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Letter to the Editor

Do burnout researchers go around in circles?

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Conflict of interest

None.

Our Letter to the Editor concerns the following article:

Collier R. Physician burnout a major concern. *CMAJ* 2017;189(39):E1236-E1237.

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Letter to the Editor

Burnout has been commonly regarded as a job-induced syndrome involving emotional exhaustion, depersonalization, and diminished personal accomplishment. In his article, Collier¹ echoes the views that burnout (a) is widespread among physicians, with a prevalence of nearly 50%, and (b) should not be confused with depression. We (respect)fully disagree with these affirmations.

First, claims about the prevalence of an entity that cannot be diagnosed are pointless. Despite decades of sustained research, there are no consensus criteria—far from it—for identifying individuals who fit the category of being “burned out.”²⁻⁵ The prevalence estimates spotlighted by Collier¹ have no clinical or theoretical underpinning and are not nosologically framed.²

Second, there is now compelling evidence that burnout *does* overlap with depression, at both a symptom and an etiological level.²⁻⁵ Burnout-depression overlap is not surprising considering that the burnout construct was developed within a qualitative, field approach to stress and health; the approach largely ignored research on stress-related symptoms and disorders (e.g., depressive symptoms and disorders).⁴ The “burnout phenomenon” has most probably been misconstrued right from the start.

The incessant reports on the burnout syndrome contrasts sharply with the validity of burnout research. Major problems in the definition and discriminant validity of burnout prevent investigators from getting a clear view of how job stress affects physicians’ health. The inability to distinguish a case of burnout from a non-case is only one of many signs that burnout research is problematic. Burnout researchers should face this reality rather than ignore it.

References

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