

Denté

A SPECIAL EDITION · 2026



BURNOUT

**DR.
SONYA
REDDY**

**You Can't Meditate Your
Way Out of Chronic Sleep
Deprivation**

SPECIAL EDITION • 2026

Inside this issue.

Opening

I — OPEN BIG

COVER	You Can't Meditate YourWayOut of Chronic Sleep Deprivation — DR. SONYA REDDY	The Cover Story	006
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II — FEEL IT *Lived Experience*

First-Person Voices from the Profession

FEATURE	The Weight Nobody Talks About — DR. JIM ARNOLD, DDS	014
PERSONAL	From Autopilot to Alignment — DR. EKTA PANDYA, DDS	022
INDUSTRY	The Noise No One Talks About — CHRIS SNYDER	030

III — LEARN FROM IT *The Research*

What the Science Says

EDITORIAL	The Stress You Never Finished — DENTÉ EDITORIAL	038
EDITORIAL	What If Stress Isn't the Enemy? — DENTÉ EDITORIAL	044

IV — USE IT *Tools*

Practical Resources for You and Your Practice

TOOL	Are You Running on Empty? — DENTÉ EDITORIAL	050
------	---	-----

V — WIDEN IT *The Wider Practice*

Beyond the Dentist

TEAM	It's Not Just the Dentist — DENTÉ EDITORIAL	056
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Denté

A SPECIAL EDITION · 2026

BURNOUT

— OPENING NOTE

Something
in these pages
might meet
you where
you are.

We built this issue to do something different.

Burnout in dentistry is not a new topic. But it may be the most consistently under-addressed one. We built this issue to do something different — not to describe burnout in general terms, but to go inside it.

To hear from clinicians who lived it, researchers who study it, and industry voices who see it from the outside. To give you tools, not just reflection.

And to widen the lens beyond the dentist to include every person holding the practice together.

We hope something in these pages meets you where you are.

— *Carl Demadema*

EDITOR-IN-CHIEF · DENTÉ



Dr. Sonya Reddy

Founder of FLO and author of *Recharged*. A practitioner whose path has crossed three continents and Wall Street, now building a clinical practice around the physiology of burnout.



Dr. Jim Arnold, DDS

Twenty-five years in the profession and across two career chapters. Writes about burnout as a structural question — how practices are designed, not how much clinicians can endure.



Dr. Ekta Pandya, DDS

A practitioner, mother, and writer who returned to clinical work after burnout and postpartum depression. She now serves as a lead dentist for a DSO based in New York City and teaches at New York University one day a week, while advocating for block scheduling, boundaries, and honest conversations.



Chris Snyder

Works with dental practices on brand and marketing. Has spent years watching the profession from the outside — and this piece began the night a doctor asked him, quietly: am I behind?



RESEARCH CITED FROM

01

Emily & Amelia Nagoski

AUTHORS, BURNOUT

Referenced throughout the research section. Their work on completing the stress cycle underpins much of the issue's scientific framing.

02

Jennifer Moss

AUTHOR, THE BURNOUT EPIDEMIC

Journalist and workplace researcher whose reporting reframes burnout as a systems problem, not a personal one. Referenced in the research section.

07

Kelly McGonigal, PhD

STANFORD HEALTH PSYCHOLOGIST

Lecturer at Stanford and author of The Ups of Stress. Her eight-year study of 30,000 people informs the second research editorial.

08

Christina Maslach, PhD

PROFESSOR EMERITA, UC BERKELEY

The pioneering researcher behind the Maslach Burnout Inventory. The self-assessment tool in this issue is adapted from her clinical dimensions.

PART ONE — OPEN BIG

I

Opening.

*The cover story. A voice that bridges finance, medicine,
and dentistry — and reframes the burnout conversation
from the first page.*



— COVER STORY — 01

Dr. Sonya Reddy

AIRWAY & SLEEP DENTIST

You Can't *Meditate* Your Way Out of Chronic *Sleep* *Deprivation.*

Dr. Sonya Reddy on why dentistry's burnout crisis may start in the body.

