‘Burnout syndrome’: from nosological indeterminacy to epidemiological nonsense

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Imo [1] conducted a systematic literature review of research on the prevalence of burnout among UK medical doctors. The author arrived at the conclusion that the prevalence of burnout in this population is ‘worryingly high’. Problematically, it turns out that such a conclusion cannot be drawn in view of the state of burnout research. Indeed, there are no clinically valid, commonly shared diagnostic criteria for burnout [2,3]. Given that what constitutes a case of burnout is undefined, how could an investigator estimate the prevalence of burnout, let alone conclude that burnout is widespread? As demonstrated elsewhere [2-5], the diffuse estimates of burnout prevalence actually rely on categorisation criteria that are nosologically arbitrary and devoid of any sound theoretical justification. It is disconcerting to observe that studies of burnout prevalence continue multiplying in spite of the publication of several warnings against such research practices [2-6].

Another problem bearing on Imo’s [1] conclusions lies in the unknown representativeness (e.g., in terms of gender, age, place of residence, or family status) of the samples of UK medical doctors surveyed in burnout research. While the author partly acknowledges this problem in the limitation section of his article, he does not seem to take full account of the consequences of such a state of affairs. This state of affairs implies that the results of the reviewed studies cannot be generalised to the population of UK medical doctors.

All in all, Imo’s [1] review is undermined by the very research it relies on. We recommend that researchers interested in burnout begin at the beginning, that is to say, by establishing a reasoned, clinically-founded (differential) diagnosis for their entity of interest. As long as investigators do not complete the required groundwork for establishing a diagnosis and remain unable to distinguish a case of burnout from either a noncase or an existing disorder, conclusions regarding the prevalence of burnout will be nonsense. To close this comment, we note that an immediately available solution for effectively monitoring and protecting physicians’ occupational health would be to shift our focus from burnout to job-related depression [2,7].

References

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Conflict of Interest

None declared