

# Insights from a Burnout Debate: Occupational Health Psychology for Academic Librarianship

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**abstract:** A recent scholarly debate in *Work & Stress* challenges foundational assumptions about burnout, with Renzo Bianchi and Irvin Sam Schonfeld arguing for its abandonment in favor of a depression-focused framework. Their critique centers on burnout's conceptual ambiguity, overstated prevalence, and overlap with depression. Leading occupational health psychologists respond with counterarguments affirming burnout's distinctiveness and occupational roots. These debates offer critical insights for library and information science, highlighting the need for interdisciplinary engagement, improved measurement, and organizational interventions. Integrating perspectives from occupational health psychology can enrich burnout research in librarianship and support more effective strategies for improving library workplace conditions.

## Introduction

Renzo Bianchi and Irvin Sam Schonfeld recently published an article in *Work & Stress* titled "Beliefs about Burnout," which generated considerable debate and discussion about burnout, especially definition and conceptualization of the burnout construct.<sup>1</sup> This debate has implications not only for occupational health psychology but also for fields like academic librarianship, where burnout is increasingly recognized as a pressing concern.

The authors discuss "three beliefs about burnout that remain ill-supported despite their popularity among researchers and their importance for burnout research." These are:

- (a) work-related factors are the prime predictors of burnout;
- (b) burnout is a condition of epidemic magnitude in contemporary society; and
- (c) burnout is not a depressive condition.<sup>2</sup>



The article (and these three beliefs) serve as the focus for a special issue of *Work & Stress* titled “We still need to talk about burnout,” which includes commentaries by Michael P. Leiter and Arla Day; Hans De Witte and Wilmar Schaufeli; and Evangelia Demerouti and Arnold B. Bakker.<sup>3</sup> Their commentaries are followed by a rejoinder from Biachi and Schonfeld, which provides a bulleted summary of their points followed by recommendations.<sup>4</sup>

For readers interested in or engaged in burnout research, these names will be familiar. Michael P. Leiter and Wilmar Schaufeli were collaborators in developing the Maslach Burnout Inventory (MBI), a leading tool for measuring burnout, and have been collaborators of Christina Maslach, whose work significantly contributed to the legitimization of burnout within psychological research.<sup>5</sup> Additionally, Evangelia Demerouti and Arnold B. Bakker are well known for their Job Demands-Resources (JD-R) theory of burnout.<sup>6</sup> Demerouti also developed the Oldenburg Burnout Inventory (OLBI) and Schaufeli and De Witte, along with Steffie Desart, developed the Burnout Assessment Tool (BAT), both free alternatives to the MBI.<sup>7</sup> Demerouti, Bakker, and Schaufeli are also all members of the advisory board for *Work & Stress*.<sup>8</sup>

Given the sustained discourse surrounding burnout within academic librarianship and the profession more broadly, engagement with current debates in occupational health psychology is both timely and instructive. This article begins by contextualizing

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the burnout construct and delineating the contours of the scholarly debate featured in the *Work & Stress* special issue. It then examines each of the three core beliefs articulated by Bianchi and Schonfeld accompanied by syntheses of the counterarguments presented by leading scholars in the field. Building on this analysis, the article concludes by proposing future directions for burnout research and practice within library and information science.

### **The Prominence of Burnout in OHP and LIS Scholarship**

Herbert Freudenberger coined the term burnout in 1974, after which Christina Maslach and a growing number of colleagues began to expand and popularize the term.<sup>9</sup> Interestingly, the development of occupational health psychology (OHP) also began in the 1970s.<sup>10</sup> Almost simultaneously, the library literature began to discuss burnout.<sup>11</sup>

In an editorial that opens the special issue, Elfi Baillien (an associate editor for *Work & Stress*) and Toon Taris (editor for *Work & Stress*) note burnout’s prominence in occupational health psychology literature:

To a certain degree, the story of the burnout concept is also that of the key journals in the academic discipline of occupational health psychology (OHP). For example, in the first 38 years of its existence, *Work & Stress* has published approximately 1,034 manuscripts.

