

The EDITOR'S MUSINGS



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No one would dispute that Singapore is a stressed-out nation and that working here is stressful. Local work cultures often strive for efficiency and productivity, sometimes at the cost of the people driving the organisations – the workers.

The healthcare profession is not exempt from this. Recent social media discourse and erroneous publications (#targetzeroabuse, #factcheck) have probably touched a raw nerve with my fellow colleagues, which, when combined with the heavy duties of clinical work, administrative responsibilities and other factors, could lead to a lot of anger, unhappiness and other negative emotions. Worse still, when we ourselves experience abuse from our patients and/or their family members, what recourse do we have and where do we turn to for help? While there may be resources and guidelines within our various healthcare institutions, they may be inadequate or there may be a lack of awareness about them. Not to mention, some of our GP colleagues may also not be able to tap on such institutional sources. These can therefore cause feelings of helplessness and insecurity.

Unfortunately, such emotions are neither good for us nor our patients.

It could hinder interactions with our colleagues and our ability to function at work. It may also lead to burnout, with its accompanying psychological sequelae.

This month, we feature a series of articles focusing on healthcare worker abuse and burnout. Our Feature article is by A/Prof Daniel Fung, who is Chairman Medical Board of the Institute of Mental Health (yes, *he's my big boss*). In his article, he comments on burnout, the abuse of healthcare workers and possible solutions to this phenomenon. In addition, Dr Habeebul Rahman shares his insights into healthcare worker abuse.

I'm pleased to also introduce Dr Hiroto Ito's article, which shares about the Japanese phenomenon of *karoshi* (death by overwork), especially among physicians in Japan. Locally, Drs Faith Chia and Sabrina Lau write about burnout among trainees in Singapore and what our healthcare institutions can do to reduce burnout experienced by our juniors (also applicable to seniors, of course).

Healthcare worker abuse and burnout are real phenomena. For those of us on the receiving end of abuse (hats off to my A&E colleagues, especially) and/or who have experienced burnout,

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neither of these is something you would wish on your greatest enemy (I hope). Nonetheless, these are hazards of our profession, and I hope that this issue brings more clarity and understanding so that we may better help each other and our patients. ♦