2017

Can We Trust Burnout Research?

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Recommended Citation
Bianchi, R., Schonfeld, I.S., & Laurent, E. (2017). Can we trust burnout research? Annals of Oncology, 28, 2320-2321. doi:10.1093/annonc/mdx267

Letter to the editor

Can we trust burnout research?

Banerjee et al. [1] recently attempted to estimate the 'prevalence' of burnout among European oncologists. The Maslach Burnout Inventory (MBI) and the cut-off scores displayed in the MBI manual were used for identifying 'cases' of burnout [2]. The authors found that the overall prevalence of burnout among European oncologists was 71%, with rates ranging from 52% in northern Europe to 84% in central Europe. They concluded that burnout was a significant problem in this population and suggested that their findings could play 'a pivotal role in strategies on prevention of burnout'. We think that the authors' conclusions are unsubstantiated because of profound methodological problems affecting their study.

First, the very aim of estimating the prevalence of burnout is problematic because there are no diagnostic criteria for the syndrome [3]. The cut-off scores presented in the MBI manual have been expressly indicated to be unsuited for diagnosis purposes [2]. Indeed, these cut-points have no theoretical or nosological justification [3]. They merely reflect tercile partitions of the United States worker samples recruited as the MBI was developed. Thus, the authors' findings tell us that some European oncologists score beyond given thresholds on the MBI and that the proportions of professionals scoring beyond those thresholds vary across European countries, but the clinical meaning of the employed thresholds is obscure. In addition, by allowing their participants to be categorized as 'burned-out' based on only one of the three MBI subscales (emotional exhaustion, depersonalization, or reduced personal accomplishment), the authors grouped three different conditions under a single label, 'burnout'. Such practices make the study results even fuzzier.

The study results are not only clinically obscure. They are also unrealistic. The authors notably found that 84% of oncologists in central Europe were burned-out. As a reminder, an individual with full-blown burnout is supposed to be *constantly* overwhelmed, stressed and exhausted and to *first and foremost* feel helpless, hopeless, and powerless [4]. Most probably, if more than eight of ten physicians within an oncology unit were experiencing such an adverse state, the unit in question could not even function.

Finally, while burnout has been defined as a *job-induced* syndrome, the MBI provides only limited information on the etiology of the symptoms it is intended to assess [5]. MBI items such as 'I feel like I'm at the end of my rope' or 'I feel very energetic' are generic [2]. Moreover, it is worth noting that an individual can feel stressed (out) at work for reasons that are not primarily related to his/her job (e.g. home stressors). The MBI does not allow the investigator to clarify this key issue. The authors' recommendations for *work-centered* interventions are therefore questionable.

Studies of burnout's 'prevalence' are flourishing in the medical literature, with their cortege of arbitrary estimates. We think that it is high time to reconsider the way burnout is conceived and assessed, in order to avoid a trivialization of the job stress phenomenon and allow for a more rational allocation of our (limited) interventional resources. Recasting burnout as a work-related depressive condition may be a critical step in this process [3].

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Funding

None declared.

Disclosure

The authors have declared no conflicts of interest.

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doi:10.1093/annonc/mdx267