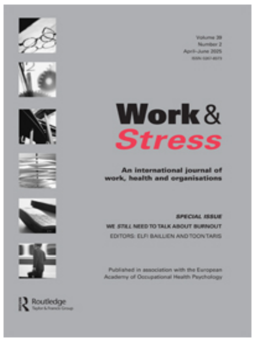

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Revitalising burnout research

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ABSTRACT
Burnout, a phenomenon extensively studied over the past 50 years, has gained recognition as an occupational phenomenon by the World Health Organisation. It is characterised by three dimensions: exhaustion, cynicism, and inefficacy, resulting from chronic workplace stress. While Bianchi and Schonfeld (2025, Beliefs about burnout. *Work & Stress*, 1–19) argue that burnout overlaps with depression, we take a different stance. We acknowledge the pitfalls of burnout research and suggest how to uncover valid indicators that make it distinct from depression. Our approach emphasises the workplace as the origin of burnout. To advance the field, we propose moving beyond mere measurement and exploring robust theoretical frameworks and innovative methodologies. These efforts can shed light on the complex mechanisms underlying burnout, revitalising our understanding and management of this syndrome.

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Burnout; depression; diagnosis; job demands–resources theory; measurement

The intersection of burnout and depression continues to be a focal area of scholarly inquiry. As shown in Figure 1, the number of scientific publications on depression is gradually decreasing, while the number of publications on burnout – although lower in absolute terms – is steadily increasing. This trend is not surprising, as burnout is specifically studied within the field of work and organisational psychology, whereas depression is examined by the entire discipline of psychology. In their position paper, Bianchi and Schonfeld (2025) argue that burnout is like depression and that depression can be caused by a variety of factors in and outside work. We take a different stance, acknowledging that burnout is often overhyped in gray literature. For instance, the American Psychological Association estimates that burnout costs the U.S. economy up to $500 billion annually (NeuroLaunch Editorial Team, 2024). We critically examine the pitfalls of burnout research and propose strategies to identify more valid burnout indicators. Additionally, we emphasise that burnout is fundamentally workplace-driven and distinct from depression. Using Job Demands–Resources (JD–R) theory (Bakker, Demerouti, et al., 2023; Demerouti et al.,

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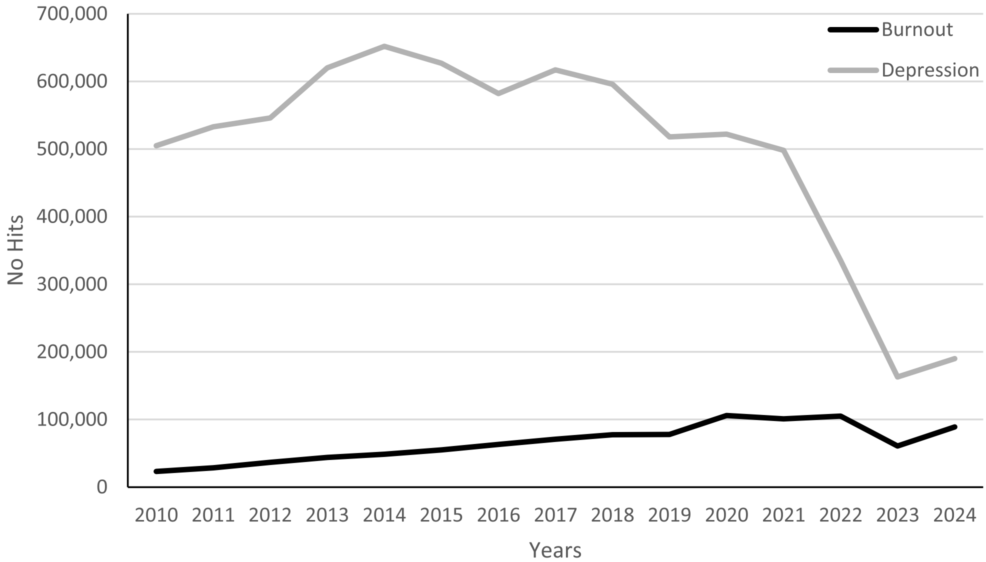

Figure 1. Google Scholar Results for the Terms Burnout and Depression.
Source: Authors' compilation.

2001), we explain how work characteristics, including excessive demands and inadequate resources, contribute to burnout. We contend that the current research paradigm, with its disproportionate focus on measurement, has reached an impasse. To revitalise the field and drive meaningful progress, burnout research must evolve beyond mere quantification. We propose a shift towards more robust theoretical frameworks and innovative methodologies that can unravel the complex mechanisms underlying the burnout syndrome, thereby breathing new life into our understanding and management of burnout.

