LETTER TO THE EDITOR



COVID-19 outbreak situation and its psychological impact among surgeons in training in France

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Dear Editor,

The COVID-19 outbreak is a challenge for health care workers (HCW). Young surgeons have switched immediately their daily practice into eclectic tasks (e.g., nursing patients in ICU, examining COVID patients...). These individuals represent one of the most at-risk population to become infected and potentially COVID-19 spillers.

Only 2 weeks after the beginning of COVID-19 lockdown, a self-administered questionnaire was e-mailed to the members of the French Association of Urologists in Training (AFUF), who have been routinely evaluated concerning their stress [1, 2].

In less than 72 h, 275 (59.6%) members replied to the questionnaire (see Table 1). Overall 76.7% had COVID-19 patients in their department, 61.5% judged themselves unable to treat their symptoms and 75.3% did not receive any updated guidelines on respiratory tract infection treatment.

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Despite all the widespread recommendations given by the national authorities, only 43.3% felt to have sufficient personal protective equipment (PPE). According to this condition, 92% of the participants reported to be stressed, with a medium-to-high level of stress in 56.5% of the cases. Moreover, more than 60% of responders noted that this health crisis was impacting the quality of their work.

Importantly, the increase of stress was significantly more frequent for those who were in a high epidemic region, when COVID-19 patients were in their department and when they already had a personal past medical history of respiratory disease. The pandemic was more likely to have a negative impact on the quality of work for the most experienced urologists in training and when COVID-19 patients were hospitalized in their own urology department.

Moreover, 83.3% of the responders judged that the COVID crisis had a negative impact on their urological training, knowing that overall satisfaction with urology

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 Table 1
 Responders characteristics

	N=275
Age in years, mean (SD)	29.5 (0.47)
Female gender, n (%)	90 (32.7)
Medical history, n (%)	
None	244 (88.7)
Respiratory	20 (7.3)
Other	11 (4)
Psychiatry history, n (%)	3 (1.1)
Smoker, <i>n</i> (%)	54 (19.6)
Experience, n (%)	
1st year-resident	21 (7.6)
2nd year-resident	33 (12)
3rd year-resident	30 (10.9)
4th year-resident	31 (11.3)
5th year-resident	41 (14.9)
Senior	90 (32.7)
Science research	29 (10.6)
Presence of Covid-19 patients, n (%)	
In the same building	253 (92)
In the same department	211 (76.7)
Sufficient protection material, n (%)	119 (43.3)
COVID-19 knowledge, n (%)	
Ability to treat COVID-19	106 (38.6)
Updated on COVID-19	200 (72.7)
Updated on URTI	68 (24.7)
COVID-19 negative impact, n (%)	
On quality work (none to low)	109 (39.6)
On quality work (medium to high)	166 (60.4)
On urological training (none to low)	46 (16.7)
On urological training (medium to high)	229 (83.3)
Added level of stress (none to low)	120 (43.6)
Added level of stress (medium to high)	155 (56.5)
New psychiatric treatment initiated	2 (0.7)

URTI Upper Respiratory Tract Infection

training in Europe is low [3], this finding has an additional psychological burden, since "being well trained" was a strong protective factor against burnout [2].

Several options could help mitigating the negative effects of the current situation: webinar as well as e-learnings including practical surgical videos [4, 5], could have the potential to create a supportive educational environment [6]. Updates on COVID-19 and guidelines on upper respiratory tract infections (URTI) should also be promoted by our institutions through webinar sessions, or even on social media [7].

Young urologists expressed that the crisis had an important impact on their work quality. This might be explained by the fear driven by unusual medical responsibilities far from surgical considerations, and far from their general medicine

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training. Hence, it is important to implement medical and psychological reinforcement in every urological team who is involved in the management of COVID-19 patients.

During the crisis, it is important to keep in mind that young urologists in high epidemic regions require a particular attention. COVID-19 crisis seems to be a major stressor for urologists in training and could lead to poorer caregiver mental health.

Managing the psychosocial well-being during this time appears to be of utmost importance not only for coronavirus but also in the perspective of future similar pandemic crisis.

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Compliancw with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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