LETTERS TO THE EDITOR

Washington University, Washington, D.C. (Goyal); Department of Dermatology, Stanford University, Stanford, Calif. (Eleni Linos); Department of Radiation Oncology and Center for Bioethics and Social Sciences in Medicine, University of Michigan, Ann Arbor (Jagsi).

Send correspondence to Dr. Jagsi (ljagsi@med.umich.edu).

Drs. Eleni Linos and Roshma Jagsi are joint senior authors.

Dr. Sarkar is supported by NIH grant CA-212294; she has received grant funding from the Agency for Healthcare Research and Quality, Blue Shield of California Foundation, the California Health Care Foundation, the Commonwealth Fund, the Gordon and Betty Moore Foundation, NIH, and the U.S. Food and Drug Administration. Dr. Mangurian is supported by NIMH grant MH-112420 and by grants from the California Health Care Foundation, the Doris Duke Charitable Foundation (grant 2015211), and Genentech. Dr. Mathews is supported by NIH grants HL-130648 and HL-122998. Dr. Diamond is supported by NIH grants CA-008748 and CA-184037. Dr. Goyal is supported by NIH grants HD-070910 and MD-011654. Dr. Eleni Linos is supported by NIH grants CA-225433 and AR-075060.

The authors thank Vanessa Nava and Nick Riano for technical support and Rochelle D. Jones for administrative support.

The content of this letter is solely the responsibility of the authors and does not necessarily represent the official views of NIH.

Dr. Sarkar is supported by an unrestricted gift from the Doctors Company Foundation and holds contract funding from AppliedVR, InquisitHealth, and HealthTech 4 Medicaid and HopeLab; and she has been an uncompensated investigator-initiated study with Genentech; she has served as an expert witness for Uncommon Bold and is an uncompensated founding member of TIME’S UP Healthcare and has received speakers honoraria from Uncommon Bold and is an uncompensated founding member of TIME’S UP Healthcare. Dr. Sabry is founder of the Physician Moms Group. Dr. Diamond receives book royalties from Multilingual Matters.

Dr. Jagsi has stock options as compensation for her advisory board role in Equity Quotient; she has received personal fees from Amgen and Vizient and grants from Blue Cross Blue Shield of Michigan for the Michigan Radiation Oncology Quality Consortium, the Doris Duke Charitable Foundation, the Greenwall Foundation, the Komen Foundation, and NIH; she has a contract to conduct an investigator-initiated study with Genetech; she has served as an expert witness for Sherinian and Hasso and Dressman Benzinger LaVelle; she is an uncompensated founding member of TIME’S UP Healthcare; and she is a member of the Board of Directors of the American Society of Clinical Oncology. The authors report no financial relationships with commercial interests.

Accepted September 28, 2020.


Psychiatrist Burnout

TO THE EDITOR: In the October 2020 issue of the Journal, Summers et al. (1) estimated the prevalence of burnout in 2,084 North American psychiatrists to be 78%. Because there are no consensual, clinically valid identification criteria for burnout, we argue that the authors’ estimate is unreliable. The high estimate is likely a function of their assessment method.

Employing the Oldenburg Burnout Inventory (OLBI), Summers et al. operationally defined anyone with a score ≥35 as burned out. With 16 Likert-type items, an OLBI score of 35 translates at an item-level to 2.19. Thus, for instance, the OLBI item “Usually, I can manage the amount of my work well,” with response choices “Strongly agree” [1] to “Strongly disagree” [4], a score of 2.19 is fractionally higher than “Agree,” a low threshold for identifying a serious condition like burnout. Using such a low threshold, there is a high risk that many of the psychiatrists classified as burned out may have experienced nothing other than normal fluctuations in job stress. The threshold chosen is all the more questionable given that it does not have any robust clinical or theoretical underpinning.

A second problem is that the authors ignored the fact that the OLBI comprises two subscales covering exhaustion and disengagement (2). Exhaustion is the core of burnout. Disengagement, which refers to distancing oneself from colleagues and patients, is a strategy to cope with exhaustion. The authors provided no justification for combining exhaustion and disengagement items as part of a single syndrome.

Third, the study fails to differentiate exhaustion from depression. Depression, largely treated categorically, should have also been treated dimensionally. Mounting evidence indicates that depression is better conceptualized as dimensional (3), with individuals experiencing clinical depression found at the upper end of the dimension. Because there is evidence that burnout fundamentally reflects a depressive condition (4), it would have been preferable if the authors had employed advanced factor analytical techniques before making claims about burnout’s putative distinctiveness.

High scorers on burnout inventories are at risk for clinical depression and should be offered treatment. And it is important to address depressogenic work-environment factors (e.g., reduced autonomy). It is not be helpful, however, to estimate the prevalence of a condition with no clear identification criteria. The impressive estimate provided can hardly be interpreted in a context in which what constitutes a case of burnout remains so elusive.

REFERENCES

Irvin Sam Schonfeld, Ph.D., M.P.H.
Renzo Bianchi, Ph.D.

Department of Psychology, City College of the City University of New York, New York (Schonfeld); Institute of Work and Organizational Psychology, University of Neuchâtel, Neuchâtel, Switzerland (Bianchi).

Send correspondence to Dr. Schonfeld (ischoenfeld@ccny.cuny.edu).

The authors report no financial relationships with commercial interests.

Accepted August 21, 2020.


Psychiatrist Burnout: Response to Schonfeld and Bianchi

TO THE EDITOR: We appreciate the comments by Drs. Schonfeld and Bianchi as they highlight some of the main points of our article and allow us to provide further clarification of the study findings. Our major conclusion is that burnout is prevalent among psychiatrists and is associated