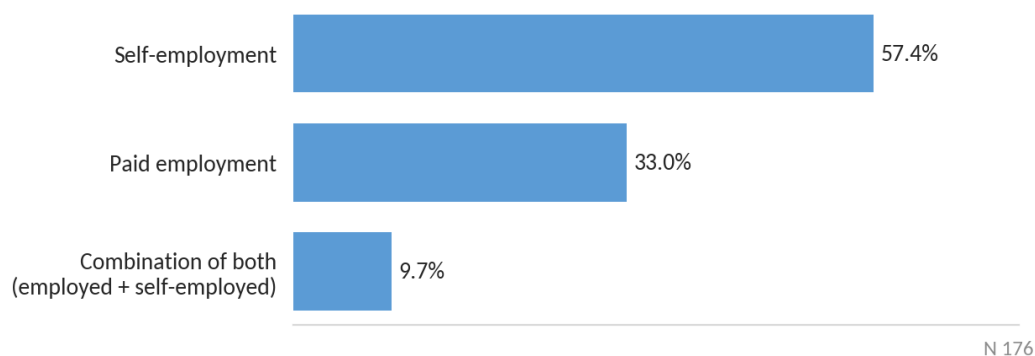
Table 5. Oral health specialties with which participants collaborate (n = 176)

Oral health specialties	Count	% of responses
General dentistry	170	96.6%
Periodontology	92	52.3%
Implantology	92	52.3%
Orthodontics	85	48.3%
Prosthodontics	85	48.3%
Dental crowns and bridges	83	47.2%
Cosmetic/Aesthetic dentistry	75	42.6%
Endodontics	65	36.9%
Pediatric dentistry	46	26.1%
Oral and maxillofacial surgery	28	15.9%
Other	2	1.1%

4.2 Employment & income

The type of employment per participant is shown in Graph 2. More than half of the participants (57.4%) work exclusively self-employed. On average, participants work 34.5 hours per week as a dental hygienist.

Graph 2. Type of employment per participant



Among the 94 responding self-employed dental hygienists, the average percentage of revenue was **47.2%** (± 6.0). Twenty self-employed dental hygienists received an hourly rate, with a mean rate of €59.3 (± 16.0). Based on 44 respondents with paid employment, the average gross income for a 38-hour workweek was **€3,881** (± 888). Please note that these figures do not take fringe benefits, seniority, scope of practice or kind of workplace into account. Table 6 provides an overview of the fringe benefits received by the 75 dental hygienists with (partially) paid employment.

Table 6. Fringe benefits (n = 75 dental hygienists with (partially) paid employment)

Fringe benefits	Count	% of responses
Meal vouchers	64	85.3%
Mileage allowance car	33	44.0%
Reimbursement for continuing education/training (e.g. conference)	30	40.0%
Bicycle mileage allowance	19	25.3%
Eco vouchers	18	24.0%
Insurance (e.g. hospitalization)	17	22.7%
Additional vacation days/paid leave	13	17.3%
Public transport mobility allowance	10	13.3%
Fuel allowance (fuel card)	10	13.3%
Company car	9	12.0%
Other	9	12.0%
Bicycle leasing	3	4.0%
None	1	1.3%

Graph 3 shows how satisfied Belgian dental hygienists are with their income, showing that more than half of them (58.0%) are rather satisfied.

Graph 3. Satisfaction with income

I am satisfied with my income as a dental hygienist.



■ Strongly disagree
 ■ Disagree
 ■ Neutral
 ■ Agree
 ■ Strongly agree

N 176

4.3 Scope of practice

The following figures represent the average amount of time across different workplaces. They strongly vary depending on the specialization of the practice (e.g., general dentistry, periodontology, orthodontics, etc.):

- Average time per patient: 37 minutes
- Average duration of a thorough oral hygiene instruction: 13 minutes

Table 7 shows the contact frequency with vulnerable patient groups.

Table 7. Contact frequency with vulnerable patient groups (n = 176)

Patient groups	Daily	Weekly	Monthly	Rarely	Never
Children	23.3%	38.1%	14.8%	13.6%	10.2%
People living in poverty	8.5%	23.9%	21.0%	26.1%	20.5%
Vulnerable older adults	15.3%	36.4%	20.5%	18.2%	9.7%
People with disabilities	1.7%	12.5%	25.6%	52.3%	8.0%
Medically compromised patients	8.0%	23.3%	23.3%	29.0%	16.5%

In the questionnaire, the tasks of the dental hygienist as defined by the Belgian Royal Decree were listed. Participants were asked to indicate which tasks they perform at their workplaces. The results are presented in Table 8.

Table 8. Task performance (n = 176)

Tasks	Count	% of responses
Preventive oral hygiene instructions	171	97.2%
Tartar removal	170	96.6%
Medical imaging in the field of oral health	167	94.9%
Preventive oral examination	165	93.8%
Polishing	165	93.8%
Application of prophylactic products (e.g. fluoride)	144	81.8%
Airpolishing	134	76.1%
Rootplaning	129	73.3%
Nutritional advice regarding oral health	126	71.6%
Digital scans	111	63.1%
Dental impressions	107	60.8%
Bleaching	101	57.4%
Fabrication of study models, bleaching trays or mouth guards	85	48.3%
Remove stitches	65	36.9%
Orthodontic procedures	49	27.8%
Assisting dentist/specialist	27	15.3%
Apply oral wound dressing	6	3.4%
Other	3	1.7%
Low level laser therapy	1	0.6%
Draw blood	1	0.6%

The questionnaire also explored how often dental hygienists engage in collective prevention activities. The results are presented in Table 9, showing that the majority of the Belgian dental hygienists are rarely or never involved in collective prevention.

