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Research article

Exploring burnout syndrome among new graduate dental professionals

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Abstract: *Introduction:* Dentistry's technical demands and relatively isolated working conditions contribute to stress and burnout syndrome, particularly among recent graduates. Burnout is characterised by emotional exhaustion, reduced personal accomplishment, and depersonalisation, yet limited research focuses specifically on early-career dental professionals. Our study aimed to explore experiences of burnout and associated coping strategies among dental professionals within five years of graduation who reported burnout symptoms. *Materials and methods:* Participants were recruited through purposive sampling and interviewed using a semi-structured format until data saturation was reached. Data were analysed using thematic analysis in accordance with the Kiger and Varpio International Association for Health Professions Education guide. *Results:* Twelve participants described three interconnected themes: transition to work, burnout experiences, and coping strategies. Subthemes included mentoring, work–life balance, inexperience, isolation, negative emotions and behaviours, and mindset shifts. Disruption of work–life balance emerged as a common factor across all themes. *Conclusions:* The transition from student to clinician appears to be a critical period for burnout risk among new dental graduates. Targeted support during this period, including formal and informal mentorship, may improve professional development and reduce burnout risk. Maintaining physical, mental, and social well-being also emerged as important for coping. Further research is needed to explore preventive strategies and identify other career stages vulnerable to burnout.

Keywords: burnout; new graduate; stress; mentoring; transition to practice

1. Introduction

The nature of clinical work in dentistry significantly contributes to the risk of burnout among practitioners. Dentists often operate in high-stress environments, characterised by intense focus on intricate

procedures within confined spaces, leading to considerable physical and psychological strain [1]. A recent systematic review indicated an overall burnout prevalence of 13% among dentists; however, rates varied widely across studies and geographical regions [2]. For example, one in four (24.8%) Australian dental practitioners have reported suffering from burnout [3]. The most severe burnout syndrome has been found when dentists make their first step into their professional career [4], with younger dentists and those with less experience particularly susceptible to burnout [5,6]. Burnout in dentistry shares similarities with other health professions, such as medicine and nursing, where early-career practitioners often face high emotional demands and limited support [7]. This transition for new graduate dentists from student to clinician proves to be a commonly explored shift with clear challenges embedded in decision making, communication, time management, and the management of populations with complex needs [8]. There is an insufficient amount of research investigating the experiences of new graduates in professional practice, despite clear concerns relating to preparedness and burnout potential [8,9].

Burnout syndrome has been traditionally defined as experiencing feelings of emotional exhaustion, reduced personal accomplishment, and depersonalisation. Dentists appear to frequently experience high emotional exhaustion and depersonalisation [10], with stressfulness identified as a factor contributing to higher burnout levels [4]. Similar patterns have been documented in dental students, with 10% reporting high emotional fatigue, 28% depersonalisation symptoms, and 17% reduced personal accomplishment [11]. These concerns resemble a cumulative effect from the high work stress load of new graduates and a lack of appropriate guidance, causing burnout [12]. Thus, the clinical demands and work environment of dentistry create a perfect storm for burnout, necessitating preventive strategies and targeted interventions to mitigate these risks.

Lifestyle modifications have been associated with burnout prevention. Studies suggest that by targeting specific lifestyle practices and by increasing relaxation techniques, burnout levels are reduced [13]. In contrast, regular alcohol consumption and smoking are linked to increased emotional exhaustion and stress-related burnout, while associations have also been found between burnout, substance use, and sleep-related medication use [11,13]. Managing these behaviours may therefore prove beneficial in managing burnout in dental professionals.

A variety of mechanisms for coping with occupational stress and burnout have been reported. Suggested strategies, such as support from family and friends, cognitive strategies like visiting the theatre, attending concerts, or listening to music, and leisure activities like sports and nature exposure, are lifestyle choices that act as positive coping strategies in reducing levels of dental workplace burnout [13]. Physical activity appears protective, likely due to its benefits on physical health and mental well-being [13]. Food behaviour and sufficient sleep are also evidenced in managing burnout; however, the literature lacks clear investigations into eating behaviour and burnout [11,13]. Exercise, sleep, and diet are commonly considered the core lifestyle pillars influencing burnout, alongside organisational approaches such as reduced clinical hours and task restructuring [13,14]. However, there is limited research exploring this among new graduate dental professionals.

