

The Fifth Diagnostic and Statistical Manual and the Maslach Scale – A Critical Study

Abdelouafi Zoheir BOUCENNA ^{1, *}, Soraya OTHMANI MARABOUT ²

¹ University of constantine2 (Algeria), boucenna@univ-constantine2.dz

² Barika University Centre (Algeria), soraya.othmani@cu-barika.dz

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Abstract: Experts in the medical, psychological, and social fields have been focused on finding possible solutions to address both types of burnout.

Through this article, we aim to provide an analytical perspective on this scale in line with what is presented in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).

This is an exploratory theoretical and analytical story, to compare maslach'ssymptomes and DSM-5. What is the place of the accidental trilogy in the evidence, and is it possible to talk about it in our time?

Keywords: Stress; Psychological burnout; Occupational burnout; Maslach Burnout Inventory; Psychiatric disorders.

* Corresponding author, e-mail:

1- Introduction:

Burnout is one of the pressing issues that has become a part of individuals' daily experiences due to the evolving dynamics of contemporary societies. Globalization and its manifestations now dominate public life across all domains and affect every age group.

The emergence of new social conditions and daily life patterns has imposed upon individuals a novel social system previously unfamiliar to them. Individuals in their respective work environments across various fields now suffer from challenges that have taken on new forms, often resembling pathological conditions.

One may refer to psychological stress and occupational stress, the latter having taken on a distinctive character due to the severity and intensity of its clinical symptoms, to the extent that it has been classified as burnout or occupational burnout.

The clinical nature of burnout symptoms has raised alarm among specialists, making it imperative to establish clinical monitoring and treatment for such disorders.

Researchers have devoted considerable attention to studying psychological and occupational burnout. Numerous studies have proposed short- and medium-term therapeutic approaches, and several tools have been developed to measure the degree of burnout experienced by individuals, among the most prominent being the Maslach Burnout Inventory.

Maslach defines burnout as a state of physical, emotional, and mental exhaustion manifested in severe fatigue, hopelessness, and negative thoughts towards oneself and others. The clinical dimension of these symptoms has prompted us, as clinical specialists, to further investigate and raise critical questions regarding the appropriateness of the Maslach tool in measuring psychological burnout. This instrument presents a tripartite symptom model that serves as its cornerstone and is widely used by researchers in our context.

Conceptual clarification: The MBI is a psychometric assessment tool, whereas DSM-5-TR is a diagnostic classification system.

The topic of occupational burnout possesses both originality and a clear social dimension, given its direct connection to lived reality. Individuals suffer from myriad professional issues (whether managerial, administrative, or related to job satisfaction) which may culminate in what is termed occupational burnout.

In 1981, Christina Maslach developed a diagnostic tool for identifying occupational burnout and delineated three core criteria for its presence: emotional exhaustion, depersonalization (or emotional numbness), and reduced personal accomplishment, all of which are clinical symptoms that indicate the individual's entry into a pathological state.

The revised DSM-5-TR, issued in 2022 after the transition from DSM-IV-TR, introduced a significant paradigm shift in the contemporary understanding of mental disorders and categorical classifications. Among the most notable updates is the recognition of a new disorder: Prolonged Grief Disorder, alongside the reclassification of suicidal behavior, and the separation of contextual and ancillary issues that may warrant clinical attention.

The choice of DSM-5-TR is justified by its updated diagnostic specifiers and refined classifications relevant to burnout-related symptoms.

This academic article presents a modest attempt to clarify the symptoms of occupational burnout as identified by Maslach in 1981 and to investigate its current standing in the revised DSM-5-TR. How can it be conceptualized more than four decades later in light of the updates introduced by the DSM-5-TR?

Research Question: To what extent do the components of the Maslach Burnout Inventory correspond to DSM-5-TR diagnostic categories?

1.1. Psychological Burnout and Occupational Burnout:

Also referred to as emotional exhaustion or psychological distress within the professional sphere, burnout is often regarded as the endpoint of severe stress, closely tied to one's chosen profession and extended interactions with others. It is therefore also observed among those in caregiving and support roles.

