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Assessment of Burnout, Academic Stress, and Coping Mechanisms Among Undergraduate Medical Students in Public and Private Sector Medical Colleges

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ABSTRACT

Background: Burnout and academic stress are significant challenges in medical education, affecting mental health, academic performance, and future professional competence. Comparative data between public and private sector medical students are limited, especially in Pakistan.

Objective: To assess and compare burnout, academic stress, and coping mechanisms among undergraduate medical students in public and private sector medical colleges in Lahore, Pakistan.

Methods: This comparative study was conducted from June 2023 to June 2024 at Lahore Medical and Dental College and other medical colleges in Lahore. A total of 100 undergraduate students (50 public, 50 private) were enrolled. Burnout was measured using the Maslach Burnout Inventory-Student Survey, academic stress with the Medical Student Stressor Questionnaire, and coping strategies with the Brief COPE Inventory. Statistical comparisons were conducted using chi-square and independent-samples t-tests.

Results: High burnout was reported in 47% of students, significantly more in private sector students (56%) compared to public sector students (38%, $p = 0.04$). Emotional exhaustion was also higher among private students (mean 4.8 ± 1.1 vs. 4.2 ± 1.3, $p = 0.02$). Academic stress was moderate-to-high in 72% of students, with private sector students showing higher stress levels (mean 3.9 ± 0.9 vs. 3.5 ± 1.0, $p = 0.03$). Adaptive coping strategies were common, but maladaptive strategies were significantly more frequent in private sector students (24% vs. 12%, $p = 0.04$).

Conclusion: Burnout and academic stress are widespread among medical students, with private sector students more severely affected. Targeted interventions to reduce stress and promote healthier coping are urgently needed in both sectors.

Keywords: burnout, academic stress, coping, medical students, public, private, Pakistan

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INTRODUCTION

Medical education has long been recognized as one of the most demanding academic programs worldwide. Medical students are expected to acquire a vast amount of theoretical knowledge, master practical skills, develop clinical reasoning, and maintain professional conduct — all within a relatively short timeframe [1]. This intense academic environment often comes with significant psychological pressure, which can manifest as academic stress and burnout. Burnout, characterized by emotional exhaustion, depersonalization or cynicism, and a diminished sense of personal accomplishment, has emerged as a major concern among healthcare trainees, including undergraduate medical students [2].

Academic stress, defined as the mental distress arising from anticipated academic challenges or failures, is nearly universal among medical students, with multiple stressors converging simultaneously. These include the pressure of examinations, fear of academic failure, frequent assessments, long hours of study, competitive environments, limited leisure time, and the emotional burden of patient care [3]. Chronic exposure to such stress, without adequate coping mechanisms or institutional support, can lead to burnout — which, in turn, is associated with poor academic performance, absenteeism, lack of motivation, professional dissatisfaction, depression, anxiety, substance abuse, and even suicidal ideation [4].

In developing countries such as Pakistan, the situation is further complicated by additional social, economic, and institutional factors. Public sector medical colleges often face challenges like overcrowded classrooms, inadequate resources, and lack of structured student support services. In contrast, private sector medical colleges, while often better resourced, impose substantial financial burdens on students and their families, which can increase stress due to high expectations of academic success and professional achievement. The differences in academic culture, teaching style, administrative policies, student-to-faculty ratio, and availability of mental health resources between public and private institutions may have a profound impact on students' mental health outcomes [5].

Coping mechanisms, or the strategies individuals use to manage stress, play a pivotal role in determining how students adapt to these academic and emotional pressures. Coping strategies are typically categorized as adaptive (problem-focused) or maladaptive (emotion-focused or avoidant). Adaptive strategies — such as planning, time management, seeking social support, and engaging in physical exercise — are generally protective and associated with better psychological outcomes [6]. Maladaptive strategies — such as avoidance, denial, substance use, and withdrawal — may offer short-term relief but often worsen stress and mental health over time. Understanding the prevalence and pattern of coping strategies among medical students can therefore help guide the development of effective mental health interventions [7].

