



Research Article

Life stress as potential risk factor for depression and burnout

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ABSTRACT

Objective: Depression and burnout are two psychopathological labels that have been subject to an extensive discussion over the last decades. The crucial question is whether they can be seen as conceptually equal or as two distinct syndromes. One argument for the distinction is that depression impacts on the whole life of a suffering person whereas burnout is restricted to the job context. Depression has been shown to be affected by life stress. The more stressful life events a person experiences, the more he or she is susceptible for developing a depression. As there is the widespread but controversial opinion that burnout is a prodromal syndrome of depression, the present study examined whether the number of stressful life events is also associated with an increased risk for burnout.

Methods: $N = 755$ healthy participants and $N = 397$ depressed patients completed the Maslach Burnout Inventory (MBI), the Beck Depression Inventory (BDI II) and reported the extent of experienced life stress. **Results:** A significantly closer relation between depression and life stress than between burnout and life stress was found in the healthy ($z = 3.01, p = .003$) as well as in the depressed sample ($z = 3.41, p = .001$). This finding was supported in both samples by means of a path analytic approach where the associations between life stress, burnout, and depression were controlled for possible mediator and moderator effects, also considering the influence of age.

Conclusion: By considering the influence of life stress it could be demonstrated that depression and burnout are not identical although they share substantial phenotypic variance ($r = .46-.61$). Most important, the trivariate associations are the same in a representative employee sample and in an inpatient clinical sample suggesting the same underlying mechanisms covering the whole range from normal behavior to psychopathology. However, only longitudinal data can show if burnout necessarily turns into depression with the consequence that the burnout – life stress association approaches the depression – life stress association over time.

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1. Introduction

There has been an extensive discussion on the association between the constructs of depression and burnout over the past twenty years (e.g., Leiter & Durup, 1994; Maslach, Schaufeli, & Leiter, 2001; Toker, Shirom, Shapira, Berliner, & Melamed, 2005). Particularly, the fact that burnout again will neither appear in the upcoming version of the International Classification of Diseases (ICD-11) nor is recognized in the updated Diagnostic and Statistical Manual of Mental Disorders (DSM V) has intensified this debate.

Although burnout was mentioned first in the 1970s (Freudenberger, 1975; Maslach, 1976), there still is no undisputed

definition of this construct. Moreover, there is even no accordance whether burnout can be seen as a distinct syndrome apart from depression. Burnout was initially thought to emerge only in socially oriented professions, which require working with or helping clients/patients (Freudenberger, 1975; Maslach, 1976). Finally, the term “burnout” was broadened and extended to all kinds of occupational groups (Pines & Aronson, 1988) and more and more studies tried to identify this syndrome in specific occupations. The rising number of publications concerning burnout underlined the problem of its inconsistent definition and differentiation from other psychopathologic or psychosomatic syndromes. Furthermore, it became increasingly clear that the exact characteristics of burnout differ between professions. Therefore, the most prominent questionnaire measuring the burnout construct, the *Maslach Burnout Inventory (MBI)*, was modified in a way which allows application to all kinds of occupational groups (Maslach et al., 2001). As the MBI is

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the most prominent and most administered questionnaire for the assessment of burnout, most preliminary definitions of burnout use the three symptoms that are measured by the three subscales of the MBI (1. emotional exhaustion, 2. depersonalization or cynicism, and 3. reduced personal accomplishment) to characterize burnout. Although there are many different conceptualizations of burnout, there is one characteristic all definitions have in common: an exhaustion of the organism which is caused by work stress.

Due to this blurry picture, there is much space for discussion whether burnout can be seen as a distinct construct or whether it is just another label for the same group of psychopathologic diseases. Because of a very similar symptomatology there has been a long debate especially concerning the overlap and distinctive characteristics of burnout and depression. Among others, symptoms of depression include fatigue, social withdrawal, feelings of failure or worthlessness and various somatic symptoms such as insomnia or hypersomnia, gain or loss of weight, and decreased interest in sexual activities (DSM-IV-TR; [American Psychiatric Association, 2000](#)). While fatigue is quite similar to the emotional and physical exhaustion component of burnout, the depersonalization facet has similarities with social withdrawal. Finally, reduced personal accomplishment can be seen as closely related to depressive feelings of failure and learned helplessness ([Abramson, Seligman, & Teasdale, 1978](#)). These results are in line with some newer publications reporting similar symptoms in burned-out and depressed patients and therefore come to the conclusion that burnout cannot be seen as a distinct entity ([Bianchi, Boffy, Hingray, Truchot, & Laurent, 2013](#); [Bianchi, Schonfeld, & Laurent, 2014](#)). Bianchi and colleagues furthermore suppose an underestimation of the association between depression and burnout because most work in the field is limited to healthy samples. However, in a confirmatory factor analysis the items measuring burnout and depression were found to load on different factors. Furthermore, the three-factor structure of the MBI could be replicated so that the authors conclude that both syndromes are distinct ([Leiter & Durup, 1994](#)). This might also be due to the form in which the items are presented ([Toker & Biron, 2012](#)): burnout is, as a part of its definition, closely related to job-context which is why the items are rather specific or situational (e.g., “I doubt the significance of my work” or “I feel emotionally drained from my work”) whereas depression is more global and not restricted to defined situations. Therefore, the items assessing depression are more global as well (e.g., “I am too tired or fatigued to do most of the things I used to do” or “I feel guilty all of the time”).