Burnout denotes a form of professional psychological distress and a deterioration of interpersonal relationships, accompanied by physical exhaustion. It was first referenced in 1952 in France by Professor C. Veil and later appeared in the United States during the 1970s, where it was described as “burning from within”—a concept paralleled in France by what is known as professional or emotional exhaustion (Baumann, F. 2010: 37).

Burnout is closely linked to psychological stress and is a pathological syndrome in which an individual's psychological, cognitive, and physical energies are depleted due to internal conflicts and unresolved professional circumstances. It typically manifests in three primary symptoms: emotional exhaustion, depersonalization, and diminished accomplishments.

While fatigue or tension may be the initial indicators of burnout, they are not, in isolation, sufficient to diagnose it—particularly if they are short-lived. Burnout is characterized by the persistence and consistency of its core symptoms. It is identifiable through a clinical profile in which symptoms appear with both intensity and durability, such as disinterest, doubt, self-devaluation, and feelings of helplessness.

One potential cause of burnout lies in individuals' pursuit of perfection. When unable to recognize their capabilities across various domains, they may impulsively pursue goals that are difficult to attain. Furthermore, the absence of positive self-regard and a pessimistic outlook on others leads individuals to construct their own isolated realities, rendering them incapable of coping with actual circumstances (Article, 09.09.2024 / hakini.net).

As for occupational burnout specifically, it pertains to the professional domain and manifests as fatigue related to work. It is a syndrome with identifiable symptoms, officially recognized by the World Health Organization in 2019.

The World Health Organization defines occupational burnout as: “A syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed.” As for Christina Maslach, Professor of Psychology at the University of California and author of the 2022 book *The Burnout Challenge*, she states:

According to ICD-11, burnout is classified as an occupational phenomenon (QD85) and not as a mental disorder.

“Burnout is a reaction to chronic job-related stress. It is a natural human response to threats and challenges, it is usually a good thing, but the problem lies in the recovery.”

There are three core symptoms of burnout:

- Exhaustion
- Negative emotions and cynicism toward the profession
- Reduced professional efficacy and difficulty processing information and making decisions

Maslach further asserts that burnout consists of a triad: stress, job aversion, and self-aversion.

According to Jacky Francis Walker, burnout specialist and psychotherapist, “You feel increasingly exhausted and depleted of energy over time, this becomes a daily experience. It differs from regular fatigue in that it is not a temporary condition.”

In 2021, the American Psychological Association found that:

- 26% of employees reported a lack of motivation
- 32% experienced emotional exhaustion
- 44% suffered from physical exhaustion

According to the UK Mental Health Foundation's Burnout Report, 20% of workers were forced to take time off in 2023 due to occupational stress (Aaswat.com, 09.09.2024).

Occupational burnout, also referred to as occupational exhaustion syndrome, is a phenomenon that has been observed for over four decades. The World Health Organization describes it as a syndrome resulting from chronic work-related stress that the individual has failed to resolve effectively.

In this article, occupational burnout is used consistently to refer to work-related burnout phenomena.

There are many definitions of occupational burnout, but three essential dimensions consistently form its foundation:

First: A Sense of Fatigue

This may manifest as physical fatigue (low energy, tiredness despite prolonged sleep), emotional fatigue (emotional numbness or volatility), or cognitive fatigue (slow thinking, forgetfulness). The individual appears overwhelmed by cumulative stress and feels incapable of coping with work demands.

Second: Withdrawal from Work

To protect themselves from stress, individuals begin to erect barriers between themselves and their work, and between themselves and colleagues. They may adopt a passive or even aggressive stance in their professional behavior.

Third: Decreased Work Efficiency

This leads to a diminished sense of self-worth and professional identity (Delbrouck, B. 2022: 19).

1.2 Theoretical Approaches to Burnout:

1.2.1 The Behavioral Approach:

According to the fundamental principles of this school, burnout, like any maladaptive behavior, is a learned response resulting from unsuitable environmental conditions. From this perspective, burnout is attributed to the physical components of the environment in which the individual operates. While this approach emphasizes the role of the external environment, it also acknowledges the significance of individual factors, such as expressions, feelings, and cognitive processes, which should not be overlooked. Therefore, the behavioral school posits that to ensure individual efficiency, one must regulate environmental variables to control psychological burnout.

