2016

Burnout and depression in psychiatric residents

Irvin Sam Schonfeld
CUNY Graduate Center

Eric Laurent
Université de Franche-Comté

Pierre Vandel
Université de Franche-Comté

Renzo Bianchi
Université de Neuchâtel

How does access to this work benefit you? Let us know!

Follow this and additional works at: http://academicworks.cuny.edu/cc_pubs

Part of the Clinical Psychology Commons, Health Psychology Commons, Medical Education Commons, Psychiatry and Psychology Commons, and the Public Health Commons

Recommended Citation


This Article is brought to you for free and open access by the City College of New York at CUNY Academic Works. It has been accepted for inclusion in Publications and Research by an authorized administrator of CUNY Academic Works. For more information, please contact AcademicWorks@cuny.edu.
Burnout and Depression in Psychiatric Residents

Dear Editor:

A recent article in this journal described the results of a study of burnout in psychiatric residents. Using a 1-item scale to assess burnout, the investigators found that 21% of the residents were symptomatic. Aside from problems inherent in the absence of binding or consensual criteria to diagnose burnout, the article ignored research that connects burnout and depression.

Mounting evidence, including evidence from research on health professionals, has linked burnout and depression and suggested that burnout is a depressive syndrome. Studies conducted in France and the United States found that teachers with high levels of burnout symptoms, compared to colleagues with few symptoms, were much more likely to experience the full array of depressive symptoms, including the most severe (e.g., suicidal ideation). In fact, in the French and US samples, burnout was assessed with the most commonly employed burnout instruments. In both studies, when measurement error was controlled, burnout and depressive symptoms correlated very highly (r ≈ .80). Moreover, burnout and depression have both been etiologically associated with unresolvable stress. Burnout is assumed to be a product of unresolvable job stress. Unresolvable job stress has been causally related to depression.

Burnout and depression also share similar dispositional risk factors (e.g., neuroticism) and overlap in terms of allostatic load, an index of the cumulative biological cost of experienced psychosocial adversity.

We therefore submit that in evaluating the distress experienced by overburdened psychiatric residents, investigators assess a problem with which psychiatry is already well familiar, namely, depression. Given the overlap of burnout with depression and the diagnostic blur surrounding burnout, we recommend that depression, rather than burnout, be assessed in occupational health research. In contrast to burnout, depression is nosologically well characterized and diagnosable using clinically validated instruments. To etiologically connect depression with work, the investigator can ask participants whether they mainly attribute their depressive symptoms to work-related problems.

Irvin Sam Schonfeld, PhD, MPH
Department of Psychology, The City College and the Graduate Center of the City University of New York, New York, NY, USA
ischonfeld@ccny.cuny.edu

Eric Laurent, PhD
Department of Psychology and Laboratory of Psychology (EA 3188), University of Franche-Comté, Besançon, France

Pierre Vandel, MD
Department of Psychiatry, University Hospital of Besançon, and Laboratory of Neuroscience (EA 481) University of Franche-Comté, Besançon, France

Renzo Bianchi, PhD
Institute of Work and Organizational Psychology, University of Neuchâtel, Neuchâtel, Switzerland

References


