

The exhausted profession: burnout, moral injury, and the sustainability of dentistry

SADJ APRIL 2026, Vol. 81 No.3 P129-P135

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There are certain forms of exhaustion that professions learn to hide well.

They do not announce themselves dramatically, nor do they always interrupt performance. Clinics continue to function. Lectures are delivered. Patients are treated. Research outputs are submitted. Waiting rooms remain full, and treatment lists continue moving forward with outward efficiency. From the outside, the profession appears productive, disciplined, and composed.

And yet, beneath this surface, something quieter has been accumulating.

Across healthcare, growing attention is being directed toward burnout, emotional exhaustion, and workforce sustainability. Dentistry is increasingly part of that conversation. International literature now points to concerning levels of psychological strain among oral health professionals, students, and educators, while healthcare systems globally continue to grapple with workforce attrition, emotional fatigue, and declining professional wellbeing. But beyond the statistics lies a more difficult question, one that professions often struggle to ask honestly of themselves: what happens when the culture of a profession becomes sustained by chronic exhaustion?

This question matters because dentistry has historically prized endurance. The profession values precision under pressure, emotional control, consistency, productivity, and resilience. These qualities remain important. But over time, cultures built strongly around performance and responsibility may also become environments in which fatigue is normalised, vulnerability is concealed, and personal depletion is quietly absorbed into the routine expectations of professional life.

The consequences are not always immediately visible. Exhaustion rarely begins as collapse. More often, it emerges gradually, in cynicism replacing curiosity, detachment replacing empathy, routine replacing meaning, and survival replacing fulfilment. Clinicians may continue functioning at high levels while becoming progressively disconnected from the aspects of the profession that once gave it purpose.

Importantly, the growing discussion around burnout in dentistry cannot be reduced simply to individual wellbeing. Increasingly, healthcare literature suggests that exhaustion is shaped not only by personal coping capacity, but by the systems, cultures, and institutional expectations within which professionals work. In this sense, burnout may reveal something larger than stress alone. It may reflect a profession attempting to sustain increasingly complex demands within structures that are themselves becoming difficult to sustain.

This editorial does not seek to pathologise dentistry, nor to diminish the privilege and meaning that many clinicians continue to find in their work. Rather, it aims to reflect honestly on a growing reality within the profession: that beneath the appearance of competence and composure, many clinicians, educators, and trainees are profoundly tired, and that the sustainability of dentistry may ultimately depend on the profession's willingness to confront that reality with seriousness, humanity, and intellectual honesty.

The quiet fatigue beneath the profession

Dentistry has long projected an image of composure. The profession is associated with precision, discipline, technical mastery, and resilience under pressure. Patients encounter clinicians who appear calm, meticulous, and in control, often performing complex procedures within confined spaces and under relentless time constraints. To the outside world, dentistry can seem orderly and exacting, a profession of steady hands and measured confidence.

Yet beneath this polished exterior, a quieter reality often exists.

Across healthcare professions, there is growing recognition that clinical work carries a substantial emotional burden, and dentistry is no exception. International literature increasingly reports high levels of emotional exhaustion, psychological distress, de-personalisation, and professional fatigue among dental practitioners and trainees. While burnout is now widely discussed in medicine and nursing, dentistry has historically engaged with the subject more cautiously, perhaps because the culture of the profession has traditionally valued endurance, self-sufficiency, and uninterrupted performance.

The fatigue experienced within dentistry is rarely dramatic. More often, it accumulates slowly and silently. It is found in the practitioner who moves from patient to patient without pause, the academic balancing teaching with clinical service and research expectations, the postgraduate registrar navigating relentless assessment pressures, and the clinician who continues to function outwardly while internally disengaging from the work that once carried meaning and satisfaction.

Part of what makes this exhaustion difficult to recognise is that dentistry often rewards the appearance of coping. Productivity, efficiency, and procedural throughput remain deeply embedded indicators of professional success. Clinicians become highly skilled at maintaining performance even when emotionally depleted. In this environment, fatigue may not initially present as collapse, but rather as something quieter: cynicism, detachment, diminished empathy,

irritability, loss of professional fulfilment, or the gradual narrowing of work into mere functional routine.

