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RESPONSE TO LETTER

Response to the Letter to the Editor Regarding Our Feature "Burnout and Associated Factors Among Medical Students in a Public University in Uganda: A Cross-Sectional Study" [Response to Letter]

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Dear editor

We wish to welcome the insightful comments by Lam, Parkes, and Wang regarding our study on the burden of burnout among medical students in a public university in Uganda.[1] We especially appreciate this contribution and we believe that reaching a consensus will help in promoting future medical students' well-being together with that of their patients. In performing this study, we wanted to start a conversation around the occurrence of burnout in Ugandan medical students aiming to build on this as our base-line dataset to inform future medical student-centered interventional studies. The readers raised several important comments.

Firstly, the need to conduct more in-depth research on why choosing medicine may lead to burnout in Ugandan medical students and to explore if this single factor was the sole cause of burnout in our study population.

We agree with the readers that this was somewhat an expected and a surprising finding. However, it is consistent with a report published about a decade ago by Pagnin and others.[2] In their study, Pagnin et al investigated the predictive role of career choice motivation on burnout dimensions by attempting to find the association between burnout and the various factors underlying choosing of a career in medicine such as intellectual curiosity, professional autonomy, economic concern, illness or death experiences, altruism, the influence of someone, and interest in human relationships. This study found no correlation between these motivation factors and burnout, expect for medical students in whom career choice were motivated by experiences of illness/death of family members or personal illness that were found to have greater emotional exhaustion.[2]

We would thus also like to call for qualitative studies to explore such phenomena and longitudinal studies to make associations more clear in our setting and to thus help us underpin medical career selection factors associated with high risks of development of psychological distress in medical students to which specific context-based interventions would now need to be targeted if possible before even students joined medical school.

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Secondly, the readers made an enquiry into why our study results are inconsistent with reported burnout prevalence and there being no discernible pattern between burnout and personal stressors across twelve countries in a recent study. In our study, we assessed for many factors associated with burnout but due to perhaps the low response rate, a common problem in online studies conducted among Ugandan medical students. As also encountered in a recent first depression study among Ugandan medical students by Olum et al.[3] This is attributed to a number of factors related to survey development, survey delivery (including the limited access to internet for instance in countries like Uganda), survey completion and survey return.[4] Such factors might have limited us from coming up with more factors that were significantly associated with burnout in our setting. Perhaps future studies on the same topic will need to look at how to achieve higher response rates which would help in discovering of all significant causative factors of burnout among students.

Globally, the influence of differences between countries on burnout prevalence in medical students has been less studied. Despite the fact that culture controls the perceptions, identities, roles, norms and practices which are associated with known burnout predictive factors.[5]

Much as though, Molodynsk et al[6] found no discernible pattern between burnout and personal stressors such as housing, relationships, and academic studies, their study was conducted in no low-income country,[7] yet Uganda is a low-income country and thus this limits comparing of our study findings to findings of this multi-center study. Also, Molodynsk et al did not have appropriate data analysis for identification of significant sources of stress. They analyzed sources of stress by use of frequencies and they were unable to determine significant associations between the identified sources of stress and burnout. In our study, and as in many other studies that have found significant associations between personal stressors and burnout, bivariate analyses and backward stepwise logistic regression analyses have been always carried out.

Lastly, the readers called for an in-depth understanding of the socio-economic, cultural and political landscape of the study area which could help in identifying more causative factors of burnout and inform which targeted interventions may be effective in our setting. We agree with the readers on this and we also thank them for the suggestion of a qualitative study which would lead to the gathering of more data for a comprehensive understanding the burnout concept including the various factors that underly career selection in developing countries like Uganda.

To ascertain more closely the causative factors for burnout, we would look to perform a series of local and nationwide structured interviews and focus group discussions that could provide more answers to our questions. We agree with the readers that it would be useful to determine if the high rates of burnout are found throughout other Ugandan medical schools and we hope to be able to do so in the future.

In conclusion, as health professionals who have been trained from a low-income country, our lived experiences were closely aligned with those of our study respondents.

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