

Medical Students Burning Out: Why and What We Can Do About It?

Abuzar Siraj.¹

The Experience

Said plainly, burnout is when you just can't cope anymore. A state of complete physical and emotional exhaustion resulting in a drop in performance and aversion to all work-related activities. It is most often used in context of the medical profession because of the notoriously long working hours, mountainous workload and the near nonexistent margin for error that residents sign up for when they begin training. But it is now becoming evident that this mystical psychosocial condition that had long been ignored and swept under the carpet also affects medical students, as one study on US medical students shows that 50% of US medical students were burned out.¹ In Cameroon, a study showed that 30% had symptoms of major depressive syndrome.² Being a medical student from Pakistan, I was particularly curious about the extent of student burnout here, which one recent study shows to be approximately 20%.³ It becomes apparent that burnout does not discriminate based on race, creed or nationality.

Hence it goes without saying that this is a major problem, one that must be addressed not only for the betterment of the affected individuals but also for the people near them; including parents, patients and peers. For instance, 11% of medical students in the US contemplated suicide.¹ While we must not be naive in assuming that burnout is the sole cause of this worrying figure, it is surely a contributory factor no doubt. Additionally, physician burnout has been associated with almost 2 times as much patient safety incidents and subpar professionalism with poor care delivery to patients, ultimately resulting in significantly reduced patient satisfaction.⁴

Medical students are subjected to an enormous amount of complex medical information and are expected to have it down cold, all in record short time. I have noticed students in my medical college become increasingly reclusive as the academic year progresses and finals slowly approach. The short encounters that they do have with one another are always played out in a manner that would put professional actors to shame. Both parties exchange pleasantries, claiming studies are "going well" with a bright smile on their face. No one wants to appear weak in the cutthroat world we live in. But alas, this seemingly meaningless façade proves to do more harm than good as both parties develop feelings of inadequacy when they return to their abodes. Which prompts them to study for even longer hours, as a result get exceedingly burned out. And so, a vicious cycle ensues.

Case Western Reserve University developed Wellness Electives for students to avoid getting burnout.⁵ The results of which proved to be promising. And while many students would like wellness electives introduced in 1st year and 2nd year curriculum at their medical schools, the results may not always be encouraging. I say this because other medical schools have dedicated wellness lectures for students which for the most part are designed to help medical students in need, but I argue that can do more harm than good for those already burned out. Waking up at 7 in the morning to attend a mandatory lecture that you

feel doesn't help you in the slightest, when you'd rather be home studying for your upcoming exam. This adds undue anxiety to the already tiresome lives of medical students.

The stigma associated with burnout, and with any other mental health issue for that matter, is possibly the most damaging reason why it is becoming so prevalent. Students fear talking about it and seeking help will only jeopardize their image in the eyes of their colleagues and their future patients. Fearing their career will be over before it even begins as the notorious "Burned Out" label adheres to them and will invariably almost always be brought up in the future; be it during residency interviews or in fellowships.

Add to this the extended periods of time medical students spend away from family and loved ones, who in many cases are the main support system for them, it further hinders their ability to cope with the stresses of student life.

We are only beginning to uncover the myriad causes of student burnout. From high stake tests and clerkships, to prolonged study hours, to the toxic medical school and hospital environment, to being in countless dollars of debt and to be away from home are all contributory. Since the causes are many, it should not come as a surprise that the strategies to dealing with it are multiple too. There is no one-size-fits-all solution for it.

I believe support must be personalized for each individual. Simply reducing stress in the workplace will not decrease the incidence and prevalence of student burnout. Rather, a more holistic approach is required encompassing the social interactions and the coping capacity of each individual.⁶ In fact, regular campaigns addressing student burn out should be carried out, encouraging individuals to come forward and speak out about the problems they or those close to them may be facing.⁷ Such steps are necessary because many burned out students will never get help on their own, as one study showed only one-third of burned out individuals actually seek out help.⁸ Unfortunately, since the stigma regarding mental health is still very much alive and thriving, it is imperative that when students come for help, the services provided to them be confidential.

Students of today will be physicians of tomorrow. How can we expect them to treat their patients, if they themselves are not well?

¹ MBBS (final year), Khyber Medical College, Peshawar, Pakistan.

About the Author: Abuzar Siraj is a final year medical student at Khyber Medical College, Peshawar, Pakistan.

Correspondence:

Abuzar Siraj

Address: University of Peshawar Rd No. 2, Rahat Abad, Peshawar, Khyber Pakhtunkhwa 25120, Pakistan

Email: abuzar_siraj@yahoo.com

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