Despite the growing global attention to burnout and academic stress among medical students, there is a paucity of research comparing these issues between public and private sector medical colleges, especially in low- and middle-income countries like Pakistan. Previous studies conducted in Western countries or large urban centers may not fully capture the unique stressors, cultural influences, and systemic challenges faced by Pakistani students. Moreover, while some Pakistani studies have explored mental health issues among students, few have provided a comprehensive assessment that includes burnout, academic stress, and coping

mechanisms in parallel — particularly across the public-private divide [8].

Given the importance of early identification and intervention, this study aims to fill this gap by assessing the prevalence of burnout, levels of academic stress, and the coping mechanisms employed by undergraduate medical students in public and private sector medical colleges in Pakistan. The results of this study will not only contribute to the local body of evidence but will also inform medical educators, policymakers, and mental health professionals in designing targeted interventions that promote student well-being and foster resilience in the next generation of healthcare professionals [9].

MATERIALS AND METHODS

This cross-sectional, observational study was conducted from June 2023 to June 2024 at Lahore Medical and Dental College and three other selected public and private sector medical colleges in Lahore, Pakistan. The study was designed to assess burnout, academic stress, and coping mechanisms among undergraduate medical students enrolled in the MBBS programs. The selection of multiple institutions aimed to capture a diverse and representative sample of students from both public and private medical colleges, ensuring variation in academic environments and socioeconomic backgrounds.

The study population consisted of male and female undergraduate medical students currently enrolled in the first to final year of MBBS. The inclusion criteria were students aged between 18 and 26 years, enrolled as full-time undergraduate MBBS students, who provided written informed consent for participation. Students were excluded if they were on medical or academic leave, repeating an academic year, enrolled in transfer programs, or unwilling to participate in the study. These criteria ensured that only actively enrolled, academically engaged students were included to obtain an accurate assessment of the student experience.

A sample size calculation was performed using the formula for cross-sectional studies, with the primary outcome being the prevalence of burnout. Based on prior literature reporting burnout rates between 40% and 60% among medical students, we assumed an expected prevalence (p) of 50% to maximize sample size. Using a 95% confidence interval ($Z = 1.96$) and a 10% margin of error ($d = 0.10$), the calculated sample size was 96 students. To account for potential non-response and incomplete data, the final target sample size was rounded up to 100 participants. This sample was evenly divided between public and private medical colleges to allow subgroup comparisons.

Sampling was carried out using a stratified convenience sampling technique. The strata were defined by academic year (first year to final year), and within each year, students were conveniently approached and invited to participate. While random sampling was not feasible due to logistical limitations, efforts were made to ensure proportional representation across gender and academic years to improve the generalizability of the findings.

Three validated, standardized self-report instruments were used to collect data. The Maslach Burnout Inventory-Student Survey (MBI-SS) was used to assess burnout, measuring three core domains: emotional exhaustion, cynicism (depersonalization), and academic efficacy. Higher scores on exhaustion and cynicism, and lower scores on academic efficacy, indicated higher burnout levels. Academic stress was measured using the Medical Student Stressor Questionnaire (MSSQ), which assessed stress across multiple domains, including academic-related, intrapersonal, interpersonal, teaching-related,

and group activity stressors. Coping strategies were evaluated using the Brief COPE Inventory, which assessed adaptive coping strategies (such as planning, active coping, acceptance, and seeking social or emotional support) and maladaptive strategies (such as denial, substance use, behavioural disengagement, and self-blame).

Data collection was conducted in classroom settings after obtaining permission from institutional authorities. The purpose of the study was explained to the students, and informed consent was obtained in writing. Participants were assured of complete anonymity and confidentiality, and no identifying information was collected. Questionnaires were distributed in paper form and collected on the same day to minimize attrition and nonresponse bias. Research assistants were available during the data collection process to clarify any questions the students had regarding the survey instruments.

The primary outcomes measured were burnout levels, academic stress scores, and the types of coping mechanisms used by students. Independent variables included type of institution (public or private), gender, age, year of study, place of residence (hostel or home), and commuting status. The data were entered and analyzed using IBM SPSS Statistics version 25. Descriptive statistics, including means, standard deviations, frequencies, and percentages, were computed to summarize participant demographics and main outcome variables. Continuous variables, such as burnout and stress scores, were compared between public and private sector students using independent-samples t-tests. Categorical variables, such as the prevalence of high burnout and types of coping strategies, were compared using chi-square tests. Additionally, multivariate logistic regression analysis was conducted to identify predictors of high burnout, adjusting for relevant covariates such as gender, academic year, institution type, and residential status. Statistical significance was set at a p-value of less than 0.05.

