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Mental wellbeing and burnout in surgical trainees: implications for the post-COVID-19 era

Editor

We read with interest the article by Spinelli and Pellino¹ describing the impact of the COVID-19 pandemic on outpatient clinics, elective surgery, emergency surgery, and how this burden translates to patients. In these challenging times, however, another important burden exists, the effect of the global pandemic on the mental wellbeing of our surgical workforce.

There is a growing global consensus that healthcare professionals, such as physicians or dentists, suffer high rates of anxiety, depression and psychological distress². However, research focusing on the mental wellbeing of surgeons, although increasing, remains fairly limited. In the 2015 Medscape Physician Lifestyle Report³, burnout was reported in up to 53 per cent of US-based surgeons. Psychiatric illnesses, such as anxiety, depression or substance abuse, although less widely investigated in the surgical workforce, have been reported in up to 30 per cent of established surgeons⁴. Interestingly, surgeons have been shown to be slow or reluctant to seek help, and as such, many suffer in silence⁴.

In November 2019, the authors measured burnout (using the Oldenburg Burnout Inventory), and minor

psychiatric illness and wellbeing (using the General Health Questionnaire-12) in 74 core surgical trainees across the London deanery. This was achieved through an anonymous online platform, 'Typeform'. Using standardized, reliable and validated instruments, we aimed to quantify and characterize the difficulties surgical trainees face. Some 54 (71 per cent) trainees provided complete responses. Our results indicated a case rate of 82 per cent (44 cases) for mild psychiatric illness, 83 per cent (45 cases) for disengagement and 87 per cent (47 cases) for exhaustion.

Mild psychiatric illness and burnout have been linked to poor clinical and academic performance, increased medical errors, poor empathy, dishonesty and substance misuse, ultimately leading to detrimental effects on patient safety²⁻⁴. The current COVID-19 pandemic will act as a significant stressor to surgeons and may exacerbate these issues.

As part of the strategy to tackle the current COVID-19 epidemic in the United Kingdom, many junior trainees have been redeployed to other, possibly non-surgical, specialities. They will undoubtedly suffer uncertainty regarding their job role, rota, expertise and progression into higher training. Many will harbour fears over their own and their family's health. In the current climate, mental distress, psychiatric illness and burnout will inevitably worsen. Both local and national support mechanisms have been initiated, such as mindfulness programmes or the Royal College of Surgeons (RCS) Confidential Support and Advice Service⁵. These are a welcome step during the acute phase of the pandemic. However, results of this study alongside the wider literature signifies the importance of continued psychological support post COVID-19 for surgical trainees. Future research

is required across a wider sample of junior surgeons to understand causality, monitor trends, and aid implementation of national and local-level support and guidance to safeguard the mental wellbeing of our future surgeons.

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