The COVID-19 pandemic intensified many of these pressures, but it did not create them. Rather, it exposed vulnerabilities that had existed within healthcare systems and professional cultures long before the pandemic emerged. Studies conducted internationally in the post-pandemic period continue to demonstrate concerning levels of burnout and psychological strain among oral health professionals, particularly in environments characterised by workforce shortages, administrative overload, financial pressure, and growing patient demands.

Importantly, the discussion around burnout has evolved. Increasingly, researchers and professional organisations caution against viewing exhaustion solely as an individual failure of resilience or coping capacity. The emerging literature instead points toward a more complex interaction between clinicians and the systems within which they work. In other words, the problem may not simply be that professionals are struggling to withstand the pressures of dentistry, but that aspects of modern professional life have themselves become increasingly difficult to sustain.

This distinction matters. Because before dentistry can meaningfully address exhaustion within the profession, it must first be willing to acknowledge that beneath its culture of competence and composure, many clinicians are simply tired. Not temporarily tired, but profoundly and persistently so.

Burnout Is not simply “Stress”

The language used to describe exhaustion within healthcare is often imprecise. Terms such as stress, burnout, fatigue, and mental strain are frequently used interchangeably, yet they do not describe the same phenomenon. This distinction is important, because how a profession defines a problem often determines how it attempts to solve it.

Stress, in itself, is not inherently pathological. Dentistry has always been demanding. Clinical complexity, time pressure, technical precision, difficult interpersonal interactions, and high levels of responsibility are intrinsic to the profession. Many clinicians function effectively under significant pressure and may even derive professional fulfilment from demanding work. Stress becomes problematic, however, when it is chronic, unmanaged, and structurally embedded within the daily realities of practice.

Burnout represents something deeper and more enduring. The most widely accepted conceptualisation, developed by Maslach and colleagues, describes burnout through three interrelated dimensions: emotional exhaustion, depersonalisation, and a diminished sense of personal accomplishment. Emotional exhaustion reflects the depletion of psychological and emotional resources. Depersonalisation manifests as emotional distancing, cynicism, or detachment from patients and colleagues. Reduced professional accomplishment reflects the growing perception that one's work has lost effectiveness, meaning, or value.

Importantly, burnout does not always appear as visible dysfunction. Many clinicians continue to work, teach, supervise, publish, and maintain outward professional performance while experiencing profound internal depletion.

This is partly why burnout can remain hidden within dentistry for long periods before it is openly acknowledged.

More recently, another concept has entered healthcare discourse with increasing force: moral injury. Unlike burnout, which is often framed as an occupational syndrome, moral injury arises when clinicians are repeatedly placed in situations where they are unable to provide care aligned with their professional or ethical values. It emerges when practitioners know what good care requires, but are constrained by systems, policies, resource limitations, administrative demands, or institutional pressures that prevent them from delivering it.

This distinction is particularly relevant within contemporary healthcare systems. A clinician working in an understaffed public clinic, an academic unable to provide adequate supervision because of overwhelming service obligations, or a practitioner pressured toward productivity targets at the expense of meaningful patient interaction may experience more than fatigue alone. They may experience the distress associated with practising in ways that conflict with their professional ideals.

The World Health Organization now recognises burnout as an occupational phenomenon associated with chronic workplace stress that has not been successfully managed. Notably, however, the WHO does not classify burnout as a medical condition, reflecting the growing understanding that the phenomenon cannot be explained solely at the level of the individual. Increasingly, the literature points toward organisational culture, system design, workload structures, and professional expectations as central contributors.

This shift in understanding is important because it reframes the conversation. If burnout is viewed only as an individual inability to cope, the proposed solutions tend to focus narrowly on resilience training, wellness initiatives, or self-care interventions. While such measures may offer value, they risk obscuring a more uncomfortable reality: that exhausted professionals may, in some cases, be responding normally to environments that have themselves become unsustainable.

In this sense, the growing discussion around burnout in dentistry is not merely about wellbeing. It is about the conditions under which professional care is expected to occur, and whether those conditions remain compatible with the kind of dentistry the profession claims to value.

Why dentistry is particularly vulnerable

Although burnout is increasingly recognised across healthcare professions, dentistry occupies a uniquely vulnerable position. The profession combines many of the pressures seen elsewhere in healthcare with additional structural, psychological, and economic demands that are often underestimated by those outside the field. Dentistry is not only clinically intensive; it is also physically exacting, emotionally performative, financially exposed, and frequently isolated.