According to the Scopus database, no less than 128 of these (12.4 percent) included the term 'burnout' in their title, abstract, or keywords. The Journal of Occupational Health Psychology – the other main journal in OHP – has published 1,008 papers since its inception in 1996, 146 of which (14.5 percent) contained the term 'burnout.' Evidently, the dissemination of knowledge about burnout is one of the primary *raison d'être* of these journals.<sup>12</sup>

The prominence and centrality of burnout within OHP is significant, and it is noteworthy that the editors of a major journal within the field emphasize this prominence. A cynical reading of these data might be that OHP and its journals, like *Work & Stress*, have a vested interest in maintaining the legitimacy of burnout as a concept, differentiated from constructs in other domains. While library literature is not as intertwined with the development of burnout, the discussion of burnout has certainly become prevalent. Barbara A. Wood and colleagues briefly demonstrate a growing trend in the scholarly literature on burnout in libraries from the 1980s to 2019.<sup>13</sup> While not corrected for growing publishing expectations for academic librarians, the results still demonstrate a vested interest in burnout among librarians. As such, librarianship should have a vested interest in OHP and the continued discussion about the burnout construct.

Baillien and Taris specifically call for interdisciplinary collaboration to develop a more holistic understanding of burnout.<sup>14</sup> While doing the multi- and inter-disciplinary work of burnout research in librarianship, Library and Information Science (LIS) scholars must attend to what is unique about librarianship that contributes to burnout and may not be studied by researchers in OHP. Finally, this multidisciplinary work is an opportunity to consider constructs from librarianship that might benefit OHP, such as vocational awe or the boundary conditions that might arise from the specificities of librarianship.<sup>15</sup>

## Defining Burnout

The story of burnout and the related development and definition of the construct are central to the critique presented by Bianchi and Schonfeld—that its definition preceded the research: “When, as early as 1976, Maslach treats the cause of burnout as a settled matter, no proper investigations have been carried out on the issue.”<sup>16</sup>

Bianchi and Schonfeld and Demerouti and Bakker separately point out, relying on different studies, the proliferation of burnout definitions. Bianchi and Schonfeld summarize a 2018 study by Rotenstein et al. which Bianchi and Schonfeld state “found 142 unique definitions of burnout in 182 studies of burnout prevalence among physicians.”<sup>17</sup> On the other hand, Demerouti and Bakker summarize a 2021 study by Guseva Canu et al., which Demerouti and Bakker claim demonstrates that “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.”<sup>18</sup> At the same time, Bianchi and Schonfeld, as discussed later, argue for shifting from burnout to depression, essentially arguing that burnout is a work-specific form of depression, and need not be a distinct construct.

These two arguments point to what researchers refer to as the jingle jangle fallacy. Constructs jingle when researchers think constructs are the same because they have the same name, while constructs jangle when researchers think constructs are different because they have different names.<sup>19</sup> In the case of the arguments presented regarding



burnout, the suggestion that there are 13 or 142 definitions of burnout is an example of the jingle fallacy—researchers keep referring to burnout but mean different things. On the other hand, the suggestion that burnout is depression by another name is an example of the jangle fallacy—researchers refer to burnout and depression as separate constructs when (perhaps) they are the same construct. Jingle jangle fallacies result in issues for developing cumulative scientific knowledge and potentially damage the research endeavor writ large. In their textbook, *Research Methods for Industrial and Organizational Psychology*, Richard N. Landers and Tara S. Behrend argue that “when a researcher can become rich and famous (literally) by inventing a new word for something, the incentives for good measurement are misaligned.”<sup>20</sup> It is important to note that the MBI is considered by many to be the “gold standard” for measuring burnout, but it also costs money per participant to administer.<sup>21</sup> Across 50 years as the primary tool used in studies measuring burnout, there are clearly real and significant incentives. Additionally, Philip M. Podsakoff, Scott B. MacKenzie, and Nathan P. Podsakoff identify three issues resulting from the lack of concept clarity that negatively impact the scientific endeavor: threats to discriminant validity (for example, not being able to distinguish burnout from other concepts such as depression), threats to nomological validity, and deficiency and contamination in measurements of the construct.<sup>22</sup>

While there is an apparent lack of specificity around the burnout construct, the predominant definition of burnout in psychology centers around three dimensions: emotional exhaustion, cynicism, and reduced professional efficacy. These three dimensions are reiterated throughout the rebuttals.