BY DR. SONYA REDDY



Dr. Sonya Reddy is not easy to categorize. She has closed M&A deals at Morgan Stanley and placed implants in the operating room. She has built and scaled dental practices, navigated private equity transactions, and spent years studying the link between airway health, sleep, and human performance. She is a clinician, a strategist, a coach, and one of the most direct voices in dentistry on why the profession is burning through its own people.

THREE CONTINENTS BEFORE ADULthood

Her father is a physician. His work moved the family across continents — Algeria, the United Kingdom, and eventually New York — so that by the time Sonya Reddy was a teenager, she had already lived on three of them. You either become adaptable, she says, or you fall apart. Falling apart was not something her household encouraged.

Growing up inside medicine meant growing up without illusions about it. Medicine was dinner table conversation. It was the reason her father missed family events. It was the patient calls in the middle of the night that he always took. What Reddy absorbed early was not a romance about the profession but an observation about its cost: the people responsible for everyone else's wellbeing rarely have space to tend to their own.

That observation — quiet, persistent, filed away — planted a question she is still answering decades later. Who takes care of the caretakers?

WALL STREET, THEN SOMETHING REALER

Before dentistry, there was finance. Technology transformation and mergers and acquisitions at Morgan Stanley, Accenture, AIG. The work was intellectually demanding and she was good at it. What she had not anticipated was how hollow it would eventually feel — how, when the human on the other

side of a deal is just a line item, something starts to go quiet inside you.



We graduated into practices completely unprepared for the reality of what we had signed up for. The data on dental depression and suicide is not ambiguous. Framing that as a personal failure is both inaccurate and harmful.

THE BIOLOGICAL CASE

The pivot toward burnout as a professional focus came through an unlikely door: airway medicine. What Reddy kept seeing in patients with disordered sleep was a very specific physiological profile: chronic stress response, impaired cognition, emotional dysregulation, physical fatigue that rest alone could not resolve. Then she looked at the clinicians burning out at the highest rates. Same profile.

WHAT SHE ACTUALLY DOES ABOUT IT

Reddy's personal protocol is specific and non-negotiable. Cold plunge, strength training, and screen-free time before clinical mode. These are not, she is careful to say, luxuries. They are maintenance. Her performance depends on them and she treats them accordingly.

On the days dentistry is hard, she goes back to the reason she left finance. She made a deliberate choice to be here. That choice, she says, still holds.

ABOUT THE AUTHOR · Dr. Sonya Reddy is an Airway & Sleep Dentist, Founder of FLO, and Author of RECHARGED. Based in Frisco, Texas.

"You cannot breathe your way out of a problem your body never finished processing."

— DR. SONYA REDDY



Lived *Experience.*

Three first-person voices. Before the analysis begins — before the tools — the reader needs to feel seen.

The *Weight* Nobody *Talks About.*

What's really behind burnout in dentistry.



— BY

Dr. Jim Arnold,
DDS

FOUNDER & CEO · FOUNDATION DENTAL ALLIANCE

About a year after buying my first practice, I experienced a difficult realization. We had doubled the size of the practice in twelve months. We were making more money than I had ever imagined possible in dentistry. By every measure I had been trained to care about, things were working. And I couldn't picture doing it for another five years.

That realization didn't come with a dramatic moment. It came quietly, somewhere in the middle of a packed schedule, when I did the math on how many more days like this one I had ahead of me and felt something close to dread. I wasn't failing. I was succeeding, and I still couldn't sustain it.

WE TALK ABOUT BURNOUT BACKWARDS

Most conversations about burnout in dentistry focus on symptoms. Fatigue. Disengagement. Loss of motivation. Those are real, but they're not the problem. They're what the problem produces. What doesn't get nearly enough attention is causation. And in dentistry, the causes are more specific — and more structural — than most people want to admit.

