

BURNOUT AMONGST FMGs DOING INTERNSHIP IN INDIA:A CROSS SECTIONAL STUDY.

Medical Education

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ABSTRACT

Background: Burnout among Foreign Medical Graduates (FMGs) working in India can affect their mental well-being, clinical performance, and patient care, yet it remains underreported. This study assessed burnout levels among FMGs in India using the Burnout Self-Test and the Maslach Burnout Inventory (MBI). **Methods:** A cross-sectional online survey was conducted among FMGs employed in tertiary health care centers across India, collecting demographic data and administering the Burnout Self-Test and MBI, which assessed emotional exhaustion (Section A), depersonalization (Section B), and personal accomplishment (Section C). Burnout levels were categorized as low, medium, or high for analysis. **Results:** A total of 60 FMGs participated in the study. For emotional exhaustion, 13% exhibited low, 42% medium, and 45% high burnout levels. For depersonalization, 22% showed low, 20% medium, and 58% high burnout levels. For personal accomplishment, 30% had low, 28% medium, and 42% high burnout levels. High levels of emotional exhaustion and depersonalization were prominent, indicating significant psychological strain within the working FMG population. **Conclusion:** A considerable proportion of FMGs working in India experience high levels of burnout, particularly in emotional exhaustion and depersonalization dimensions. These findings emphasize the need for institutional support systems, counseling services, and work-life balance interventions for FMGs in India to improve mental health and job satisfaction, potentially enhancing patient care outcomes.

KEYWORDS

Foreign Medical Graduates, burnout, Maslach Burnout Inventory, India, emotional exhaustion, depersonalization, mental health, healthcare workforce.

INTRODUCTION:

Stress and burnout are increasingly recognized as critical issues in medical training and practice. WHO defines stress as “a state of worry or mental tension caused by a difficult situation”(1), and classifies burnout as “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed,” marked by exhaustion, cynicism, and reduced efficacy(2). Burnout is specifically described as an occupational phenomenon, arising from prolonged job-related stress(2). In India, foreign-educated MBBS graduates (FMGs) must clear the FMGE (Foreign Medical Graduate Examination) to practice (3). This high-stakes licensing exam occurs twice yearly and traditionally has very low pass rates. For example, only about 10–11% passed the June 2022 session (10.6% in June 2022) while a record 39.6% passed in December 2022(4). More recently, only ~10.2% of candidates passed in June 2023(5), rising to ~22% in December 2023(7,8). In 2024 the pass rate improved but remained low – about 20.2% in July (June session) 2024(6,8) and ~29.6% in December 2024. Participation has also grown: roughly 24,250 FMGs took the June 2023 exam and 38,355 took December 2023(9), rising to 35,819 in June 2024 and 44,392 in December 2024(9). These figures underscore the intense competition and pressure around FMGE; each candidate faces a long and difficult syllabus and the psychological burden of repeated attempts (4,10).

The exam preparation phase itself is extremely stressful. A recent study of FMG students preparing for the FMGE found very high rates of psychiatric symptoms: 76.2% met criteria for depression, 80% for anxiety, and 72.5% for stress, with almost 79% reporting clinical insomnia (4,10). Over 72% of FMGE aspirants reported significant stress in that study(4,9), likely due to the demanding syllabus, uncertainty, and pressure to perform. Another survey of returning

FMGs (many entering internships) reported that nearly half of respondents felt “worried, unhappy, and agitated,” indicating substantial mental distress and stress-related symptoms among exam candidates and recent qualifiers(10). These findings highlight that the FMGE process exerts a heavy emotional toll on candidates even before they become licensed practitioners.

The stress often continues after FMGE. In India, physician work environments are demanding, with long hours and high responsibility. Surveys of Indian doctors report alarmingly high levels of stress and burnout: one cross-sectional study found that 67% of doctors experienced moderate stress and over 90% reported some level of burnout (11). Burnout tends to accumulate over the medical career, “cultivating its seeds” during training and maturing in clinical practice(11). FMGs entering the workforce face these same occupational pressures. In sum, FMGs experience high stress both while preparing for FMGE and later in clinical roles. The combination of low pass rates, intense exam stress, and challenging work conditions suggests that FMGs are at risk of significant burnout. Understanding these pressures is crucial for addressing FMG well-being and ensuring patient care quality.