1.2.2 The Cognitive Approach:

This perspective considers behavior as stemming from internal sources. Life situations require individuals to pause and reflect before acting, with their responses shaped by specific goals. Positive cognitive appraisal of situations plays a critical role in determining reactions, promoting psychological balance and adaptive coping. Conversely, negative perceptions lead to anxiety and rejection of one's circumstances, ultimately resulting in burnout.

1.2.3 The Psychoanalytic Approach:

The psychoanalytic school shares some interpretative similarities with the cognitive approach in explaining individual reactions. It attributes internal conflict to the drives behind behavior, which generate tension between the three intrapsychic forces: the id, the ego, and the superego. These internal struggles may culminate in anxiety, depressive symptoms, and eventually burnout (Ghani.saeid.net, 15.03.2025).

1.3. Burnout and Personality Traits:

According to trait theory, there are five primary personality traits:

- Agreeableness: Individuals with high levels of agreeableness tend to show concern for others and are oriented toward helping, which fosters psychological comfort and emotional stability.
- Conscientiousness: Individuals possessing this trait exhibit sufficient emotional regulation and sound reasoning, both of which are essential to achieving desired goals.
- Neuroticism: These individuals fluctuate easily between emotional states, are quick to irritate, and frequently experience tension and depressive symptoms from which they find it difficult to recover.
- Openness to Experience: Individuals show outward tendencies, creativity in specific areas, a vivid imagination, and a drive to take risks and face challenges.

- Extraversion: Extraversion is considered a positive trait. These individuals appear outgoing, open in their interpersonal relationships, and seek connection through social interaction and group living—unlike introverted tendencies, where the individual remains isolated from others.

The ability to cope with stress and frustrating situations undoubtedly depends on the structure of the personality. Discussing psychological resilience implies an individual's ability to face adversity and find solutions to life's obstacles, which otherwise exacerbate stress levels. On the contrary, vulnerability, or what may be termed psychic woundedness, renders the individual incapable of coping, leading to withdrawal in the face of pressure (Mohamed Abdel Hamid Taha Maqlid, 2017: 02).

1.4. Causes of Psychological Burnout:

1.4.1 Social Factors:

Social and economic changes within society are among the principal causes of psychological burnout. The nature of social, cultural, and civilizational development in a given society contributes to the emergence of marginal institutions that receive little societal support, thereby rendering their workers more susceptible to burnout.

1.4.2 Personal Factors:

Individuals do not progress automatically within their professional environments; rather, their advancement is constructed through external interactions, personal experiences, and their capacity to transmit knowledge to others (Boudouka, A. 2009: 21).

Most studies concur that individuals with the highest levels of dedication and commitment to their work are, paradoxically, the most vulnerable to burnout. Al-Zahrani also highlighted that those who are sincere and highly committed are particularly prone to psychological burnout.

Moreover, the realism of an individual's expectations and aspirations plays a crucial role. Unrealistic expectations inherently contain the risks of illusion and burnout. In addition, the extent to which an individual experiences personal fulfillment outside of work is significant, when all focus is concentrated exclusively on the workplace, the risk of burnout increases (Nawal Al-Zahrani, 2008).

1.4.3 Organizational Factors:

Since burnout has been most frequently identified in the professional realm, it is only natural that workplace-related and organizational factors play a significant role in the distress individuals endure. Two individuals may work within the same institution, possess the same qualifications, and carry out the same tasks, yet only one may experience burnout. This highlights the importance of individual and interpersonal variables (Boudouka, A. 2009: 20).

Accordingly, the role of personality and its components becomes critically important. From the perspective of the “woundedness–resilience” model, one may explain the phenomenon of burnout: the resilient individual is able to confront stress and psychological fatigue through personal coping mechanisms, whereas the emotionally vulnerable individual is hypersensitive to stressful situations and lacks the capacity to face them, thus falling prey to exhaustion and psychological collapse.

1.5. Dimensions of Psychological Burnout:

Psychological burnout consists of a set of symptoms characterized by emotional exhaustion, affective numbness, and a profound sense of diminished capacity to achieve personal productivity.

1.5.1 Emotional Exhaustion:

Emotional exhaustion may be more physical than psychological in its manifestation. The individual feels empty on the inside, coupled with emotional fatigue at work and significant difficulty in maintaining emotional connections with others. This form of exhaustion is linked to an inability to express emotions (Canoui, P. & Mauranges, A. 2008: 15).