Conceptualisation and diagnosis of burnout

Maslach and colleagues' definition of burnout has dominated burnout research, by defining it first as a human service-specific syndrome (consisting of emotional exhaustion, depersonalisation, and lack of personal accomplishment; Maslach & Jackson 1981), and later as not necessarily directed to other people (consisting of exhaustion, cynicism, and reduced professional efficacy; Maslach et al., 1996). Between 1974 and 2019, the concept of burnout has been subject to considerable academic scrutiny, resulting in the publication of at least 13 distinct definitions (Guseva Canu et al., 2021). This underscores the lack of clarity surrounding the definition of burnout. Not surprisingly, we see a similar picture for burnout instruments. The Maslach Burnout Inventory (Maslach & Jackson 1981; Maslach et al., 1996) has dominated the literature, but there are other instruments that either focus on the most prominent symptom, i.e. exhaustion, or add new symptoms, such as cognitive impairment (see the overview in Edú-Valsania et al., 2022). What these conceptualizations and definitions have in common are two facets: (1) the *inability* to invest effort in work (exhaustion) and (2) a lack of *willingness* to do so (distance) (see also Demerouti et al., 2001; Schaufeli & Taris, 2005). Most instruments include (various types of) exhaustion, as well as a distal or cynical attitude towards the job (depersonalisation, cynicism, disengagement from work, mental distance) – see e.g. the Oldenburg Burnout Inventory (OLBI; Demerouti et al., 2001, 2010). Not surprisingly, there is ambiguity regarding the diagnosis of burnout, as existing questionnaires were not originally designed for diagnostic purposes and have seen limited validation in clinical samples (Bakker, Demerouti, et al., 2023).

Burnout was only recently officially recognised as an occupational phenomenon by the World Health Organization (WHO), as part of the International Classification of Diseases (World Health Organization, 2019) and defined as "a prolonged reaction to chronic emotional and interpersonal stressors in the workplace, characterised by three dimensions: exhaustion, cynicism, and inefficacy" (cf. Maslach et al., 2001). A survey among national experts from all European countries showed that only nine out of the 23 responding countries officially recognise burnout as an occupational disease (Lastovkova et al., 2018). However, patients with burnout syndrome receive social insurance benefits in just five countries (i.e. Denmark, France, Latvia, Portugal, and Sweden). In our view, the lack of official acceptance of burnout as an occupational disease stems from several factors: (a) there is no precise individual diagnosis for burnout, unlike depression, (b) capturing psychosocial risks related to burnout remains challenging due to insufficient information, and (c) there are inconsistencies in the national classifications, e.g. burnout is classified as "neurasthenia" in the Netherlands and as "exhaustion disorder" in Sweden.

We suggest several avenues for future burnout research. First, several of the problems arise from the fact that burnout is not studied as a syndrome but as its constituting dimensions. According to the APA dictionary (https://dictionary.apa.org/syndrome), a syndrome comprises a collection of symptoms and signs that frequently co-occur but may lack a single underlying cause. Instead of analysing separate dimensions, burnout is identified when its constituent symptoms are experienced *simultaneously*. This means that all its constituting dimensions should be high (like a statistical interaction). Studies treating burnout as a syndrome rather than focusing solely on its separate dimensions remain scarce. A notable example is the study by Peterson et al. (2008) who used job demands and job resources to discriminate between burned-out, non-burnout, exhausted, and disengaged employees (based on OLBI scores). More than 50% of the burned-out employees were accurately classified into this group based on their exposure to high job demands and low job resources. This group exhibited the highest rates of overtime work, sickness absence, and sickness presence compared to other groups. Notably, job resources played a key role in distinguishing burnout from non-burnout and exhausted states. Therefore, a simultaneous focus on and prediction of the combined dimensions of burnout, rather than treating them separately, offers a more comprehensive understanding and richer insights into the phenomenon.

Second, while work and organisational psychologists assess burnout through questionnaires, clinical psychologists argue that they cannot rely entirely on these tools for diagnosing burnout. Instead, they must reconstruct the pathogenesis, which includes the history and sequence of life events, symptoms, and mechanisms that led to the syndrome (van Dam, 2021). Edú-Valsania et al. (2022) suggest that the prevalence of burnout may be overestimated when current questionnaires fail to capture its complexity. van Dam (2021) emphasises that burnout measurement tools should consider both the antecedents and the physical and psychological consequences of burnout, providing a more complete picture. Therefore, for a valid assessment of burnout it is essential to study its dimensions simultaneously (see previous point) as well as its antecedents and consequences. van Dam (2021) also advocates for analysing burnout measures within theoretical models that consider cause, effect, and correlates. We concur and argue that to prevent and address burnout, it is crucial to understand the underlying mechanisms leading to the simultaneous experience of chronic exhaustion and mental distancing (e.g. Bakker, Xanthopoulou, et al., 2023).