Unlike many areas of medicine, large portions of dental practice occur within relatively small clinical environments where practitioners work in close proximity to patients for prolonged periods, often with limited opportunities for collegial interaction or emotional decompression. The work

demands sustained concentration, fine motor precision, and continuous interpersonal engagement, all while functioning within tightly scheduled timeframes. Small delays accumulate quickly. A single difficult procedure or emotionally charged patient interaction may alter the rhythm of an entire day.

There is also a psychological dimension unique to dentistry. Dental practitioners routinely manage fear, anxiety, pain anticipation, and patient mistrust in ways that are rarely acknowledged explicitly within professional discourse. Much of dentistry involves working on conscious patients who may already be distressed before treatment begins. Over time, the repeated absorption and management of patient anxiety becomes a form of emotional labour that is cognitively and psychologically demanding.

At the same time, the profession remains deeply tied to performance metrics. Productivity, procedural output, efficiency, financial viability, publication expectations, and academic advancement all exert pressure across different sectors of practice. In private practice, clinicians may face the competing demands of patient care, business sustainability, staffing concerns, and increasing operational costs. Within academic institutions, educators are often expected to balance clinical supervision, service delivery, teaching, research productivity, postgraduate training, administration, and institutional compliance simultaneously. In the public sector, workforce shortages and resource constraints frequently intensify these pressures further.

These dynamics are particularly relevant in South Africa, where oral healthcare inequalities remain substantial. Significant disparities persist between urban and rural access to care,

between private and public sector resources, and between workforce availability and population need. In many settings, clinicians are expected to deliver high volumes of care under difficult circumstances, often with insufficient staffing, constrained infrastructure, or limited material resources. The cumulative effect is not merely workload, but chronic professional strain.

There is also increasing concern regarding workforce sustainability. Internationally, healthcare systems are grappling with migration, early career attrition, recruitment difficulties, and growing reluctance among younger professionals to accept working conditions that previous generations may have normalised. Dentistry is not insulated from these trends. Younger practitioners increasingly speak of work-life imbalance, emotional exhaustion, and uncertainty regarding long-term career sustainability. Meanwhile, experienced clinicians and academics often continue working within systems that rely heavily on their endurance while offering limited structural relief.

Importantly, these pressures rarely occur in isolation. Financial stress intersects with clinical responsibility. Administrative burden intersects with emotional fatigue. Academic expectations intersect with service delivery demands. Over time, the cumulative effect may not simply be exhaustion, but the gradual erosion of professional meaning itself.

This is perhaps one of the more uncomfortable realities confronting dentistry today: the profession has become extraordinarily skilled at sustaining performance under pressure, but far less skilled at recognising the long-term human cost of doing so.



The culture of silence in dentistry

One of the more difficult aspects of exhaustion within dentistry is not simply its prevalence, but the culture that surrounds it. Despite growing awareness of burnout across healthcare, many clinicians continue to experience psychological strain in relative silence. Within dentistry, there remains a deeply embedded professional expectation that competence should appear effortless, composure should remain uninterrupted, and personal difficulty should be managed privately.

From the earliest stages of training, dentists are often socialised into cultures that reward endurance. Long hours, emotional restraint, perfectionism, and relentless productivity are frequently normalised, sometimes even admired. The ability to continue functioning despite exhaustion becomes interpreted as professionalism. Over time, this creates an environment in which vulnerability may be perceived, explicitly or implicitly, as weakness, fragility, or lack of suitability for the profession.

The consequences of this culture are subtle but significant. Clinicians may become increasingly reluctant to acknowledge emotional fatigue, seek support, or disclose psychological distress to colleagues for fear of judgement, reputational harm, or perceived professional inadequacy. Academics and senior clinicians, in particular, may feel pressure to maintain an image of stability and capability, even when personally depleted. In this sense, the profession often becomes highly effective at concealing distress while remaining functionally productive.

There is also a growing tension between the public image of dentistry and the lived experience of many practitioners. Contemporary professional culture increasingly emphasises visibility, achievement, and performative success. Social media platforms, professional branding, and digitally curated portrayals of clinical excellence can create the impression that modern dentistry is characterised primarily by innovation, aesthetic precision, entrepreneurial growth, and constant advancement. While these developments reflect genuine aspects of the profession, they may simultaneously obscure the emotional realities that accompany daily clinical practice.