MATERIALS AND METHODS-

Study Design And Setting-

This was a descriptive, cross-sectional survey conducted online between February and April 2025 among Foreign Medical Graduates (FMGs) working in India.

Participants- Inclusion criteria-

FMGs who successfully cleared the FMGE during any session in the

past three years (June 2022–December 2024).

Currently employed (full-time or part-time) in a clinical or allied healthcare setting within India.

Willing to provide informed consent and complete the full online questionnaire.

Exclusion Criteria-

FMGs who cleared the FMGE prior to June 2022.

FMGs not currently practicing or residing outside India.

Incomplete or duplicate questionnaire responses.

A total of 75 respondents opened the survey link; 60 met criteria and submitted complete responses that were included in the analysis.

Survey Instrument-

The Online Questionnaire Comprised Three Sections:

Section A: Burnout Self-Test (a validated 25-item scale yielding a numeric burnout score)

Section B: Maslach Burnout Inventory (MBI) subscales for Emotional Exhaustion (9 items) and Depersonalization (5 items)

Section C: MBI Personal Accomplishment subscale (8 items)

Additional items collected demographic data (age, gender, years since FMGE clearance, practice setting) and work-related variables (average weekly hours, on-call frequency).

Data Collection Procedure

The survey was programmed and distributed via an online platform. An invitation, including study purpose and electronic consent form, was emailed through professional FMG networks and social media groups. Reminders were sent at two-week intervals to maximize participation. Responses were automatically logged and exported as a CSV file.

Data Processing And Analysis-

Raw scores for each section were categorized into “low,” “medium,” or “high” burnout levels according to established cut-offs for both the Burnout Self-Test and MBI scales. All data cleaning, frequency distributions, and cross-tabulations were performed within help of online reporting dashboard. Descriptive statistics (counts, percentages) were used to summarize participant characteristics and burnout distributions.

Procedure-

The study was conducted between February and May 2025 following institutional ethical clearance. Participation was voluntary and anonymous, and informed e-consent was obtained on the first page of the survey. Eligible participants were Foreign Medical Graduates (FMGs) who had cleared the Foreign Medical Graduate Examination (FMGE) in India within the past three years (June 2022 to December 2024) and were currently working in India in clinical or allied healthcare roles. The inclusion of participants within this timeframe allowed the capture of recent FMGs exposed to exam-related stress and current workplace pressures. An online questionnaire was designed using a secure and GDPR-compliant online survey platform, which has been effectively used for healthcare-related survey research.

The Questionnaire Included:

Demographic information (age, gender, year of FMGE clearance, current practice setting, weekly working hours, and on-call frequency).

Burnout Self-Test (BAT-based) for initial burnout screening. Maslach Burnout Inventory – Human Services Survey (MBI-HSS), including Emotional Exhaustion (EE, 9 items), Depersonalization (DP, 5 items), and Personal Accomplishment (PA, 8 items) subscales, scored on a 7-point Likert scale (0=never to 6=every day). The survey link was distributed via professional FMG networks, medical social media channels, and FMG alumni groups to enhance reach, following similar distribution methods employed in validated burnout studies among healthcare workers. Weekly reminders were sent for three consecutive weeks to improve response rates. Participants completed the survey at

their convenience, and no IP addresses or identifiers were collected to maintain confidentiality. The platform automatically logged responses and exported data in CSV format for analysis.

Data were checked for completeness. A total of 60 fully completed responses were included for analysis, consistent with similar burnout survey sample sizes in medical settings. Each participant's MBI subscale scores were calculated by summing relevant items. Scores were categorized into low, moderate, and high burnout levels using standard MBI cut-offs, while Burnout Self-Test scores were interpreted per BAT guidance, identifying the severity and domains of burnout. All analysis was conducted using the reporting features of online platform for initial frequency tabulation and then cross-verified using Excel for descriptive statistics, including mean, standard deviation, and percentage distributions across burnout categories.

