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Burnout and Depression in Psychiatric Residents

The Canadian Journal of Psychiatry /
La Revue Canadienne de Psychiatrie
2016, Vol. 61(11) 737-738
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DOI: 10.1177/0706743716664333
TheCJP.ca | LaRCP.ca



Dear Editor:

A recent article¹ 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,^{2,3} has linked burnout and depression and suggested that burnout is a depressive syndrome.⁴⁻⁶ Studies conducted in France⁵ and the United States⁶ 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.^{7,8} In both studies, when measurement error was controlled, burnout and depressive symptoms⁹ correlated very highly ($r \approx .80$). 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.¹⁰ 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.^{3,11,12}

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.

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