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Burnout forever

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ABSTRACT

This concluding rejoinder responds to the commentaries of De Witte and Schaufeli (2025. <https://doi.org/10.1080/02678373.2025.2468715>), Demerouti and Bakker (2025. <https://doi.org/10.1080/02678373.2025.2473385>), and Leiter and Day (2025. <https://doi.org/10.1080/02678373.2025.2473152>) on our original paper, “*Beliefs About Burnout*.” After clarifying potential points of confusion, we delve into the history of burnout to contextualise the controversies that surround the construct. We note that burnout emerged as a largely predefined entity – an entity whose cause and symptoms were specified before any systematic research was conducted. We then emphasise the need for stricter adherence to the burden-of-proof principle in debates about burnout. We take stock of the disagreements that cut across the field in an effort to reflect on its future. As a general recommendation, we propose shifting the focus from burnout to the core manifestations of human distress – depressive and anxiety symptoms. We contend that the burnout construct offers a truncated view of job-related distress, neglecting crucial features such as worker suicidality and hindering the identification of individuals experiencing clinically significant symptoms. We see little justification for maintaining such a limiting framework. Finally, we underline that the attempt to preserve a distinct “niche” for burnout is at odds with current integrative approaches to psychopathology.

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We were indeed attributed certain opinions that we had not upheld, on the pretext that they were ‘in line with our principles’. Yet experience had demonstrated all the dangers of this method, which, by allowing one to arbitrarily construct the very systems being debated, also makes it easy to triumph over them.

Émile Durkheim, 1901

Our “*Beliefs About Burnout*” paper (Bianchi & Schonfeld, 2024a) has generated more interest than we anticipated. We take this as encouraging news, as it suggests a growing willingness to engage with fundamental questions about burnout. In this rejoinder, we

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respond to the commentaries by De Witte and Schaufeli (2025), Demerouti and Bakker (2025), and Leiter and Day (2025) on our contribution. Drawing on these exchanges, we reflect on the past and future of burnout research. We found the perspectives of De Witte and Schaufeli (2025) and Demerouti and Bakker (2025) stimulating and believe they participate in a constructive debate on how to best conceptualise, measure, and address job-related distress. By contrast, we saw little inclination for dialogue in Leiter and Day's (2025) piece, which too often misrepresented our arguments and gave in to unexamined preconceptions (e.g. regarding "mental illness"). Nevertheless, because some readers may share Leiter and Day's (2025) interpretations of what we wrote, we welcome the opportunity to further clarify our positions. While the present paper is forward-looking, we begin with a brief summary of what we said – and did not say – in our original paper.

What is causing burnout to develop

Our original paper first examined the common belief that work-related factors are the prime predictors of burnout.

What we said in our original paper

- There is no clear evidence that burnout is *primarily* explained by work-related factors – i.e. that work-related factors account for (a) most of the variance in burnout or (b) more variance in burnout than other factors do.
- There is no clear evidence that burnout is *specifically* explained by work-related factors – i.e. that work-related factors account for more variance in burnout than they do in stress-related conditions such as depression and anxiety.
- The best evidence available (e.g. Guthier et al., 2020) indicates that job stressors such as workload have effects on burnout, but that these effects are modest.

What we did not say (and do not think)

- Burnout is not associated with work-related factors.
- Working conditions are irrelevant to health.
- Job-related distress is mainly about "individual weaknesses."

Our recommendations

Because the jury is still out on what causes burnout and which etiological factors matter most, we should avoid formulating definite judgments on these issues. Historically, the eagerness to conclude that job stress is the principal cause of burnout has been puzzling, especially given the difficulty inherent in making causal inferences confidently in psychological science. Consistent with Demerouti and Bakker's (2025) suggestions, we recommend keeping an open mind and prioritising studies that are equipped to address causality issues.

The prevalence of burnout in the workforce

Our original paper then examined the common belief that burnout is a condition of epidemic magnitude.

What we said in our original paper

- Research on burnout prevalence has relied on arbitrary and heterogenous categorisation criteria, rendering prevalence figures hardly interpretable.
- Seeking to estimate the prevalence of an entity that cannot be clearly diagnosed – such as burnout – is inherently problematic.
- When approaching burnout diagnostically, “diagnosis creep” should be a concern to avoid pathologising ordinary variations in stress, fatigue, or motivation.