This disconnect can be particularly isolating for younger practitioners and students. Individuals entering the profession may encounter an implicit message that successful clinicians are perpetually productive, emotionally resilient, and continuously thriving. When their own experiences fail to align with this narrative, exhaustion may become internalised as personal failure rather than recognised as part of a broader systemic issue.

The profession must therefore confront an uncomfortable possibility: that aspects of its own culture may inadvertently perpetuate the very exhaustion it struggles to address. A culture that prizes stoicism above reflection, performance above sustainability, and endurance above wellbeing may ultimately produce clinicians who continue to function professionally while becoming progressively disconnected from the meaning, empathy, and fulfilment that drew them to the profession in the first place.

Importantly, acknowledging this reality does not diminish professionalism. If anything, it strengthens it. Mature professions are not defined by the absence of vulnerability, but by their capacity to recognise human limitation honestly

and respond to it constructively. Dentistry's challenge may therefore not simply be reducing burnout, but creating a professional culture in which conversations about exhaustion, sustainability, and psychological wellbeing can occur without shame, defensiveness, or fear.

When the system itself exhausts the clinician

There is a tendency within professional discourse to locate exhaustion primarily within the individual clinician, as though burnout emerges from insufficient resilience, poor coping strategies, or an inability to adapt to the demands of practice. Yet increasingly, healthcare literature challenges this assumption. In many cases, clinicians are not failing because they are weak; they are struggling because the systems within which they work have become progressively more difficult to sustain.

This distinction is critical. It shifts the conversation away from individual pathology and toward organisational responsibility.

Modern dentistry operates within environments of intensifying complexity. Clinical care is now accompanied by expanding administrative obligations, regulatory compliance requirements, documentation burdens, medico-legal anxieties, technological adaptation, continuing professional development demands, and growing expectations for measurable productivity. Across both public and private sectors, the profession is increasingly shaped by metrics: patient numbers, procedural throughput, publication outputs, financial targets, clinical quotas, performance indicators, accreditation requirements, and institutional deliverables.

The cumulative effect is subtle but profound. Work that once centred primarily on patient care becomes increasingly fragmented by competing demands that consume cognitive and emotional energy. Clinicians may spend substantial portions of their day navigating systems rather than practising the aspects of dentistry they find professionally meaningful. Over time, this fragmentation contributes not only to fatigue, but to a gradual sense of professional dislocation.

Within academic environments, these pressures are particularly pronounced. Dental educators are frequently expected to function simultaneously as clinicians, supervisors, researchers, administrators, mentors, curriculum developers, assessors, and institutional representatives. The expansion of higher education accountability structures has introduced additional layers of reporting, compliance, quality assurance, and performance measurement, many of which are necessary, but collectively burdensome. In some environments, the cumulative administrative load begins to compete directly with the time and psychological space required for thoughtful teaching, scholarly reflection, and meaningful mentorship.

Similarly, clinicians within overstretched public health systems may find themselves working under conditions where the demand for care consistently exceeds available capacity. Understaffing, resource limitations, infrastructure challenges, and overwhelming patient volumes create environments in which practitioners are forced to prioritise throughput and crisis management over the kind of comprehensive, reflective care they were trained to provide. The emotional consequences of repeatedly working under such constraints are substantial, particularly when clinicians feel unable to meet the standards of care they believe patients deserve.

Importantly, systems often adapt to chronic strain by normalising it. What begins as temporary overload gradually becomes institutional culture. Long hours become expected. Emotional depletion becomes routine. Exhaustion becomes interpreted as evidence of dedication rather than a warning sign of dysfunction. In such environments, the profession risks confusing endurance with sustainability.

There is also a growing concern that healthcare systems increasingly rely upon the goodwill of clinicians to compensate for structural inadequacies. Professionals continue to absorb additional responsibilities, extend themselves beyond reasonable limits, and maintain services despite insufficient support because of their commitment to patients, students, and colleagues. While admirable, this dynamic can unintentionally mask systemic fragility. A system sustained primarily by personal sacrifice eventually places both practitioners and patient care at risk.

This is why burnout cannot be resolved solely through individual wellness interventions. Mindfulness workshops, resilience training, and self-care initiatives may offer benefit at a personal level, but they cannot fully counteract environments characterised by chronic understaffing, unrealistic expectations, moral strain, or unsustainable workload structures. The profession must therefore confront a more difficult question: not simply how to help clinicians cope better within exhausting systems, but whether aspects of those systems themselves require redesign.