Ethical approval for this study was obtained from the Ethical Review Board of Lahore Medical and Dental College, Lahore. Permissions were also obtained from the administrations of the other participating medical colleges. All participants were informed of the voluntary nature of the study and the right to withdraw at any time without penalty. Written informed consent was obtained from all participants prior to questionnaire administration. Participants who reported severe stress, emotional distress, or symptoms suggestive of burnout were provided with information on available institutional counselling and support services.

RESULTS

A total of 100 undergraduate medical students participated, including 50 students each from public and private sector medical colleges in Lahore, Pakistan. The mean age was 21.3 ± 1.4 years (range 19–25), with females making up 60% (n = 60) and males 40% (n = 40). Students were drawn from all five academic years, with a slightly higher proportion in the first year (24%) and final year (20%). The majority of students (98%) were unmarried, as expected in this population.

Regarding residential status, 42% (n = 42) were hostel residents, and 58% (n = 58) were day scholars living at home. Importantly, 48% of students reported a monthly family income of PKR 200,000–500,000, while 52% reported more than PKR 500,000, with a significantly higher proportion of private sector students in the higher income bracket (68% vs. 36%, p = 0.001). Table 1 below summarizes these demographic characteristics.

Table-1: Demographic Characteristics of Participants (N = 100)

Variable	Total (N = 100)	Public Sector (n = 50)	Private Sector (n = 50)	p-value
Age (years, mean ± SD)	21.3 ± 1.4	21.4 ± 1.5	21.2 ± 1.3	0.56
Female, n (%)	60 (60%)	30 (60%)	30 (60%)	1.00
Male, n (%)	40 (40%)	20 (40%)	20 (40%)	1.00
1st Year, n (%)	24 (24%)	12 (24%)	12 (24%)	1.00
2nd Year, n (%)	20 (20%)	10 (20%)	10 (20%)	1.00
3rd Year, n (%)	18 (18%)	9 (18%)	9 (18%)	1.00
4th Year, n (%)	18 (18%)	9 (18%)	9 (18%)	1.00
Final Year, n (%)	20 (20%)	10 (20%)	10 (20%)	1.00
Hostel residents, n (%)	42 (42%)	20 (40%)	22 (44%)	0.68
Day scholars, n (%)	58 (58%)	30 (60%)	28 (56%)	0.68
Monthly income 200K–500K PKR, n (%)	48 (48%)	32 (64%)	16 (32%)	0.001*
Monthly income >500K PKR, n (%)	52 (52%)	18 (36%)	34 (68%)	0.001*
Unmarried, n (%)	98 (98%)	48 (96%)	50 (100%)	0.15
Married, n (%)	2 (2%)	2 (4%)	0 (0%)	0.15
Extracurricular activities, n (%)	55 (55%)	28 (56%)	27 (54%)	0.84
Part-time work, n (%)	10 (10%)	7 (14%)	3 (6%)	0.18

**Significant at p≤ 0.05*

Burnout and Academic Stress:

The overall prevalence of high burnout was 47%. Importantly, burnout was significantly higher among private sector students (56%) compared to public sector students (38%) (p = 0.04). Emotional exhaustion scores were also significantly higher in private sector students (mean = 4.8 ± 1.1) compared to public sector students (mean = 4.2 ± 1.3, p = 0.02). Cynicism scores were slightly elevated in private sector students but did not reach statistical significance, and academic efficacy was low in both groups with no significant difference.

Academic stress was reported at moderate-to-high levels by 72% of students. Again, private sector students reported higher mean academic stress scores (3.9 ± 0.9) compared to public sector students (3.5 ± 1.0, p = 0.03). These data are summarized in Table 2 below.

