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COMMENTARY ARTICLE

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Managing Patient Care and Medical Training in Under-Resourced Hospital Settings: The Experience of Syrian Residents

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Abstract

As the demands for healthcare access continue to rise, the depleted Syrian health system is unable to provide an adequate response. The political and economic crises in Syria have cast a vast shadow, that affects the healthcare system and the medical education sector, particularly the postgraduate residency program, where first-year residents are expected to work early to meet the mounting healthcare needs. These residents are working under suboptimal conditions in which both medical and human resources are not appropriately available. In this article, we will address and present the challenges that medical residents face under the pressures of the significant resource limitations.

Keywords:

postgraduate medical training; residents; crisis; Syria; limited resources.

workload hospitals face, assigned responsibilities are increasing while the attention to the delivery of appropriate junior doctor training is simultaneously reduced. 2 Indeed, residents' exposure to a large number of cases could contribute to the development of knowledge and skills in a wide range of healthcare conditions (3); however, the adverse effects of heightened work pressure in a frustratingly under-resourced setting could also lead to increased level of burnout and stress among residents. 3-5 Hospital resource shortage has worsened, particularly after the COVID-19 pandemic hit in 2020 the ensuing massive economic collapse and soaring inflation rates.6

Resident dropout rates have reached unprecedented levels in 20235 even though it is difficult to access data such as drop-out rates due to inadequate record-keeping and complex bureaucratic processes, a comparison between the number of first-year residents in 2023 (n=1009) affiliated with the Ministry of Higher Education in Damascus to those who finished their postgraduate training and were doing their Imtiaz year (one year of supervised medical service after completing postgraduate training), n=173, indicates a very high dropout rate-more than eight out of ten residents drop out before the end of training.5 In a recent survey 2023, 62.8% (n=928) of a sample that included 1490 medical residents in Damascus expressed plans to travel abroad, 22.7% were undecided, and only 14.1% wanted to stay in the country. 5 This suggests that the health system could potentially lose six out of every ten residents. The declining quality of life might be a factor that

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Introduction

War, like other crises, disrupts health professions education and training by destroying educational facilities and causing mass migration of qualified medical professionals. 1 Public hospitals rely heavily on medical residents to provide accessible healthcare services for citizens. Given the substantial daily

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contributes to the migration of doctors. Yet, one study points out that the deterioration of the clinical teaching and learning environment at teaching hospitals cannot be ruled out as a perpetuating factor.⁷

The impact of medical resource shortage on residents' daily practice in Syria are under-studied in the literature. This article aims to provide a concise overview of the resource-deprived clinical working environment at teaching hospitals in the capital of Syria, Damascus, and how this affects medical residents' training and practice.⁸ Our report is based on multiple data sources, including our personal experience at large University Hospitals in Damascus city centre backed up with evidence from previous research, particularly a survey conducted in mid-2023 in which insights and feedback from a large pool of residents (n=1490) on the clinical learning environment were elicited.⁵ Some informal interviews with residents also informed the content of this brief article.

Working in a low-resourced clinical learning environment

Explored opinions of medical resident in Syria believe that the lack of resources needed for proper healthcare delivery and training of junior medical personnel is a frustrating issue, especially in this phase during which they need to acquire essential skills and applied learning experience. In many teaching hospitals, infection control standards are affected due to lack of medical gloves, surgical masks, and other essential disposables.^{4,7} Regrettably, residents are forced to reuse these disposables owing to their scarcity. Furthermore, the ability of residents to work with necessary medical equipment is significantly hampered, as many essential equipment are unavailable, rendering many medical operations and procedures inapplicable. For example, ophthalmology residents in certain hospitals never get to learn or practice LASIK because of the unavailability of the laser generating device at their respective hospitals. This is evidenced by the 2023 survey showing that 973 (66%) out of a sample of 1490 residents reported that their hospitals failed to provide necessary medical equipment and tools (18.6% remained undecided).⁵ In Northern Syria, the deteriorating infrastructure of hospitals has severe implications for patients' care, with one study linking this to higher mortality rates.⁹ Personnel-wise, residents grapple with the absence of attending supervisors, making their learning process reliant on senior peer support and the risky approach of learning through trial and error.⁴ This has repercussions for healthcare provision for many patients, as they are

more likely to be treated by residents who may or may not be competent enough to approach challenging cases. This is especially alarming because the undergraduate curriculum is outdated and primarily focused on knowledge acquisition.⁷ We would like to contend that medical schools are failing to equip graduates with the full scope of clinical skills necessary to respond effectively to the vast and complex patient care demands immediately after graduation.^{7,10}

High drop-out rates among residents in specific departments resulted in an increased workload for the remaining residents who had to deal with a long waiting list of patients. Another critical matter affected by the lack of resources is the poor condition of accommodation and catering facilities at hospitals, and it is not uncommon to see low hygiene standards in even residents' dormitories, are notorious for their insect-infested beds. During the winter, residents bring their blankets and sheets to sleep at night. These challenging accommodation conditions are not only detrimental to their physical and mental wellbeing but also hinder their ability to perform optimally during working hours. As of mid-2023, the current monthly salary of a resident in Syria is merely equivalent to thirty US dollars a month. Selling shifts has become a trend nowadays when wealthier residents are paying their colleagues to cover for them. Lack of ambulance vehicles, body refrigerators, medicine, etc.. are all manifestations of the resource crisis teaching hospitals in Syria are now suffering from.⁸

Conclusion

The current landscape of medical training for junior residents is characterized by a dearth of essential resources and a paucity of teaching personnel. This scenario necessitates immediate remedial action, as the absence of these critical elements is exerting a considerable burden on both the professional and academic aspects of these residents' roles. The remuneration provided to these individuals is disproportionately low relative to the substantial demands of their positions, thereby failing to support a reasonable standard of living. This imbalance perpetuates a cycle of both psychological and physical strain the young healthcare workforce. The resultant environment is one where envisioning a sustainable professional future within the country becomes increasingly untenable for many. Consequently, this situation is fostering a trend where relocation to countries with more favourable conditions, such as Germany, the United States, United Kingdom, and



various nations in the Gulf region, is emerging as a preferred and viable option for a significant number of these medical practitioners. Addressing the resource issue needs to be well-thought-out. Fundraising without proper resource management would prove futile; bodies managing hospital funding must be held accountable for any misuse of resources or possible acts of embezzlement; policies must be reassessed to align with the needs of both patients and doctors; seeking funding from international human organizations could also alleviate the shortage of resources. All aspects of the clinical learning environment affected by resource scarcity must be considered. 2 Innovative approaches such as providing web-based supervision using online learning tools could help compensate for the lack of attending doctors. 1,11 This letter was penned with the intent of raising awareness of the humanitarian needs of medical residents in Syria who are not only struggling to learn and practice but who are also finding it very difficult to secure a decent livelihood.

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