What we did not say (and do not think)

- Burnout should only be approached diagnostically – as a nosological category.
- Job-related distress is a phenomenon of negligible importance.

Our recommendations

Investigators interested in burnout prevalence should avoid misordering the sequence of steps required. They should first establish sound diagnostic criteria for burnout. Only then will they be able to estimate rates of burnout in the workforce. We have long shared De Witte and Schaufeli’s (2025) view that sensationalist communication about burnout prevalence is unwarranted. However, we disagree with our colleagues’ suggestion that the Dutch and Swedish disease classifications offer operant solutions for diagnosing burnout. The Dutch (“*overspanning en burn-out*”) and Swedish (“*utmattningssyndrom*” [exhaustion disorder]) categories are not work-bound. Moreover, these categories have been contested due to their vagueness and lack of clinical validity (Vinkers, 2021). In fact, the *utmattningssyndrom* diagnosis, used in Sweden since 2005, is about to be abandoned (Jernberg, 2025; Widerkrantz & Englund, 2025).

The burnout-depression distinction

Finally, our original paper examined the common belief that burnout is *not* a depressive condition.

What we said in our original paper

- Identifying tangible differences between burnout and depression has been challenging.
- Burnout symptoms borrow too heavily from depressive symptoms. *Emotional exhaustion*, the core manifestation of burnout, is also a core manifestation of depression –

generally described in depression research under such terms as dysphoric mood, fatigue, and loss of energy.

- Burnout symptoms likely reflect a subset of depressive symptoms rather than a standalone syndrome.
- That the burnout construct overlooks worker suicidality is disquieting. Worker suicidality is an important aspect of job-related distress with potentially lethal consequences – the kind of symptom that no occupational physicians want to miss.

What we did not say (and do not think)

- Burnout should be viewed merely as a “mental illness.”
- Burnout is about individual dispositions, not environmental conditions.

Our recommendations

Research on burnout-depression overlap has been prolific. At this stage, a stronger focus on workers’ actual behaviour and affective–cognitive functioning would be useful. We contributed to this endeavour through a series of (quasi-)experiments that revealed that burnout involves alterations in attention, memory, and information interpretation that are typical of depression. We note that Leiter and Day’s (2025) visceral opposition to envisioning burnout as part of the depression spectrum is intriguing. After all, Leiter and colleagues (see Maslach et al., 2001, p. 404) previously emphasised that burnout is characterised by “a predominance of dysphoric symptoms” – a well-known hallmark of depression.

Why burnout has been so controversial

Much of the skepticism that surrounds burnout likely stems from the fact that the construct was largely predefined – defined prior to any systematic research (Bianchi & Schonfeld, 2023). When, as early as 1976, Maslach treats the cause of burnout as a settled matter, no proper investigations have been carried out on the issue. The only works initiated on burnout at the time were of unknown validity and reliability, often unpublished, and rudimentary at best. Similar observations can be made regarding the symptoms retained to define burnout to this day. When Pines and Maslach (1978) state that burnout is “a syndrome of physical and emotional exhaustion, involving the development of negative self-concept, negative job attitudes, and loss of concern and feeling for clients” (p. 233),¹ neither robust empirical investigations nor thorough theoretical reflections are available to support their claim. These foundational publications did not even include a review of the existing stress literature. In fact, when inspecting the early burnout literature, one realises that the research conducted in the 1970s was rife with observer and confirmation biases and lacked the methodological rigour necessary for self-correction. Yet it is on these bases that the Maslach Burnout Inventory (MBI) was developed and burnout’s current definition reified. All in all, it is reasonable to conclude that burnout research was overdetermined by claims resting on little to no

evidence. The burnout construct did not emerge organically from stress research; rather, it took shape through a mix of anecdotal observations and broad extrapolations. Leiter and Day's (2025) attempt to justify such practices by invoking qualitative and inductive approaches is misplaced. Qualitative and inductive approaches, no less than quantitative and deductive ones, can be applied with high rigour.

