
Disclosures
The author reports no conflict of interest.

Correspondence
Ayhan Kanat: ayhankanat@yahoo.com.

References

“Burned out” at work but satisfied with one’s job: anatomy of a false paradox

TO THE EDITOR: In a recent study of 346 US neurosurgery residents, Attenello et al.1 reported that 67% of their participants suffered from burnout (Attenello FJ, Buchanan IA, Wen T, et al: Factors associated with burnout among US neurosurgery residents: a nationwide survey. J Neurosurg [epub ahead of print February 9, 2018. DOI: 10.3171/2017.9.JNS17996]). The authors also found that
81% of surveyed residents were satisfied with their career and that 79% would choose neurosurgery again. Attenello et al. described their results—invoking a coexistence of burnout and job satisfaction—as paradoxical. The authors’ questioning is understandable. Based on the view that burnout reflects “a crisis in one’s relationship with work,” marked by occupational frustration and vocational disappointment, one could expect burnout to be antithetical to job satisfaction. In our estimation, the apparent paradox attached to Attenello and colleagues’ findings is accounted for by persistently ignored problems in burnout’s conceptualization and measurement.

Attenello et al. used the Maslach Burnout Inventory (MBI) and the cutoff scores presented in the MBI manual for identifying “cases” of burnout. The MBI, however, is not a diagnostic instrument. The cutoff scores presented in the MBI manual have no clinical underpinning; they merely reflect tertile-based splits of convenience samples of workers. The developers of the MBI themselves emphasized that “such arbitrary ‘cut-off’ scores do not have any diagnostic validity” and that “there is no definitive score that ‘proves’ a person is ‘burned out.’” Attenello et al. thus relied on identification criteria that fail to discriminate clinically relevant symptoms of exhaustion and withdrawal from harmless variations in mood or stress and motivation levels—remarkably, experiencing detachment once per month was sufficient to be classed as “burned out” in the authors’ study. This state of affairs sheds a different light on the apparent contradictory findings of the authors. That a vast majority of residents were satisfied with their job may reflect the fact that many (if not most) residents categorized as “burned out” were only experiencing benign, transitory fluctuations in their well-being at work.

Furthermore, although burnout has been defined as a work-induced condition, the determinants of the symptoms assessed by measures such as the MBI are far from clear. In a recent study of 468 Swiss health professionals, only 44% of the individuals presenting with burnout symptoms attributed these symptoms to their job. Such results are consistent with Attenello and colleagues’ finding that stress outside of work is a significant predictor of burnout. Many individuals reporting burnout symptoms may simultaneously be satisfied with their job for the basic reason that their symptoms are not caused by work-related difficulties.

The burnout construct is plagued by definitional problems. In the current context, relying on “burnout” as an index of occupational ill-health 1) diverts our attention from professionals who truly need help by drowning them in a sea of heterogeneous health conditions and 2) impedes our ability to identify depressogenic workplaces and managerial patterns for the purpose of implementing organizational reforms. The use of loose, catch-all categorization criteria is probably advantageous to individuals attempting to create new consulting and pharmaceutical markets, but it is highly questionable from both a methodological and a public health standpoint. Researchers should stop making claims about burnout’s prevalence based on arbitrary criteria.

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Correspondence
Renzon Bianchi: renzo.bianchi@unine.ch.

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Response
We acknowledge and appreciate the observations by Laurent et al., noting that they have published several very similar critiques in recent “Letter to the Editor” commentaries in response to clinicians employing the MBI. Discourse on surgeon burnout is critical to improving care in the neurosurgical community. We are therefore pleased to address the authors’ points that the MBI is not a definitive diagnostic instrument, that non-workplace factors may affect resident well-being, and that burnout should not detract from consideration of psychiatric diagnoses in the workplace.

We agree that the MBI does not provide definitive psychological diagnosis. However, the MBI is widely employed throughout the physician-burnout literature as an easily administered screening tool addressing emotional exhaustion, depersonalization, and lack of accomplishment, each limiting success of health care workers. Our survey was
Carotid atherosclerotic plaque instability and cognition: collecting additional data

TO THE EDITOR: We have read with great attention the article by Dempsey and colleagues’ (Dempsey RJ, Varghese T, Jackson DC, et al: Carotid atherosclerotic plaque instability and cognition determined by ultrasound-measured plaque strain in asymptomatic patients with significant stenosis. J Neurosurg 128:111–119, January 2018). The authors presented a stimulating study that describes “the use of ultrasound measurements of physical strain within carotid atherosclerotic plaques as a measure of instability and the potential for vascular cognitive decline, microemboli, and white matter hyperintensities (WMHs).” Subsequently, the same group demonstrated that atherosclerotic vascular cognitive decline may be modified by removal of the unstable plaque. In that earlier study, the authors stated in their results that “the degree of strain instability measured within the atherosclerotic plaque directly predicted vascular cognitive decline in these patients thought previously to be asymptomatic according to classic criteria. Furthermore, 26% of patients showed microemboli, and patients had twice as much white matter hyperintensity as controls.”

As our lead author (A.N.) is involved in studying the natural course of ischemic WMHs and explaining the relationship between brain revascularization and the course of ischemic WMHs, he has uncovered some interesting points that have raised several questions, and we would like to obtain answers from experts that may be helpful in our current and future research. Based on a thorough research on burnout prevalence. J Am Coll Surg 223:424–425, 2016

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Frank J. Attinello, MD
University of Southern California, Keck School of Medicine, Los Angeles, CA

Paul Klimo Jr., MD, MPH
University of Tennessee Health Science Center, Memphis, TN

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