

## LETTER TO THE EDITOR

## Comment on "The Relationship Between Surgeon Gender and Stress During the Covid-19 Pandemic" Mavroudis C L et al.

### Dear Editor,

Several papers have focused the attention on the role of women and minorities in surgery, including the recent article by Mavroudis et al "The Relationship Between Surgeon Gender and Stress During the Covid-19 Pandemic."<sup>1</sup> Most Authors concluded "Opportunities for women in surgery have improved, although much work remains to make the surgical workplace supportive of women." Mavroudis et al concluded that female surgeons experienced more stress than male surgeons during the Covid-19 pandemic. The title of the paper per se could bring to wrong impressions and to determine misconceptions. The conclusions of Mavroudis et al were based on 335 surgeons who answered a questionnaire by telephone. Most female surgeons were in their training period and most male surgeons were staff-experienced surgeons. In this context it is possible that male surgeons might have an established supportive family with older children. It is possible also that female house residents were younger, without the help of a supportive family and with younger children, if any. Finally, is it possible to assess the "stress

level" by a telephone interview? Not rarely experiences staff surgeons are predisposed and have a long experience to hide the stress, inevitably associated with our profession. We have learned to hide our stress, our feelings: it is the only possible method to survive by a psychological and consequent physical point of view in our job. The surgeon is requested to be always in charge, and he is not allowed to show her/his feelings either to the patient and the family or to our selves. An experienced surgeon has learned from daily experience to hide feelings and to look always in command. Residents in surgery have the tendency to express more sincerely their impressions, attitudes, experiences, often looking for support, and for the possibility to manifest their feelings. The paper indicates that female surgeons need support during the pandemic phase: the phrase should be rearranged in residents in training needs support, namely during the pandemic period. Even if the Authors seem to have a positive attitude for female surgeons, inevitably the paper can be read as a criticism towards female surgeon. It is difficult to understand how the increased number of women in surgery, a great opportunity, generates questions and doubts. There is a diffuse fear that women in surgery will bring changes in surgery. If changes will be made, for sure they will be positive changes. Several solutions are proposed, including a different training schema for men and women. It is my impression that we are under estimating the great opportunity women are giving to surgery and to the suffering people requiring surgery.

Several studies have concluded applauding those societies and institutions that have implemented initiatives and are tracking progress in an effort to rectify sex disparity.<sup>2,3</sup> I think that this fundamental matter cannot be left to individual initiatives. There is the need for a change of the general vision of training in surgery, in which the personal life and needs of trainees is considered a priority. These changes should be well planned and taken by the National Organizations responsible for surgical training. Surgery needs to attract individuals with great potentials, independently by their sex or race. A balanced personal life, by all points of view, determines the ground where potentials are more easily expressed and valorized. The continuous challenges surgery will face in the future require surgeons with great potentials and a balanced personal life.

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### REFERENCES

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3. Mavroudis CL, Landau S, Brooks E, et al. Exploring the experience of the surgical workforce during the Covid-19 pandemic. *Ann Surg.* 2020.

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