

Physician burnout vs depression: Recognize the signs

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Although all health care professionals are at risk for burnout, physicians have especially high rates of self-reported burnout—which is commonly understood as a work-related syndrome of emotional exhaustion, depersonalization, and a decreased sense of accomplishment that develops over time.¹ In a 2019 report investigating burnout in approximately 15,000 physicians, 39% of psychiatrists and nearly 50% of physicians from multiple other specialties described themselves as “burned out.”² In addition, 15% reported symptoms of clinical depression (4%) or subclinical depression (11%). In comparison, in 2017, 7.1% of US adults experienced at least 1 major depressive episode.³ Because physician burnout and depression can be associated with adverse outcomes in patient care and personal health, rapid identification and differentiation of the 2 conditions is paramount.

Differentiating burnout and depression

Burnout and depression are distinct but overlapping entities. Although burnout can be difficult to recognize and is not currently a DSM diagnosis, physicians can learn to identify the signs with reference to the more familiar features of depression (*Table*,^{4,5} *page 42*). Many features of burnout are work-related, while the negative feelings and thoughts of depression pertain to all areas of life. Furthermore, a major depressive episode often includes hopelessness, suicidality, or mood-congruent delusions; burnout does not. Shared symptoms of burnout and depression include extreme exhaus-

tion, feeling unhappy, and reduced performance.

Surprisingly, there is no universally accepted definition of burnout.^{4,5} Some researchers have proposed that physicians who are categorized as “burned out” may actually have underlying anxiety or depressive disorders that have been misdiagnosed and not appropriately treated.^{4,5} Others claim that burnout is best formulated as a depressive condition in need of formal diagnostic criteria.^{4,5} Because the definition of burnout is in question,^{4,5} strategies to prevent and detect burnout in individual clinicians remain elusive.

Key areas that contribute to vulnerability to burnout include one’s sense of community, fairness, and control in the workplace; personal and organization values; and work-life balance. We propose the mnemonic **WORK** to help clinicians quickly assess their vulnerability to burnout in these areas.

Workload. Outside of working hours, are you satisfied with the amount of time you devote to self-care, recreation, and other activities that are important to you? Do you honor your “down time”?

continued

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One's sense of community, fairness, and control in the workplace contribute to vulnerability to burnout

Table

Features of burnout vs a major depressive episode

| | Burnout | Major depressive episode |
|------------------------|--|--|
| Core features | Extreme emotional and physical exhaustion, depersonalization, and decreased sense of accomplishment Job performance may be impaired | Persistently depressed mood and/or loss of interest/pleasure in daily activities Fatigue Functional impairment |
| Common features | Extreme exhaustion Feeling unhappy Reduced performance | Extreme exhaustion Feeling unhappy Reduced performance |
| Context | Job-related and situational | General (context-free) |
| Affect | Variable; may feature positive emotions and use of humor | Sad, blunted, restricted |
| Thought content | Preoccupation with work Self-esteem generally preserved | Feelings of hopelessness ^a Suicidality ^a Mood-congruent delusions ^a Self-esteem generally low ^a |
| Course | Correlates with workload May resolve with changes in job environment, workplace, or other occupational factors | Persistent and not tied to specific thoughts or preoccupations |

^aSymptoms are specific to depression
Source: References 4,5

Oversight. Are you satisfied with the flexibility and autonomy in your professional life? Are you able to cope with the systemic demands of your practice while upholding your priorities within these restrictions?

Reward. Are the mechanisms for feedback, opportunities for advancement, and financial compensation in your workplace fair? Do you find positive meaning in the work that you do?

Kinship. Does your place of work support cooperation and collaboration, rather than competition and isolation? Do you approach and receive support from your colleagues when you need assistance?

Persistent dissatisfaction in any of these aspects should prompt clinicians to further

develop strategies that promote workplace engagement, job satisfaction, and resilience. We hope this mnemonic helps clinicians to take responsibility for their own well-being and ultimately reap the rewards of a fulfilling professional life.

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