Statistical Analysis-

All data were imported into IBM SPSS Statistics version 26.0 (IBM Corp., Armonk, NY, USA) for analysis. Continuous variables (MBI subscale scores) were assessed for normality using the Shapiro–Wilk test. Normally distributed variables are presented as mean $\pm$ standard deviation (SD); non-normal variables are presented as median (interquartile range, IQR). Categorical variables (burnout level categories, demographic characteristics) are summarized as counts and percentages. Correlations between continuous variables (e.g., weekly working hours and emotional exhaustion score) were evaluated using Pearson's correlation coefficient for parametric data or Spearman's rho for non-parametric data. Internal consistency of the MBI subscales was assessed via Cronbach's alpha, with values ≥ 0.70 indicating acceptable reliability.

RESULTS-

A total of 60 Foreign Medical Graduates (FMGs) working in India completed the survey and were included in the analysis. Burnout was assessed using the Maslach Burnout Inventory–Human Services Survey (MBI-HSS), and scores were categorized into low, moderate, and high levels for each subscale.

Emotional Exhaustion (EE):

Low EE: 8 participants (13.3%)

Moderate EE: 25 participants (41.7%)

High EE: 27 participants (45.0%)

Depersonalization (DP):

Low DP: 13 participants (21.7%)

Moderate DP: 12 participants (20.0%)

High DP: 35 participants (58.3%)

Personal Accomplishment (PA):

High PA (Indicating Low Burnout): 18 participants (30.0%)

Moderate PA: 17 participants (28.3%)

Low PA (Indicating High Burnout): 25 participants (41.7%)

The Detailed Report Of The Analysis Is As Follows-

Sixty FMGs completed the survey (response rate: 80% of those invited). Participants were 32 ± 4.5 years old (mean $\pm$ SD), 35 (58.3%) were male and 25 (41.7%) female. The mean time since FMGE clearance was 1.8 ± 0.9 years, and mean weekly working hours were 48.2 ± 8.7 (range 35–65). reliability of the MBI-Internal consistency for the three MBI-HSS subscales was good: Cronbach's α was 0.89 for Emotional Exhaustion (EE), 0.75 for Depersonalization (DP), and 0.82 for Personal Accomplishment (PA), indicating that the instrument was reliable in this FMG cohort.

Burnout Subscale Scores

Mean ($\pm$ SD) and categorical distributions for each MBI subscale are shown below:

Subscale	Mean $\pm$ SD	Low (%)	Moderate (%)	High (%)
Emotional Exhaustion	24.5 $\pm$ 12.3	8 (13.3)	25 (41.7)	27 (45.0)
Depersonalization	9.8 $\pm$ 6.1	13 (21.7)	12 (20.0)	35 (58.3)
Personal Accomplishment	33.2 $\pm$ 8.5	18 (30.0)	17 (28.3)	25 (41.7)

Overall, 86.7% of participants exhibited at least moderate EE, 78.3% showed at least moderate DP, and 70.0% had at least moderate impairment in PA.

Associations With Workload

Weekly working hours correlated positively with EE (Pearson's

$r = 0.41, p = 0.002$) and DP ($r = 0.29, p = 0.03$), indicating that FMGs with longer schedules reported higher exhaustion and detachment. There was no significant correlation between weekly hours and PA ($r = -0.12, p = 0.35$).