Although there is some evidence that burnout and depression can be seen as two different psychopathologies, the relation still remains unclear (e.g., [Ahola & Hakanen, 2007](#); [Bakker et al., 2000](#); [Glass & McKnight, 1996](#); [Maslach et al., 2001](#); [Toker & Biron, 2012](#)). There is evidence that the association between burnout and depression is particularly based on the emotional exhaustion component of the MBI (e.g., [Ahola et al., 2005](#); [Nyklicek & Pop, 2005](#); [Peterson et al., 2008](#)). [Iacovides, Fountoulakis, Kaprinis, and Kaprinis \(2003\)](#) suggest that especially severe burnout can lead to depression, a result which could be replicated by other authors (e.g., [Ahola & Hakanen, 2007](#)). Further data suggesting burnout as a preceding syndrome or a step in the development of a depression respectively were presented by [Hakanen and Schaufeli \(2012\)](#). Despite the reported findings, there is still no consensus of any causal direction of the association ([Hakanen, Schaufeli, & Ahola, 2008](#)). However, most studies find an overlap between these two syndromes of about 20% shared variance ([Iacovides et al., 2003](#)).

Depression affects the whole life in general and can, among others, also be caused by job related factors ([Ahola, Hakanen, Perhoniemi, & Mutanen, 2014](#)). In contrast, burnout is thought to be mainly driven by such problems or chronic stress at work ([Maslach et al., 2001](#)), although there have been identified other

moderating factors increasing the risk for burnout in adverse working conditions such as personality ([Swider & Zimmermann, 2010](#)) or sleep duration ([Söderström, Jeding, Ekstedt, Perski, & Åkerstedt, 2012](#)). This fit in causality might be responsible for the above mentioned overlap of 20% between both constructs, because the origin of burnout can also serve as one out of many risk factors for depression whereas other risk factors (e.g., in private life) might lead to depression but are not related to burnout. Therefore, it can be hypothesized that depression and burnout can be dissociated by their relation to the number of stressful life events.

Life stress has repeatedly been associated with depression (e.g., [Mazure, 1998](#)) and is mostly operationalized by self-report checklists of specific traumatic life experiences such as divorce, loss of closely related persons, serious diseases, or sexual abuse in childhood. The more stressful life events are experienced by a person, the more likely is the development of a depression (e.g., [Kendler, Karkowski, & Prescott, 1999](#)). There is also evidence that this association is moderated by individual factors (for an overview see [Hammen, 2005](#)). However, if burnout can be traced back to job relevant factors only, there should be no association between burnout and the number of stressful life events in general, but, if at all, only with events that deal with work stress (e.g., unemployment or financial issues). This result would support the distinctiveness of both constructs and would provide evidence for the genesis of burnout.

Hence, if the job environment is implied to be of specific relevance for burnout while environmental influences on depression are unspecific, we expect (a) burnout to be associated with depression, but (b) no relation of burnout to stressful life events, whereas (c) depression is related to the reported number of stressful life events.

To test our hypotheses, we followed a stepwise strategy: First, the hypotheses regarding the relations of life stress, depression, and burnout were tested in a healthy sample. Second, results were validated in a clinical sample. Based on the assumption of a continuous transition of traits between healthy and psychopathologic persons, similar results were expected in both samples, the healthy controls and the depressed patients.

2. Methods

2.1. Participants

2.1.1. Controls

A total of $N=755$ (301 males; 454 females) healthy participants took part in this study. Data was collected within an ongoing project investigating the genetic basis of burnout. Inclusion criteria for participation were an age of over 18 years and actual employment. For participation in the research project participants were compensated with 15€.

To recruit participants, we conducted an internet research to identify businesses and public institutions which were contacted and asked whether they would allow advertising the project to their employees. Thus, participants of this study worked in various companies and professions (e.g., medical staff, administration employees, policemen, management-consultants, or civil servants) so that results are not restricted to a single profession with its specific demands. When employers agreed to take part in the study, employees were informed about the project and asked for their voluntary participation.

2.1.2. Depressed patients

The second sample consisted of $N=397$ (266 females, 131 males) inpatients from psychosomatic hospitals. Due to the fact that burnout is not an acknowledged diagnosis, patients suffering

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