

Original Research Article

Having it all - Burnout and Moral Distress in Working Female Physicians in a Developed Asian Country

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ABSTRACT

Introduction: As female physicians enter the workforce increasing amounts of burnout and moral distress is being reported in literature mostly emanating from the West. Our objectives were to study the incidence of burnout and moral distress amongst working female physicians using evidence based criteria in a developed Asian country.

Setting: Singapore is a developed Asian country. Female physicians are practicing in both government as well as private hospitals.

Materials and Methods: After IRB approval we sent out an anonymous survey via email to 100 female physicians currently practicing in Singapore.

Results: Our results show a 54% rate of burnout and an 8% rate of self-harm consideration. Family pressures and poor work life balance as well as motivational factors at work seem to be major contributors to this.

Conclusion: This simple survey self-reported study gives a glimpse into the association between female physicians and burn-out in Singapore healthcare context, and the fact that such a phenomenon can potentially have a devastating effect on mental health, physical health and family's lives of these working female physicians.

Key words: burnout, moral distress, gender bias.

INTRODUCTION

Over the last few decades, there have been an increasing number of women qualifying as physicians. This is no different in Singapore. There is almost twice the number of female students enrolled in a single local undergraduate medical programme 778 female:719 males (51.9%) in 2015/2016 as compared to 20 years ago; 215females:547males (28.2%) in 1995/1996. ⁽¹⁾

Women in the workforce and their issues have been rather understudied in medicine. Vast changes in the health care

system, increasing burden of an ageing society and increasing healthcare and living costs have placed immense stresses on medical personnel. ⁽²⁾ Women in particular bear the brunt of this by spending majority of their reproductive years advancing their careers and trying at the same time to juggle or fulfill the many roles of being a physician, a specialist trainee, a mother, wife and home-maker. ⁽³⁾ The most opportune biological time for a woman to start a family unfortunately also coincides during the period where a female physician meets a great deal of demands and

requirements at work especially facing residency training and post-graduate examinations. ⁽⁴⁾ There are no studies, to our knowledge, emanating from Asia reporting burnout and moral distress rates amongst female physicians.

Claims of stress and burnout have been well documented in the West, as are outcomes such as physician dissatisfaction and its relation to patient disenrollment, satisfaction, compliance, and health outcomes. Rates of up to 60 % amongst female physicians have been reported in the West, with an increasing trend. ⁽⁵⁾ Burnout is "an experience of physical, emotional, and mental exhaustion, caused by long-term involvement in situations that are emotionally demanding". ⁽⁶⁾ Burn-out may manifest as depersonalization, low productivity and feelings of low achievement. Burnout can occur in any occupation, but has been found to be more common in caring professional jobs such as medicine, nursing and social work. Healthcare workers such as physicians can experience occupational stress as a result of lack of skills, organisation factors and low social support at work which may ultimately lead to distress, burnout and psychosomatic problems and deterioration in quality of life and service provision. ⁽⁷⁾ There have been no cultural differences reported in these studies.

Aims

The aim of our study was to evaluate the presence, if any; of physician burnout and moral distress amongst female physicians in Singapore and the ways these doctors are addressing or coping with such a phenomenon. We wish to fill the gap in knowledge that exists regarding burnout and moral distress rates amongst female physicians, both in training and those who are practicing as Consultants. The hypothesis is that the rates of female physician burnout in Singapore are as high as reported in Western literature.

MATERIALS AND METHODS

After ethical approval, an internally-validated questionnaire survey was sent out to female physicians in various institutions in Singapore. The survey was administered in English and consisted of self-report questionnaires with the purpose of the study clearly stated and explained. The survey response was strictly confidential and anonymous. The data collection took place from August 2015 to December 2015.

A total of 100 survey forms were sent out using an online survey portal and the results were collated. Inclusion criteria included female doctors in training and Consultants were approached via department secretaries and the female physician society in Singapore. A single reminder was sent during the 6 month enrolment period after which the survey was closed. The participants included hospital based physicians. A sample of this survey questions is found in the appendix section. There are a total of 20 questions, mainly divided into questions addressing basic demographics of the respondents, those addressing presence of signs of burn-out or moral distress at work and finally, methods of coping (e.g. recreation, religion, holiday, etc.). Majority of the responses were given a Likert scale, with 5 options available (most of the time, frequently, usually, sometimes and hardly ever) to choose from.

RESULTS

Demographics

Data were automatically downloaded and analysed from the website (kwiksurveys.com ®) A total of 26 responses were obtained. Demographics of the respondents were as follows (shown in table1). Majority of the respondents were undergoing speciality training as a trainee: 48% (n=12); 28% (n=7) were Consultants and 24% (n=6) senior consultants; majority were aged between age of 30-40years old: 42% (n=11). Half of them (n=13) were married and majority 72% (n=18) were trained locally in Singapore.

Health Status/Burnout

Of the 26 respondents, 14 (54%) of them feel that women in generally have more burnout than men, mainly due to the burden of family pressures, not so much of moral or emotional stress. Majority of the respondents also felt they have less time for family, and sometimes relationships at home suffer due to work (n=11, 42%). About 62% (n=16) feel unhappy at work sometimes and as high as 11 of them (42%) feel that they want to leave medicine sometimes. Alarmingly, 2 (8%) of them have even considered self-harm at times as a form of coping. Majority of the respondents take solace in recreation frequently; sometimes religion and frequent holidays as a form of more positive coping methods when the stress gets high.