Mentorship has been shown to reduce occupational stress and support professional and academic development [15,16]. Effective mentoring fosters independence, confidence, decision-making, problem-solving skills, and job satisfaction [17] and may enhance productivity by encouraging graduates to engage with more challenging clinical experiences [18]. However, the extent to which mentorship directly prevents burnout in new graduate dental professionals remains unclear, as do the characteristics of optimal mentoring relationships [8].

This study explores the experience of burnout syndrome in new graduate dental professionals by first assessing the features of burnout experienced in dentistry. We analyse new graduate experiences of mentorship and lifestyle modifications in reducing burnout and in guiding employer-based and overall professional development. We presume that the mentor–mentee relationship is dynamic and requires open communication between graduates and employers as an entrenched part of the interview and job application process. The aim of the study was to explore how early-career dental practitioners (≤ 5 years since graduation) experience burnout and the strategies they use to prevent and cope with it, with particular attention to the role of mentorship.

2. Methodology

2.1. Study design

This study was conducted as a qualitative inquiry, using semi-structured interviews to explore the experience of burnout among new graduate dental professionals. This study was conducted in accordance with the ethical guidelines declared by the Australian Research Council and the University of Sydney Research Code of Conduct and was approved by the University of Sydney Human Research and Ethics Committee (approval number: 2023/HE000219).

2.2. Participants

Participants were recruited using purposive sampling to capture a range of professional experiences and early-career perspectives related to burnout in dentistry. The sampling strategy intentionally sought variation across oral health professional roles, including dentists, oral health therapists (OHTs), and dental hygienists (DHs), to reflect differences in scope of practice, workplace expectations, and clinical responsibilities. Participants also varied in time since graduation, ranging from less than one year to five years of professional experience, enabling exploration of burnout experiences across different stages of the early-career transition from student to independent clinician. Recruitment continued until data saturation was achieved, defined as the point at which no substantively new codes or themes were identified across professional roles or career stages [20]. This develops a holistic understanding of the perceptions surrounding mentorship and the impact it has on burnout [21]. The inclusion criteria included recent dental graduates, defined as having graduated within the past five years, who also experienced symptoms of burnout. There were no restrictions on gender, geographical location, or work sectors (public and private) of the participants. Eligibility required self-perceived experience of burnout symptoms within the past five years. No diagnostic burnout instrument was administered.

2.3. Recruitment

Participants were recruited via professional networks as well as advertising on social media platforms focused on dental groups in Australia. Participants were provided with a Participant Information Statement, outlining the purpose of the research, what was required of participants, and the benefits and risks of participating. Participants were advised that they could withdraw from the study at any time.

2.4. Data collection

A semi-structured interview format was used to collect data. The interviewers followed a shared semi-structured guide, which included baseline questions and topics with the option to ask follow-up queries based on the participants' answers [22]. This format allows for the extensive investigation of participant experiences regarding burnout and can provide insight into how mentorship influences this issue [22]. A total of four interviewers conducted interviews. The four interviewers completed a calibration session to align probing and follow-up techniques, with periodic debriefs during data collection to maintain consistency. Interviews lasted between 30 and 45 minutes. During the data collection stage, all interviews were recorded and transcribed to form a basis for analysis and data coding. Zoom was utilised to conduct and record the interviews and the transcription of dialogue.

2.5. Data analysis

Thematic analysis was adopted to explore data, following the Kiger and Varpio [23] International Association for Health Professions Education (AMEE) guide. Data were managed and coded using Excel spreadsheets. After the research team familiarised themselves with the data, two researchers independently coded an initial subset of transcripts to develop a shared codebook. The remaining transcripts were coded using the agreed framework. Discrepancies were resolved by discussion; a third researcher arbitrated if needed. Codes were then organised into broader themes through collaborative meetings and iterative mind-mapping sessions, and named through consensus discussions among researchers.