Table-2: Burnout and Academic Stress Scores

Outcome	Total (N = 100)	Public Sector (n = 50)	Private Sector (n = 50)	p-value
High Burnout, n (%)	47 (47%)	19 (38%)	28 (56%)	0.04*
Emotional Exhaustion (mean ± SD)	4.5 ± 1.2	4.2 ± 1.3	4.8 ± 1.1	0.02*
Cynicism (mean ± SD)	3.9 ± 1.0	3.7 ± 1.1	4.1 ± 1.0	0.09
Academic Efficacy (mean ± SD)	3.2 ± 0.8	3.3 ± 0.7	3.1 ± 0.9	0.20
Academic Stress (mean ± SD)	3.7 ± 1.0	3.5 ± 1.0	3.9 ± 0.9	0.03*

**Significant at p < 0.05*

Coping Mechanisms:

Analysis of coping strategies revealed that 82% of students used adaptive coping mechanisms (such as active coping, planning, and seeking support), with no significant difference between groups. However, maladaptive coping strategies (such as denial, behavioral disengagement, and substance use) were reported more frequently by private sector students (24%) compared to public sector students (12%, p = 0.04). Details are presented in Table 3 below.

Table-3: Coping Mechanisms

Coping Strategy Type	Total (N = 100)	Public Sector (n = 50)	Private Sector (n = 50)	p-value
Adaptive coping, n (%)	82 (82%)	43 (86%)	39 (78%)	0.27
Maladaptive coping, n (%)	18 (18%)	6 (12%)	12 (24%)	0.04*

**Significant at p≤ 0.05*

To visually highlight the key differences between public and private sector students, Figure 1 displays the prevalence of high burnout and academic stress side by side. As shown, private sector students had higher rates of both burnout (56% vs. 38%) and academic stress (76% vs. 68%). These differences align with the statistical findings reported in Tables 2 and 3 and highlight the need for targeted interventions.

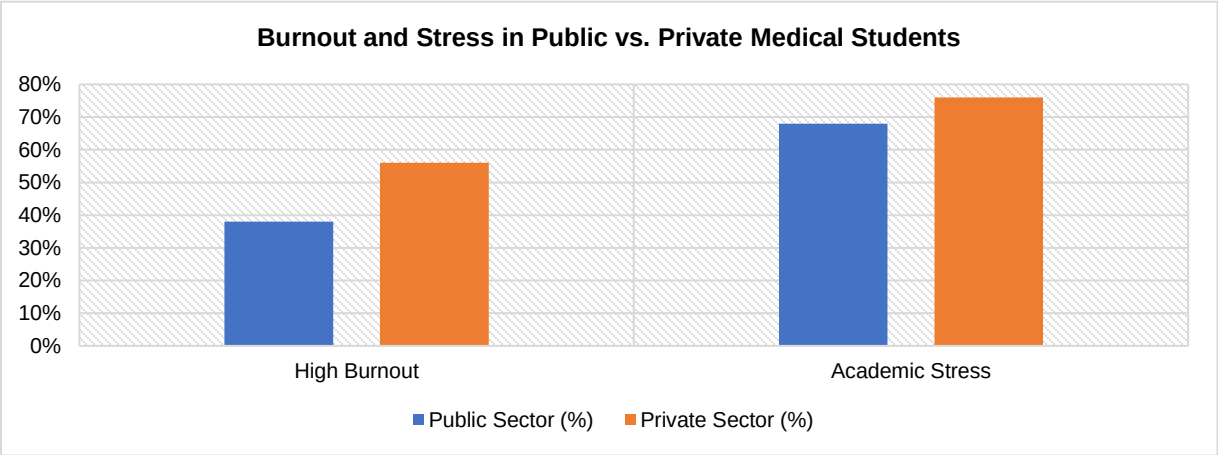

Figure-1: Prevalence of High Burnout and Academic Stress Among Public and Private Sector Students

In summary, the study highlights a high burden of burnout and academic stress among undergraduate medical students, with significantly worse outcomes in private sector institutions. While most students relied on adaptive coping strategies, a worrying proportion of private sector students reported using maladaptive methods, emphasizing the importance of stress management interventions.

DISCUSSION

This comparative study evaluated burnout, academic stress, and coping mechanisms among undergraduate medical students from public and private sector medical colleges in Lahore, Pakistan. The findings demonstrate an overall high prevalence of burnout and academic stress in both sectors, but importantly reveal key differences between these student populations [10].