Maslach considers emotional exhaustion to be the core dimension of psychological burnout and its most recognizable manifestation. The individual experiences acute emotional emptiness, a marked depletion of energy, and an inability to concentrate, accompanied by feelings of frustration and lack of motivation in the workplace. It is often the primary

response to stress when an individual feels they have depleted all their energy and cannot continue to cope.

This kind of exhaustion cannot be relieved simply by rest, and the more stress increases, the more the individual becomes fatigued and depleted. This results in an inability to engage emotionally or affectively with others, and behavior becomes cold and emotionally detached.

1.5.2 Affective Numbness (Depersonalization):

Affective numbness represents a crucial phase in the burnout syndrome. It signifies emotional detachment and relational desiccation, wherein the individual begins to perceive themselves, and others, as mere objects (Canoui, P. & Mauranges, A. 2008: 15).

Due to diminished or depleted internal energy from emotional exhaustion, the individual finds themselves unable to confront the source of stress. Consequently, they withdraw and gradually construct barriers that isolate them from others. Emotional detachment follows, and others are perceived merely as objects. In essence, the person emotionally disconnects from their surroundings to shield themselves from unmanageable pressures due to energy depletion.

This dimension often manifests as heightened sensitivity to others' problems, which paradoxically translates into hostile behavior, emotional coldness, and aggression.

1.5.3 Sense of Reduced Personal Accomplishment:

This dimension is the cumulative result of the preceding two and is arguably the most painful aspect of burnout, leaving deep psychological scars (Canoui, P. & Mauranges, A. 2008: 16).

It is the stage of self-assessment in burnout. At this point, individuals begin to devalue their own worth, doubt their capabilities, and lose confidence in themselves. Severe self-reproach often follows, which leads to deteriorating performance and a prevailing sense of failure.

Signs of this dimension may include absenteeism, mere physical presence without productivity, professional errors, complete withdrawal from responsibilities, or at times, extreme and unproductive overcommitment (Khelassi Mourad, 2014: 77).

2. The Four Severity Levels of the Burnout Syndrome:

The treatment and clinical management of occupational exhaustion syndrome depend on the severity of symptoms, the level of risk, and the stage the individual has reached in the progression of the condition. It also hinges on the person's degree of self-awareness, as well as their cognitive and financial resources.

Table 01: The Four Severity Levels of Occupational Exhaustion Syndrome

Phase 01
I'm in the heart of burnout – I want to escape
Phase 02–03
I have exhaustion symptoms – I want to flee burnout
Phase 03–04
I'm fine – I will protect myself from burnout

Mind - Fluid thoughts

- Curiosity
- Constant preoccupation outside of work - Recurrent thoughts about work
- Racing thoughts
- Indifference

Heart - Normal expression and regulation

- Emotional needs
- Limited social withdrawal - First signs of mood shifts
- Unusual incidents and euphoria

Body - Eutonia

- Normal fatigue with periods of sleep
- Appetite – libido
- Disrupted sleep
- Tension
- Irregular heartbeat
- Headaches
- ENT (ear, nose, throat) problems .Source:(Delbrouck, M. 2021: 27)

3. Results and Discussion:

This section analytically links Maslach's triadic model to DSM-5-TR symptom clusters.

To address occupational burnout according to the Maslach Burnout Inventory (MBI) developed in 1981, one must return to its symptomatic triad, which includes:

- Emotional exhaustion, where the individual feels incapable of expressing emotions or concerns and experiences an inner void that prevents engagement with daily tasks.

A structured comparison is established between emotional exhaustion and depressive symptomatology in DSM-5-TR.

- Depersonalization, in which the person withdraws from social groups and constructs a detached internal world, perceiving themselves as insignificant.

Depersonalization is conceptually aligned with affective detachment observed in stress-related disorders.

- Reduced personal accomplishment, observable in professional settings where employees whether staff, workers, or managers? perceive their efforts and achievements as worthless. These behavioral manifestations are clinically significant and indicative of pathological conditions.

Reduced personal accomplishment overlaps with DSM-5-TR criteria related to feelings of worthlessness.

