

Burnout Among Pediatric Dental Residents and Residency Program Directors: A Nationwide Study

Directors: A Nationwide Study

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Purpose

Assess the prevalence and severity of burnout among pediatric dental residents and program directors (PD)

Identify contributing and protective factors associated with burnout in pediatric dental residency programs

Examine how residents' perceptions of their program director's burnout influence their own well-being, program culture, and clinical/academic performance

Introduction

Burnout is a state characterized by **emotional exhaustion (EE)**, **depersonalization (DP)**, and diminished **personal accomplishment (PA)**.^{1,2}

Prior research on practicing pediatric dentists found high emotional exhaustion in 22.8%, high depersonalization in 11.5%, and low personal accomplishment in 9.8% of respondents.³

Program directors are at considerable risk of burnout due to their extensive responsibilities.⁴

Methods

A cross-sectional, anonymous survey study evaluating burnout among pediatric dental residents and program directors in the United States, Canada, and U.S. territories was conducted with IRB approval (VCU IRB ID: HM20031968) and distributed via the AAPD listserv from April - June 2025, with three reminder emails sent to increase participation.

Burnout was measured with **Maslach's Burnout Inventory (MBI)**, a validated tool which has been used most widely by researchers¹

There was a 17.7% response rate.

Results

66% of residents had high EE, **40%** had high DP, and **38%** had low PA compared to PDs who had **32%**, **14%**, and **23%** respectively

Burnout was **not** associated with **geographic region**, **year in training**, or **institution setting**

39% of residents had **considered leaving** their program and had significantly **higher EE and DP**