Questions were specifically asked with regards to any symptom of burn out

such as emotional depersonalization, low productivity and feelings of low achievement (refer to table 2) and up to half of the respondents identified with such symptoms sometimes.

Table 1. Respondents' demographical characteristics

Demographical variables	N=26 (%)
Level of Training	
Senior Consultant	6 (24)
Consultant	7 (28)
Trainee	12 (48)
Age (years old)	
20-30	6 (23)
30-40	11 (42)
30-40	5 (19)
>50	4 (15)
Married	
Married	13 (50)
Not married	13 (50)
Training in Singapore	
Yes	18 (72)
No	7 (28)
Speciality	
Medicine	4 (15)
Surgery	10 (38)
Anaesthesia	6 (23)
Others	6 (23)

Table 2. Three core symptoms of burn-out (based on Maslach Burnout Inventory (MBI))

Core symptoms of burn-out	Definition
Emotional exhaustion	You are drained after the office day, hospital rounds or being on call and are unable to recover with time off. Over time your energy level begins to follow a downward spiral
Depersonalisation	You find yourself being cynical and sarcastic about patients. Your attitude is negative, callous, detached, uncaring. You can feel put upon by your patients and complain about them to your colleagues. This aspect of burnout is commonly referred to as "compassion fatigue". It is often easier for you to see this in others than notice it in yourself
Reduced accomplishment	Here physician burnout has the doctor start to question whether they are offering quality care and whether what they do really matters at all

Subset analysis

When we studied the effect of training on the responses we noted that more of the trainees had issues of overworking but more Consultants felt burnout. When asked about collegiality and feelings of victimisation and distress trainees reported rates of 8% vs 43% of Consultants. (Table 3).

Do you feel any one or all of these following symptoms? Emotional Exhaustion
 Depersonalization
 Reduced Accomplishment
 The doctor is tapped out

after the office day, hospital rounds or being on call and is unable to recover with time off. Over time their energy level begins to follow a downward spiral. This shows up as cynicism or a negative, callous, excessively detached response to their job duties. Often burned out doctors will begin to blame and complain about their patients and their problems. Here physician burnout has the doctor start to question whether they are offering quality care and whether what they do really matters at all.

Table 3. Subset analysis according to training.

	a. Most of the time	b. Frequently	c. Usually	d. Sometime	e. Hardly ever	Standard Deviation	Responses
All Data	1 (4%)	6 (23%)	1 (4%)	12 (46%)	6 (23%)	4.07	26
Qu: What level of training: 'a. Trainee'	1 (8%)	1 (8%)	1 (8%)	8 (67%)	1 (8%)	2.8	12
Qu: What level of training: 'b. Consultant'	0 (0%)	3 (43%)	0 (0%)	1 (14%)	3 (43%)	1.36	7

DISCUSSION

Despite the relatively small sample size, this study shows compelling trends in association between female physicians and burn-out in Singapore healthcare context. There is evidence that these female physicians are facing increasing burn-out and moral distress, and this may be compromising the quality of their family lives. Although both personal and organizational factors have been shown to contribute to burnout, the consequences are far-reaching. Not only does the individual suffer decreased self-esteem and a sense of failure, but his or her ability to provide care can be diminished, as can the ability to work with staff and colleagues. ⁽⁸⁾ Many female physicians experience their working environment, their medical practice, and their lives outside medicine differently from their male colleagues. Appreciating and addressing these differences will allow physician practices and policy makers to create a medical workplace that is equitable, rewarding, and effective.

The research confirms the fact that women physicians encounter intense burdens at work and home due to numerous demands and requirements during their careers. In addition, there is also the issue of the work–family conflict. Many consequences arise from burden and strain; however, burnout stands out the most. In contrast, reconciliation of work and family life and needs can be successful. The key element is the empowerment of women doctors. Supervisors and physicians involved in the training of specialists should be aware of the complexity of requirements in the specialization training programs, career paths as well as the accompanying realistic threat of burnout. ⁽⁹⁾ Systemic and individual solutions are both necessary and feasible, different strategies may need to be improved to aid the work lives of these female physicians in Singapore. It seems that work stress also changes as physicians' progress in their careers from feeling overworked and physically tired to feelings

of distress and discrimination. This has not been reported in studies done in the West.

Our study results are quite similar to data from the West and it seems that further in depth attention is needed to address these issues and alleviate the burdens of female doctors in our setting. The report of greater chances of significant burnout in women is of concern, as is its relation in this study to their reported lack of control over daily work issues, work life balance, and work timings.

Limitations

The limitations of this study include self-reporting being subjective at time with variable factors affecting an individual's circumstances and opinions towards a particular question, the survey method and the less-than-optimal response rate. Many participants may feel hesitant in filling out such surveys due to a fear of punitive actions against them. We also noted that majority of the respondents are from the surgical specialties, which can also be more time and work-demanding compared to certain other specialties.

CONCLUSION

This simple survey self-reported study gives a glimpse into the association between female physicians and burn-out in Singapore healthcare context, and the fact that such a phenomenon can potentially have a devastating effect on mental health, physical health and family's lives of these working female physicians. ⁽¹⁰⁾ Gender disparities, imbalance of work and life responsibilities and work based insensitivities have placed undue stress on female physicians. Their role as a home maker and mothers in an Asian society often supersede their ambitions as successful physicians and these compromises also place subconscious stress on the psyche of female physicians. Hopefully this study will help guide future research and ultimately interventional studies aimed at improving these outcomes in society.

Authorship contributions:

- SS. Conception and execution and write up
- AC. Writing of manuscript
- TS. conception, help in editing
- KS. Dissemination and data collection.

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