Third, we need to delve into the experience of burnout. Studying burnout patients can inform us about statistical norms (used to compare an individual's score with the distribution of the population) and "cut-off scores" (indicating when "higher" scores mean "too high"). In this way, we can tell whether someone scores "too high" and might have a clinical form of burnout. Also, momentary assessment of burnout symptoms can inform us about how burnout experiences evolve and accumulate over time to become a chronic syndrome. For instance, Frick et al.'s (2024) experience sampling study found that exhaustion and disengagement vary significantly between and within individuals (from day to day). However, averaged daily levels remain relatively stable within persons. Similarly, Bakker, Xanthopoulou, et al. (2023) explored weekly diary reports, linking chronic burnout levels to weekly job demands, symptoms (exhaustion and cynicism), and self-undermining behaviours. High workload and emotional demands were associated with increased burnout symptoms and self-undermining, particularly for employees with high chronic burnout scores.

Finally, the time has come to measure burnout with nonintrusive measures and artificial intelligence (AI). One possibility is to estimate burnout levels by analysing sentiments and emotions in text data, with AI detecting specific emotions such as stress, frustration, and exhaustion (see, Biró et al., 2024). These assessments can be integrated with stamina measurements (e.g. fitness tests, time-to-exhaustion tests), psychological surveys, and contextual data from environmental and social factors. AI helps to shed light on the multifaceted nature of burnout by integrating data from various sources while enabling the identification of early signs of burnout and accommodating individual variability. Still, the accuracy and value of AI-driven insights are highly dependent on the quality and quantity of data which requires multidisciplinary effort (e.g. clinical psychologists, organisational psychologists, medical specialists, data analysts, engineers).

In conclusion, while the conceptualisation and diagnosis of burnout have advanced, challenges persist due to the lack of a universally accepted definition and varied measurement instruments. Despite its recognition by the World Health Organization, burnout is not widely accepted as an occupational disease, partly due to the absence of precise diagnosis and difficulty in capturing psychosocial risks. Future research should study burnout as a syndrome, considering its dimensions and exploring its antecedents and consequences. Innovative methodologies, including artificial intelligence, can provide deeper insights and help identify early signs of burnout.

Burnout versus depression

Existing research, including meta-analytic regression analyses, has highlighted a significant overlap between burnout, depression, and anxiety, complicating the diagnosis of burnout (Bakker, Demerouti, et al., 2023). Interestingly and slightly worrying as well, whereas one meta-analysis reports high correlations between burnout and depression (Bianchi et al., 2021), another meta-analysis did not find conclusive evidence for this association (Koutsimani et al., 2019). In the latter study, the intercorrelations depended on the burnout measures considered (with the MBI measures showing lower overlap with depression). Unlike burnout, depression lacks a specific context and involves lower levels of arousal. Additionally, the development of burnout differs substantially from that of depression. To be diagnosed with depression according to the DSM-5, feelings of sadness, low mood, and loss of interest in one's usual activities must mark a change from a person's previous level of functioning and must have persisted for at least two weeks. These feelings must further be accompanied by at least five of the following other common symptoms of depression, including (a) a change in appetite, loss or gain in weight; (b) sleeping too much or not sleeping well (insomnia); (c) fatigue and low energy on most days; (d) feeling worthless, guilty, and hopeless; (e) an inability to focus and concentrate that may interfere with daily tasks at home, work, or school; (f) movements that are unusually slow or agitated; and (g) thinking about death and dying. Although some of these symptoms may be experienced by burned-out employees, they do not constitute defining symptoms of the burnout syndrome.

The overlap between depression and burnout may be attributed to the use of self-diagnosis scales. Similar to self-diagnosis instruments for burnout, using scales to self-diagnose depression, such as asking employees whether they "felt depressed because of their job" or "felt their appetite was disturbed because of the stress of their job" (Bianchi & Schonfeld, 2020) also suffers from methodological issues. Self-diagnosis of mental health issues is complicated because it can be influenced by personal biases and a limited perspective; people may answer inaccurately and may be influenced by the concept that they have about mental illness. Those with a broader concept of mental illness may overdiagnose themselves when experiencing mild issues (Tse & Haslam, 2024). Therefore, professional evaluation is crucial for accurate diagnosis, applicable to both depression and burnout.

In summary, burnout and depression are conceptually distinct, and the use of self-diagnosis instruments may contribute to their empirical overlap. Professional evaluation is essential for accurate diagnosis, ensuring that both conditions are properly identified and treated.

