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REPLY, LETTER TO THE EDITOR

Authors' Reply: Nationwide Study on Stress Perception Among Surgical Residents

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We read with interest the letter by Hirani et al.[1] commenting on our work on stress perception among surgical residents. The authors shared our concern regarding the worrisome level of stress and helplessness reported, in particular by females and foreign medical graduates, on which many healthcare systems heavily depend. They highlighted the additional burden of the pandemic on occupational stress, including extended service time and redeployment in COVID-19 wards, emotional exhaustion, and depersonalization. Indeed, the pandemic had a deep impact on healthcare providers across all disciplines, irrespective of the nation's welfare [2]. The sudden immersion of unprepared staff with a rapidly propagating virus, the close confrontation with death, lack of control and knowledge, and shortage of personnel and basic material proved deleterious. Insomnia, anxiety, and depression affected up to one-third of frontline healthcare workers, while female sex, loneliness, high risk of contracting COVID-19, ignorance, and social isolation were associated with higher psychologic distress [3–5].

The CovidSurg collaborative reported up to one quarter of surgeons absent with a corresponding reduction in surgical volume. Importantly, COVID-19 sickness accounted for less than half of the leaves. The Swiss support network for physicians "ReMed" recorded an 11% increase in requests in 2021 due to work-related stress and burnout. Healthcare systems in the aftermath of pandemic waves suffer from attrition, with thousands of hospital beds and operation rooms unstaffed, translating in delayed care and unrecoverable adverse health outcomes. Significant long-term psychologic damage is being observed at individual and hospital levels which translates into institutional long COVID.

Drivers of resilience against psychologic distress and attrition are similar in a pandemic as in high-stake high-performance environments [5]: provision of a sense of purpose and meaning, truly empathetic communication, sharing and championing a vision, and genuinely caring for each other. Many large companies in a variety of industries demonstrated the benefit of inspirational leadership in crisis management, sustainability, and economic returns—with mutual trust being crucial for staff commitment and engagement [6]. Complex matrix organizations, the administrative intricacy of healthcare environments, and the rise of managers who run care processes alike Chaplin's Modern Times epic contribute to depersonalization and oppose inspirational leadership. Generational changes were blamed for a non-productive mindset and shiftworker mentality quoting buzz words from work-life balance to quiet quitting. While it is true that upcoming generations envision another life perspective than baby boomers, this difference cannot justify failure to lead and inspire purpose. The power of workplace culture and organization cannot be overstated: whenever these key drivers of engagement focus on the meaning of healthcare provision, rather than becoming tools for command and control, trust, cooperation, and resilience flourish [6, 7]. Stating and acting upon core values and truly caring for those who put their life and time in our care differentiates inspirational leadership from

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managed organizations. Reflecting on and improving one's own leadership style can rise efficiency and contribute to stress-reduced, purpose-filled, people-centered residency and work environments. The much needed (*r*) evolution of value-based leadership has the potential to relieve stressed healthcare providers, institutions, and residents.

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