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They are also central to the World Health Organization’s (WHO) definition of burnout, which is commonly cited in the library literature, including being the preferred definition in the edited book *Academic Librarian Burnout: Causes & Responses*.<sup>23</sup> The WHO International Classification of Diseases, 11th edition states:

Burnout is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterised by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and 3) a sense of ineffectiveness and lack of accomplishment. Burn-out refers specifically to phenomena in the occupational context and should not be applied to describe experiences in other areas of life.<sup>24</sup>

These three dimensions are significantly informed by Christina Maslach and colleagues’ work and align directly with the dimensions measured in the MBI. Bianchi and Schonfeld argue that the three dimensions fail to represent a single, unified construct. Citing Christina Maslach, Susan E. Jackson, and Michael P. Leiter’s own acknowledgement in the fourth edition of the Maslach Burnout Inventory Manual that “exhaustion, cynicism and inefficacy do not always move in lock-step, which means that they are not so highly correlated as to constitute a single, one-dimensional phenomenon,” Bianchi and Schonfeld ask “Where is burnout then?”<sup>25</sup> At the same time, Demerouti and Bakker



argue for approaching burnout as a syndrome requiring the simultaneous presence of all three dimensions:

[S]everal 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.<sup>26</sup>

In recent years, other researchers have attempted to reconsider the definition of burnout and specific dimensions included. For example, in the BAT, exhaustion (physical and mental), emotional and cognitive impairment, and mental distance are included as core dimensions while psychological distress, psychosomatic complaints, and depressed mood are included as secondary, atypical symptoms.<sup>27</sup> However, despite these attempts, the three-dimensional definition prevails, though primary agreement is about the centrality of exhaustion, specifically emotional exhaustion.

Finally, with regard to the definition of burnout, Baillien and Taris agree with Demerouti and Bakker about the overemphasis on measurement and suggest that burnout may be evolving into a context-free syndrome due to changes in work-life boundaries, especially with digitalization.<sup>28</sup> That is, as workers work from home more, work-life boundaries erode and work and non-work interface or overlap more than before, making it more difficult to determine where burnout originates.

From the discussion of construct definition in the special issue, there are four potential ways forward:

1. abandon the burnout concept altogether as suggested by Bianchi & Schonfeld,
2. expand the burnout construct to include other dimensions,
3. expand the burnout construct to be context-free, and
4. approach burnout as a syndrome which requires the simultaneous presence of all three dimensions.

Not all of these approaches are mutually exclusive.

### Beliefs About Burnout

As previously noted, the special issue centers on three prevailing “beliefs about burnout” that Bianchi and Schonfeld contend lack robust empirical evidence. The following sections of this article delineate each belief, presenting Bianchi and Schonfeld’s arguments, and subsequently synthesizing the principal counterarguments advanced by the other contributors. A concise summary of these positions is provided in Table 1 for ease of reference and comparison.

### Work-related Predictors

Bianchi and Schonfeld challenge the prevailing view that burnout is primarily caused by job-related stressors. They argue that “the evidence that burnout predicts exposure

Table 1.  
Summary of beliefs about burnout

Belief	Bianchi & Schonfeld's Argument	Leiter & Day's Rebuttal	Demerouti & Bakker's Rebuttal	
Work-related factors are the prime predictors of burnout	<ul style="list-style-type: none"><li>• Burnout is not solely caused by job stressors.</li><li>• Other life stressors, personality traits, and physical conditions contribute.</li><li>• Evidence suggests burnout may predict exposure to stressors more than vice versa.</li></ul>	<ul style="list-style-type: none"><li>• Argue this view blames individuals and absolves workplaces.</li><li>• Emphasize moral duty to investigate how work environments cause burnout.</li></ul>	<ul style="list-style-type: none"><li>• Support job-related causes, specifically through thinking about high job demands and low job resources</li><li>• Emphasize that burnout is a syndrome and should require the presence of all three dimensions</li><li>• Call for greater methodological rigor</li></ul>	<ul style="list-style-type: none"><li>• Agree job demands and burnout reinforce each other.</li><li>• Need to take in methodological characteristics when analyzing longitudinal studies</li><li>• Even if work-related factors aren't the most important, that doesn't prove the primacy of nonwork factors</li><li>• Workplace interventions are effective at reducing burnout</li></ul>
Burnout is a condition of epidemic magnitude in contemporary society	<ul style="list-style-type: none"><li>• Dispute the 'epidemic' narrative.</li><li>• Point to lack of diagnostic clarity and wide variation in definitions.</li><li>• Warn against pathologizing normal stress.</li></ul>	<ul style="list-style-type: none"><li>• Reject medical model; argue it ignores social context and pathologizes everyday experiences.</li><li>• Emphasize the importance of workplace interventions over clinical diagnoses.</li></ul>	<ul style="list-style-type: none"><li>• Acknowledge diagnostic challenges, noting that questionnaires are not meant to diagnose</li><li>• Discuss utility of diagnostic thresholds and cutoffs</li><li>• Explore future opportunities for research to address current challenges</li><li>• Note classification inconsistencies across countries.</li></ul>	<ul style="list-style-type: none"><li>• Support critique of epidemic claims.</li><li>• Distinguish between mild complaints and clinical burnout.</li><li>• Advocate for cutoff scores in burnout measurements</li><li>• Warn against 'diagnosis creep.'</li></ul>



Table 1., Cont.

