Empathetic Leadership

Listening to the Voices on the Ground

Text by Dr Tan Yia Swam

The first time it happened, I did not know what to expect. "Tilt your head back, don't worry, it will just be a bit uncomfortable." The thin swab stick slides in, and it's not too bad – but then suddenly there is a sharp pain, and as the swabber twirls the stick, it felt like a drill piercing the back of my head. I tried to pull back, but she held my head firmly in place as she counted, "... six, seven, eight, nine, ten."

"There, all done!" She chirps brightly, "not too bad right?"

Tears streamed down my eyes. I left and then sneezed uncontrollably half a dozen times outside the clinic, with my snot and mucus dripping non-stop. Fine streaks of blood coated the tissue papers. "It's okay," I told myself. I have a sensitive nose.

The second time, the same thing happens. With a bit more tears, a bit more snot and a bit more blood. After that, my nose was blocked and I couldn't breathe properly for the next day.

The third time, I got a splitting headache as well. Each time after that, it just got a bit worse.

I reported and gave feedback to various people. While some were sympathetic and a few suffered the same as I did, some chided me: "You should be thankful! This is to protect you; it can detect asymptomatic disease! It is your responsibility, it is your duty!"

In the meantime, I continue to do my part to protect myself and my loved ones by commuting from home to work only. I eat alone, at off-peak hours. I always don a surgical or N95 mask. Thankfully, my office has an open window and there is additional ventilation. I'm fully vaccinated. I always have my TraceTogether (TT) on.

One day, I woke up with a metallic, sour feeling in my mouth. My heart was pounding. My palms were sweating. I wanted to vomit. Why? Did I have a bad dream? The morning passed in a daze. I dragged my feet to the clinic, and scanned my TT token.

When I breathed in, both nostrils were partially blocked and I could hear a faint whistling sound. Here it comes again: head tilted back and eyes closed. Felt that funny tickle in the first two seconds, then blinding pain. Tears rolling down, I screamed, "Stop hurting me!" I tried to push her hand away.

When I looked down, I was expecting to see blood pouring down – it seemed

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that painful. But strangely, there was only the usual egg-white-coloured mucus, with a small trace of blood.

I must be overreacting.

"You very sensitive *hor*?" I sniffed and nodded dumbly.

Yes, the problem must be with me. I'm too sensitive.

After all, so many others have had this done to them and no one else is complaining.

It's my fault that I'm so sensitive, that I thought too much into it. No one else has this problem. Think positive thoughts! It's for my own good. It's just a bit uncomfortable. Just relax and it'll be over soon. It's for the greater good. Just tahan a bit. Other people have had it worse. I don't have a choice, right? The only way is to go through with it. Suck it up. Pretend it never happened. Try to forget about it. And brace myself to go through the next few days in a protective, numbing, foggy haze.

Until the next time – just a few seconds of pain; scream it out and it's over. And then the next time, and the next time, and the next time... I try not to think of the future.

Representing the ground: RRT

Is this fact or fiction? While reading this, some might think that this is just the fictional work of an overactive imagination. Some may dismiss it as pure nonsense. But some of you may feel and understand what the writer was going through.

Empathy is the ability to understand another person's experience, perspective and feelings. It's assessing how **they** would feel in their shoes, not how I would feel in their shoes.¹

What makes an empathetic leader?² An empathetic leader seeks to relate to his/her team members on a personal level, to better support and help them through good communication, active listening, and by raising them up and empowering them to make changes. One can learn to develop empathy, much like any other skill.

This matter of rostered routine testing (RRT) started as a distressing personal problem which left me at a loss. I reached out to friends and colleagues and found that I was not alone in feeling so. Perhaps we were in the minority, but we were definitely not alone. I went on to discuss this with the Chapter of Otorhinolaryngologists at the Academy of Medicine, Singapore, and infectious disease physicians for some medical insights. I have also spoken with Mr Bernard Menon, executive director of the Migrant Workers' Centre to understand how migrant workers perceived RRT. Interestingly I learnt that there was a great difference in the technique of nasal swab used for migrant workers superficial nares, rather than deep nasal swabs: not even mid-turbinate.

Here are some resources with descriptions of the types of nasal swab tests to help readers better understand the tests available: (1) A reporter's experience with the four types of swabs,³ (2) an excellent diagram to show how deep the swab goes for nasopharyngeal swabs,⁴ (3) an illustrated guide on nasal mid-turbinate swabs,⁵ and (4) a resource video on three types of swabs.⁶

Swabber training is offered by the Ministry of Health (MOH) under Singapore Healthcare Corps, Nanyang Polytechnic and private healthcare institutions.

The allergic rhinitis incidence in Singapore⁷ is 5.5% of the adult population.

Here are some ballpark figures:⁸ we have 15,000 doctors, 42,000 nurses, 10,000 allied health professionals, 2,400 dentists, and don't forget all the inpatient support staff. At 5.5%, that's almost 4,000 healthcare workers with allergic rhinitis.

I pondered for weeks – how large is the problem, and how can we best represent healthcare workers on the ground? Discussion within the SMA Council generated strong support for a survey, to get a quick snapshot of the sentiments on the ground.

We are limited in our scope, as we are a volunteer organisation, where funds come mainly from membership fees. Many of you would have received an email for a survey on "Perceptions of RRT by HCW". As of 19 August, about a week into launch, we had 1,400 responses from doctors, nurses and allied health professionals. We have closed the survey after four weeks, and will publish the analysis in our newsletter next month, as well as use them in engagements with MOH.

Representing doctors' concerns

This is one of the ways I envision the SMA to be a voice for people on the ground: to reflect ground sentiments and piece them together in a coherent fashion, so that we may present them to policymakers to engage in meaningful discussion. There are so many other areas that the SMA wants to advocate for, and this is where we need honest feedback. We need our Members to share their views – we want to hear from you, and we want representation in numbers.

The ongoing work in the Multilateral Healthcare Insurance Committee has been a test in empathetic communications and negotiations. Those of us on the committee are sworn in under the Official Secrets Act which forbids open discussion of sensitive issues brought up during these meetings. I assure Members that SMA 1st Vice President Dr Ng Chee Kwan and I have listened to all the ground feedback over the past year and we are doing our best to represent these views to the committee of all the relevant stakeholders.

These meetings happen around once every two months and last about three hours each time, interspersed with multiple small meetings every week and dozens of emails to discuss, deliberate and debate on pain points. There is still quite a lot of give-and-take needed as we address existing problems and clarify misunderstandings. The key is to forge a common ground in which all parties – and most importantly, the patients – win.

We will all be patients one day, sooner than we might think, and we need to work together to make sure that the Singapore healthcare system is sustainable for ourselves, for our children and the generations after.

Another group close to my heart are the young doctors. For the handful who have reached out to me, I hope that I have shown you respect and listened to the problems you raised with an open mind. The SMA Doctors-in-Training Committee, under the leadership of Dr Chie Zhi Ying, will continue to engage with all of you. Advocacy for systemic change is not a simple one-off event, but may take a lifetime of commitment.

Would you commit to being a change-maker? Join us in the SMA and support our work, whether as a Student or Ordinary Member, as a more proactive committee member on one of our working committees, and maybe even take on a bigger leadership role on the SMA Council someday. ◆

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