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Research report

The relationship between job-related burnout and depressive disorders—results from the Finnish Health 2000 Study

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Abstract

Background: Depression and burnout are common health problems in working populations today. They appear to be interrelated, and the need for their differential diagnosis has been highlighted in many reviews. We analysed the overlap of job-related burnout and depressive disorders, i.e., major depressive disorder, dysthymia, and minor depressive disorder.
Methods: We used the population-based 'Health 2000 Study' in Finland. Our nationally representative sample comprised 3276 employees aged 30–64 years. Burnout was assessed with the Maslach Burnout Inventory–General Survey. Diagnoses of depressive disorders were based on the Composite International Diagnostic Interview.
Results: Burnout and depressive disorders were clearly related. The risk of depressive disorders, especially major depressive disorder (12-month prevalence), was greater when burnout was severe. Half of the participants with severe burnout had some depressive disorder. Those with a current major depressive episode suffered from serious burnout more often than those who had suffered a major depressive episode earlier.
Limitations: This study was cross-sectional.
Conclusions: The concepts of burnout and depression complement each other and cover partly overlapping phenomena. Depressive disorders are related to job-related burnout, particularly when it is severe. A current major depressive episode is likely to be associated with the experience of burnout. When encountering working patients, it is recommended to assess both the occurrence of burnout and of depressive disorders.

Keywords: Burnout; Depressive disorders; Population study; MBI-GS; CIDI

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1. Introduction

Mental well-being at work is a growing concern in the ever changing and demanding work life of western countries. In research, both depression and burnout have been used as indicators of mental well-being at work, but their relationship remains unclear. While depression is a mental disorder, burnout is coded as a factor that influences health status (ICD-10; WHO, 1992).

Burnout has been defined as a persistent negative work-related state of mind (Schaufeli and Enzmann, 1998). Past reviews have viewed burnout as a consequence of exposure to chronic stress in work life, resulting from, e.g., qualitative and quantitative workload, role conflict and ambiguity, and lack of participation and social support (Shirom, 2003). There are many models of job-related burnout, but basically they share the core assumption that discrepancy between the expectations and values of a motivated employee and the reality in unfavourable working conditions leads to burnout via dysfunctional ways of coping (Schaufeli and Enzmann, 1998). According to the most used operationalization, burnout consists of three qualitative dimensions, i.e., exhaustion, cynicism, and lack of professional efficacy (Schaufeli et al., 1996).

Depressive disorders include major depressive disorder, dysthymia, and depressive disorder not otherwise specified (APA, 1994), which differ from each other on the basis of the duration and number of required symptoms. Major depressive disorder results from genetic and environmental influences, which are usually interlinked (Kendler et al., 1993, 2002; Kessler, 1997; Sullivan et al., 2000). A stressor preceding the onset of depression can often be detected, work-related stressors being one group among others (Kessler, 1997; Tennant, 2001; Leskelä et al., 2004).

Burnout and depressive symptoms have been found to correlate. According to 12 studies that reported correlations between depressive symptoms and separate burnout dimensions, emotional exhaustion and depression shared 12–38% of their variance, depersonalization and depression 2–29%, and personal accomplishment and depression 3–20% (Schaufeli and Enzmann, 1998).

Burnout has been statistically differentiated from depressive symptoms. In confirmatory factor analyses the items of burnout and depression scales did not load on the same factor, but models with two second order factors were preferred (Leiter and Durup, 1994; Bakker et al., 2000). It has been suggested that the process of burnout is similar to the process of depression, but that it occurs in a different context. Lack of reciprocity in the occupational domain was related to burnout, whereas lack of reciprocity in intimate relationships was related to depressive symptoms (Bakker et al., 2000). Moreover, qualitative differences have been found between the processes of burnout and depression in terms of self-image of patients (Brenninkmeyer et al., 2001). Burnout could be a phase in the development of a depressive disorder. Confirmatory factor analyses on cross-sectional data have supported the view that burnout leads to depressive symptoms (Golembiewski et al., 1992; Leiter and Durup, 1994; Bakker et al., 2000; Iacovides et al., 2003), but longitudinal data are lacking.

A major limitation in previous research is that the relationship between burnout and depression has only been studied using self-report symptom inventories. For assessing depression, this is inadequate because the duration and clinical validity of symptoms remains unknown. Self-report measures may also exaggerate the relationship between the concepts due to common method variance (Lindell and Whitney, 2001). At present, it is not known whether people suffering from burnout fulfil the diagnostic criteria of depressive disorders.

In this study, we analysed the overlap between burnout and depressive disorders by gender in a representative population sample. In assessing depressive disorders, we relied on a fully standardized psychiatric interview. Specifically, we anticipated that burnout and depressive disorders would be positively related, and therefore, that the probability of having a depressive disorder would increase with the level of burnout. Furthermore, we anticipated that people who are currently depressed experience themselves as burned out more often than those who have been depressed previously.

2. Methods

2.1. Study design

A multidisciplinary epidemiologic health survey, the Health 2000 Study, was carried out in the years