The continuous revisions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) culminated in the DSM-5-TR (Text Revision), published in 2022, which introduced significant updates, including Prolonged Grief Disorder and further recognition of suicidal behavior.

Thus, this discussion attempts to align Maslach's triadic symptoms with the corresponding categories in the DSM-5-TR, highlighting the key domains related to occupational burnout.

According to the DSM-5-TR, the following diagnostic axes are relevant:

First: Major Depressive Disorder (MDD)

Criterion A: Presence of five or more of the following symptoms:

- Persistently low mood throughout the day
- Marked decrease in interest or pleasure
- Weight loss due to lack of appetite
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or energy loss
- Feelings of worthlessness
- Diminished ability to think or concentrate
- Recurrent thoughts of death

Criterion B: Symptoms cause significant impairment in occupational functioning.

Criterion C: Symptoms are not attributable to physiological causes.

A–C together constitute a major depressive episode.

(Codes: Single Episode – F32.2; Recurrent – F33.2)

Second: Trauma- and Stressor-Related Disorders – Unspecified

This category encompasses cases dominated by symptoms characteristic of trauma- and stressor-related disorders that lead to clinically significant distress or impaired social and occupational functioning. (Code: F43.9)

Third: Work-Related Problems

This classification is used when professional issues are the main focus or have implications for diagnosis and treatment. Relevant cases include (Al-Hammadi, Anwar, 2022: 486):

- Unemployment – Z56.0
- Change of job – Z56.1

- Threat of job loss – Z56.2
- Stressful work schedule – Z56.3
- Conflict with supervisor or colleagues – Z56.4
- Inadequate work environment – Z56.5
- Other physical and mental stressors related to work – Z56.6
- Sexual harassment at work – Z56.81
- Other employment-related problems – Z56.9
- Other job-related concerns – Z56.9

The DSM-5-TR elaborates in detail on Maslach's symptomatic triad. As shown in the three diagnostic axes, the etiology of burnout is largely covered under "Work-Related Problems" (Z56.0–Z56.9), which can be triggers for both trauma- and stressor-related disorders (F43.9) and major depressive episodes (F32.2 or F33.2).

There is a clear interrelation between the three axes, and diagnosing occupational burnout within the framework of DSM-5-TR requires careful clinical evaluation. Furthermore, the category "Work-Related Problems" (Z56.0–Z56.9) is central to the diagnostic process, as it may underlie the emergence of the Major Depressive Disorder symptoms outlined in Axis I.

These findings support current debates distinguishing occupational burnout from major depressive disorder.

The revised DSM thus clarifies the symptomatic triad by aligning it with comprehensive diagnostic categories, facilitating accurate diagnosis and appropriate treatment planning. It also elucidates the etiological factors behind burnout, providing detailed coded classifications that support clinical documentation and case formulation.

Discussion: The findings confirm partial diagnostic overlap without equating burnout to a psychiatric disorder.

4. Conclusion:

Limitations: This study is theoretical and does not include empirical measurement.

Ethical considerations: The study relies exclusively on published sources and adheres to academic integrity.

Contemporary social and economic transformations have cast their shadows over all institutions and organizations concerned with human development. As an important component in organizational advancement, the individual has become increasingly exposed to stressors that directly affect their performance, thereby negatively impacting overall organizational outcomes.

Occupational burnout is one of the emerging psychosocial ailments that has afflicted the human resource sector, prompting researchers to investigate potential preventive and therapeutic strategies.

The symptomatic triad of burnout (emotional exhaustion, depersonalization, and reduced personal accomplishment) possesses a clinical nature, demanding a multidisciplinary team to explore effective treatment modalities. Emotional exhaustion disturbs emotional regulation and leads to affective inhibition, which disrupts daily functioning. Depersonalization impairs social relationships and drives individuals into an isolated world disconnected from reality, limiting societal integration and interpersonal interaction. Meanwhile, the feeling of diminished personal achievement undermines self-worth despite one's qualifications or assigned responsibilities.

It is imperative for human resource managers to provide a conducive organizational climate, fostering an environment that elevates both employee well-being and institutional productivity.

Clinical implications include cautious diagnostic assessment of burnout-related symptoms.

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