The burden of proof

In science, much like in a court case, the responsibility for providing compelling evidence lies with the party who makes a claim. This principle has direct implications for our discussion. For example, when Maslach and Leiter (1997) claim that “[b]urnout is reaching epidemic proportions among North American workers today,” it is these authors' responsibility to substantiate their assertion with solid evidence. Likewise, when Maslach and Leiter (2016) claim that “job variables and the organisational context are the prime predictors of burnout,” the burden of proof rests with these authors. Throwing claims into the air and expecting others to disprove them would represent a reversal of the burden of proof that structures evidence-based reasoning. Such a reversal risks leading to a fruitless cycle in which assertions made without evidence can just as easily be dismissed without evidence. When Leiter and Day (2025) expect skeptics to prove that burnout is *not* predominantly work-related, they fall into precisely this reversal. To foster productive exchanges, we recommend abiding by the burden-of-proof principle more diligently.

Paths forward

Our colleagues' comments reveal deep-seated disagreements, not only with our positions, but within the field at large; taking stock of these divergences is important for reflecting on the field's future. For instance, De Witte and Schaufeli (2025) and Demerouti and Bakker (2025) support a diagnostic approach to burnout, whereas Leiter and Day (2025) oppose it. Leiter and Day (2025) take for granted that work-related stress is the root cause of burnout, whereas Demerouti and Bakker (2025) remind us all that studies permitting robust causal inferences have been “very rare.” Furthermore, it is our understanding that Leiter and Day (2025) recommend using the MBI to assess burnout, whereas De Witte and Schaufeli (2025) advocate for the Burnout Assessment Tool (BAT), and Demerouti and Bakker (2025) prefer the Oldenburg Burnout Inventory. Presumably, each team considers its chosen instrument to have advantages over the alternatives. Schaufeli and his colleagues would not have developed the BAT – and attempted to redefine burnout – had they been satisfied with available conceptualisations and operationalisations of burnout. We leave it to our colleagues to resolve these divergences. The reason for our reserve is straightforward. While our colleagues believe in changes within the framework of burnout research, we believe in changing the framework itself by shifting from burnout to the core manifestations of human distress – depressive and anxiety symptoms.

Why recommend a paradigm shift? Because, in our estimation, burnout is not a good indicator of job-related distress (see Bianchi & Schonfeld, 2023, 2024b, 2025). First, burnout overlooks important symptoms documented among stressed-out workers,

including severe ones such as suicidality. Second, the burnout construct does not allow individuals with clinically significant levels of job-related distress to be clearly identified, which hinders timely interventions and renders occupational health specialists blind to the prevalence of the problem. Third, burnout is not even the socially accepted, low-stigma label it was once purported to be (Smith et al., 2023; Sterkens et al., 2021, 2023). Perhaps the most damning issue is Maslach et al.'s (2016) admission that exhaustion, cynicism, and inefficacy “are not so highly correlated as to constitute a single, one-dimensional phenomenon” (p. 72). Where is burnout then? Although we acknowledge Schaufeli and colleagues' attempt to clean up the mess by introducing the BAT, we do not believe the burnout construct provides a sufficiently solid foundation for effectively addressing job-related distress. Moreover, the insistence on preserving a distinct “niche” for burnout is at odds with the current efforts to identify and tackle core, transdiagnostic features of psychopathology.

Intractable adversity typically elicits anxio-depressive symptoms. Research indicates that depressive and anxiety symptoms exist on a continuum (e.g. Haslam et al., 2020), varying in severity from very low to very high, depending on the gravity of the situation. Anyone who has lived long enough has experienced such symptoms to one degree or another. Depressive and anxiety symptoms encompass loss of energy and motivation – the main features of burnout – and much more (e.g. suicidality, neurovegetative and psychomotor alterations, disabling worry). Depressive and anxiety symptoms do not presuppose internal rather than external causes, nor do they preemptively place the “blame” on the individual. All things considered, we believe the case for shifting the focus from burnout to work-related depression and anxiety is solid. Ultimately, such a shift may strengthen our ability to address job distress for the benefit of the entire workforce.

Note

1. Readers familiar with burnout research will immediately recognise the triad of (emotional) exhaustion, depersonalisation/cynicism, and diminished personal accomplishment/professional efficacy attached to the field-dominating conceptualisation of burnout.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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