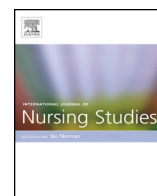




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Letters

Burnout: Absence of binding diagnostic criteria hampers prevalence estimates[☆]Renzo Bianchi^{a,*}, Irvin Sam Schonfeld^b, Eric Laurent^a^a University of Franche-Comté, Department of Psychology, Besançon, France^b The City College of the City University of New York, New York, NY, USA

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To the Editor,

In a recent review paper, [Adriaenssens et al. \(2015\)](#) concluded that about 26% of emergency nurses (EN) suffer from burnout and described their results as alarming. While we applaud Adriaenssens et al.'s efforts to provide a clearer picture of ill-health in EN, we think that these authors' conclusions are weakened by a fundamental fact, namely, the absence of consensual, clinically valid diagnostic criteria for burnout ([Bianchi and Laurent, in press](#); [Weber and Jaekel-Reinhard, 2000](#)).

Trying to determine the prevalence of a condition that has no binding diagnostic criteria is problematic. Indeed, depending on how researchers decide to define (cases of) burnout, very different results can be obtained, and virtually any kind of conclusions can be drawn regarding the importance of the burnout phenomenon (for an illustration of this problem, see [Prins et al., 2007](#)). Within such a context, the clinical meaning of the findings is

unclear, compromising effective decision-making in terms of interventions and health policies.

More than 30 years after the introduction of the burnout construct in the scientific literature ([Freudenberger, 1974](#)), [Shirom \(2005\)](#) pointed out that “burnout researchers should begin with a clear definition of the construct of burnout” (p. 268). [Shirom's \(2005\)](#) observation remains relevant today. The nosological status of burnout is uncertain. Burnout is not recognized as a disorder, neither in the *DSM-5*, nor in the *ICD-10*. Moreover, a growing corpus of research suggests that burnout is a form of depression rather than a distinct type of psychopathology ([Ahola et al., 2014](#); [Bianchi and Laurent, in press](#); [Bianchi et al., 2014](#); [Hints et al., in press](#)).

The development of the burnout construct has been marked by arbitrary choices (see [Schaufeli and Enzmann, 1998](#), p. 188), notably in the process that led to the elaboration of the Maslach Burnout Inventory (MBI), the “gold standard” for the measurement of burnout—the MBI has been used in 15 of the 17 studies reviewed by Adriaenssens and his colleagues. These arbitrary choices do not only concern the cutpoints that have been proposed by the developers of the MBI (as noted by Adriaenssens et al.); arbitrariness also haunts the initial selection of the items that, when submitted to a factor analysis, gave birth to the three dimensions of burnout—emotional exhaustion, depersonalization, and (reduced) personal accomplishment—([Schaufeli and Enzmann, 1998](#)). This state of affairs undermines the MBI-related, field-dominating conceptualization and operationalization of burnout.

Burnout has become popularly known. There is a worrying discrepancy, however, between this popularity and the definitional clarity of the phenomenon. In our view, priority should be given to systematic clinical observation in order to clarify the nosological status of burnout and allow researchers to propose—if justified—sound diagnostic

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* Corresponding author at: Université de Franche-Comté, Laboratoire de Psychologie (EA 3188), 30-32 rue Mégevand, 25030 Besançon Cedex, France. Tel.: +33 381 665 441; fax: +33 381 665 440.

E-mail address: renzo.bianchi@univ-fcomte.fr (R. Bianchi).

criteria for burnout. Only then the problem of burnout's prevalence will be resolvable.

Conflict of interest

None declared.

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