Belief	Bianchi & Schonfeld's Argument	Leiter & Day's Rebuttal	Demerouti & Bakker's Rebuttal
Burnout is not a depressive condition	<ul style="list-style-type: none"> <li>Argue burnout overlaps significantly with depression and may not be a distinct syndrome.</li> <li>Question exclusion of depressive symptoms from burnout definition.</li> <li>Suggest that withholding treatment from depressed workers classified as burnt out may lead to suicide</li> </ul>	<ul style="list-style-type: none"> <li>Maintain burnout is a normal response to toxic work environments, not depression.</li> <li>Therapy can help even if causes are external; locating the cause of burnout externally doesn't preclude from therapy</li> </ul>	<ul style="list-style-type: none"> <li>Suggest that depression and burnout construct overlap may be due to self-diagnosis and self-report measures</li> <li>Reiterate the importance of professional evaluation and diagnosis</li> <li>Focus on mechanisms and symptoms rather than diagnostic distinctions.</li> <li>Strongly differentiate burnout from depression.</li> <li>Describe burnout as an energy disorder requiring recovery-focused treatment.</li> <li>Argue that treatment for depression (activating) and burnout (recovery) are different</li> </ul>

to job stressors is more solid (less affected by small-sample bias and hypothesizing after results are known [HARKing]) than the evidence that exposure to job stressors predicts burnout.”<sup>29</sup> Drawing on clinical perspectives, they emphasize that stressors from any life domain, not solely occupational ones, may contribute to the development of burnout.<sup>30</sup> Their broader conceptualization includes factors such as negative life events, personality traits (such as neuroticism), and physical conditions that produce burnout-like symptoms (such as sleep-wake or thyroid disorders).<sup>31</sup> They caution that an exclusive focus on job demands and resources may constrain our understanding of burnout and advocate for a context-free approach, noting that many individuals do not attribute their burnout symptoms primarily to work.<sup>32</sup>

In the rebuttals, all three pairs of authors argue for the importance and primacy of job stressors. Leiter and Day argue that ignoring workplace factors absolves organizations of responsibility and places the burden on workers:

This sole focus on the directional burnout-job demands influence, without identifying predictors of burnout or depression, is problematic as it aligns with the authors’ third argument (misconstruing burnout as depression), which places the onus for discontent on the victims who either misperceive their workplaces as they filter their perceptions through negative attitudes or who create negative workplaces through behaviour arising from their inherent depression. The workplace itself remains blameless. As OHP researchers, we are morally obligated to try to understand the underlying factors (in this case, work) that create the initial exhaustion, cynicism, and lack of efficacy, rather than blame the victim.<sup>33</sup>



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As is, the move toward self-care as the solution to burnout already addresses the individual as the problem to be fixed, thus further focus on the individual rather than the organizational may continue to obscure work-related issues that lead to burnout. At the same time, it's important to recognize, as Bianchi and Schonfeld also point out in their concluding rejoinder, that illness is not a personal fault, nor the result of individual weakness. Referring specifically to depression and anxiety, they argue

that "depressive and anxiety symptoms do not presuppose internal rather than external causes, nor do they preemptively place the 'blame' on the individual."<sup>34</sup> And while this is true, the societal beliefs about depression and anxiety position them also in significantly individual terms. Even though Bianchi and Schonfeld argue that burnout is no longer a "socially accepted, low-stigma label," it is still more commonly discussed at work and among librarians and library leaders than are depression and anxiety, perhaps partially because burnout is situated within the workplace context.<sup>35</sup>

Demerouti and Bakker reiterate the primacy of work-related predictors for burnout, focusing specifically on their job demands-resources (JD-R) theory to predict burnout: "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."<sup>36</sup> They also reiterate that burnout is a syndrome (and thus requires attention to all three dimensions simultaneously) and call for greater methodological rigor in burnout studies with a specific focus on causality: "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."<sup>37</sup> In order to demonstrate causality, three conditions must be met: covariance, temporary precedence, and the elimination of alternative causes. Cross-sectional studies are generally only able to meet the first condition, longitudinal studies are generally only able to meet the first two conditions, and experimental studies are generally able to meet all three conditions. As such, Demerouti and Bakker recommend future studies employ experimental and quasi-experimental designs (which manipulate the independent variable) in order to develop stronger evidence of causality in burnout research. Although experimental, quasi-experimental, and field experimental designs remain infrequently used in organizational psychology, OHP, and librarianship, researchers have explored ways to apply these methods in organizational settings. Their efforts offer valuable insights for designing future studies.<sup>38</sup>

