

2017

'Burnout Syndrome': From Nosological Indeterminacy to Epidemiological Nonsense

Renzo Bianchi
Université de Neuchâtel

Irvin Sam Schonfeld
CUNY Graduate Center

Eric Laurent
Université Bourgogne - Franche-Comté

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

Follow this and additional works at: https://academicworks.cuny.edu/gc_pubs

 Part of the [Clinical Epidemiology Commons](#), [Health Psychology Commons](#), and the [Psychiatry and Psychology Commons](#)

Recommended Citation

Bianchi, R., Schonfeld, I.S., & Laurent, E. (2017). 'Burnout syndrome': From nosological indeterminacy to epidemiological nonsense. *British Journal of Psychiatry Bulletin*, 41, 367-368. doi: 10.1192/pb.41.6.367.

This Article is brought to you by 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@gc.cuny.edu.

‘Burnout syndrome’: from nosological indeterminacy to epidemiological nonsense

Renzo Bianchi, Post-Doctoral Lecturer and Researcher, University of Neuchâtel, Neuchâtel, NE, Switzerland

Other Contributors:

Irvin Sam Schonfeld

Eric Laurent

2017-08-17 23:59

British Journal of Psychiatry Bulletin

Imo [1] conducted a systematic literature review of research on the prevalence of burnout among UK medical doctors. The author arrived at the conclusion that the prevalence of burnout in this population is ‘worryingly high’. Problematically, it turns out that such a conclusion cannot be drawn in view of the state of burnout research. Indeed, there are no clinically valid, commonly shared diagnostic criteria for burnout [2,3]. Given that what constitutes a case of burnout is undefined, how could an investigator estimate the prevalence of burnout, let alone conclude that burnout is widespread? As demonstrated elsewhere [2-5], the diffuse estimates of burnout prevalence actually rely on categorisation criteria that are nosologically arbitrary and devoid of any sound theoretical justification. It is disconcerting to observe that studies of burnout prevalence continue multiplying in spite of the publication of several warnings against such research practices [2-6].

Another problem bearing on Imo’s [1] conclusions lies in the unknown representativeness (e.g., in terms of gender, age, place of residence, or family status) of the samples of UK medical doctors surveyed in burnout research. While the author partly acknowledges this problem in the limitation section of his article, he does not seem to take full account of the consequences of such a state of affairs. This state of affairs implies that the results of the reviewed studies cannot be generalised to the population of UK medical doctors.

All in all, Imo’s [1] review is undermined by the very research it relies on. We recommend that researchers interested in burnout begin at the beginning, that is to say, by establishing a reasoned, clinically-founded (differential) diagnosis for their entity of interest. As long as investigators do not complete the required groundwork for establishing a diagnosis and remain unable to distinguish a case of burnout from either a noncase or an existing disorder, conclusions regarding the prevalence of burnout will be nonsense. To close this comment, we note that an immediately available solution for effectively monitoring and protecting physicians’ occupational health would be to shift our focus from burnout to job-related depression [2,7].

References

1. Imo UO. Burnout and psychiatric morbidity among doctors in the UK: a systematic literature review of prevalence and associated factors. *BJPsych Bull* 2017; 41: 197-204.
2. Bianchi R, Schonfeld IS, Laurent E. Physician burnout is better conceptualised as depression. *Lancet* 2017; 389: 1397-1398.
3. Bianchi R, Schonfeld IS, Laurent E. Burnout: absence of binding diagnostic criteria hampers prevalence estimates. *Int J Nurs Stud* 2015; 52: 789-790.
4. Bianchi R, Schonfeld IS, Laurent E. The “burnout” construct: an inhibitor of public health action? *Crit Care Med* 2016; 44: e1252-e1253.
5. Bianchi R, Schonfeld IS, Laurent E. The dead end of current research on burnout prevalence. *J Am Coll Surg* 2016; 223: 424-425.
6. Weber A, Jaekel-Reinhard A. Burnout syndrome: a disease of modern societies? *Occup Med* 2000; 50: 512-517.
7. Bianchi R, Schonfeld IS, Vandel P, Laurent E. On the depressive nature of the “burnout syndrome”: a clarification. *Eur Psychiatry* 2017; 41: 109-110.

Conflict of Interest

None declared