

Stress-Coping Strategies by Medical Students During the COVID-19 Pandemic [Letter]

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Jie Man Low
Muhammad Zakwan Zakariya

School of Medical Sciences, University of
Manchester, Manchester, UK

Dear editor

We read with great interest, the study by Abdulghani et al¹ regarding the level of perceived stress and the coping strategies adopted by medical students at King Saud University, Saudi Arabia during the COVID-19 pandemic. Being fourth year medical students, we can closely relate to the respondents in this study as online learning has become the norm. The authors successfully elucidated the academic and psychological struggles that medical students experience in the face of COVID-19. We appreciate the authors' timely efforts in shedding some light on this matter; however, we would like to address a few issues.

With a larger proportion of male participants, this study was exposed to gender bias, which might have impeded the generalization of the results. We think that a more equal gender distribution of participants would be essential to validate the conclusions drawn from the study, especially when higher stress levels in females were reported by the authors.

We applaud the authors' decision to include both acceptance and denial of COVID-19 as coping methods in the questionnaire. However, we found the items on the coping strategies questionnaire to be rather limiting. Whilst modern recreational activities such as playing games and watching movies were included, it would be better to cover a wider array of activities, eg, reading, crafting, playing music, etc., as suggested by Steiner-Hofbauer and Holzinger.² Moreover, we noted the lack of "unhealthy" coping strategies such as illicit drug use. The inclusion of tobacco use in the questionnaire would have also been informative because smoking was identified as one of the coping strategies adopted by a proportion of medical students in the same region, according to a study by Al-Haqwi et al.³

Additionally, we would like to suggest further clarification on some of the terminologies used in the questionnaire, including "mental pressure", "pleasure in study" and "anxiety" because these terms can be construed differently by different individuals. Furthermore, we echo the authors' acknowledgement that "anxiety" is commonly perceived in a negative light.⁴ As such, it would be helpful to substitute "anxiety" with a description of anxiety-related symptoms such as "a sense of unease or nervousness" to reduce ambiguity and to avoid response bias.

In summary, the authors have provided an astute insight on how the COVID-19 pandemic has induced stress among medical students and have laid out the foundation for further studies into alleviating these problems. In view of the physical and

Correspondence: Jie Man Low;
Muhammad Zakwan Zakariya
School of Medical Sciences, University of
Manchester, Manchester, UK
Email jiemman.low@student.manchester.ac.uk;
muhammad.zakariya-2@student.manchester.ac.uk

psychological impacts of COVID-19 on students, further research should explore the different avenues for interventions to better support and enhance their learning.

Disclosure

The authors report no conflicts of interest for this communication.

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