Schaufeli and De Witte reiterate that burnout is caused by work-related factors and present four counterarguments: that the two meta-analyses presented by Bianchi and



Schonfeld in support of their argument are effectively misrepresented by the authors and do support the effect of work-related predictors; that effect sizes are small in longitudinal studies, that relativity should be taken into account when considering effect sizes, and longitudinal studies may not be designed with appropriate time intervals to detect effects; that even if work-related factors were not that important, it would not prove the effects of non-work factors; and that workplace interventions have been demonstrated to be effective in reducing burnout.<sup>39</sup>

In their final rejoinder, Bianchi and Schonfeld do point out that their argument around work-related predictors is that “there is no clear evidence that burnout is *primarily* explained by work-related factors — i.e. that work-related factors account for (a) most of the variance in burnout or (b) more variance in burnout than other factors do.”<sup>40</sup> Hence, while the meta-analyses discussed by Bianchi and Schonfeld and Schaufeli and De Witte demonstrate a reciprocal relationship, their argument is not that there is no association between burnout and work-related predictors but rather that this is not the primary or only path. This potentially points to the possibility of a context-free redefinition of burnout; however, for Bianchi and Schonfeld, the conclusion is to abandon the concept all together.

### Burnout as Epidemic

The second belief about burnout that Bianchi & Schonfeld highlight is that “burnout is a condition of epidemic magnitude in contemporary society.”<sup>41</sup> Their argument primarily centers around the lack of diagnostic criteria for burnout, which makes it impossible to clinically determine an individual as burnt out: “Diagnostic criteria enable investigators to identify and characterise a given entity. The availability of a clearly defined, clinically valid diagnosis for burnout is a prerequisite for identifying cases and counting them in an effort to calculate prevalence estimates.”<sup>42</sup> Due to the lack of diagnostic criteria, they argue that burnout cases cannot be identified and thus any knowledge of prevalence is unattainable: “Without a diagnosis, it is not possible to ascertain whether someone suffers from burnout, differentiate someone with burnout from someone without burnout, or estimate the prevalence of burnout. These implications should be borne in mind when discussing the pros and cons of developing a diagnosis for burnout.”<sup>43</sup> They also argue that many prevalence estimates pathologize normal stress and fatigue.<sup>44</sup>

In the rebuttals, Demerouti and Bakker and De Witte and Schaufeli generally support this criticism of the epidemic narrative and point to issues with diagnosing burnout through questionnaires, though they arrive at somewhat different conclusions. Demerouti and Bakker emphasize that clinical psychologists require more comprehensive approaches to assessing burnout than standard questionnaires alone. They argue that future research should integrate both the antecedents and consequences of burnout, study individual experiences through momentary assessments, and refine diagnostic thresholds and measurement cutoffs to better identify clinical cases. Additionally, they highlight the potential of artificial intelligence to detect burnout nonintrusively by analyzing emotional and contextual data, though they caution that its effectiveness depends on interdisciplinary collaboration and robust data quality. Overall, Demerouti and Bakker call for a more holistic and integrated framework to understand, diagnose, and prevent burnout effectively.<sup>45</sup>

Meanwhile De Witte and Schaufeli note that while mild burnout complaints are common, clinical burnout is rare: "In our opinion, the failure to rigorously separate (mild) burnout complaints from (severe) clinical burnout contributes to this convoluted debate. Both are conflated in public discourse, giving rise to the incorrect notion of a burnout epidemic. In truth, only mild burnout complaints are common, not burnout disorder."<sup>46</sup> They advocate for clearer definitions and the use of validated cut-off scores to distinguish between levels of severity, agreeing with Bianchi and Schonfeld about the dangers of "diagnosis creep": "We rather suggest communicating explicitly regarding the specific definition of burnout and its measurement, to use a recently developed measure of burnout that addresses the shortcomings of previous measures, and to use cut-offs rather than norms when discussing the results of questionnaires."<sup>47</sup> With regard to cut-offs specifically, they point to their own questionnaire, the Burnout Assessment Tool (BAT), which now includes cutoffs in the manual.<sup>48</sup> Interestingly, the authors of the MBI removed cut-offs in 2016 with publication of the fourth edition.<sup>49</sup>

