

Physician Motivation in Singapore

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Globally, many physicians are dissatisfied with their jobs. Recent surveys in the United States, United Kingdom and Australia reveal the extent of that dissatisfaction – a significant percentage regret choosing medicine as a career, indicate an intention to leave medicine, and dissuade others from taking up medicine. The causes for this dissatisfaction are many, but in a nutshell, physicians feel overworked and under-appreciated¹⁻⁴.

It will be naive to assume that physicians in Singapore are any different from their peers overseas. A cursory observation in the wards or clinics, or even from one's personal experience, should sufficiently convince anyone that many physicians in Singapore are similarly dissatisfied with a career in medicine. Unfortunately, unlike in the aforementioned countries, there is a paucity of literature concerning the extent of this dissatisfaction, and ways to remedy this problem. Our literature search revealed only one published article reporting professional satisfaction among Singapore physicians⁵. This study, although a step forward, is still deficient because of its non-representative study population – only physicians from five clinical specialties and GPs were included. Another study by SingHealth⁶ – their findings are available as a presentation on the web – looked at factors concerning job satisfaction among healthcare workers in Singapore and reported “weak overall job satisfaction”. However, the SingHealth study did not specifically address physician motivation and lacked sufficient detail to draw any further conclusions from.

This lack of attention to physician motivation and job satisfaction stems from the wider indifference of the medical profession at large to issues pertaining to Organisational Behaviour, which is an important subject in business school. Medical school in Singapore is rigorous and respected, but it

does not equip its graduates with the softer skills necessary to function optimally within organisations. We feel that it is long overdue that physicians in Singapore take a leaf out of the business books, particularly in the areas of work motivation and leadership.

In the first of this two-part series, we focus on physician motivation and job satisfaction.

All top organisations recognise that the key to their success, and the only sustainable source of competitive advantage, lie in its people⁷. Employee motivation and job satisfaction are thus of immense priority in high-functioning organisations.

For healthcare organisations, it should be fairly self-evident that motivated and satisfied physicians deliver better patient care. Therefore, healthcare organisations and senior management need to look hard at the factors that affect physician motivation. There are many popular motivational theories taught in business school such as Maslow's hierarchy of needs and Herzberg's two-factor theory⁸. It is not our intention to deliver a pedantic dissertation on these theories and how they may be applied to the Singapore healthcare system. The reader can refer to several well-written articles (such as Brown⁹) that have covered these theories and their application in detail. Here, we present what we feel are important take-home messages.

Herzberg's two-factor theory is most useful as a framework to discuss the factors that affect physician motivation¹⁰. Studies conducted by Frederick Herzberg, an American psychologist, showed that employee job dissatisfaction and satisfaction were affected by two fairly exclusive categories of factors that he termed “hygiene” and “motivator” factors. While hygiene factors such as adverse working conditions and low income affect the level of dissatisfaction, eliminating these factors do not result in employee satisfaction; for employees to be

satisfied, they need to be accorded motivator factors such as achievement and recognition.

In the dissatisfaction felt by many physicians, both hygiene and motivator factors are likely to be at play. Firstly, it is well known that, despite incremental improvements implemented over the years, workload is still excessive, particularly for junior doctors. 36-hour (or even longer) calls are particularly noxious. It should be self-evident to physicians that long-term sleep deprivation and fatigue may lead to psychological and physical health problems¹¹. More importantly, sleep deprivation and fatigue lead to poor or even dangerous patient care. For sceptical readers who require hard evidence, one study in a top medical journal addresses this issue¹².

Although there may be little that can be done to raise income because of economic constraints, it is worth mentioning here that financial remuneration is an extremely important consideration for most physicians⁹. This ties in nicely with Qian's study⁵, which reported that Singapore physicians with higher incomes were more likely to be satisfied with their current job.

More importantly, however, is the critical but widely neglected motivator factors that physicians need to be accorded to attain high job satisfaction. In our opinion, recognition (or more specifically positive recognition) is not accorded frequently enough. The oft-cited quote is, “you are noticed only when you screw up”. Particularly acute is the prevalent attitude among many senior physicians that junior doctors should perform all the menial tasks without expecting a word of gratitude because “it is their job to do so”. Gostick and Elton, authors of *The Carrot Principle*¹³, assert



that employees should be thanked even for a routine job well done. Indeed, their research showed that purpose-based recognition is the most effective carrot that motivates employees and leads to organisational success. Organisations that foster this “carrot culture” are significantly more successful than organisations that do not when evaluated on various metrics such as financial performance and customer satisfaction.

In conclusion, we recommend that our healthcare organisations and medical fraternity start conducting formal research projects examining physician motivation and job satisfaction, and the impact of these on physician psychological health and attrition rates. In particular, there should be a focus on junior doctors (who are likely to face greater stressors than senior doctors) and even medical undergraduates. These are not radical ideas – similar studies have been conducted overseas.

Also, physicians in more senior positions should attempt to broaden their knowledge of techniques for motivating employees. For a start, we can recommend several books that we think physicians will find relevant, written either by business consultants (Gostick and Elton¹³) or business leaders acknowledged as great motivators (Mitchell¹⁴). Also, we propose that excellent motivators in our medical community be accorded public recognition.

In the next and concluding part of our series, we shall examine in greater depth physician leadership and management as relevant to our local setup.

The authors hope this article might provoke or inspire some thoughts in our readers on this oft-neglected but important realm of job motivation amongst physicians. We welcome all comments and feedback at news@sma.org.sg. SMA

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