**Objective**  The stressful life of doctors makes them prone to burnout. We evaluated the prevalence of burnout among Hong Kong public hospital doctors and correlated burnout with job characteristics, working hours, stressors, and stress-relieving strategies.

**Design**  Cross-sectional survey.

**Setting**  Hong Kong.

**Participants**  One thousand doctors were randomly sampled from the Hong Kong Public Doctors’ Association registry. Self-administered, anonymous questionnaires with postage-paid envelopes were mailed twice in early 2009. The Maslach Burnout Inventory—Human Services Survey was used for burnout assessment. According to this scale, burnout is defined as emotional exhaustion, depersonalisation, and a reduced sense of personal accomplishment. Correlation analysis, as well as univariate and multivariate analyses, were performed to assess factors associated with high degrees of burnout.

**Results**  A total of 226 questionnaires were analysed, of which 31.4% of the respondents satisfied the criteria for high burnout. They were younger and needed to work shifts, and their median year of practice was 8.5. High-burnout doctors worked similar hours per week to non–high-burnout doctors (mean ± standard deviation, 56.2 ± 12.7 vs 54.7 ± 10.9; P=0.413) and reported suicidal thoughts more often (9.9% vs 2.6%; P=0.033). Moreover, 52.2% of high-burnout doctors were dissatisfied or very dissatisfied with their jobs. ‘Excessive stress due to global workload’ and ‘feeling that their own work was not valued by others’ were the most significant stressors associated with high emotional exhaustion and depersonalisation, while ‘feeling that their own work was not valued by others’ and ‘poor job security’ correlated with low personal accomplishment.

**Conclusions**  A high proportion of public doctors who responded to our survey endured high burnout. Trainees with some experience were at heightened risk. Stressors identified in this study should be addressed, so as to improve job satisfaction.

**New knowledge added by this study**
- 31.4% of the responding Hong Kong public doctors suffered from high burnout.
- Young but moderately experienced doctors who need to work shifts appeared most vulnerable.

**Implications for clinical practice or policy**
- Corporate initiatives directed towards reducing stress-related global workload, recognition of junior doctors’ contribution, and provision of good job security are possible strategies to protect public doctors from burnout.
- Stressors identified in this study need targeting to protect our doctors from burnout.

**Introduction**
Burnout was defined as exhaustion resulting from excessive demands on energy and resources.' Maslach and Jackson conceptualised its features as a combination of emotional exhaustion (EE), depersonalisation (DP), and a reduced sense of personal accomplishment (PA). The EE subscale assesses feelings of being emotionally overextended and exhausted by one’s work. The DP subscale measures an unfeeling and impersonal response towards
recipients of one’s service, care, treatment, or
instruction.² The PA subscale assesses feelings of
competence and successful achievement in one’s
work with people.²

Doctors live stressful lives that may easily end
up in burnout.³,⁴ Burnout in doctors is related to their
response to the need to provide high standards of
medical care, their personality type, as well as their
degree of control over their work environment.⁵,⁶ It
may lead to reduced job commitment and
performance, problematic patient care, stress-
related health problems, low career satisfaction, and
depression.²,⁷,⁸ Job absenteeism, reduced productivity,
and tendency for job change were also associated
with burnout.²,⁷,¹⁴ Substance abuse was another major
consequence.¹⁵

Many public hospital doctors in Hong Kong
work long hours. The optimal number of working
hours is constantly under debate. Long working hours
may be one of the stressors related to burnout⁶ but
local data on burnout are scarce. Our study assessed
the magnitude of high burnout among public doctors
and tried to identify risk factors associated with high
burnout.

Methods
This was a voluntary cross-sectional survey. Based on
overseas prevalence data of 10 to 28%,⁴,¹¹ a sample
size of 138 to 310 was deemed required to estimate
the prevalence of burnout among doctors within
5% of the true value (with a 95% confidence). In
consideration of both the potentially low response
rate and financial constraints, self-administered,
anonymous questionnaires with postage-paid return
envelopes were mailed to 1000 registered doctors
working in the public sector (Hospital Authority
[HA], government, or universities). Using random
numbers, this sample was selected from 3878
members known to the Hong Kong Public Doctors’
Association. Questionnaires were mailed twice at a
2- to 3-week intervals in early 2009 and the doctors
were instructed to ignore the second questionnaire
if they had already returned the first. Burnout was
assessed by the 22 seven-point Likert scale questions
of the Maslach Burnout Inventory–Human Services
Survey.² This included nine questions on EE, five
on DP, and eight on PA. Scores from each of these
subscales may be graded as high, moderate, or low
according to validated cut-offs. The EE subscale
score ranged from 0 to 54, high and low scores being
≥27 and ≤18, respectively. The DP subscale score
ranged from 0 to 30, high and low scores being ≥10
and ≤5, respectively. The PA subscale score ranged
from 0 to 48; high and low scores being ≥40 and ≤33,
respectively.²

High-burnout individuals were characterised
by high scores in both EE and DP subscales, as well as
low scores in the PA subscale. Overall job satisfaction
was assessed by a simple self-rated ordinal scale.
Data on demographics, professional status, job
characteristics, stressors, and stress-relieving factors
were also collected (Appendix). The study was
approved by the Ethics Committee of the Chinese
University of Hong Kong.