Regarding researcher positioning, the team comprised four post-graduate dental students and one dental academic who brought prior interest and knowledge on burnout within dental contexts. Participants were not previously known to the researchers, reducing the potential influence of pre-existing relationships. To support reflexivity and minimise bias, coding and theme development were conducted collaboratively, with ongoing discussions to ensure interpretations remained grounded in the data.

2.6. Data storage

The data recordings and transcriptions were stored on a computer with password protection to avoid unauthorised access to the data. The data were stored using the University of Sydney OneDrive within Office 365. Data will be retained for five years, after which it will be destroyed.

3. Results

Twelve practitioners (7 dentists, 3 oral health therapists, and 2 dental hygienists) shared their experiences in a semi-structured interview. Four participants had 0–2 years' experience, and six had 3–5 years' experience. All were working in private dental clinics, with one also working concurrently in the public sector. Three major themes were explored through interview questioning and thematic analysis: transition, burnout experience, and coping strategies. Sub-themes associated with burnout among new-graduate dental professionals were subsequently identified via thematic analysis, including work–life balance, inexperience, isolation, mentoring, workplace culture, mindset

shift and growth, and negative behaviours and emotions. Eight overall themes were thus established underlying the three questioned areas (Table 1).

Table 1. Thematic categories.

Transition	Coping strategy	Burnout experience
Inexperience isolation	Mentoring Workplace culture Mindset shift and growth	Negative behaviours and emotions
	Work–life balance	

All extracted themes showcased interconnectedness with subtle loop correlations present amongst the originally probed three areas. Each interpretation is elaborated upon in sequence and supported by excerpts extracted from the interviews (Figure 1).

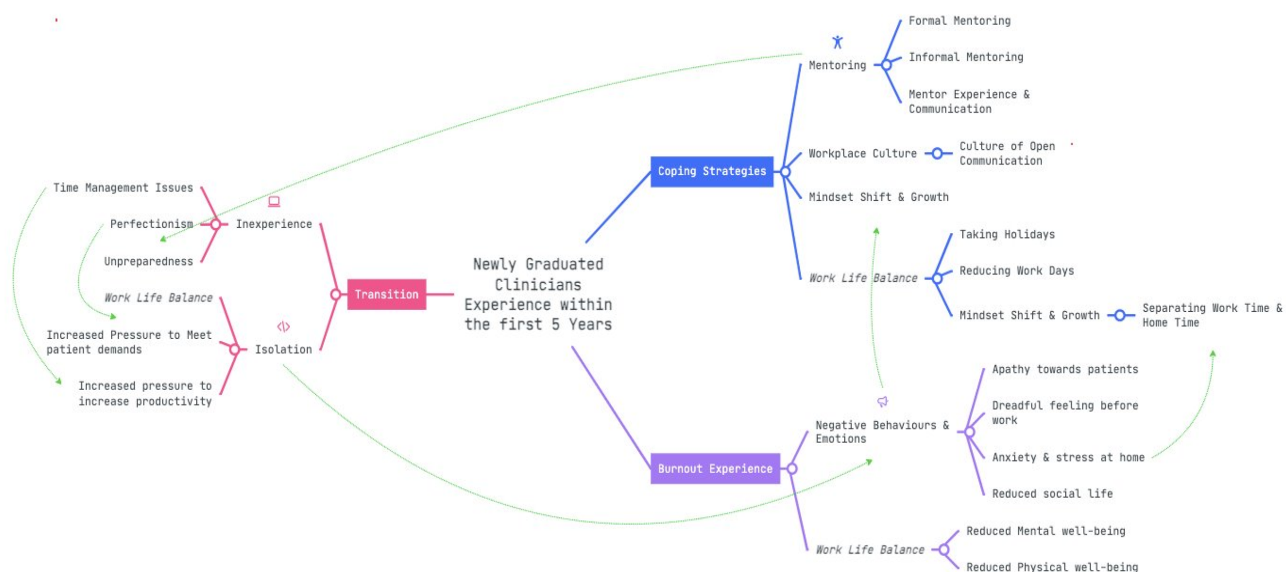

Figure 1. Mindmap of thematic analysis.