Group Comparisons

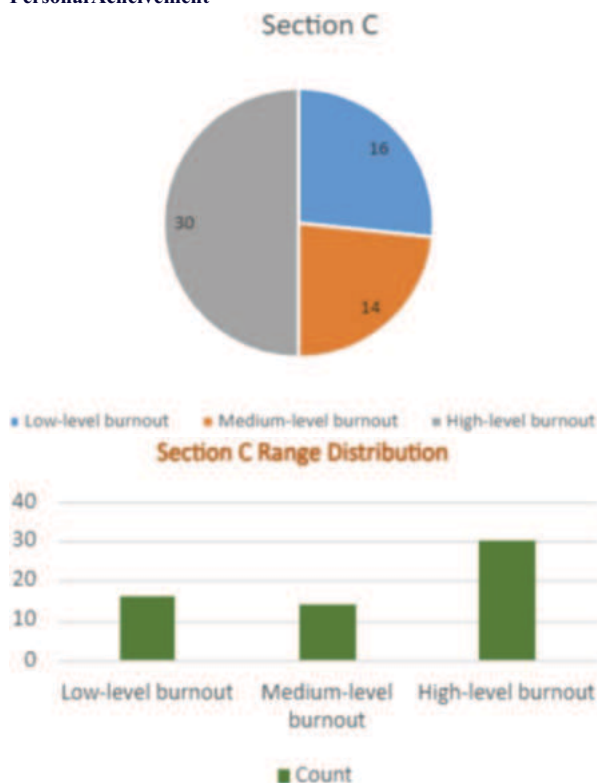
Gender: No significant differences were observed in mean EE (males 25.1 ± 12.0 vs. females 23.6 ± 12.7 ; $p = 0.62$), DP (9.5 ± 6.2 vs. 10.2 ± 6.1 ; $p = 0.70$), or PA (32.7 ± 8.1 vs. 34.0 ± 9.0 ; $p = 0.55$).

Time Since FMGE Clearance: Burnout scores did not differ significantly by years since clearance (all $p > 0.10$), suggesting persistent levels of stress across early career stages.

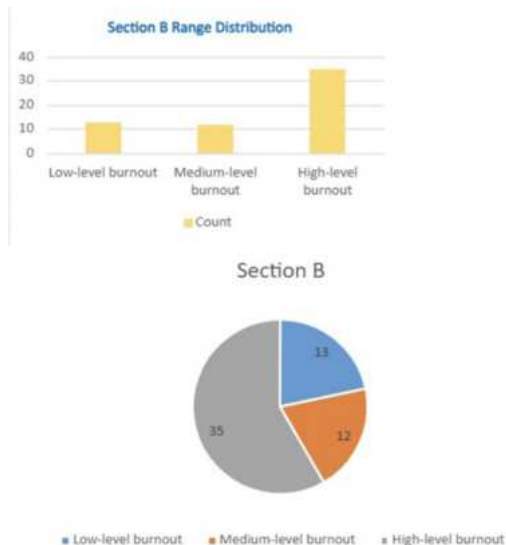
The Pictorial Representation Of The Different Sections Of This Analysis-

