

Medical professionals deal with a great amount of pressure on a daily basis, but how one copes with stress and continues to find joy at work is the key. In this series, A/Prof Eillyne Seow and Dr Grace Yang, emergency physician and palliative care physician, respectively, share with us how they derive joy from the work they do and the motivation for them to persevere on in their journey of treating those in need. #joyatwork is possible.

Still at it

25 YEARS AND COUNTING

Text by A/Prof Eillyne Seow

A/Prof Seow started her training in emergency medicine in 1987. She worked in the Emergency Department, Tan Tock Seng Hospital from 1991 to 2015. She was the head of this department from 2001 to 2010 and led it during the SARS outbreak. She is presently a senior consultant in the A&E Department, Khoo Teck Puat Hospital.



It was an atypical start to a Sunday morning shift.

“Hotel 2, hotel 2...”

The first standby case was a 78-year-old gentleman with shortness of breath and a low O₂ saturation. The patient arrived just after 0830 hours. There were three more calls on standby for critically ill cases in the next 40 minutes and as we were managing our fourth standby patient, we noticed the paramedics dashing out of their work station, where they had been writing their reports, towards the ambulance bay. Sally, the nursing officer-in-charge for the shift, went to investigate.

It has been more than a quarter of a century since I decided to be an emergency physician. When I was invited to contribute my thoughts on the “meaning and joy in what I do despite the difficulties and challenges”, I paused and pondered and, typical of most emergency physicians, I stepped back to dissect the statement.

It was 0430 hours on a night shift when a 57-year-old gentleman was

brought in with a low blood pressure. He had been awoken by a severe pain in his left lower limb. The team got to work – inserting two intravenous lines, getting an ECG, etc. On examination, there was radio-femoral (pulse) delay; he had a triple “A” (abdominal aortic aneurysm). Over the next two hours, the team worked hard to resuscitate and stabilise the patient. At 0630 hours, we transferred the patient, accompanied by a doctor and two nurses, to another institution for definitive management. The doctor who accompanied the patient kept in touch with the patient’s wife and several months later, the patient and his wife met with this doctor. The patient had recovered.

There have been many times like this, though not every day or every week, that are enough to remind me that going to work has its meaning despite the difficulties and challenges.

Challenges, challenges...

One of the most difficult challenges in an emergency department is a queue – a

long one. It was a typical Monday afternoon shift. The waiting time was long, the patient care area was chock-a-block, the waiting area was crowded, overflowing with edgy patients and antsy relatives; the air was hot (even though the air-conditioning was working overtime), and the staff were stretched and frazzled.

Fortunately, there was no one who:

1. wanted to jump queue; or
2. queried why the displayed expected waiting time was two hours, but they had waited two hours and fifteen minutes; or
3. wanted to be attended to "NOW!" or he would leave; or
4. was cursing away with four-letter words; or
5. threatened to go to the press, to complain to the chief executive officer, or to the Minister.

However, a man did approach a nurse passing by and asked politely when his father would be attended to, then another asked the same nurse what he was waiting for, and then another asked how long more he had to wait as he would like to go to the toilet. The nurse was very accommodating and attended to each request: an unfortunate case for the patient who had to wait another 20 minutes before she could attend to him.

Another long queue that causes great distress all around (from the top to the bottom of the hierarchy for different reasons) is for a hospital bed. In the (good?) old days, when I had just started out in emergency medicine, the priority was to *not* discharge patients who were at risk of returning in a worse state than when they left the emergency department.

Over the last two decades, our patients have aged considerably, medicine has advanced and expectations have risen; few are averse to being hospitalised even in the seventh lunar month (hungry ghost festival). Due to overwhelming demand, the emergency fraternity was given a new role: gate-keepers to hospital beds. This role is a challenging one for the fraternity, as critics (both internal and external) are armed with 20-20 retrospective microscopes.

"Okay, he's asleep," I said, after administering propofol and fentanyl to

a 20-year-old man who had a dislocated left shoulder which was back in its socket within a few seconds.

A 35-year-old woman came in breathless and lethargic; we recognised that she had undiagnosed diabetes and was in diabetic ketoacidosis. We started treatment and she was discharged after a week in the hospital.

A 40-year-old man who was rolling in pain was brought in by the emergency ambulance – typical of patients with renal colic. He was given intravenous analgesia and his pain was gone.

Remember Sally, the nursing officer in charged of my atypical Sunday morning shift? A 60-year-old man with Stage 4 cancer of the lung was in a taxi. He had become tachypnoeic ten minutes prior to reaching the emergency department. Sally and I did our best to make him more comfortable.

The satisfaction of being pivotal in the well-being of my patients gives meaning and joy to what I do and keeps me sanguine despite the difficulties and challenges on the shop floor.

Staying the course

But how have I managed to shrug off work stress and avoid burnout is the question I have been asked.

"Who is working afternoon shift today? Need a debrief after work?" one

of my *kakis* (slang for friends) asked over our WhatsApp group chat.

"Debrief what?" another *kaki* asked.

"He meant supper," another explained.

In my younger days, I had considered work stress and burnout to be part and parcel of the deal, but in truth, reflecting on those years of managing critically ill patients who sometimes have unspecified diagnoses, unreasonable relatives, cranky colleagues, an emergency department filled with unattended patients, and corridors full of patients waiting for a hospital bed, I would not have been able to have stayed the course without my *kakis*.

My *kakis* have laughed and cried with me; heard me praise, scold and moan; consoled me when I failed; and clapped at my successes. Some friends – medical and non-medical – I would date regularly. We meet to catch up over food and new restaurants are of special interest. A few I travel with or visit once or twice a year. Others share my interest in Chinese tea. When in the mood for introspection, I escape into the world I am creating or read those by other writers.

Did I manage to shrug off work stress? ... *not all the time*, but my friends have kept me sane and they are the reason why I have yet to experience burnout. ♦