3.1. Transition to work

Transition to work was a theme explored, which subsequently revealed themes of inexperience and isolation contributing to burnout in new-graduate dental professionals. Fundamentally, a hallmark of burnout syndrome was attributed to the transition from student to clinician. Increased workload and newfound practicing autonomy were considered driving factors within a high-pressure environment that fuelled symptoms of burnout.

Participants commonly alluded to inexperience as contributing to their overall experience of burnout. Inexperienced dental practitioners felt overwhelmed by the demands of their roles, leading to

feelings of inadequacy and stress. New graduate clinicians lacked the confidence to handle challenging situations and were left to feel anxious and emotionally strained. The steep transition from student to clinician fuels the exacerbation of burnout, as inexperienced clinicians struggle to keep pace with their work. This intertwines with the pressure to perform well, as the fear of making mistakes or not meeting expectations amplifies feelings of burnout. The following extract exemplifies this interplay between inexperience and burnout:

"I often had stressful days where I would be completing procedures for the first time or trying to improve my skills, which was very exhausting." (Participant 3)

The nature of dental practice involves long hours spent in a relatively solitary room environment. The reported lack of interaction with colleagues seemed to propel feelings of loneliness and disconnectedness, which fuelled burnout. Isolation was also observed in the inherent hierarchical structure of many dental practices, where there was limited opportunity for collaboration with peers. This exacerbated feelings of stress and frustration, as dental clinicians felt that they did not have access to the support or advice they believed could alleviate the challenges of their work.

"I felt like I was chucked into a room with no dental assistant to support me and no one checking in with me." (Participant 2)

3.2. Burnout experience

The symptoms of burnout were similar among participants, with many clinicians experiencing negative emotions such as apathy towards patients, a feeling of dread before work, and poor physical and social well-being. Participants engaged in negative behaviours and ways of thinking that led to poor well-being and exacerbation of burnout symptoms, including alterations in social, personal, and health-related behaviours:

"I didn't really go out much. I was just working and would go straight home. I actually stopped going to the gym when I was working too because I didn't have enough time. I just generally felt very time poor." (Participant 1)

Through the coding of the data, perfectionism was isolated as a hidden subtheme that was not explicitly stated by participants but rather extracted through a realist approach:

"Many stressors including wanting to do the best job possible and sometimes not having the skills to do so. Feeling embarrassed when my work was not up to the standards I wanted." (Participant 3)

Participants reported an imbalance between work and life outside of work and felt their poor well-being was beginning to affect their experience at work.

"Was not enjoying work as much and had a sense of dissatisfaction even when meeting personal development goals or completing complex procedures." (Participant 3)

"I wasn't as passionate coming to work. Almost started not paying as much attention to patients." (Participant 6)

3.3. Coping strategies

The emotions and behaviours associated with burnout guided participants to introduce coping strategies into their lives to alleviate their negative experiences. Participants reported increasing their physical activity, improving their sleep habits, seeking support, and reducing their clinical hours:

"Eating healthier and planning meals so I have less to do after work. Exercising regularly: gym

and pilates and trying to go at least three to four times. Having mentors to speak to and gain advice from." (Participant 3)

"I work five days a week but I went through a period where I dropped to like three days." (Participant 11)

"I make time for social life with friends and family." (Participant 6)

Many coping strategies revolved around the workplace culture and the open communication with colleagues:

"We use Microsoft teams to discuss difficult cases and Tuesday morning chats to keep up to date with the team." (Participant 5)

Formal and informal mentoring were popular strategies, with clinicians stating that they felt highly supported and that their professional development was facilitated. Engaging in ongoing professional development and continuing education served as a coping mechanism for managing burnout symptoms. A participant who engaged in a structured, formal mentorship program stated "[that it was] very effective and it's what I was lacking when I started as a newly graduated clinician and worked at an unsupportive practice. It has been effective in both professional development and mental health – where all feedback is constructive criticism and encourages growth, and is delivered in a manner that empowers me to improve whatever I am struggling with." (Participant 12)