Continuous data were presented as means ±
standard deviations or medians with interquartile
ranges. Percentages were calculated for dichotomous variables. Group comparisons were
performed by Pearson's Chi squared test, Student's
t test, or the Mann-Whitney U test, as appropriate.
The Spearman-correlation test was used to assess
stressors or stress-relieving factors that correlated
with each burnout subscale. The effects of various
personal characteristics (age, gender, marital status,
number of children, exercise) and job characteristics
(working experience, specialist status, weekly work
hours, need to work shifts, number of hospital-stay
calls) on high burnout were first examined using
univariate logistic regression. Factors with P values
of <0.1 were entered into a multivariate logistic
regression model to examine their independent
effects after adjusting for the others. All P values were
Results

The response rate was 23%; after excluding one with incomplete data and by doctors who worked part-time, 226 valid questionnaires were analysed. In all, 98.7% of these respondents worked in HA specialties, the proportions being similar to that prevail throughout the authority (Table 1).

Demographics, professional status, and job characteristics are shown in Tables 2 and 3. The majority of the respondents were male. Doctors worked long hours, averaging at 55.2 hours per week. Mean scores of respondents exceeded cut-offs for high EE, high DP, and low PA (Table 3). Alternatively, 51.1% and 53.3% of the respondents exceeded cut-offs for high EE and DP scores, respectively, and 55.5% of them met the criteria for low PA. Only 51.4% of them were satisfied or very satisfied with their jobs (Table 4).

In all, 71 respondents (31.4%; 95% confidence interval, 0.25-0.38) suffered from high burnout, based on high EE, high DP, and low PA scores. High-burnout respondents were younger doctors who had worked for a median of 8.5 years. Half of them...
were still undergoing professional training and more than a third worked shifts. Their weekly working hours and need to work on weekends and Sundays did not differ significantly from respondents without high burnout, but they were more likely to be on-call in the hospital rather than at home. Only 14.9% of respondents among this group were satisfied or very satisfied with their jobs, while 52.2% were dissatisfied or very dissatisfied with their job. Nearly one tenth of them had had suicidal thoughts though none had attempted suicide. Despite suffering from high burnout, the median sick leave taken was only 1 day in the past year. High-burnout respondents were not special with regard to their marital status, religious beliefs, chronic illnesses, and smoking or drinking behaviour.

Correlations between stressors, stress-relieving factors, and self-rated job satisfaction with each stratum of burnout are shown in Table 5. ‘Feeling their own work not being valued by others’ and ‘excessive stress due to global workload’ were among the most significant stressors that correlated with high EE and DP, while ‘feeling their own work was not valued by others’ and ‘poor job security’ were most correlated with low PA. Exercise and social support from colleagues were not perceived as stress-relieving factors against burnout. Support from their spouse appeared to correlate with PA but not with the other two subscales. Self-rated job satisfaction correlated strongly with each burnout stratum. While younger age, less working experience, need to work shifts, having fewer children and less exercise were associated with high burnout, only younger age and need to work shifts remained independent risk factors that were associated with high burnout in the multivariate analysis (Table 6).
Discussion

Our data confirmed that burnout was a major problem among public hospital doctors in Hong Kong. In any stratum, more than half of the respondents could be categorised into the burnout group. In addition, our doctors scored higher in EE or DP and lower in PA compared to normative data for medical workers in the Maslach Burnout Inventory Manual. More importantly, 31.4% of our respondents fulfilled the criteria of high burnout, which was only deemed to be present if a doctor had high EE, high DP, and low PA. This point prevalence was much higher than that of otolaryngology–head and neck surgery residents in the United States and New Zealand physicians, which were only 10% and 28%, respectively. Although no doctor attempted a suicidal act and we had not assessed suicidal risk, nearly 10% of high-burnout respondents had had suicidal thoughts. Moreover, more than 10% had a chronic illness and 30% did not undertake regular exercise. Smoking was fortunately