Because ultimately, no profession can remain healthy if the conditions required to sustain it are themselves exhausting the very people expected to uphold it.

Students, young dentists, and the inheritance of exhaustion

Perhaps one of the more concerning aspects of professional burnout is that it may no longer be confined to established

practitioners. Increasingly, signs of exhaustion are emerging early—during undergraduate training, internship, community service, and the first years of independent practice. In many respects, younger members of the profession are not entering stable systems and gradually becoming fatigued by them; they are entering environments where exhaustion has already become structurally embedded.

Dental education has always been demanding. The acquisition of clinical competence necessarily involves high levels of responsibility, technical precision, assessment pressure, and emotional adaptation. Yet there is a growing concern internationally that health professions education may, at times, unintentionally normalise chronic stress as an expected feature of professional identity formation. Students quickly learn that long hours, sleep deprivation, emotional suppression, and constant performance evaluation are not temporary exceptions, but recurring features of professional life.

This process is often reinforced through what educational theorists describe as the hidden curriculum: the unspoken values, behaviours, and norms communicated indirectly through institutional culture and professional behaviour. Students observe not only what educators teach formally, but how clinicians behave under pressure, how exhaustion is discussed, or avoided, and how vulnerability is received within professional environments. When fatigue becomes normalised among educators and clinicians, students may internalise the belief that sustainable practice is secondary to endurance.

The consequences are significant. Studies across health professions education increasingly report high levels of psychological distress, anxiety, burnout symptoms, and emotional exhaustion among students and trainees. In dentistry, these pressures are compounded by uniquely intensive clinical requirements, manual performance expectations, close supervision, and concerns regarding



competence and patient safety. For some learners, the transition from idealism to professional fatigue occurs remarkably early.

Young practitioners entering the workforce often encounter additional pressures. Educational debt, uncertain career trajectories, competitive professional environments, financial instability, and rapidly evolving technologies contribute to a sense that they must continuously accelerate simply to remain professionally viable. At the same time, they inherit systems already strained by workforce shortages, institutional pressures, and shifting healthcare expectations. The result is that many early-career clinicians begin professional life already carrying substantial emotional and psychological burden.

Importantly, this raises questions not only about wellbeing, but about the future sustainability of the profession itself. A generation that associates dentistry primarily with exhaustion, imbalance, and chronic pressure may engage differently with long-term career planning, academic leadership, public service, and professional commitment. Internationally, healthcare systems are already observing changing attitudes toward work-life integration, professional boundaries, and career sustainability among younger practitioners. Dentistry is unlikely to remain exempt from these broader generational shifts.

This is not necessarily a sign of declining resilience. In some respects, younger professionals may simply be less willing to accept conditions that previous generations endured without question. That distinction matters. It suggests that the profession may be confronting not merely a workforce issue, but a deeper reassessment of what constitutes acceptable professional culture.

The challenge for dentistry, therefore, is not only to support exhausted clinicians already within the system, but to consider carefully what kind of professional life it is modelling for those still entering it. Because professions do not sustain themselves through recruitment alone. They endure when successive generations believe that the work, despite its demands, remains meaningful, humane, and ultimately sustainable.

Reclaiming sustainability, meaning, and professional humanity

If dentistry is to confront exhaustion honestly, it must move beyond the language of survival. A profession cannot define success solely by how much pressure its members can endure before they fracture quietly behind closed doors. Nor can sustainability be reduced to occasional wellness initiatives layered onto systems that remain fundamentally exhausting. The question facing dentistry is no longer whether burnout exists. The question is whether the profession is willing to reconsider the conditions it has normalised in order to preserve the very people upon whom its future depends.

This requires more than resilience rhetoric. Resilience is valuable, but resilience has limits. No amount of mindfulness, productivity optimisation, or motivational discourse can indefinitely compensate for environments characterised by chronic overload, emotional isolation, workforce shortages, and institutional cultures that equate exhaustion with commitment. At some point, professions must ask whether

they are helping clinicians adapt to unhealthy systems rather than addressing the systems themselves.

