What is the difference between depression and burnout? 
An ongoing debate

SUMMARY. Burnout has been viewed as a syndrome developing in response to chronically adverse working conditions. Burnout is thought to comprise emotional exhaustion, depersonalization, and reduced personal accomplishment. Historically, however, burnout has been difficult to separate from depression. Indeed, the symptoms of burnout coincide with symptoms of depression. Evidence for the discriminant validity of burnout with regard to depression has been weak, both at an empirical and a theoretical level. Emotional exhaustion, the core of burnout, itself reflects a combination of depressed mood and fatigue/loss of energy and correlates very highly with other depressive symptoms. Work-related risk factors for burnout are also predictors of depression. Individual risk factors for depression (e.g., past depressive episodes) are also predictors of burnout. Overall, burnout is likely to reflect a “classical” depressive process unfolding in reaction to unresolved stress.

KEY WORDS: depression, burnout, stress.

Burnout is a syndrome thought to develop in response to chronically poor and uncontrollable working conditions. Considerable research has demonstrated that depressive symptoms and disorders can also emerge as a response to chronically adverse working conditions¹,². Workplace depression is not rare³.

Manna and Dicuonzo⁴ claimed that our finding⁵ substantial burnout-depression overlap is questionable because five of the items of the PHQ-9⁶, the instrument we used to assess depressive symptoms and generate provisional diagnoses of depression, are fatigue-related. Two items clearly are (sleep problems and tired/low energy) although the other items in question are arguably not specifically fatigue-related. The problem with the authors’ view is that the PHQ-9 is in fact keyed to the nine symptoms used for diagnosing depression⁷. That some PHQ-9 items refer to fatigue is fully justified given that fatigue is directly involved in the diagnosis of depression. Moreover, fatigue is often the presenting complaint in depressed individuals seeking care⁸.

Instead of suggesting that the assessment of fatigue in the PHQ-9 is problematic, Manna and Dicuonzo should have asked why the creators of burnout instruments borrowed so heavily from the symptoms used to diagnose depression. We note that Freudenberger, the researcher who published the first widely recognized paper on burnout, observed that the burned-out individual «looks, acts and seems depressed»⁹ (p. 161). From the very beginning of research on burnout, investigators have thus experienced difficulties distinguishing burnout from depression. As observed elsewhere, «it can be hypothesized that the burned-out person looks, acts, and seems depressed because he or she is depressed»¹⁰ (p. 67).

Other problems undermine Manna and Dicuonzo’s view that burnout has discriminant validity with regard to depression. For example, Manna and Dicuonzo cite the confirmato-
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The evidence suggests that what is labeled “burnout” is a depressive condition. We recommend that organizations, including the clinical settings in which psychiatrists work, take steps to minimize depressogenesis working conditions, such as threats of violence, unreasonably high workloads, and unsupportive managers.

Conflict of interests: the authors have no conflict of interests to declare.

REFERENCES

11. Schonfeld IS, Verkuilen J, Bianchi R. Confirmatory factor analysis of burnout and depressive symptoms. 12th International Conference on Work, Stress, and Health, June 2017; Minneapolis.