Finally, Leiter and Day's criticism rejects the medical model of burnout and does not share any common ground with Bianchi and Schonfeld's criticism of the epidemic narrative. Leiter and Day argue that the medical model of burnout wrongly locates the problem within individuals and ignores social context:

[T]he authors' [Bianchi & Schonfeld's] suggestion for determining the prevalence of burnout conveys a medical model of burnout as a disease. This perspective locates the phenomenon within people with no reference to their social context. . . Their [Bianchi & Schonfeld's] requirement for a 'clinically valid diagnosis for burnout' is patently wrong: It perpetuates the disease myth and we don't hold other work-related constructs to the same standard.<sup>50</sup>

They caution against pathologizing everyday experiences and emphasize the importance of workplace interventions over clinical diagnoses.

The discussion of this "belief" is particularly relevant to librarians and LIS researchers as claims about burnout's magnitude within librarianship are quite common. These claims may reflect a desire for burnout to be recognized and addressed by library leadership. Matthew Weirick Johnson and Sylvia Page conclude that

current paradigms of assessment, measurement, and evidence-based practice in libraries, which inform administrative and managerial action (or inaction), construct an undue burden of proof for burnout (and other negative workplace conditions) that denies library workers the care and interventions necessary for them to thrive in their workplace and that leads to continued exploitative practices and emotional extraction.<sup>51</sup>

The paradigm of quantitative evidence-based practice may lead to the exaggeration of burnout's extent—hyperbole for the sake of attention. At the same time, the presence of what De Witte and Schaufeli refer to as "burnout complaints" as opposed to clinical burnout also clearly deserve to be counted and witnessed. Any claim that complaints are mild must not be used to neglect or ignore those complaints, but rather those complaints should still spur action to improve workplace conditions and prevent severe burnout.



### Burnout is Not a Depressive Condition

Bianchi and Schonfeld argue that burnout shares significant overlap with depression and may not be a distinct syndrome. They question why depressive symptoms are excluded from burnout's definition despite their frequent co-occurrence with exhaustion. They suggest that burnout may be better conceptualized as job-related depression and criticize the historical development of burnout research for lacking methodological rigor. Additionally, they argue for consideration of burnout as a continuum, with the high end of the continuum being clinical depression. Finally, they warn that labeling someone as "burned out" could lead to withholding vital depression treatment, which may be lifesaving given the risk of suicide.<sup>52</sup>

Leiter and Day maintain that burnout is a normal response to toxic work environments and should not be conflated with depression: "They [Bianchi and Schonfeld] selectively report analyses from their own work to support their own argument, while ignoring many studies showing that depression and burnout are related, but not synonymous nor significantly overlapping."<sup>53</sup> They argue that recognizing burnout as an organizational issue does not preclude treatment and that therapy can still be effective for externally caused distress:

The authors use a somewhat inflammatory red-herring argument that seeing burnout as an organisational issue deprives workers of 'life-saving' psychiatric treatment. This argument is inherently flawed for two reasons. First, many psychological issues with external causes still benefit from therapy and support: Acknowledging any strain or trauma arising from the workplace does not prevent treating its outcomes. . . Second, subscribing to this argument ignores the reality that some people have truly awful work lives, and their experiences do not arise from internal issues or mental illness but from bad working conditions.<sup>54</sup>

Demerouti and Bakker argue that the overlap in depression and burnout constructs may be due to the use of self-diagnosis or self-report measures rather than true construct overlap and emphasize the need for a more nuanced understanding of burnout's mechanisms and symptoms: "[B]urnout 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."<sup>55</sup> De Witte and Schaufeli strongly differentiate burnout from depression, describing burnout as an energy disorder centered on exhaustion. They argue that treating burnout as depression can worsen symptoms and that burnout requires a recovery-focused approach distinct from depression's activating therapies.<sup>56</sup>

### Considerations for Academic Librarianship

While the debate presented in *Work & Stress* resists simple resolution, it nonetheless reveals points of agreement and offers valuable insights that can inform research and practice related to burnout in academic librarianship. Although abandoning the burnout construct entirely is one proposed—and highly contentious—path forward, there remain significant opportunities to engage with and refine the concept. These include enhancing methodological rigor, fostering interdisciplinary collaboration, and examining



the causes of burnout both within and beyond occupational contexts. Within academic libraries, practitioners and researchers can work to reduce stigma surrounding both therapy and burnout, investigate contributing factors—including those external to the workplace—and advocate for organizational interventions that have demonstrated effectiveness in mitigating burnout.