THE PRESSURE MOST PEOPLE NEVER SEE

From the outside, dentistry looks stable. Clean environment, good income, predictable hours. Inside, it's something different entirely. You're working under magnification where small imperfections that no one else would ever notice become impossible for you to ignore. You're making clinical decisions with a handpiece in your hand while simultaneously monitoring the patient, the clock, and the next room.

You're also absorbing patient emotion all day. Fear. Anxiety. Frustration. You stay professional. You keep moving. But that accumulates in ways you don't always notice until it's already weighing you down.

*You can't out-self-care a broken design.
If the structure doesn't change, the
burnout doesn't resolve. It just pauses.*

WHAT ACTUALLY CHANGES THINGS

After that first wave of burnout, my wife made a suggestion that shifted everything. Instead of continuing to see so many patients, she encouraged me to become more than just a general dentist — to learn some new skills, to pursue the kind of dentistry I could actually get excited about every day.

THE DESIGN PROBLEM NOBODY NAMES

The underlying issue is almost always structural. Burnout is a signal that something in how the practice is built has stopped working. Too much depends on you. The business runs on your personal output rather than on systems and people that can function without your constant presence. That's not a willpower problem. That's a design problem.

BOTTOM LINE

Burnout in dentistry isn't a character flaw. It's a reasonable response to an unreasonable load — one that can find you at any stage of your career, wearing a different face each time. The question isn't whether you'll feel it. You will at some point, or you already have. The question is whether or not you recognize it for what it is before it takes something from you that you can't get back.

ABOUT THE AUTHOR · Dr. Jim Arnold, DDS is the Founder and CEO of Foundation Dental Alliance, a leadership and practice development organization serving dentists from graduation through retirement. He has more than 25 years of experience as a multi-practice owner and has been involved in more than 60 dental practice transitions.



*Burnout is a design problem,
not a willpower problem.*

Dr. Jim Arnold

FROM "THE WEIGHT NOBODY TALKS ABOUT"



From *Autopilot* to *Alignment*.

One dentist's journey through burnout, postpartum depression, and back to purpose.

BY DR. EKTA PANDYA, DDS · PRACTICE OWNER · ADVOCATE FOR CLINICAL SUSTAINABILITY

For years I worked in a high-paced dental office where I had virtually no control over my schedule. The demands of fast-paced dentistry — measured in procedures and production rather than patient connection — left me emotionally drained. After having a child, I also battled postpartum depression, which intensified my sense of isolation and burnout.

The turning point came when I realized I couldn't continue on autopilot. I made the difficult decision to leave my job and find a practice that would support these changes. I implemented block scheduling and systems that allowed me to focus on quality over quantity, and I trained my team to respect these boundaries. As a result, I reduced my clinical hours to about 20–24 per week without affecting my take-home pay — and reclaimed time for myself and my family.

BUILDING A SUPPORT SYSTEM

I began by building a support system outside and inside the profession. I leaned on family and friends to help me separate my personal identity from the 'dentist' role, and I connected with peers through study clubs and mentorships who understood the unique stresses of dentistry.

As I faced the stigma around mental health and licensure, I educated myself on my rights and started advocating for confidential, fair licensure policies. I also committed to normalizing therapy for myself and my team.

RECLAIMING THE DAY

To regain a balanced day, I integrated healthy coping practices: short mindfulness and breathing exercises between patients, journaling to process tough days, spiritual reflection, and quick walks during lunch. I reimagined rest as quiet evenings with my family or a phone call with a close friend rather than a whirlwind vacation that left me more exhausted.

Caring for ourselves is not selfish — it is essential to delivering the kind of compassionate, high-quality care our patients deserve.

FINDING MY IKIGAI

I also revisited what brought me joy in dentistry. I found my Ikigai — the intersection of what I love, what I'm good at, what the world needs, and what sustains me financially — by getting involved in teaching. Sharing knowledge with students reignited my passion for the profession and reminded me why I became a dentist in the first place.

Through support, intentional scheduling, healthy habits, and reconnecting with my purpose, I was able to move from burnout to balance.

