# Financial stress during medical residency training: an experience from Iran

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#### Dear editor

We have read with great interest the article by Abdulghani et al,¹ in which they well documented the high prevalence of stress among the Saudi Arabian medical residents and its effects on their working efficacy and general physical health during the residency training. This important issue similarly applies in Iran. Previous surveys performed on the Iranian resident trainees revealed the increased levels of psychological and emotional disorders such as depression, anxiety, and stress among them.²-4

There are several stressors such as difficult patients, job dissatisfaction, and large number of exams, which can have negative effects on the mental health status of medical residents during their training programs. <sup>5,6</sup> However, among the Iranian medical residents, financial problem is other most important concern that has been less discussed by the policy makers. In Iran, unfortunately, the monthly income of residents of all medical specialties is very inadequate and this forces them to think about another work besides studying for subsistence, <sup>7</sup> whereas educational policies, like most of the countries, interdict residents from working out of their learning environment and this take many occupational opportunities from them. On the other hand, the health care reform that has been recently implemented in Iran is associated with increased referring of the patients and working pressure of the residents, without increasing their income. This problem is more considerable for residents of more stressful specialties such as general surgery, neurosurgery, and orthopedics.

Heavy workload and low income can provide serious stressful conditions for Iranian resident trainees and gradually this can be associated with burnout and dissatisfaction and have a serious negative effect on their professional functions. Therefore, it is necessary that Iranian authorities ordain the policies in order to improve the educational and financial status of residents during their residency programs, especially for more stressful specialties.

# **Disclosure**

The authors report no conflicts of interest in this communication.

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# **Authors' reply**

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#### Dear editor

We read with great pleasure the letter to the editor written by Mohammad Zamani and Vahid Zamani, and we thank them for their interest in our paper, which showed that high prevalence of stress among the Saudi Arabian medical residents and its effects on their working efficacy and general physical health during the residency training.<sup>1</sup>

Our response to the letter to the editor is as follows:

First, our study agreed the high prevalence of stress among the residency trainees and its effects on their working efficacy and general physical health with an Iranian study.<sup>2</sup>

Second, we appreciate the authors' concern regarding the financial problems of the Iranian residence trainees. We agree with the fact that poor financial status is associated with the stress, distress, and burnout.<sup>3,4</sup> Conversely, financial status had no effect on the stress level of the resident physicians of tertiary care hospital of Saudi Arabia.<sup>5</sup> Our study¹ did not evaluate the financial status of newly graduated residency trainees, because residency training is mandatory criteria for the newly medical graduates to work as a specialist in the

Kingdom of Saudi Arabia. Also, the payment for the postgraduate candidates training is sponsored by the government and the physicians' income is optimal.<sup>6</sup> Therefore, possibly the financial issue does not act as a stress factor. However, the satisfactory family income was protective factor for stress to the medical students and residency trainees, which has been shown in a local study.<sup>7</sup> Therefore, physicians' income is an important factor, if there is an issue. The health and education authority must carefully look into the financial aspect of the resident physicians and trainees, which is an important remedial factor for such a serious condition in the future health care providers.

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The authors report no conflicts of interest in this communication.

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