Measuring Resident Well-Being: Impostorism and Burnout Syndrome in Residency

To the Editor:—In opening, we would like to thank Dr. Dyrbye and colleagues for initiating further dialogue around the important topic of resident well-being. We suspect that we agree more than differ on issues surrounding burnout syndrome research.

Firstly, as seen in the Thomas review,[1] we agree that inconsistency exists in the measurement and reporting of burnout syndrome. We utilized Maslach's high-degree definition (high scores on emotional exhaustion, depersonalization, along with a low score on personal accomplishment).[2] These three dimensions are inherent to Maslach's original definition of this multi-faceted syndrome,[2,3] and it has been used by others in the field.[4,5] Further, to aid comparison, we presented our results within a spectrum of raw and categorized values and we also recalculated the syndrome's prevalence based on an alternative scoring method.

Using the alternative scoring method, similar to Shanafelt et al.,[6] we identified a large number (56%) of residents suffering from either emotional exhaustion or depersonalization, a finding which we find troubling. That being said, our concern with defining burnout syndrome based on a liberal scoring method (high score on *either* emotional exhaustion *or* depersonalization) is that it does not fully capture the relationship that individuals have with their work. Maslach et al. have cautioned that "the fact that exhaustion is a necessary criterion for burnout, does not mean it is sufficient. If one were to look at burnout out of context and simply focus on the individual exhaustion component, one would lose sight of the phenomenon entirely (p. 403)."[3] While we recognize that a balance exists between sensitivity and specificity, as researchers, we all need to ensure that the importance/impact of the message is not diluted by increased numbers of false positives.

Dyrbye and colleagues also comment that "when evaluating the relationship between symptoms of burnout and other outcomes the ideal approach is to use the individual domain scores as continuous data." Again, we agree and presented these data in our paper.

In closing, we would like to reiterate the idea that our areas of agreement seem greater than our differences. Future research should indeed strive for greater consistency and, as did we, take care to provide sufficient data to allow for cross-study comparisons.

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