ABOUT THE AUTHOR · Dr. Ekta Pandya is a practicing dentist and advocate for mental health awareness in the dental profession. She is committed to normalizing conversations around burnout, licensure reform, and wellness in clinical practice.

"I stopped performing sustainability and started practicing it."

DR. EKTA PANDYA

The *Noise* No One Talks About.

How social media is quietly fueling burnout in dentistry.

*"Am I
behind?"*

Late night at a conference. A doctor leans in and asks quietly. From that moment, a frank look at what the highlight reel is actually doing to dentists.

BY CHRIS SNYDER · FOUNDER, 360 MEDIA + MARKETING

It was late. One of those long conference days that turns into a long night. A few of us were standing around, half talking shop, half decompressing. Nothing formal. Just real conversation after a long day.

At one point, a doctor leaned in a little closer and asked quietly: 'Am I behind?' It wasn't a joke. It wasn't casual. It felt real. And almost immediately, someone else nodded. Then another. No one pushed back. No one said, 'No, you're fine.' Because everyone in that circle knew exactly what he meant.

THE HIGHLIGHT REEL WE ALL KNOW ISN'T REAL

Spend five minutes in any dental Facebook group or scrolling LinkedIn, and you'll see it. Ten practice owners scaling at lightning speed. Seven-figure months. Full arch cases stacked back to back. New offices. New technology. Speaking gigs. Personal brands. Influence.

And it's not that these things aren't happening. They are. But what we're seeing is a highlight reel — curated, polished, and often stripped of context. What we do not see is just as important. The debt behind the expansion. The cases that did not go as planned. The stress at home. The sleepless nights. The years it took to get there.

It is like buying a Ferrari before you know how to drive. From the outside, it looks impressive. From the inside, it is overwhelming.

WHEN NOISE TURNS INTO DECISIONS

This is where it becomes dangerous. Because it is no longer just about how people feel. It is about what they do next. I have seen doctors invest in technology they were not ready to use. Add procedures before mastering foundational skills. Jump into partnerships without clarity. Chase growth before stabilizing operations. Not because they are reckless. But because they feel like they are behind.

FILTERING THE NOISE

This is not about leaving social media. It is about learning how to filter it. Is this relevant to where I am right now? Does this align with what I actually want? Am I doing this because it makes sense, or because I feel behind? That level of awareness can change everything.

The truth is, most people are not as far ahead or as far behind as it feels. They are just on different timelines, doing different things, with different priorities. Maybe the better question is not, 'How do I catch up?' Maybe it is, 'What actually matters right now?'

ABOUT THE AUTHOR · Chris Snyder is the founder of 360 Media + Marketing, a seasoned community builder, media strategist, and marketing professional with over 20 years of experience.



*The highlight reel is not the
profession. It is a performance
of the profession.*

Chris Snyder

FROM "THE NOISE NO ONE TALKS ABOUT"

The *Research.*

Intellectual scaffolding — two science-grounded editorials that reframe what came before and set up the tools that follow.



The *Stress* You Never *Finished.*

What the science of burnout actually says.

Burnout is not produced by caring too much. It is produced by caring without completing the stress cycle — and by systems that locate the problem in the individual when it belongs to the structure.

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It usually starts with the best intentions. A dentist reads about burnout, recognizes themselves in the symptoms, and resolves to do something about it. They book a massage. Download a meditation app. Plan a vacation. And for a week, maybe two, it helps. Then Monday comes back around. The inbox is full. The schedule is packed. The overhead hasn't moved. And the relief evaporates.

Here's what no one tells you: that's not a failure of willpower. That's how burnout works.

THE STRESS CYCLE NOBODY TOLD YOU ABOUT

Emily Nagoski, a health educator with a PhD in health behavior, and her sister Amelia wrote *Burnout* after watching high-performing women collapse under loads they appeared to be managing from the outside. Their central insight is deceptively simple: stress and stressors are not the same thing.