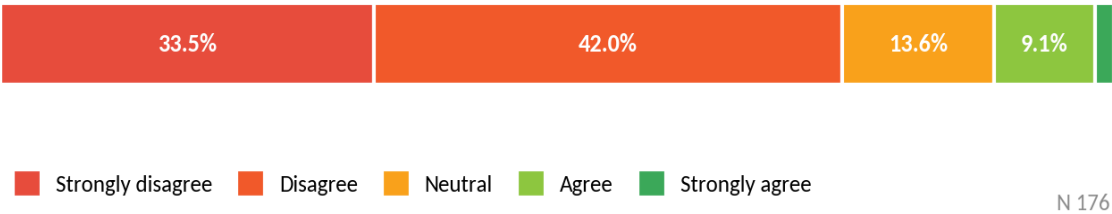
Table 9. Frequency of collective prevention activities (n = 176)

Collective prevention activities	Daily	Weekly	Monthly	Rarely	Never
Training non-dental care professionals with regard to oral health and -care	4.5%	0.6%	3.4%	13.6%	77.8%
Develop and give oral health related workshops directly to a target group	1.7%	4.5%	8.0%	20.5%	65.3%
Development of educational materials (e.g. posters, ...)	1.7%	1.1%	1.7%	10.2%	85.2%
Develop policy recommendations	0.6%	1.7%	3.4%	20.5%	73.9%
Organization of oral health screenings for vulnerable target groups outside of the dental practice	0.0%	0.6%	2.3%	5.1%	92.0%
Position as an expert dental hygienist on a board/in a committee (e.g. local project, ...)	0.6%	0.6%	0.0%	16.5%	82.4%

Graph 4 shows the level of satisfaction with the professional profile and the range of tasks, showing that 75.6% of the Belgian dental hygienists are dissatisfied with the current Royal Decree. The proportion of dissatisfied dental hygienists has increased year after year (46% in 2022³, 58% in 2023⁴, and 71% in 2024-2025⁵).

Graph 4. Satisfaction with the professional profile/tasks determined by the Royal Decree

I am satisfied with the professional profile/tasks of the dental hygienist determined by the Royal Decree.



Another question explored what the Belgian dental hygienists are missing in the professional profile. The most desired expansions to the Royal Decree are listed in Table 10. The Belgian dental hygienists expressed the need for an expansion of the Royal Decree, specifically adding the annual check-up and local anesthesia to their range of tasks, as was also the case in the three previous surveys³⁻⁵.

Table 10. Desired expansions to the Royal Decree (n = 176)

Desired expansions	Count	% of responses
Annual check-up	161	91.5%
Local anesthesia	146	83.0%
Preparation and filling	58	33.0%
Other	39	22.2%
Nothing	1	0.6%

³ Voortmans, D. (2023). *Annual Belgian Dental Hygienist Survey 2022*. BBM. <https://bb-m.pluxit.be/web/assets/2022-Annual-Belgian-Dental-Hygienist-Survey.pdf>

⁴ Voortmans, D. (2024). *Annual Belgian Dental Hygienist Survey 2023*. BBM. <https://bb-m.pluxit.be/web/assets/2023-Annual-Belgian-Dental-Hygienist-Survey.pdf>

⁵ Voortmans, D. (2025). *Annual Belgian Dental Hygienist Survey 2024-2025*. BBM <https://bb-m.pluxit.be/web/assets/2024-2025-Annual-Belgian-Dental-Hygienist-Survey.pdf>

4.5 Work satisfaction

In graph 5, several statements are presented with their corresponding satisfaction levels. The results indicate that the large majority of Belgian dental hygienists enjoy practicing their profession (84.7% agreement) and are satisfied with their workplace (84.1% agreement). However, 13.1% of the participants are considering quitting their job as a dental hygienist, while 20.5% neither agree nor disagree with this statement.

Graph 5. Work satisfaction statements

I like my profession as a dental hygienist.



I am satisfied at my workplace.



I feel valued at my workplace.



I experience resistance toward the dental hygienist profession.



I am considering quitting my job as a dental hygienist.



I am satisfied with my dental hygienist education.



Strongly disagree Disagree Neutral Agree Strongly agree

N 176

5. DISCUSSION

For the fourth consecutive year, BBM has collected data from dental hygienists working in Belgium. These annual surveys provide important information to guide policy making and allow monitoring of how the profession evolves.

While dental hygiene is a young profession with the potential to substantially improve the accessibility of preventive oral health care in Belgium, several findings of this survey should be regarded as warning signs. Satisfaction with the Royal Decree has dropped strongly, with the proportion of dissatisfied dental hygienists increasing from 46.0% in 2022 to 75.6% in 2026. Year after year, the surveys show a continuing demand for an expansion of the scope of practice, in particular the annual check-up (91.5%) and local anesthesia (83.0%).

The contact frequency with vulnerable patient groups also points to underused potential. Although these are precisely the groups that need preventive oral health care the most, contact with them remains limited: 60.2% of the participants see people with disabilities never or only a few times a year, and the same applies to people living in poverty (46.6%) and medically compromised patients (45.5%). Preventive oral health care does not yet structurally reach the groups that are most at risk. Practice on a collective level also remains very limited: for each of the collective prevention activities surveyed, the large majority of the participants reported never being involved.

These findings indicate that the potential of the dental hygienist in Belgium is not being optimally implemented. BBM therefore continues to ask for more autonomy, an expansion of the professional profile and, most of all, a suitable financial framework with reimbursement for the patient. This would allow dental hygienists not merely to provide 'luxury care', but to actually reach the groups who are most at risk, who need oral health care the most and for whom it is currently least accessible.