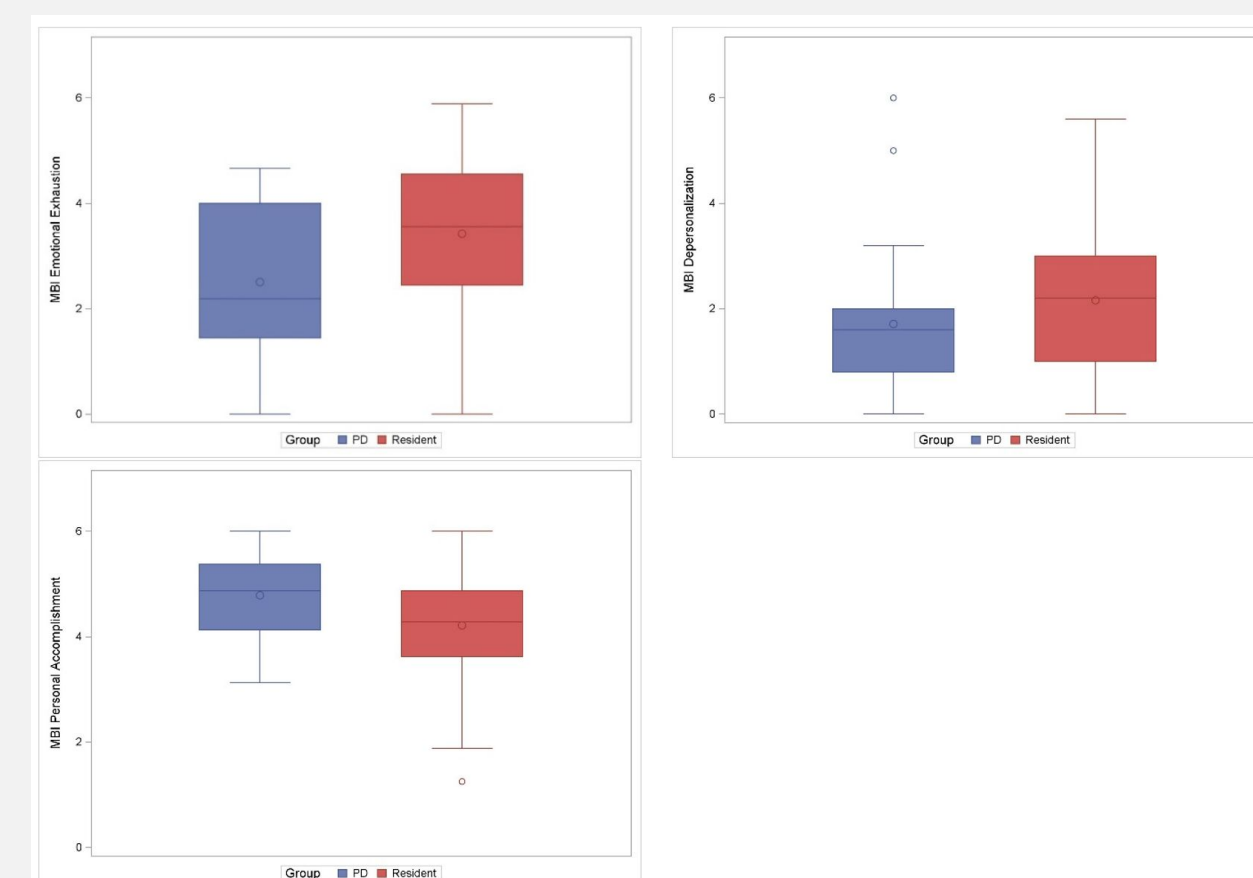
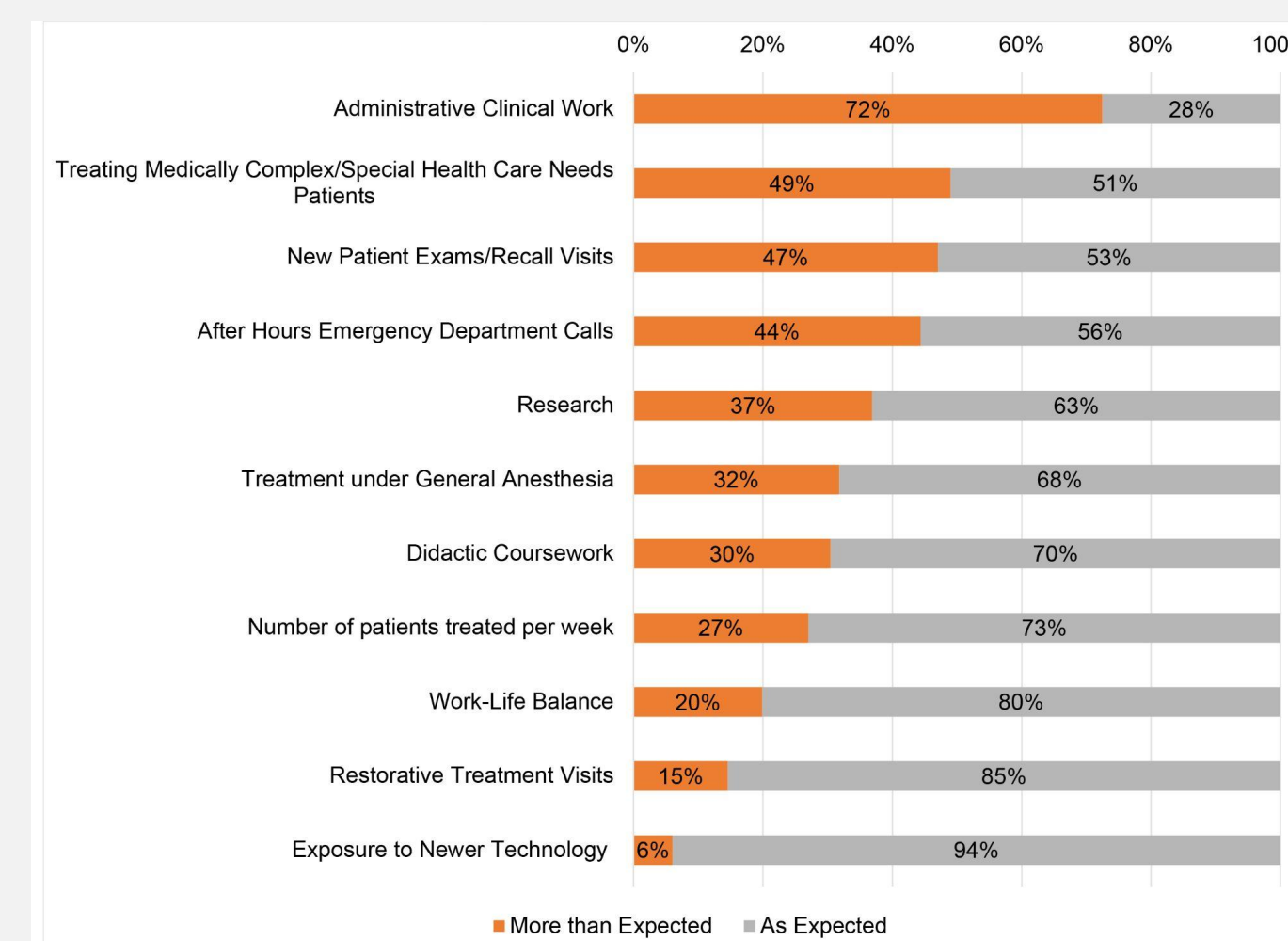
Residents with prior **private practice experience** had **significantly lower EE scores** than those from other pathways

Workload factors strongly associated with high EE and DP: higher than expected **patient volume** and **administrative clinical work**

Workload factor protective across all three burnout dimensions: higher-than expected **operative experiences with general anesthesia**

Alignment of Time Spent on Training Domains with Expectations

72% of residents reported higher-than-expected administrative work. Almost half reported more-than-expected new patient/recall exams, volume of patients with special healthcare needs, and after hours calls