A stressor is what activates the stress response — the difficult patient, the failed case, the staffing crisis, the overhead calculation that doesn't add up. When the stressor goes away, we assume the stress goes away too. It doesn't. The stress response has to be completed.

Burnout is not the result of caring too much. It is the result of caring without adequate resources, support, or recovery. The caring itself is not the problem.

BURNOUT IS A SYSTEM FAILURE

Jennifer Moss spent years studying burnout across industries and arrived at a conclusion that many burnout conversations resist: burnout is not produced by weak individuals. It is produced by broken environments.

Moss identifies six root causes of burnout: unsustainable workload, perceived lack of control, insufficient rewards for effort, lack of a supportive community, lack of fairness, and a mismatch in values. Dentistry, structured as it typically is, checks most of these boxes.

SO WHAT DO YOU ACTUALLY DO?

At the individual level: stop expecting self-care to fix a structural problem. Self-care is maintenance, not repair. Focus specifically on completing the stress cycle — find what works for your nervous system and do it consistently. Not occasionally. Not when things get bad. Consistently.

At the structural level: start asking harder questions. What in how your practice is designed is generating unsustainable load? What decisions are currently running through you that could be distributed?

ABOUT THE AUTHOR · Drawing on Burnout by Emily & Amelia Nagoski and The Burnout Epidemic by Jennifer Moss.



Burnout is not produced by caring too much. It is produced by caring without completing the cycle.

Emily & Amelia Nagoski

FROM "THE STRESS YOU NEVER FINISHED"



What If *Stress* Isn't the *Enemy*?

*A Stanford psychologist's counterintuitive research — and
what it means for dentists.*

Kelly McGonigal's research tracked 30,000 people over eight years — and found something that rewrites the standard burnout narrative.

Whether stress harms you may depend less on how much of it you carry — and more on what you believe about it. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Sed do eiusmod

tempor incididunt ut labore et dolore magna aliqua.

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Here is a question worth sitting with: What if the stress of dentistry is not the problem — but your relationship to it is? That is not a platitude. It is the conclusion of one of the most-watched TED Talks in history, delivered by Kelly McGonigal, a health psychologist and lecturer at Stanford University.

THE STUDY THAT CHANGED EVERYTHING

McGonigal describes a study that tracked 30,000 adults in the United States over eight years. Participants were asked two questions: How much stress have you experienced in the past year? And: Do you believe stress is harmful to your health?

The results were striking. High levels of stress were associated with a 43 percent increased risk of dying — but only among people who believed stress was harmful. People who experienced a lot of stress but did not view it as harmful had one of the lowest mortality risks in the study — lower even than people who reported relatively little stress.

Stress is not the enemy. Isolation from the meaning behind stress — and from the people who share it — is.

TWO DIFFERENT STRESS RESPONSES

The research reveals something counterintuitive: not all stress responses look the same in the body. The classic response — elevated cortisol, constricted blood vessels — is the threat response. But under certain conditions, particularly when people feel capable of meeting a challenge, the body produces a different profile: elevated heart rate, dilated blood vessels, hormones that more closely resemble the response produced by courage and strength.

THE OXYTOCIN CONNECTION

Stress, McGonigal argues, has a built-in social function. When the stress response activates, the brain also releases oxytocin — the same hormone associated with connection and caregiving. This is the body's way of pushing you toward other people when things are hard.

For a profession where isolation is one of the most commonly cited burnout drivers, this is a meaningful finding. The isolation does not just feel bad. It may actually make the stress worse at a biological level.

ABOUT THE AUTHOR · Drawing on the work of Kelly McGonigal, PhD — health psychologist and lecturer at Stanford University.

IV

Tools.

A deliberate pause in the flow. Twelve statements. No score to optimize — just an honest look at where you are right now.

Are You *Running* on *Empty*?

A burnout self-assessment for dental professionals.

BASED ON THE MASLACH BURNOUT INVENTORY DIMENSIONS

Read each statement. Mark how often it feels true. No score to optimize — just an honest look at where you are right now.