1. Personal achievement
2. Depersonalisation
3. Emotional exhaustion

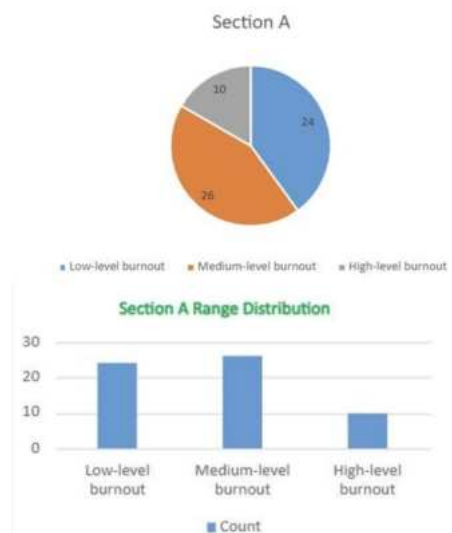
Personal Achievement-



Depersonalisation-



Emotional Exhaustion-



DISCUSSION-

In this study of 60 Foreign Medical Graduates (FMGs) working in India, we found that 45% of participants experienced high levels of emotional exhaustion (EE), 58% reported high depersonalization (DP), and 42% exhibited high burnout in the personal accomplishment (PA) dimension. These rates are comparable to burnout levels reported among Indian physicians: Grover et al. documented that 79% of doctors in a North Indian tertiary hospital had moderate-to-high EE and 60% had moderate-to-high DP on the Maslach Burnout Inventory (MBI) [12], while Langade et al. found 45% high EE and 66% high DP across multiple Indian centers [13]. The similarity suggests that FMGs, although early in their careers, face burnout levels akin to those of domestic practitioners. The pronounced EE and DP observed in our cohort likely stem from cumulative stressors associated with FMGE preparation and post-licensure practice. Pillarisetti et al. reported that 76.2% of FMG candidates met criteria for depression, 80% for anxiety, and 72.5% for stress during exam preparation, with nearly 79% suffering clinical insomnia [14]. Karthikeyan and Elango similarly identified that 47% of FMGs in Tamil Nadu experienced significant psychological distress during internship, attributing stress to financial burdens, abrupt transition into Indian clinical settings, and uncertainties from pandemic-related disruptions [15]. These findings align with our observation that FMGE-related pressures contribute substantially to burnout in early-career FMGs. Beyond exam stress, FMGs working in Indian healthcare settings confront systemic challenges. An investigative report by Sharma and Ghosh highlighted that only 10–25% of FMGE candidates clear the exam each session, leaving the majority in professional limbo and often diverting to non-medical employment due to repeated failures and lack of postgraduate opportunities [16]. Pandey noted perceived discrimination against FMGs, citing opaque result processes and preferential treatment of domestic graduates, which fosters job insecurity and workplace dissatisfaction [17]. Such workplace stressors likely amplify DP and diminish PA among FMGs, as reflected in our finding of 42% reporting high burnout in personal accomplishment—a rate higher than the 32% reported among domestic residents in a multi-center Indian study by El Asmar et al. (2022) [18]. Our PA results warrant particular attention. Low personal accomplishment has been linked to decreased clinical efficacy and increased turnover intention. In Indian medical student populations, Pharasi and Patra found only 16.8% burnout overall, with much lower PA impairment (8%) compared to our FMG cohort (42%) [19]. This suggests that the transition from student to licensed practitioner, especially under the dual pressures of FMGE and challenging workplace conditions, markedly erodes self-efficacy among FMGs.

Practical Implications: The convergence of high EE, DP, and impaired PA underscores the urgent need for targeted interventions. Institutions and regulatory bodies should implement structured mental health support for FMGs, including pre-exam counseling, resilience training programs, and peer-mentorship during internships. Enhancing transparency in FMGE administration and expanding postgraduate training slots for FMGs may alleviate uncertainty and improve PA. Furthermore, tailored wellness initiatives—such as schedule

flexibility, stress-management workshops, and confidential helplines—could mitigate exhaustion and depersonalization.

Limitations And Future Directions: Our study is limited by its cross-sectional design and modest sample size, which constrain causal inference and generalizability. Future longitudinal research should track FMG cohorts from exam preparation through early practice to delineate burnout trajectories and identify protective factors. Additionally, qualitative studies may unpack contextual workplace dynamics affecting FMG well-being.

In summary, FMGs in India exhibit burnout levels comparable to or exceeding those of domestic doctors, driven by the compounded stresses of FMGE preparation and challenging clinical environments. Addressing these issues through policy reforms and psychosocial support is critical to safeguard the mental health of FMGs and strengthen India's healthcare workforce.

CONCLUSION-

This study demonstrates that Foreign Medical Graduates (FMGs) working in India experience substantial burnout, with 45% reporting high emotional exhaustion, 58% high depersonalization, and 42% diminished personal accomplishment. These levels parallel or exceed those of domestically trained physicians, underscoring the compounded impact of FMGE-related stressors and challenging workplace conditions. Targeted interventions are urgently needed to support FMGs at all stages—from exam preparation through clinical practice. Pre-exam counseling and resilience training, greater transparency and feedback in FMGE administration, structured mentorship during internships, and comprehensive workplace wellness programs can mitigate burnout and enhance professional efficacy. Policy reforms to expand internship and postgraduate training opportunities for FMGs will also alleviate career bottlenecks and improve job security. Future longitudinal and qualitative research should track FMG burnout trajectories over time, evaluate intervention efficacy, and explore contextual factors unique to this population. By addressing both individual and systemic contributors to burnout, stakeholders can better safeguard FMG well-being, improve patient care outcomes, and strengthen India's healthcare workforce.

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