

Letters to the Editor

Burnout reflections: musings on Bianchi and Schonfeld's five focal areas

Bianchi and Schonfeld present 'food for thought' on burnout syndrome [1]. They highlight five focal areas for discussion. As occupational well-being researchers and burnout proponents, we shortly muse about these areas from our perspective below. We address each area in the order of their initial presentation.

The first concerns the 'job-relatedness' of burnout. Indeed, as stated, longitudinal research explains statistically significant, but small, variance in the job demands-burnout relationship. However, not all burnout proponents ascribe to the notion that burnout is only work-specific. Research has shown the spillover effects of job demands on the home domain and vice versa [2]. Many stressors that are work-related can happen outside of the work environment, for example, partner conflict due to work-related travel. Moreover, it cannot be denied that work and life have become intertwined. Therefore, many proponents like us consider burnout work-related, but not strictly work-specific.

Second, pertaining to 'a burnout pandemic', we agree with the authors. Even though some countries have a burnout diagnostic category (e.g. the Netherlands) or exhaustion disorder (i.e. Sweden), there is no standardized way to estimate burnout prevalence across all countries. Some new approaches have, however, aimed to identify the risk of burnout for further screening, but this identification is not a diagnosis [3]. Nevertheless, the pragmatic utility of valid burnout tools for occupational health practitioners to identify at-risk employees for further clinical screening can be advantageous [4].

Third, regarding burnout's characterization as a non-depressive syndrome, research appears to remain inconsistent on the burnout-depression overlap. Some studies show larger overlaps, others show clearer separation [5]. However, should one consider the phenomenon in terms of its most simple or fundamental constituents on a continuum from euthymia to depression, burnout must be considered somewhere on that spectrum. Therefore, burnout should intersect that continuum towards depression's side. Any proposition that burnout is only experienced at work but not as soon as one leaves work is difficult to defend. Indeed, burnout is frequently associated with anti-depressant use [6], and the overlap of some symptoms cannot be denied. Yet, by way of analogy, anxiety and depression also show high comorbidity and some prescription medications for depression also help with anxiety.

The fourth area concerns the stigma attached to burnout. Research has shown that mental illness-related stigma has adverse consequences, and any such labels should be destigmatized,

whether 'burned out' or 'depressed'. While we agree that 'burnout' should not be used as a euphemism for clear cases of depression, we argue elsewhere for the broader pragmatic use case of the burnout label within organizations [4].

Lastly, regarding the definition of burnout, it is true that the burnout concept has had a 'bumpy ride' throughout the last half-century, with various redefinitions and approaches. Yet even though burnout has been trivialized as a fad ('pop psychology'), it is still on the social and scientific agenda after so many years. We think that most burnout proponents believe there is something 'behind the curtains' and are working to isolate it more effectively in a serious effort to promote employee health.

All in all, if we are to advance towards a diagnostic category (or not) and want to clarify the questions surrounding burnout, proponents would do well to keep these five areas in mind and consider their approaches more carefully.

COMPETING INTERESTS

None declared.

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