01	I feel emotionally drained by my work.	☐ ☐ ☐ ☐
02	I feel used up at the end of a clinical day.	☐ ☐ ☐ ☐
03	I dread waking up to face another day at the practice.	☐ ☐ ☐ ☐
04	I feel I have become more callous toward patients.	☐ ☐ ☐ ☐
05	I worry this work is hardening me emotionally.	☐ ☐ ☐ ☐
06	I feel I'm no longer really present with patients.	☐ ☐ ☐ ☐
07	Small things feel like big obstacles.	☐ ☐ ☐ ☐
08	I feel I am accomplishing worthwhile things — less often.	☐ ☐ ☐ ☐
09	I can't easily create a relaxed atmosphere.	☐ ☐ ☐ ☐
10	I feel exhilarated after close work with patients — rarely.	☐ ☐ ☐ ☐
11	Working with people all day is a strain.	☐ ☐ ☐ ☐
12	I feel like I'm at the end of my rope.	☐ ☐ ☐ ☐

V

The Wider *Practice.*

*Closing the issue by widening the frame. Practice owners:
look beyond yourself. The closer leaves you with something to
act on tomorrow.*

It's Not *Just* the *Dentist*.

Burnout in the dental team — what it looks like, where it comes from, and what actually helps.

DRAWING ON OCCUPATIONAL HEALTH RESEARCH AND FDI WORLD DENTAL FEDERATION DATA

01

Front Desk Coordinator

Everyone's first impression, every hour.

02

Dental Assistant

On their feet, on call, and often unseen.

03

Hygienist

Ninety minutes. Every hour. Every day.

04

Office Manager

The pressure valve for every other role.

Burnout conversations in dentistry almost always center on the dentist. And that makes sense — the weight of ownership, clinical decision-making, and financial responsibility falls disproportionately on one person. But the dental team is burning out too. And in many practices, their burnout is hiding in plain sight.

The front desk coordinator who manages scheduling conflicts, insurance disputes, and patient complaints simultaneously — often without the authority to solve any of them. The dental assistant who absorbs patient anxiety all day while also anticipating the dentist's needs. The hygienist running a full schedule of emotionally complex appointments with no buffer time.

WHAT TEAM BURNOUT ACTUALLY LOOKS LIKE

Team member burnout doesn't look the same as dentist burnout. It often doesn't look like breakdown. It looks like disengagement — the gradual disappearance of the investment that made someone good at their job.

The practices that sustain their teams longest are not usually the ones with the best perks. They are the ones where people feel like their experience matters to the person leading the practice.

WHY DENTAL TEAMS ARE PARTICULARLY VULNERABLE

Dental team members share many of the structural stressors that affect dentists — but they carry them with less autonomy and often less compensation. Sociologist Robert Karasek's demand-control model identifies high demand with low control as the highest-risk configuration for burnout.

WHAT PRACTICE OWNERS CAN DO

Name the problem out loud. Audit what your team actually controls. Build recovery into the schedule — not just for you. Make wellness check-ins part of operations. Name the emotional labor: say it plainly. 'What you did with that patient today was not easy. I noticed.' People can carry heavy loads significantly longer when they feel the load is seen.

ABOUT THE AUTHOR · Drawing on occupational health research and FDI World Dental Federation data.

"Their burnout is real, often invisible, and when it goes unaddressed it loops back to make the dentist's load heavier."

— DENTÉ

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— DENTÉ · 2026

— FROM THE INSIDE

*"Burnout is a design
problem,
not a willpower
problem."*

— DR. JIM ARNOLD · PAGE 14

01 · COVER

**You Can't Meditate Your
Way Out of Chronic Sleep
Deprivation**

DR. SONYA REDDY

05 · RESEARCH

**The Stress You Never
Finished**

DENTÉ EDITORIAL

07 · TOOL

**Are You Running on
Empty?**

SELF-ASSESSMENT

Denté