The challenge is especially important because dentistry remains, at its core, profoundly human work. It depends on concentration, empathy, judgement, communication, trust, and emotional presence. Exhausted clinicians may continue to function technically for long periods, but the gradual erosion of emotional engagement carries consequences that are more difficult to measure. When practitioners become chronically depleted, something essential risks being lost, not only personal wellbeing, but curiosity, patience, compassion, mentorship, and the deeper sense of meaning that sustains professional life over decades.

Reclaiming sustainability therefore demands cultural as well as structural change. Educational institutions must reflect carefully on the environments within which students are trained and socialised. Healthcare organisations must recognise that workforce wellbeing is not peripheral to quality care, but integral to it. Professional leadership must be willing to speak honestly about exhaustion without reducing it to individual weakness or temporary inconvenience. And the profession itself must reconsider the values it rewards. A culture that consistently celebrates overwork, uninterrupted availability, and relentless productivity may eventually undermine the very excellence it seeks to preserve.

There is also an ethical dimension to this conversation that cannot be ignored. Dentistry has long emphasised responsibilities to patients, communities, and professional standards. Yet professions also carry obligations toward the sustainability and humanity of their own members. Systems that rely excessively on personal sacrifice, emotional suppression, and chronic overextension are not indefinitely sustainable, no matter how dedicated the individuals within them may be.

Importantly, none of this diminishes the privilege of practising dentistry. The profession remains intellectually demanding, technically sophisticated, and deeply meaningful. For many clinicians, it continues to provide immense fulfilment, purpose, and connection. But meaningful work is not protected from exhaustion simply because it matters. In fact, professions rooted strongly in identity and service may be particularly vulnerable to self-neglect precisely because those within them care deeply about the work they do.

Perhaps this is the deeper challenge now facing dentistry: not merely preserving workforce numbers or maintaining productivity, but safeguarding the conditions that allow clinicians to remain fully human within the profession itself.

Because a profession ultimately reveals its values not only through how it treats patients, but through how it treats the people entrusted to care for them.

Conclusion

Perhaps one of the more difficult truths confronting modern dentistry is that exhaustion has become so familiar within the profession that it is increasingly mistaken for normality.

What begins as commitment gradually becomes chronic overextension. What begins as professionalism slowly becomes self-neglect. Over time, the ability to function despite exhaustion is no longer viewed as exceptional, but expected.

And because dentistry continues to perform outwardly, with clinics operating, students graduating, conferences proceeding, and practices remaining productive, the deeper human cost can remain remarkably easy to ignore.

Yet professions, like individuals, are ultimately shaped by what they choose to normalise.

If the culture of dentistry continues to equate worth primarily with endurance, productivity, and uninterrupted performance, it risks creating generations of clinicians who become technically proficient while progressively disconnected from the meaning and humanity of the work itself. A profession may survive such conditions for a time. But survival is not the same as sustainability.

Importantly, this conversation is not about fragility. Dentistry has always required resilience, discipline, and emotional strength. Nor is it about diminishing standards or avoiding responsibility. Rather, it is about recognising that the long-term health of the profession depends not only on maintaining clinical competence, but on preserving the psychological, moral, and human capacities that allow clinicians to care meaningfully for others over the course of an entire career.

There is also a broader responsibility that extends beyond the individual practitioner. Educational institutions, healthcare systems, regulatory bodies, and professional leaders all participate in shaping the conditions under which dentistry is practised. If exhaustion has become widespread within the profession, then the question cannot rest solely with how clinicians cope, but with whether the environments they inhabit remain compatible with sustainable professional life.

And perhaps this is the deeper challenge now facing dentistry: not merely how to produce more clinicians,

increase efficiency, or maintain service delivery, but how to ensure that the profession itself remains liveable for the people within it.

Because a profession ultimately reveals its values through what it protects.

If dentistry protects only productivity, it may preserve output while quietly losing parts of itself that matter far more. But if it protects professional humanity alongside professional excellence, it may yet retain the qualities that have long given the profession its dignity, meaning, and trust.

The danger facing exhausted professions is rarely sudden collapse. More often, it is the gradual acceptance of depletion as ordinary. And perhaps the most important question dentistry now faces is whether it is willing to continue calling that normal.

SUGGESTED READING

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Online CPD in 6 Easy Steps



The Continuing Professional Development (CPD) section provides for twenty general questions and five ethics questions. The section provides members with a valuable source of CPD points whilst also achieving the objective of CPD, to assure continuing education. The importance of continuing professional development should not be underestimated, it is a career-long obligation for practicing professionals.

