Is "burnout" a dangerous, misleading label?

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- A 2018 JAMA review cited 142 different, published definitions of burnout.[1]
- In a study of 6,956 surgery residents, burnout prevalence varied from 3% to 91% depending on how burnout was defined.[2]
- Eighty-six percent of teachers identified as burned out satisifed criteria for depression.[3]

Burnout, although widely publicized, has not been precisely described in the medical literature. There are too many different, contradictory definitions; some have even measured burnout by simply asking participants a single 'yes' or 'no' question: "*I feel burned out by my work.*" The absence of a widely accepted, robust definition amidst too many heterogeneous formulations makes it difficult to assess the validity and practical application of a proportion of the relevant medical literature or compare management strategies. We contend that burnout has become a "catch-all" phrase too frequently applied to widely varying symptoms and settings.[4] This mislabeling can have dire consequences.

The problem of burnout as exclusively a work-related entity

Typically, burnout is described as a pervasive, work-related, career-long risk in medicine and other helping professions. Matched to population-based age groups, physicians have a heightened risk of burnout, starting as soon as the first year of medical school.[4]

The popular concept of burnout as "work-specific" has been challenged as being indiscriminately and inaccurately applied to any and all unresolved occupational distress. Yet, the World Health Organization (WHO) still defines burnout as a syndrome resulting from chronic workplace stress.

More than 90% of published papers on burnout define the entity using the Maslach Burnout Inventory (MBI) in some form.[5] The MBI also limits burnout to job distress, including medical school and post-graduate training. The three-factor MBI is characterized by (1) emotional exhaustion (EE); (2) depersonalization (DP) – impoverished empathy, negative, detached interactions; (3) decreased perception of personal accomplishment and self-worth (PA). [6] As interpreted by Maslach, the MBI comprises high scores in EE and DP, but low scores on the PA subscale. But, there remains confusion, not agreement, on what burnout is…and isn't.

What's the problem? Defining burnout exclusively as work-related distress may lead to missed diagnoses, suboptimal treatment and poor outcomes of major depression. In one assessment, misidentifying depression as burnout to explain dysphoric moods increased from 0.3% in 2001 to 10.2% in 2011.[7]

Methodologic difficulties in defining burnout

The MBI is not sufficiently robust to quantify dynamic shifts in improvement or worsening over time. This flaw can limit assessment of whether preventive or treatment strategies help or harm. Burnout has no consensus or gold standard definition, only more than 100 contradictory and wildly varying interpretations. Other, different conceptions of burnout include (1) limited to a unidimensional scale; (2) with or without cutoff sub-scores; (3) stratification as high- medium- low-level burnout; (4) increase in any one scale; (5) continuous sub-scale scores; (6) dichotomous rating of burnout as 'yes' or 'no.' Burnout is not static. Progression or resolution of burnout is a dynamic impairment or recovery incompletely assessed in many static, one-point-in-time reports.

Overdiagnosis of burnout can have catastrophic consequences.

Scores can be influenced by acute situational distress, comorbidities and by physical fatigue and decision fatigue among multiple, diverse factors. The MBI has been linked to personal distress, but system-wide influences also matter as triggers or by "burnout contagion" where transmission of one individual's impairment can infect groups, teams and organizations.

How did burnout evolve into a misunderstood, imprecise, overdiagnosed, one-size-fits-all description of distress? Medical culture seems to favor burnout as a label, perhaps because burnout is commonly perceived as outside an individual's control, caused by system or organizational deficiencies. Some sufferers may conclude, "*It's not my problem.*" Typical recommendations focus on individual and system-wide behavioral interventions – stress reduction, yoga, mindfulness, more vacation days, better work-life balance.[8] But, failure to identify major depression is frequently linked

to fewer recommendations for needed psychotherapy, less medication and failure to seek further explanations for personal distress; thus, doctors may avoid or mitigate the stigma and shame linked to depression.[7]

Many vulnerable doctors do not receive regular medical care that they recommend to their patients (resulting in more frequent misdiagnosis. This lapse can have catastrophic consequences. In addition to increased comorbidities impairing quality of life, physicians have a career-long rate of suicide greater than that of other doctoral-level professionals such as JDs or PhDs or the general American population.[9]

Is there a clear distinction between personal distress and work distress?

In an oft-cited study (almost 800 citations), Drybre and colleagues reported that professional distress (burnout) was distinct from personal distress (depression); the former was more closely linked to unprofessional behaviors in work or education.[10] Others have criticized this conclusion as artificial, claiming that both work and personal stressors contribute to both burnout and depression.[11]

Moreover, burnout and depressive symptoms frequently *co*-occur or overlap; some research indicates that burnout and depression can be distinguished using factor analytic strategies[12]; others conclude that depression and burnout are not separate.[7] Inconclusive findings also demonstrate important deficiencies in the MBI as another barrier to correctly compare burnout to depression. Clarifying how burnout is best defined remains unresolved.

Conclusion

These are times of unprecedented stress for physicians, beset daily by incessant, competing, intractable problems and demands, exacerbated by COVID-19. Burnout is real and damaging. It is misleading to regard it as exclusively a work-related entity. The current confusion in diagnostic clarity has important ramifications. Overdiagnosis of burnout can led to a catastrophic failure to identify and appropriately treat major depression and suicidality. ❖

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