### **Burnout in Research**

#### *Methodological Rigor*

The arguments presented throughout the special issue underscore the need for greater methodological rigor in burnout research, a concern particularly relevant for academic library researchers. Bianchi and Schonfeld's critique of burnout's conceptual develop-

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ment highlights the importance of stronger evidentiary foundations. While personal narratives from academic librarians about burnout and recovery offer valuable insight, their generalizability and effectiveness as evidence remain limited. Moreover, much of the quantitative research in LIS relies on cross-sectional, self-report surveys, which limit the ability to demonstrate causality. Future studies should consider alternative methodological approaches, including experimental, quasi-experimental, field-based, and longitudinal designs, to advance burnout research in aca-

ademic library contexts.<sup>57</sup> While these study designs may require additional resources and methodological expertise, they also expand our knowledge of processes and causation. For example, "longitudinal designs overcome limitations of cross-sectional studies and enable researchers to address longer-term processes, to gain insights into the time frame of underlying psychological mechanisms, and to rule out obvious alternative explanation for the assumed processes studied (e.g., reverse causation)."<sup>58</sup> Additionally, field-based studies, including field experiments, may be more accessible to academic librarians who already have strong relations with their own or other institutions, enabling researchers to build trust for field experiments or research across organizations. While self-report questionnaires, such as the MBI, BAT, and CBI, are the predominant method of measuring burnout, academic library researchers may consider objective measures of other variables, such as workload or productivity, or explore measures from other sources, such as supervisor assessments, to prevent common method bias.<sup>59</sup>



### *Interdisciplinary Collaboration*

As burnout continues to gain traction across disciplines, including psychology, sociology, medicine, and librarianship, its disciplinary reach presents valuable opportunities for collaborative interdisciplinary inquiry. Engaging diverse perspectives enables researchers to address burnout from multiple angles and fosters innovative approaches to understanding and mitigating its effects. Academic librarians, positioned at the nexus of campus intellectual life, are uniquely equipped to facilitate such interdisciplinary connections and contribute to collaborative research efforts. Moreover, the widespread academic and popular interest in burnout underscores the importance of reading broadly across fields, allowing library researchers to expand their conceptual frameworks and enrich their understanding of this complex phenomenon.

### *Burnout and Nonwork*

While several authors in the special issue reiterated that burnout is an occupational construct originating in the workplace and predicted primarily by job stressors, there are increasing opportunities to think about the impact of nonwork stressors. As Baillien and Taris observe, our increasingly online and digitalized lives can blur and erode the boundary between work and nonwork.<sup>60</sup> As such, the two realms interface more, and stressors beyond work may contribute to feelings of burnout. Future research should examine how nonwork stressors influence burnout and consider whether specific aspects of academic, library, or academic library work—such as scholarly expectations, service responsibilities, or community engagement—may exacerbate burnout in unique ways.

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### **Future research should examine how nonwork stressors influence burnout**

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### **Burnout in Practice**

#### *Burnout and Nonwork*

As with burnout research, we must also practically attend to the interface of work and nonwork domains. One strategy involves reinforcing these boundaries to mitigate the effects of constant connectivity. Particular attention should be given to digital practices, such as disabling email notifications outside of work hours and establishing clear end-of-day routines.<sup>61</sup> As noted earlier, expectations specific to academic librarianship, including research, service, conference participation, and community engagement, may further blur these boundaries. The college campus itself, in many ways, embodies the collapse of traditional distinctions between work and nonwork domains. By integrating spaces for study, work, and leisure within a single environment, spaces and functions inherently overlap, encouraging a fluid transition between academic, personal, and professional roles but also blurring this distinction and potentially hindering effective boundary-setting.



### *Stigma*

Bianchi and Schonfeld argue that burnout is no longer a “socially accepted, low-stigma label,” highlighting the need to address the growing stigma surrounding burnout.<sup>62</sup> Although public discourse around burnout has increased, this visibility may paradoxically contribute to greater stigma. At the same time, our goal should be to eliminate rather than normalize burnout, while being aware of the harm of stigmatizing the label, which can discourage librarians from acknowledging their experiences and advocating for support and interventions. Reframing burnout as a consequence of organizational conditions rather than individual shortcomings helps to challenge the stigma often associ-

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### **Burnout is frequently addressed through an individualized lens, with a strong emphasis on personal resilience and self-care.**

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ated with it. In academic libraries, however, burnout is frequently addressed through an individualized lens, with a strong emphasis on personal resilience and self-care. This is evident in interventions such as mindfulness workshops, encouragement to take breaks or use vacation time, and advice on setting boundaries or achieving work-life balance.

