

Maintaining a Focus on Burnout in Medical Students

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Editorial

The inaugural issue of the *Journal of Mental Health Disorders* includes an article highlighting the relationship among chronic stress, health, and performance deficits [1]. Regarding work environments, this identified connection is referred to as “burnout”. A term first introduced in 1974 [2], symptoms of burnout include difficulty in concentrating, trouble relaxing, frequently making minor mistakes, and feeling a of lack of control in relation to work [3]. Burnout has been found highest in health professionals and especially in relation to medical students, who, as a result, have been found to be at an elevated risk of depression and suicide [4].

Burnout in medical students has been a consistent focus of research on stress over the decades [5-10]. Medical students have been cited as at risk for burnout due to excessive stress, unrealistic expectations, and societal pressures [11]. Coping strategies offered by professionals to reduce burnout include taking time out for traditions and enjoyable activities, delegating work, completing work unhurriedly, learning to live with unfinished business, and allotting time for other activities, with recognizing the extent of one’s workload and setting realistic standards for quality patient care as also important [12]. The need for enhancing resilience in medical students is cited regularly as necessary to mitigate burnout [6]. Yet, although these coping strategies have been consistently recommended, a recent study of medical student burnout in twelve countries found that 75% have burnout to the extent that that the symptoms can be described as a psychiatric disorder [13]. Therefore, it’s time to consider if the current psychiatric advice regarding treatment of burnout in medical students is the best approach to the problem.

Current Psychiatric Research on Burnout in Medical Students

The April 2023 issue of *Academic Psychiatry* calls attention to the possibility that psychiatrists might now be suffering “burnout fatigue”; yet, at the same time, it emphasizes that psychiatrists must maintain their focus on burnout [14]. The reasons provided include new research on burnout in medical students that has found a lack of feeling in control over their experience as students as a primary contributor to burnout. As such, perhaps the focus should be decreasing the feeling of powerlessness of these students [15]. This is especially so as it has also been noted medical students often don’t seek help for their burnout because it is time-consuming and they fear future impact on their careers [16].

Time-Relevant Approach to Burnout in Medical Students

Given that a lack of control is the issue in medical student burnout, help must be provided when the feeling of lack of control originates, i.e., well before these students enter medical school. Recent research has noted that perceived parental career expectations are the major factor in medical student stress when these students are younger applicants and from a non-Western background. In these cases, prestige is valued over service in pursuing medical education [17]. Medical students with high parent expectations at the time of entering medical school are found, a year later, more negative in their attitude to medicine as a career, with parent expectations found to have a significant indirect effect on Year-5 burnout [17]. Demanding academic superiority from their children, these students become work-addicted. In this regard, work-addition is positively associated with burnout; what is negatively associated with burnout is self-determination [18].

Conclusion

The article on stress from the first issue of this journal

noted reducing the negative impacts of stress requires both knowledge of a person's tolerance of stressors and their current states of vulnerability, resilience, and adaptability or coping methods—in this regard, the timing of stress is a significant variable [1]. It is here argued that this timing needs to extend backwards—well beyond the stresses encountered in the medical school environment. The focus needs to be reducing the pressures parents place on their children to become medical students in response to perceived social standards. If parents are more attuned to the mismatch between the prestige of attending medical school and the realities that medical students face, fewer academically excellent students will be urged by their parents to become medical students only to face crippling, and possibly fatal, burnout during their years in medical school.

Conflicts of Interest

The author has no conflicts of interest to declare.

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