Participants stated that open communication and a good team environment allowed them to feel supported at work:

"I speak to fellow dentists all the time, they tell me tricks they use, the burs they prefer for certain applications, it's constant learning off of each other." (Participant 2)

After the realisation of burnout and subsequent management, some participants alluded to a change in mindset:

"You think you're losing interest in your career but it's just burnout, take a step back, a break, then come back, and you'll feel brand new again." (Participant 6)

The inability to separate work from personal life was common across many participants. Findings suggest that work–life balance play an important role in managing burnout syndrome. Specifically, managing work–life balance related to overwork prevention, time for recovery, enhanced psychological resilience, and overall improved job satisfaction.

"I was thinking about work from home before bed, stressing about it, being reluctant, nervous before cases." (Participant 4)

"Chronic tiredness and fatigue, social tiredness and lack of empathy in social life, a constant feeling of time pressure, thinking about work constantly at home and in social settings." (Participant 5)

4. Discussion

Our study qualitatively explored the experience of burnout among new graduate dental practitioners. Findings indicate that perceived isolation and inexperience during the transition to clinical practice are key contributors to burnout in this cohort. Consistent with existing literature, the transition into professional practice is marked by challenges in decision-making, communication, time management, and the care of patients with complex needs [4,8]. It may be hypothesised that inexperienced clinicians (defined in this study as having less than five years of experience) face reduced confidence in making autonomous decisions and managing time effectively, particularly in isolated work environments. This lack of confidence may also extend to the management of patients

with unfamiliar or complex needs [24], thereby exacerbating stress and contributing to burnout. Participants attributed their perceived inexperience to feelings of under-preparedness and perfectionism, which were further intensified by professional isolation. These findings suggest a need for further research to examine the interplay between inexperience, isolation, and the severity of burnout.

These findings are broadly consistent with qualitative research across healthcare that identifies perceived preparedness gaps and emotional burden during transition as drivers of early-career burnout [25,26]. However, unlike studies emphasising organisational stressors such as workload and system pressures [27–29], this study highlights inexperience, isolation, and perfectionism. Work–life imbalance, commonly highlighted elsewhere [27], was less prominent in our findings than concerns related to confidence and professional identity.

Our findings align with contemporary Australian data indicating that burnout is both common and persistent within the dental workforce. Recent national studies report that approximately one in four dental practitioners meet criteria for burnout, with strong associations between burnout, psychological distress, and depressive symptoms [3,30]. While burnout is often framed as a challenge of transition or early-career adjustment, Australian evidence suggests a more complex trajectory, with longer tenure unexpectedly associated with higher burnout levels, indicating that burnout may accumulate over time rather than resolve with experience alone [3]. In this context, our qualitative findings extend the literature by suggesting that early experiences of isolation, self-doubt, and perfectionism may represent formative mechanisms through which burnout risk is established. This interpretation complements but also contrasts with qualitative studies that emphasise structural drivers such as workload and organisational culture [27]. By focusing on the first five years post-graduation, this study highlights how early experiences of isolation, inexperience, and perfectionism may shape longer-term patterns of stress and professional identity, underscoring the transition period as a critical window for intervention.

Additionally, the study found that burnout among new graduates is associated with negative emotional states and maladaptive behaviours, particularly in relation to work–life balance. Kulkarni and colleagues [31] similarly reported that newly graduated dentists often lack time for social relationships, indicating a disruption to work–life balance. This aligns with broader healthcare literature, where poor work–life balance is linked to emotional exhaustion and depersonalisation, the core components of burnout [32]. The theme of work–life imbalance intersects with the previously discussed challenges of transitioning to clinical practice, shaped by perceptions of inexperience and isolation. These factors appear to diminish the quality of life both within and outside the workplace, with clinicians reporting persistent anxiety, stress at home, and reduced social engagement. While this study identified these contributing themes, further research is needed to explore their underlying causes and assess whether targeted interventions, such as mentorship, could mitigate these effects.