Predictors of burnout

Various causes of burnout have been identified in the literature. Job Demands–Resources (JD–R) theory (Demerouti et al., 2000, 2001) was initially developed to explain burnout. Accordingly, the health impairment process stems from high or poorly designed job demands (aspects of the job requiring significant employee effort and potentially resulting in physical or psychological costs) resulting in high levels of exhaustion, whereas the motivational process originates from a lack of job resources (i.e. energising elements of work that facilitate goal achievement and personal development), ultimately leading to (reduced) cynicism and (dis)engagement (Bakker, Demerouti, et al., 2023; Demerouti & Bakker, 2023). Several meta-analyses have demonstrated the relationships between job demands, job resources, and burnout. According to Alarcon's (2011) meta-analysis, job demands (e.g. role ambiguity, role conflict, workload) significantly correlate with all burnout dimensions, whereas resources relate consistently to exhaustion and cynicism, but more strongly with reduced personal accomplishment. Also, a meta-analysis of longitudinal studies shows that job demands influence exhaustion and that job resources influence cynicism/disengagement and personal accomplishment/efficacy. What stands out is that, once again, the dimensions are being examined separately, despite the earlier claim that we should avoid doing so.

Meta-analyses on *longitudinal* data revealed relationships that were different from those suggested by JD–R theory (Demerouti et al., 2001). Lesener et al.'s (2019) meta-analysis tested the impact of job demands and resources on burnout instead of exhaustion and cynicism/disengagement separately, whereas Guthier et al. (2020) focussed only on the relationship between job stressors and the two dimensions of burnout and excluded job resources. Both meta-analyses did find the suggested effects of job demands on exhaustion and of job resources on cynicism/disengagement after controlling for the high stability of burnout, which is important to note (cf. De Witte & Schaufeli, 2025). Controlling for stable levels of exhaustion makes it unlikely that this year's workload will predict next year's exhaustion.

Next to the noted limitations in modelling the suggested relationships, the meta-analyses use self-reported data. Bianchi and Schonfeld (2025) suggest that objective data on job characteristics would result in weaker effects, but this was not confirmed in the article and research introducing JD–R theory (Demerouti et al., 2001). Although longitudinal studies typically are of higher quality than cross-sectional studies, they still have the same problem – they cannot prove causality. Causality can only be shown when demands and resources are experimentally manipulated and induce the expected effect. Such intervention or quasi-experimental studies are however very rare. An exception is the work of Holman and Axtell (2016) who showed that when organisational representatives were requested to identify the most important tasks and obstacles and generate ideas about how to optimize job demands and resources (i.e. a participative job redesign intervention), well-being improved. Intervention research should always consider the impact of interventions on participants and the broader community, avoiding stigmatisation and providing sensitive recommendations. Interventions should be evidence-based and genuinely beneficial, avoiding harm or unsupported claims. Future burnout research should continue to explore ethical dilemmas, addressing potential biases and striving for inclusivity and respect for diverse populations.

We can conclude that existing evidence shows that the two main burnout symptoms of exhaustion and cynicism/disengagement are related to two different processes initiated by job demands and resources, respectively. The combination of job demands and resources (when unfavourably designed) can increase the risk of burnout. Critics might question the necessity of discussing burnout as a distinct syndrome when its components seem to result from different processes. This highlights the importance of studying the causes of *burnout as a syndrome* rather than focusing on its separate dimensions (as we discussed above). Additionally, the dominant research approach has been survey-based, which needs to be replaced with (quasi-)experimental studies. It is also conceivable that individuals with specific characteristics (e.g. neuroticism) may be more sensitive to unfavourable levels of demands and resources leading them to overreport burnout. Research evidence shows that combining individual-level interventions with organisational or job-level interventions significantly reduces exhaustion and cynicism (or depersonalisation) in both short-term (after 4 months) and long-term (after 12 years) assessments (Pijpker et al., 2020).

Conclusion

Bianchi and Schonfeld (2025) argue that burnout is indistinguishable from depression, leading them to assert that burnout does not exist. In this commentary, we have shown that there are valid indicators of burnout, and that burnout is not the same as depression. Burnout is context-specific and to truly diagnose burnout in employees, a comprehensive narrative must be reconstructed. JD–R theory (Bakker, Demerouti, et al., 2023; Demerouti et al., 2001; Demerouti & Bakker, 2023) can be used to explain the causes of burnout. We contend that burnout research with its disproportionate focus on measurement has reached an impasse. The search for a perfect burnout measure seems a dead-end street to us. However, burnout is a serious problem that needs to be studied with robust techniques and sound theories. Burnout is real, but we need to focus on the explanatory mechanisms, so that we can prevent and reduce burnout in the workforce.

Disclosure statement

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

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