

What can we learn about burnout through the perceptions and experiences of medical students'?

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Introduction

Burnout has been found to be prevalent in undergraduate medical students ranging from 27% in some studies ⁽¹⁾ to as high as 50% in other studies ⁽²⁾. This group of undergraduate students are thought to be susceptible to burnout with medical school identified as a challenging environment where academic pressures, educational related debt and personal life events can contribute to heightened levels of poor mental health, including burnout ^(3, 4, 5). Experiencing burnout can have a profound effect on an individual's quality of life, anxiety levels ⁽⁶⁾ and well-being. Within the clinical environment burnout in doctors has been associated with aspects of suboptimal medical care ⁽⁴⁾, medical errors ⁽⁷⁾ and reduced empathy and professionalism ⁽⁸⁾, which has serious implications for patient care.

Methods

- A qualitative approach was used.
- Purposive sampling strategy was implemented to recruit medical students from 1st, 3rd and 5th years across three different University medical schools ; St Andrews, Dundee and Aberdeen.
- 46 Semi-structured interviews (20 x 1st yr., 18 x 3rd yr., 8 x 5th yr.) lasting between 30-60minutes took place either face to face within University premises, or via skype.
- Interviews were audio recorded, transcribed and entered into NVivo.
- Data was analysed using framework analysis which allowed for emergence of themes ⁽⁹⁾.

Aims

- Explore the perceptions and experiences of burnout in medical students at different stages at the undergraduate level
- To investigate whether medical students utilise lifestyle choices to improve resilience against stress and burnout



Results

Three main themes were identified from the data and these are presented below.

Theme 1: Changing perception of burnout with year of study

- All participants acknowledged burnout was present in medical students.
- There was a belief in earlier years that burnout could be either a temporary (short lived, and resolves itself) or a permanent state (where you may have to consider leaving medicine).
- Earlier years of study recognised that burnout was a problem for medical students but perceived it as being in the 'future'.

"...if let's say you've experienced a burnout before, you might be able to cope with it better, as the years progress on and be less likely to overwhelm yourself like that." (1st year)

- Recognition and understanding of burnout increased with year of study and as participants progressed through the years of study a better appreciation of the implications of burnout occurred.

"Not sure, I'm not entirely sure that 1st yrs. get burnout and whether that year is super harsh, I think if you think you have it in first yr. then you are maybe not cut out for doing the full degree I know it sounds horrible but it's probably true, I reckon that burnout in 5th yr. is much worse because you've done all those years..." (5th year)

Theme 2: Reflection on experience of burnout

- Participants recounted their own experiences of burnout in later years of study.
- "Personally I've burnt out quite a few times. To be fair it's not a great feeling especially, especially after somethings done for example an exam, like you study so hard up to the point of the exam and you suddenly feel "oh I just I just can't go on anymore I can't do anything anymore." (3rd year)*
- Burnout was described in how participants had seen it affect their peers and the consequences that this had produced.
- "..actually quite a few of my friend group have had to repeat years or have had to drop out because of mental health issues and stress related issues." (5th year)*

- There were differences identified by medical students as they juggled the different pressures that arose through the different years of study. The transition from student to professional was especially difficult in later years.

"I have felt it quite a lot especially in 4th and 5th year, and I've kind of struggled to keep up with work on the wards, giving the kind of fair learning going and that is necessary to pass the exams and pass assessments which I didn't feel so much in earlier years." (5th year)

Theme 3: Coping behaviours used to deal with burnout

- Participants described different behaviours adopted to cope with burnout some adaptive; exercise, healthy diet and socialising with friends (medics and non-medics).

"For me personally talking to my friends is like the biggest means for me to let things out, just to put it out there, I guess I just need to feel I'm not alone, and just that people understand the situation that I'm in..." (3rd year)

- Other coping techniques were maladaptive such as; smoking, excessive alcohol consumption, sleep deprivation, avoidance of stressful situations, late exam revision.

"Smoking I've seen some of my friends when they are stressed they tend to take up habits, for example smoking, some of them do smoking not a lot a small number and even after exams they will smoke to relax. Quite a lot take up drinking that's not necessarily due to stress per se for some people that I know, it definitely is a way they cope with stress it's part of the speel of being a medical student and they just drink throughout the year, heavily cause that's what they do. For some its sexual promiscuity so maybe they have sex with other medical students, or non-medical students." (3rd year)

- Challenges to coping strategies changed across 1st, 3rd and 5th years and included pressure from peer group, professional and societal expectations, wanting to do well for family members and self expectation.

Conclusions

- Study findings can help inform development of student services for medical students acknowledging that burnout can change over time, what signs to look for in yourself/ others and adaptive ways to cope with the condition.
- To encourage open discussion about burnout within medical schools via regular updates , information provision and opportunities for students to recount their experiences to others.
- Potential for transferability of findings to other student groups e.g. veterinary medicine, dentistry, that are susceptible to burnout.
- Future research should explore the burnout experience longitudinally and follow medical students further along their trajectory to becoming a doctor.

References

1. Cecil J, McHale C, Hart J, Laidlaw A: Behaviour and Burnout in Medical Students: Medical Education Online 2014, 19: 25209.
2. Dyrbøe LN, Thomas MR, Massie FS Jr et al. Burnout and suicidal ideation among medical students. Ann Intern Med 2008; 149: 334-41.
3. Dyrbøe L, Thomas M, Harper W et al. The learning environment and medical student burnout: a multicentre study. Medical Education 2009, 43: 274-282.
4. Shanafelt T, Bradley K, Wipf J, Back A. Burnout and self-reported patient care in an internal medicine residency programme. Annals of Internal Medicine 2002, 136:358-367.
5. West CP, Shanafelt TD, Kolars JC. Quality of life, burnout, educational debt, and medical knowledge among internal medicine residents. JAMA 2011; 306: 952-60.
6. Lyndon MP, Henning MA, Alyami H, Krishna S, et al. Burnout, quality of life, motivation, and academic achievement among medical students: A person-oriented approach. Perspectives Medical Education Online 2017 6:108-114.
7. Shanafelt T, Balch C, Bechamps G, et al. Burnout and medical errors among American surgeons. Annals of Surgery 2010; 251(6): 995-1000.
8. Brazeau C, Schroeder R, Rovi S, Boyd L. Relationships between medical student burnout, empathy, and professionalism climate. Academic Medicine: Journal of the Association of American Medical Colleges 2010 Oct; 85(10) Supplement: S33-S36.
9. Ritchie J, Lewis J. Qualitative research practice: a guide for social science students and researchers. London; Sage: 2003.