Our data suggest a possible pathway whereby inexperience and practice-level isolation heighten perfectionistic self-standards, increasing cognitive load and emotional strain; together with the erosion of work–life boundaries, these factors contribute to sustained exhaustion and depersonalisation. Mentorship may moderate these effects by normalisng uncertainty, scaffolding decision-making, and rebuilding self-efficacy.

Participants identified several coping mechanisms that may alleviate burnout, including mentorship, supportive workplace culture, mindset shifts, personal growth, and improved work–life balance. Mentorship emerged as a particularly influential factor, with evidence suggesting it fosters independence, self-confidence, and decision-making skills [17]. Our findings support the notion that mentorship, whether formal or informal, can reduce burnout by addressing perceived inexperience.

However, further investigation is required to quantify this relationship and identify additional mediating factors. In addition to mentorship, participants emphasised the importance of psychological resilience and the ability to compartmentalise work and personal life. This is consistent with literature indicating that positive lifestyle choices and physical activity can protect against burnout [13]. These findings underscore the value of restorative personal time and lifestyle interventions. Comparative analysis with burnout literature in nursing and medicine reveals similar patterns. A recent review found that mentoring supports doctors' health and well-being by promoting work–life balance and helping them manage workloads effectively [33]. In nursing, structured mentoring programs for new graduate midwives have significantly eased their transition into professional roles [34]. These parallels highlight the potential benefits of integrating structured mentorship and wellness curricula into dental education as proactive strategies to address burnout. While many participants valued mentorship, it should be noted that not all mentorship is beneficial. Poor mentor–mentee fit, limited mentor availability, or directive/overly critical styles may increase stress or delay autonomy. Future work should specify attributes of effective mentorship and safeguards to minimise harms.

Work–life balance was a pervasive theme across all three domains explored in this study. A key question emerging from the findings is whether perceptions of poor work–life balance, isolation, and inexperience are antecedents to burnout or rather consequences of it—an area warranting further investigation. Strategies such as taking holidays, reducing clinical hours, and adopting mindset shifts were identified by participants as helpful in managing burnout. These approaches are supported by previous research [13,14], reinforcing the potential of lifestyle modifications to mitigate burnout in early-career dental professionals. Future studies could explore the relative effectiveness of these strategies in reducing burnout symptoms.

Although the small sample size (n = 12) may be considered a limitation, the qualitative nature of this study prioritised depth over breadth. Nevertheless, transferability beyond similar settings or populations may be limited. Data saturation was achieved, supporting the validity of the findings. However, potential selection bias should be acknowledged, as individuals with a pre-existing interest in the topic of burnout may have been more likely to participate. In addition, the reliance on retrospective accounts introduces the possibility of recall bias, with participants' reflections potentially influenced by the passage of time. Given the focus on professional practice, responses may also have been shaped by social desirability bias, with participants presenting themselves in a more favourable or professionally aligned manner. Findings reflect self-perceived burnout; the study did not use a validated diagnostic tool, which may limit comparability with instrument-based studies. To better understand the relationship between burnout and early dental careers, future research could benefit from a prospective design that establishes baseline stress and burnout levels prior to clinical practice. Although our study identified themes related to the three pillars of lifestyle (exercise, sleep, and diet) as factors in reducing burnout among new graduate dental professionals, further research is needed to explore these relationships in greater depth.

5. Conclusions

This study suggests that the transition from being a student to a clinician may be an important trigger for burnout syndrome. Therefore, it is suggested that new clinicians may benefit from support in this important transitory period. Strategies to manage burnout have been investigated in this study, highlighting the perceived importance of formal and informal mentorship programs. Recent graduates

in the dental field may find improvements in their professional development following the implementation of a mentorship program. Additionally, maintaining physical, mental, and social well-being is likely to aid in coping with burnout syndrome. Future investigation into the prevention of burnout amongst dental professionals is warranted, as well as identifying other career periods where burnout is common.

Use of AI tools declaration

The authors declare they have used Artificial Intelligence (AI) tools to enhance the clarity and coherence of the manuscript.

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Conflict of interest

The authors declare no conflict of interest.

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