


Response to: Burnout and Associated Factors Among Medical Students in Uganda [Letter]

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Dear editor

Kajjimu et al's study is the first to generate data on burnout prevalence among medical students in Uganda, hence playing an integral role in diversifying literature.¹ The study suggested multi-centre longitudinal studies for future research. Alongside this, we believe it would be useful to further explore the causes of burnout in this population.

Kajjimu et al assessed several factors associated with burnout, and only found it significantly associated with "choosing the MBChB [degree] willingly". There is literature that supports and refutes this association.² Pagnin et al found that students who chose medicine due to death or illness of a relative had a higher rate of emotional exhaustion than other students.³ Additionally, Györfy et al found that lack of altruistic motivation for choosing medicine was a leading factor for burnout.⁴ Therefore, more in-depth research is required to understand why choosing a medicine career may lead to burnout in Ugandan medical students. We also feel it would be useful to explore whether this single factor was the cause of burnout in the study population, or if there were other factors that have not been evaluated.

Understanding the causative factors of burnout in Uganda could also improve the generalisability of Kajjimu et al's findings and inform future interventions. The study's results were inconsistent with reported burnout prevalence in other countries, such as Ethiopia and Spain, and the authors suggested that "socio-economic, political, health, and conflict-related stress factors" could have led to this. This was echoed by a recent review that found no discernible pattern between burnout and personal stressors, such as housing, relationships and academic studies, across 12 countries.⁵ The study also mentions its generalisability to other low- and middle-income countries; however, this is difficult to justify due to the high variations in burnout prevalence across countries and a lack of understanding of what led to these differences.

An in-depth understanding of the socio-economic, cultural and political landscape of the study area could help identify more causative factors of burnout and inform which targeted interventions may be effective in this setting. Then, applicability to other medical student communities of similar contextual background could be assessed. We suggest a qualitative study could be used to gather this data since it allows in-depth exploration of the reasons behind the students' answers, e.g. what are the reasons for "choosing MBChB willing", and why the other factors investigated were not significant.

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Medical students' well-being is crucial for not only keeping future doctors healthy, but also their patients. We value Kajjimu et al's contribution to the literature and look forward to reading future research into this topic.

Disclosure

The authors report no conflicts of interest in this communication.

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