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What is "severe burnout" and can its prevalence be assessed?

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Dear Editor,

In a recent study [1], Burghi and his colleagues sought to determine the prevalence of "severe burnout" in intensive care unit (ICU) clinicians in Uruguay, to "highlight the importance of the problem" in this country (p. 1,785). While I applaud Burghi et al.'s efforts to better understand ICU clinicians' ill-being at work, I think that a major obstacle prevents these authors' aim from being achieved: the current absence of clinically valid cutpoints for grading the severity of burnout [2, 3].

Indeed, the cutoff scores provided by the developers of the Maslach burnout inventory (MBI)—the instrument used by Burghi and his colleagues for categorizing burnout—are arbitrary [3], and MBI's developers indicate that "neither the coding nor the original numerical scores should be used for diagnoses purposes" ([3, p. 9]). In sum, there is no clear-cut definition of "severe burnout" (or of clinical burnout) to date and, therefore, the prevalence of (severe) burnout cannot be established in a clinically meaningful way. When the authors report that "a severe level of burnout was identified in 51 % of intensivists and 42 % of the nursing staff" (p. 1,785), the implications of these findings (e.g., in terms of necessity for intervention) are thus difficult to interpret.

The absence of binding diagnostic criteria for burnout [2] has led to a multiplication of the conceptions and operationalizations of the syndrome (Table 1). As a consequence, the prevalence of burnout has varied dramatically from one study to another (e.g., [4, 5]). Inevitably, as long as what is meant by "burned out" remains elusive, estimating the importance of the burnout phenomenon will remain challenging. Pending clinically valid cutpoints for grading the severity of burnout, and given the overlap of burnout with depression, relying on depressive symptoms measures may be an alternative [5]. By contrast with the MBI, many depression scales have clinically valid cutoff scores [5]. Such scales could at least be used as complements to the MBI in order to facilitate the clinical interpretation of the obtained results and allow for better-calibrated interventions.

Table 1 Main instruments dedicated to the assessment of burnout (in alphabetical order)

	Dimension(s)	Number of items	Scale	Frequency of use
BM[a]	Exhaustion	21	7-point	Medium
CBI	Personal burnout Work-related burnout Client-related burnout	19	5-point	Low
MBI	Emotional exhaustion Depersonalization Personal accomplishment	22	7-point	High
MBI-GS	Exhaustion Cynicism Professional efficacy	16	7-point	High
OLBI	Exhaustion Disengagement	16	5-point	Low
SMBM	Physical fatigue Emotional exhaustion Cognitive weariness	14	7-point	Medium

The presented instruments are all self-administered and considered to have acceptable psychometric properties

BM Burnout measure, *CBI* Copenhagen burnout inventory, *MBI* Maslach burnout inventory, *MBI-GS* MBI-general survey, *OLBI* Oldenburg burnout inventory, *SMBM* Shirom–Melamed burnout measure

[a] This scale is also available in a short, 10-item version

Conflicts of interest The author states that there is no conflict of interest.

References

1. Burghi G, Lambert J, Chaize M et al (2014) Prevalence, risk factors and consequences of severe burnout syndrome in ICU. Intensive Care Med 40:1785–1786. doi: 10.1007/s00134-014-3454-x
2. Weber A, Jaekel-Reinhard A (2000) Burnout syndrome: a disease of modern societies? Occup Med 50:512–517
3. Maslach C, Jackson SE, Leiter MP (1996) Maslach burnout inventory manual, 3rd edn. Consulting Psychologists, Palo Alto
4. Giannini A, Miccinesi G, Prandi E et al (2013) Partial liberalization of visiting policies and ICU staff: a before-and-after study. Intensive Care Med 39:2180–2187
5. Bianchi R, Schonfeld IS, Laurent E (2014) Is burnout a depressive disorder? A reexamination with special focus on atypical depression. Int J Stress Manag. doi:10.1037/a0037906

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