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# The American Journal of Surgery

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## Invited Commentary

### We need to talk about Covid-19 pandemic related stress



“The time has come,” the Walrus said,  
To talk of many things ... ”  
-The Walrus and The Carpenter, Lewis Carroll

The COVID-19 pandemic has exerted a significant toll on physicians' mental and emotional health.<sup>1,2</sup> A survey of US healthcare workers by the Mayo Clinic indicated that burnout, COVID-19-related anxiety, and depression increased the probability of intent to leave.<sup>1</sup> Further, the survey results showed approximately 31.4% of physicians intended to reduce their work hours, and 23.8% intended to leave their practice in two years.<sup>1</sup> For surgeons, a recent global survey of surgeons by Tan et al. linked depression, anxiety, stress, and post-traumatic stress disorder to personal and workplace experiences with COVID-19.<sup>2</sup> Notably, the psychological impact of the pandemic appears gendered, with female surgeons more likely to experience psychological conditions, i.e., depression, anxiety, stress, etc., than their male colleagues.<sup>2,3</sup> Collectively, these results suggest the COVID-19 pandemic has had significant implications for mental health and workforce retention among physicians. Moreover, it highlights the need for robust longitudinal studies on the impact of the pandemic on the development and progression of COVID-19-related psychological conditions and their long-term consequences on mental and emotional health.

In Landau et al.'s study “*Longitudinal Evaluation of the Surgical Workforce Experience During the Covid-19 Pandemic*,” the authors examine the impact of the COVID-19 pandemic on surgical residents and faculty at five academic centers in the United States.<sup>4</sup> Study participants were surveyed at three time points (baseline, six months, and 12 months), from May 15, 2020, to July 14, 2021, to evaluate self-reported stress and assess individual stressors.<sup>4</sup> Individual stressors broadly included financial concerns, practice-related issues, and infection (becoming infected or infecting family members).<sup>4</sup> At study entry, faculty reported higher stress than residents. However, at 6- and 12-months, differences in self-reported stress between the groups disappeared.<sup>4</sup> Overall, the number of individual stressors (e.g., the possibility of a second wave, becoming seriously ill) reduced over the study period.<sup>4</sup> Conversely, the percentage of study participants reporting financial concerns increased over the study timeframe.<sup>4</sup> Of note, the authors collected information on how to mitigate COVID-19-related stressors, financial support, and address volume and capacity were the most common recommendation from participants.<sup>4</sup>

The results from the Landau et al. study provide much needed insight into the impact of the COVID-19 pandemic on stress and stressors among surgeons. Study findings suggest surgeons' initial anxiety and worry

about infectivity are abating. Nevertheless, financial stress appears to have worsened due to practice-related issues (e.g., volume and capacity). The concern about financial stress is important as existing literature suggests financial distress is predictive of psychological well-being.<sup>5,6</sup> Furthermore, these results are worrisome when contextualized within a workplace climate of high physician turnover rates, slow job recovery, and physician burnout.<sup>1,7</sup>

Addressing the long-term emotional and mental health implications of the COVID-19 pandemic on the surgical workforce will require individual and institutional interventions. Firstly, harmful socio-cultural norms among physicians about treating our mental health warrants broader discourse at the national, institutional, and practice levels. Major surgical organizations and healthcare institutions, in concert with members of the surgical community, need to work on destigmatizing mental health and normalizing receipt of treatment for mental health. Secondly, institutional policy affecting surgical care delivery need to consider the implications of policy change on socioenvironmental stressors (e.g., workplace conditions, finances, psychological stress, etc.) in the surgical workforce. Thirdly, prospective longitudinal studies using a life course theory lens are needed to better understand the mental, physical, and social implications of the COVID-19 pandemic on surgeons. I commend Landau et al. on this timely and important study and believe it provides the foundation for future studies on the effects of the COVID-19 pandemic on mental health among surgeons.

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