While these strategies can support individual well-being, they largely overlook the structural and systemic contributors to burnout. Instead of addressing, for example, increased job demands, chronic understaffing, or unrealistic performance expectations, institutions often place the burden of recovery on the individual.<sup>63</sup> Nonetheless, for individuals, therapy remains valuable for treating both burnout and depression as well as improving quality of life. As such, normalizing therapy and help-seeking behaviors is essential, as these practices play a critical role in addressing both burnout and depression and improving overall well-being, even when organizational interventions are lacking.

### *Organizational Interventions and Addressing the Causes of Burnout*

The commentaries in this special issue of *Work & Stress* reaffirm the importance of improving work and organizations to address the root causes of burnout. While future research may demonstrate both work and nonwork factors, current evidence underscores the risks posed by high job demands and low job resources. These can lead to burnout, as well as the recovery paradox—the inability to recover from work due to exhaustion.<sup>64</sup> Recognizing these challenges, several authors point to successful interventions, which may serve as models for academic libraries. For example, David Holman and Carolyn Axtell’s quasi-experimental study found that employee wellbeing improved when they were able to actively participate in redesigning their roles by identifying core tasks and barriers and proposing changes to improve autonomy and feedback.<sup>65</sup> This indicates that participative job redesign can mitigate strain by strengthening key job resources, reducing burnout. Similarly, Demerouti and Niels Adaloudis’s scoping review emphasizes that strategies focused on job enrichment and employee-driven job crafting can strengthen resources and mitigate burnout.<sup>66</sup> Complementing this, Stefania De Simone, Maria Vargas, and Giuseppe Servillo’s meta-analytic findings suggest that organizational interventions, such as modifying schedules and reducing workloads, produce greater



reductions in physician burnout compared to individual-level interventions.<sup>67</sup> Extending this, Pijpker et al., in a systematic review, highlight that a dual approach, addressing both individual and organizational factors, reduces burnout, particularly exhaustion and depersonalization, in the short and long term.<sup>68</sup> Overall, these findings suggest that interventions targeting job design and organizational context, while integrating individual-level solutions, offer the most promising path for mitigating burnout and fostering well-being.

## Conclusion

In the special issue of *Work & Stress* titled “We still need to talk about burnout,” Bianchi and Schonfeld challenge prevailing assumptions about burnout by identifying three widely held beliefs they argue are insufficiently supported by empirical evidence. Continuing decades of their own work, they contend that burnout is best understood as a context-specific manifestation of depression and advocate for abandoning the burnout construct altogether. Their critique centers on the claim that work-related factors are not the primary drivers of burnout, that its prevalence is overstated, and that its conceptual overlap with depression undermines its distinctiveness. They further argue that the construct’s origins in the 1970s lacked methodological rigor, contributing to its current conceptual ambiguity.

In response, leading scholars in burnout research offer a series of counterarguments. While all three rejoinders affirm the occupational nature of burnout, some acknowledge the reciprocal relationship between job demands and burnout and the potential of nonwork stressors as predictors of burnout, particularly in light of eroding work-life boundaries due to digitalization. Regarding the burnout epidemic, Demerouti and Bakker and De Witte and Schaufeli generally agree with the hyperbolic nature of the epidemic narrative, but argue for improved methodological rigor, measurement (including the use of cutoff scores), and diagnosis. Leiter and Day, by contrast, reject the medical model entirely, emphasizing the social and organizational dimensions of burnout. On the question of burnout’s relationship to depression, all three commentaries maintain that the constructs are distinct, with De Witte and Schaufeli presenting a particularly compelling case for burnout as an energy disorder centered on exhaustion and requiring recovery-focused interventions in contrast to activating therapies that might treat depression.

As the discourse on burnout continues to evolve, it is imperative for scholars and practitioners in library and information science to engage critically with these debates. Doing so not only strengthens the theoretical foundations of burnout research within librarianship but also informs evidence-based strategies for addressing burnout in library workplaces. By integrating insights from occupational health psychology, LIS researchers can contribute to a more nuanced and contextually grounded understanding of burnout—one that supports both scholarly inquiry and practical intervention. Beyond burnout, the OHP literature and organizational psychology literature more broadly contain a wealth of knowledge and insight to inform the improvement of library workplaces and librarian work life.

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