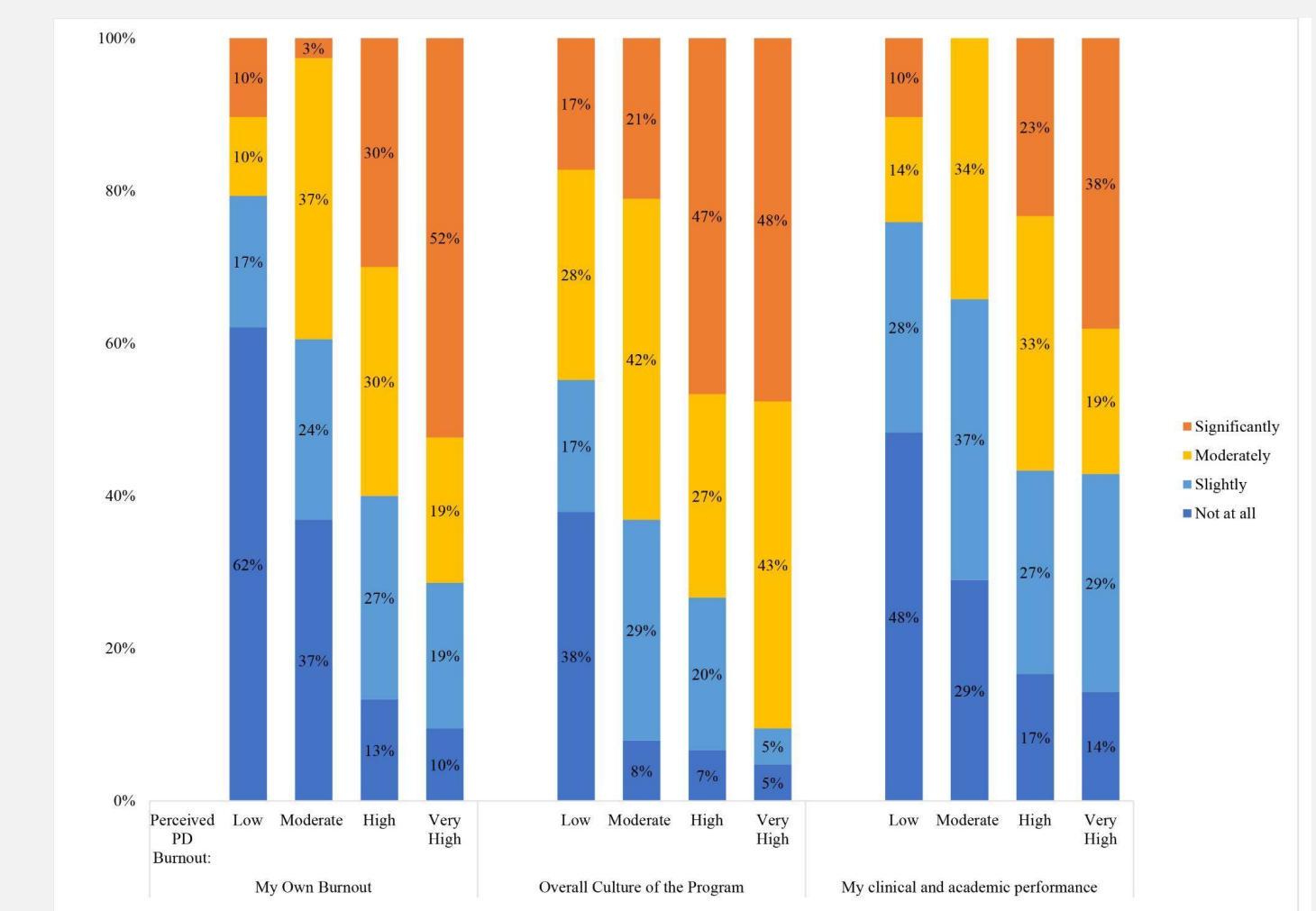


Distribution of High Burnout Scores for Program Directors (PD) and Residents

Residents had significantly higher EE ($p=.0049$) and lower PA ($p=.0106$) than program directors. DP trended higher for residents but did not reach significance ($p=.1337$)

Results (continued)

Association between Perceived Program Director Burnout and Resident Experience



As perceived PD burnout increases, so does the reported impact on residents' burnout, program culture, and clinical performance. Program culture was the most affected domain, with 66% of residents reporting at least a moderate impact

Conclusion

Investing in program director well-being may yield downstream benefits for residents, including reduced emotional exhaustion, improved program culture, and improve the training experience

Burnout emerges early in residency and remains consistent across training years, suggesting it is a structural feature of training rather than a product of cumulative stress

Increased clarity and transparency about the scope of clinical and administrative demands during recruitment could narrow the expectation gaps and mitigate the impact of burnout

References

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