The prevalence of high burnout across all students was 47%, with significantly higher rates observed among private sector students (56%) compared to public sector students (38%). Emotional exhaustion, a core dimension of burnout, was notably elevated in the private sector group, while cynicism and reduced academic efficacy showed less pronounced but still concerning trends. This pattern aligns with international research suggesting that private sector students may face additional pressures, including higher financial burdens, competitive environments, and heightened parental expectations, which exacerbate emotional fatigue [11].

Academic stress was moderate to high in 72% of the total sample, with private sector students again exhibiting significantly higher stress levels (mean score 3.9 ± 0.9 vs. 3.5 ± 1.0, $p = 0.03$). The most frequently reported stressors, including academic overload, fear of failure, and lack of leisure time, were consistent across both sectors, reflecting the intense nature of medical education worldwide. However, the comparative design of this study allowed us to identify that private sector students may experience compounded stress due to their institutional setting, underscoring the importance of tailored interventions [12].

Coping strategies are critical in mediating the effects of academic stress and burnout. In this study, a high proportion of students across both sectors reported using adaptive coping strategies such as planning, active coping, and seeking emotional or instrumental support. However, maladaptive coping strategies—including denial, behavioral disengagement, and substance use—were significantly more common among private sector students (24% vs. 12%, $p = 0.04$). This finding raises concerns about the long-term well-being of private sector students and suggests a need for targeted mental health interventions [13].

Our results are consistent with studies from South Asia, the Middle East, and Western countries, which report high levels of distress among medical students. A study from India, for example, found that private medical college students reported higher levels of stress compared to their government-college counterparts, citing tuition burden and family expectations as contributing factors. Similar trends have been documented in Saudi Arabia and Malaysia. Importantly, these comparisons highlight that while academic stress is universal among medical students, institutional context plays a significant role in shaping the magnitude of burnout and the types of coping mechanisms used [14].

The findings have several implications for academic leadership and policymakers. Public and private medical colleges must recognize that stress and burnout are not simply personal problems but institutional challenges that require systemic responses. Establishing wellness programs, confidential counseling services, peer mentoring schemes, and stress management workshops could help reduce student distress. In private institutions, specifically, there may be a need to address the pressures associated with academic competition and financial demands by promoting a more supportive academic environment [15, 16].

This study has several limitations. First, the comparative design allows identification of differences between groups but does not establish causality. Second, the study was conducted only in Lahore, which may limit the generalizability of findings to other regions or countries. Third, self-reported measures carry the risk of bias, particularly on sensitive issues like maladaptive coping or emotional distress. Fourth, the sample size, while adequate for group comparisons, may limit the power to detect smaller but clinically meaningful differences across other subgroups such as

gender or year of study. Finally, the study did not assess potential confounding variables such as personality traits, social support outside the academic environment, or pre-existing mental health conditions [17, 18].

Future studies should expand to include multiple cities and regions to capture geographic variation. Longitudinal studies following students over the course of their education could provide insight into the trajectory of burnout and the effectiveness of interventions. Qualitative research, including focus group discussions or in-depth interviews, could help uncover the nuanced experiences of students, particularly the institutional and cultural factors that shape stress and coping. Further exploration into faculty behavior, curriculum load, and examination practices would also be valuable in identifying modifiable risk factors [19].

CONCLUSION

This comparative study highlights the high burden of burnout and academic stress among undergraduate medical students, with private sector students consistently experiencing higher levels of emotional exhaustion, academic stress, and maladaptive coping strategies compared to their public sector peers. While many students employ adaptive coping strategies, the elevated use of maladaptive coping in the private sector signals an urgent need for intervention. Institutional leaders and educators must prioritize student well-being, not only as a moral imperative but also as a means of safeguarding the quality of future medical professionals. Designing targeted wellness programs, promoting a supportive academic culture, and ensuring access to mental health resources are essential steps in addressing this critical issue.

Conflict of Interest:

The authors declare that no conflicts of interest exist.

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Authors' Contributions:

All authors contributed equally to this work.

Data Availability:

De-identified data are available from the corresponding author upon reasonable request.

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