Reviewer's report

Title: Understanding burnout according to individual differences: Usefullness of "Burnout Clinical Subtype Questionnaire" versus "Maslach Burnout Inventory General Survey", a cross sectional study

Version: 1 Date: 20 February 2012

Reviewer: Pedro Gil-Monte

Reviewer's report:

The aim of this paper was to estimate and to compare the explanatory power of a typological model of burnout on the standard measurement of burnout –i.e., MBI. This is a potentially interesting paper evaluating the subtypes of burnout. I appreciate the effort that has been put into performing this study, but unfortunately the paper has a number of flaws that impede its publication. I give some suggestions below if the authors decide to rewrite the paper.

Major Compulsory Revisions

Background.

1. Authors must clearly explain that they are evaluating by the BCSQ: burnout predictors or burnout symptoms? The paper has a serious theoretical and conceptual problem to state the differences between predictors vs. symptoms of burnout. This distinction is very confusing, and it must be clarified. The limitation coming from the background developed previously to the questionnaire. What is burnout? Is it a clinical or a contextual problem? As a consequence they are considering the phenomenon as a predictor of this same phenomenon. How can be clinical symptoms of burnout –i.e., subscales of BCSQ, predictors of clinical symptoms of burnout –i.e., subscales of MBI?

On the contrary, if the BCSQ evaluates working conditions, the analyses are adequate. But, then, why the paper states that the BCSQ estimates clinical burnout? Are there any differences between the BCSQ and other questionnaires evaluating job stressors? According the design of this study, I think that the questionnaire evaluates subtypes of profiles tending to burnout, on the contrary that clinical subtypes of burnout.

2. In addition, How do the questionnaire differentiates between burnout and clinical burnout? How can we conclude by the questionnaire on these differences?

3. The study should offer some hypotheses on the expected relationships between independents and dependents variables; for example, overload and burnout symptoms. The review of the literature must be improved taking into consideration previous studies about job stressors and its relationships with job burnout.
Method

4. According to the Participants section, the required sample was calculated as 427 participants, but the study sample are 409 participants, and the distribution on occupational categories did not fit to initial estimation; why?. How this misfit could affect on the results and conclusions?

5. The Methodology section must show some information about how many items there are in every subscale, and the Cronbach alpha values for all subscales of the BCSQ-36, and the BCSQ-12.

Results.

6. The presentation of the regression analyses should be improved. Table 1 can be split and integrate in Tables 2, 3 and 4.

7. The authors must decide if they will take into consideration R2 (e.g., Cynicism equation) or AR2 (e.g., Efficacy equation).

8. F values and df for regression equations must be supplied.

9. Correlations values among all study variables must be supplied as a previous step to analyses regression.

10. Results of regression models carried out by BCSQ-36 don’t fit to results of regression models carried out by BCSQ-36. For example, in Table 4 both Involvement and Overload were significant predictors of Efficacy (BCSQ-36), but Overload did not (BCSQ-12). How this misfit could be explained?

11. If the BCSQ evaluates burnout symptoms -because it has been designed to evaluate burnout or clinical burnout-, then the relationships with the MBI dimensions must be tested by other procedures, as factor analysis, concurrent validity, correspondence analysis...

Discussion.

12. Now, in this section, the BCSQ dimensions are considered as job stressors, and in previous sections they were considered as symptoms of clinical burnout? How do explain this misfit? For example, “overload and lack of control were the ones that basically explained exhaustion, something which is coherent with the Karasek’s demand-control model...” (p. 8, #5 and p. 9), but they conclude that the MBI dimensions “do not facilitate differentiation of the syndrome by means of clinical subtypes, something that can be done with the BCSQ-36” (p. 9, #2). In addition, “and taken individually can constitute a brief typological definition of the syndrome”. Can be the overload considered as a dimension of burnout –i.e., a symptom, or it is a predictor?

Conclusions

13. p. 10, #3, “the BCSQ-36 and BCSQ-12 show great explanatory power compared to the MBI-GS” Why? The MBI dimensions were not considered
predictors in this study.

14. p. 10, #3, "definition of burnout like that established using the BCSQ-36 and BCSQ-12 is a valid and useful tool for clinical evaluation of the syndrome and may provide a better understanding of the disorder as it is presented in each case, enabling the design of more specific treatment approaches" Why? According to study, the dimensions of BCSQ are predictors of burnout, on the contrary that burnout symptoms. Then, the BCSQ could be a valid and useful tool for organizational evaluation, and to identify work conditions to prevent the development of burnout.

15. p. 10, #3, "This perspective is more comprehensive than that provided by the classic MBI-GS and offers a more complete characterization of burnout by means of clinical sub-types" Why? The BCSQ evaluates the individual perception of work conditions –i.e., predictors of burnout- on the contrary that clinical symptoms of burnout.

16. Some questions remain without answer: How this study contributes to the advancement of knowledge?, How are the theoretical relationships between the independent variables and subtypes of burnout?, How to explain the burnout clinical subtypes and job stressors relationships?, How are theoretical relationships between BCSQ and MBI? Are the BCSQ dimensions job stressors (environmental variables), or are they clinical symptoms of burnout (individual variables)?

Discretionary Revisions

1. The authors should to establish a fit between the concept and the estimated construct, and to present a brief revision on previous subtypes of burnout to ground the rationality of the study. For example, some models considering psychological symptoms (e.g., guilt), and physiological symptoms (e.g., prolactin levels).

2. In same paragraph there are many references: p. 3, #4: 11-17; p. 4, #1, 2, & 3: 18-21; p. 4, #4: 11-17; p.9, #1: 11-22; p.9, #2: 11-21; p.9, #2: 11-21.

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

'I declare that I have no competing interests' below.