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LETTER TO THE EDITOR

We know the problem, now it is time to find a solution: supporting residents during the COVID-19 pandemic

With great interest, I read the article by Uyaroglu *et al*. evaluating the anxiety severity of internists involved in the care of patients with COVID-19.[1] The residents comprised a significant portion of the study cohort (68%), with more than 70% of the residents working in the COVID-19 frontlines. Almost three-fourths of the residents had some degree of anxiety with increased anxiety in females and residents living with older and comorbid relatives. It is an important study further adding to the body of evidence on the psychological effects of COVID-19 on healthcare workers.

The next important question is how to support the residents on the frontlines and prevent their anxiety from turning to long-term psychological sequelae like depression and post-traumatic stress. The residents have several reasons for anxiety, like contracting COVID-19 and disseminating it to loved ones, isolation from peers in a relatively social age and the sense of uncertainty about the future, and the disruption of education during the pandemic. Different groups suggested several mitigation strategies for coping with anxiety in healthcare workers. These strategies mostly consisted of online and phone-based psychological interventions. Additionally, small support groups with simple messages like 'it is ok to be not ok' suggested to be valuable.[2] However, most of the studies like the present study had missed an important point: simply asking the residents what their needs and demands are. A recent systematic review focussed on the mismatch between healthcare workers' needs and demands and offered support services. Interestingly, a study demonstrated that healthcare workers are more interested in occupational support and rest than professional psychological support.[3]

Another significant yet understudied point was also absent in the present study, which is the resident perspectives on the anxiety and stress created by the effects of COVID-19 on training. Although some degree of disruption seems inevitable due to the allocation of resources and personnel, there should be an institutional effort to ensure continuation of high-quality training during the pandemic with adaptive and flexible approaches like maintenance of some outpatient clinics in clean hospitals, use of online classes and virtual simulations.[4] These adaptations could be more acceptable if the wishes of residents are sought before implementing the changes. Interestingly, there are also positive lessons to be learned from the COVID-19 pandemic, as evidenced by the report of increased complacency in theoretical training with decreased workload during the pandemic in a survey of urology residents from Belgium.[5] This finding could be important for resident education during the pandemic and could even have implications after the pandemic to optimise resident training.

Finally, further studies with a more detailed evaluation of factors behind the anxiety and the perspectives and suggestions of residents are of utmost importance for protecting resident mental health and well-being during and after the pandemic.

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