Defining Physician Burnout, and Differentiating Between Burnout and Depression—II

To the Editor: On the basis of the conclusion that more than 50% of US physicians suffer from burnout, Melnick and Powsner and Shanafelt and Noseworthy underlined the importance of taking systemic action to reduce the risk of the syndrome by improving conditions under which physicians work. To effectively deal with the issue of job stress, we think that a critical step is to understand burnout as a depressive condition.

Various definitions of burnout have been proposed since the introduction of the construct in the 1970s. According to the most widely endorsed of these definitions, burnout combines emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment. Many studies, however, have consistently shown that the harmful effects of unresolvable job stress can be more accurately and comprehensively assessed. As research compellingly suggests, reducing the harmful effects of unresolvable job stress to the experience of emotional exhaustion, depersonalization, and reduced personal accomplishment is mistaken in that it denies the depressive core of the syndrome referred to as “burnout.” Replacing the notion of burnout by the concept of job-induced depression would help us be more effective in the management of occupational adversity. Methods to examine the specific relationship between job stress and depression in research and clinical settings are available.

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References