

Title: Letter to the Editor Regarding "Burnout in Ophthalmology Residents in a Tertiary Referral Hospital in Mexico City"

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Author names:

1. Ashley Lim

Degrees and Affiliations:

1. Fourth-Year Medical Student. University College Dublin, Dublin, Ireland.

ORCID (Open Researcher and Contributor Identifier):

1. <https://orcid.org/0009-0002-4630-1645>

About the author: Ashley is currently a 4th year medical student at University College Dublin, Ireland of a 6-year program.

Corresponding author email: ashley.lim@ucdconnect.ie

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ABSTRACT

This letter responds to Medina-Gaona et al.'s study on burnout among ophthalmology residents in Mexico City, acknowledging its clear demonstration of high burnout prevalence and associations with stress, workload, and self-reported medical errors. While commending the authors' analysis, the letter highlights additional dimensions warranting exploration, including institutional policies, mentorship, and structured wellness interventions such as mindfulness training. It emphasizes the need to contextualize findings within cultural and international frameworks, address methodological limitations, and pursue longitudinal designs. Overall, the correspondence underscores the article's value while advocating for actionable, system-level strategies to improve resident well-being and patient safety.

Key Words: Burnout, Ophthalmology, Residents, Mental Health, Emotional exhaustion, Depersonalization, Work-related stress, Sleep deprivation, Medical errors, Mexico

THE LETTER

To the Editor: I read with great interest the original article on burnout in ophthalmology residents by Medina-Gaona and colleagues,¹ published in the October-December 2025 issue of the International Journal of Medical Students. The study effectively highlights the high prevalence of burnout among trainees at a tertiary hospital in Mexico City, emphasizing its links to chronic stress, emotional exhaustion, depersonalization, and reduced personal accomplishment. However, there are additional aspects of resident well-being and systemic factors that warrant further exploration to address this pervasive issue in medical training.

The authors identify key contributors like sleep deprivation, unhealthy diets, and heavy workloads, with burnout associated with self-reported medical errors. The article could further delve into the role of institutional policies, such as mandatory rest periods or mentorship programs, which have mitigated similar issues in other contexts.² Emerging evidence suggests that structured wellness interventions, including mindfulness training, can reduce burnout dimensions like emotional exhaustion.³ A deeper discussion of these strategies would equip residency programs with actionable tools to prevent escalation into mental health crises, given that 10% of participants reported suicidal ideation.

The comparison to international data is insightful, noting higher rates in Mexico due to socioeconomic challenges. Yet, the section on global benchmarks could expand on cultural variances; for instance, studies in Saudi Arabia report 41% prevalence, potentially influenced by differing healthcare infrastructures.⁴ Addressing limitations like the 45% response rate and potential self-selection bias would strengthen the findings.⁵ Longitudinal follow-up could reveal how burnout evolves across residency years.

In summary, the authors have adeptly compiled crucial data on burnout in ophthalmology residents, offering valuable insights for improving trainee support and patient safety. Their rigorous analysis provides a foundation for targeted reforms. I commend their contribution and anticipate further research on implementing preventive measures in resource-constrained settings.

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