Burnout can happen in any profession, leaving a person exhausted, emotionally drained, and cynically doubtful of their ability to achieve personal fulfillment or contribute meaningfully to society through their labor. Burning out at work can strike a powerful blow to well-being, but a meta-analysis by Renzo Bianchi (University of Neuchâtel, Switzerland) and colleagues in *Clinical Psychological Science* suggests that it may not constitute a discrete clinical condition. Instead, “burnout” could be a form of job-related depression.

Burnout is generally agreed to arise from “insurmountable, chronic workplace stress,” often as a result of a misalignment between an individual’s personal disposition and the demands of their workplace. In order for burnout to be considered a distinct syndrome, however, Bianchi and colleagues wrote, its proposed symptoms would need to be associated more closely with each other than with the symptoms of another known condition, such as depression.

“Overall, our results suggest that burnout does not present the unity expected of a distinct syndrome,” the researchers wrote. “Burnout’s core—Exhaustion—more frequently co-occurs with depressive symptoms than with either Detachment or Efficacy… in other words, the core of the burnout syndrome is depressive in nature.”

In the meta-analysis of 14 studies, which involved data from 12,417 participants in six countries (France, Finland, New Zealand, Spain, Sweden, and Switzerland), Bianchi and colleagues examined the overlap of the symptoms of burnout and depression. The researchers focused specifically on how the set of three symptoms proposed to be unique to burnout—exhaustion, detachment, and low professional
efficacy (a person’s sense of their own ability to effect change)—related to an aggregate score of depression. This measure of depression included a range of symptoms such as anhedonia (loss of pleasure and interest), low mood, fatigue, interpersonal distancing, and irritability.

The three proposed symptoms of burnout were more closely correlated with depression (.60) than with each other (.51). Exhaustion in particular showed a strong correlation with depression (.80).

“Correlations of the magnitudes found here are commonplace among measures deemed to assess the same entity,” Bianchi and colleagues explained. “Burnout cannot be regarded as a syndrome distinct from depression if its core dimension, exhaustion, correlates more strongly with depression than with its other components.”

These findings are in no way intended to dismiss the severity of burnout, Bianchi and colleagues noted—to the contrary, incorporating burnout into the clinical concept of depression could help strengthen the legal footing of regulations related to workers’ health while providing clearer avenues for treatment.

“The line currently drawn between burnout and depression tends to suggest that burnout is not as serious a problem as depression,” Bianchi and colleagues wrote. “By repatriating the topic of job-ascribed suffering in the long-established framework of depression, one has an opportunity to deal more effectively with these forms of suffering.”

Such interventions would still need to address the environmental context—in this case, a workplace’s organizational policies and social environment, which may interact with workers’ dispositions—to effectively provide relief for depression.

“Substituting workplace depression for burnout should not lead investigators to ‘overindividualize’ the question of job stress by disconnecting workers from the occupational context in which they are inserted,” Bianchi and colleagues concluded.

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