### TABLE 5. Correlations between stressors, stress-relieving factors or job satisfaction with each burnout stratum

<table>
<thead>
<tr>
<th>Variable</th>
<th>Emotional exhaustion</th>
<th>Depersonalisation</th>
<th>Personal accomplishment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Spearman r</td>
<td>P value</td>
<td>Spearman r</td>
</tr>
<tr>
<td>Stressors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived inadequate sleep</td>
<td>0.287</td>
<td>&lt;0.001</td>
<td>0.206</td>
</tr>
<tr>
<td>Perceived excessive calls</td>
<td>0.177</td>
<td>&lt;0.001</td>
<td>0.184</td>
</tr>
<tr>
<td>Irregular sleep pattern</td>
<td>0.293</td>
<td>&lt;0.001</td>
<td>0.241</td>
</tr>
<tr>
<td>Feel own work not valued by others</td>
<td>0.452</td>
<td>&lt;0.001</td>
<td>0.431</td>
</tr>
<tr>
<td>Difficulties to balance professional and family life</td>
<td>0.382</td>
<td>&lt;0.001</td>
<td>0.290</td>
</tr>
<tr>
<td>Excessive stress due to global workload</td>
<td>0.478</td>
<td>&lt;0.001</td>
<td>0.364</td>
</tr>
<tr>
<td>Health insurance–related work</td>
<td>0.270</td>
<td>&lt;0.001</td>
<td>0.215</td>
</tr>
<tr>
<td>Poor job security</td>
<td>0.341</td>
<td>&lt;0.001</td>
<td>0.303</td>
</tr>
<tr>
<td>Difficult relations with colleagues and staff</td>
<td>0.216</td>
<td>0.001</td>
<td>0.113</td>
</tr>
<tr>
<td>Administrative responsibilities</td>
<td>0.047</td>
<td>0.482</td>
<td>-0.038</td>
</tr>
<tr>
<td>Lack of independence</td>
<td>0.213</td>
<td>&lt;0.001</td>
<td>0.154</td>
</tr>
<tr>
<td>Possible stress-relieving factors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse support</td>
<td>0.022</td>
<td>0.748</td>
<td>0.012</td>
</tr>
<tr>
<td>Social support from colleagues</td>
<td>0.094</td>
<td>0.162</td>
<td>0.047</td>
</tr>
<tr>
<td>Exercise</td>
<td>-0.051</td>
<td>0.447</td>
<td>-0.067</td>
</tr>
<tr>
<td>Self-rated overall assessment</td>
<td>-0.583</td>
<td>&lt;0.001</td>
<td>-0.578</td>
</tr>
</tbody>
</table>

### TABLE 6. Regression analyses of factors that might associate with high burnout

<table>
<thead>
<tr>
<th>Variable</th>
<th>Univariate analysis</th>
<th>Multivariate analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OR (95% CI) P value</td>
<td>Adjusted OR (95% CI) P value</td>
</tr>
<tr>
<td>Each year older</td>
<td>0.928 (0.892-0.966)</td>
<td>0.001</td>
</tr>
<tr>
<td>Each additional work year</td>
<td>0.935 (0.898-0.972)</td>
<td>0.001</td>
</tr>
<tr>
<td>Need to work shift</td>
<td>2.949 (1.519-5.725)</td>
<td>0.001</td>
</tr>
<tr>
<td>Each additional hospital-stay call</td>
<td>1.111 (0.997-1.237)</td>
<td>0.057</td>
</tr>
<tr>
<td>Being a specialist</td>
<td>0.468 (0.215-1.019)</td>
<td>0.056</td>
</tr>
<tr>
<td>Having each additional child</td>
<td>0.658 (0.477-0.907)</td>
<td>0.011</td>
</tr>
<tr>
<td>Each additional session of ≥30-minute exercise</td>
<td>0.790 (0.633-0.986)</td>
<td>0.037</td>
</tr>
<tr>
<td>Being male</td>
<td>1.135 (0.621-2.077)</td>
<td>0.680</td>
</tr>
<tr>
<td>Being married</td>
<td>0.718 (0.398-1.294)</td>
<td>0.270</td>
</tr>
<tr>
<td>Each additional work hour</td>
<td>1.011 (0.986-1.037)</td>
<td>0.385</td>
</tr>
</tbody>
</table>

* OR denotes odds ratio, and CI confidence interval
uncommon and sick leave taken in the immediate past year was unexpectedly low, even among the high-burnout respondents. Unhealthy lifestyle is worrisome for any labour-intensive occupation, and our doctors should be reminded to reflect on this issue.

Obviously, data on burnout differ across continents given the interplay of economic, social, cultural, and spiritual factors. At best, we could only speculate about reasons for our high-burnout rates, but our data were clearly comparable to that reported by a study on local public hospital nurses performed a few years ago.\textsuperscript{18} In that study, scores (mean ± standard deviation) of EE, DP, and PA were 27 ± 13, 10 ± 7, and 20 ± 8, respectively. Another small study\textsuperscript{19} found a prevalence of burnout, as defined by high EE and DP scores, to be 65% among local anaesthetic trainees, but the authors did not report the prevalence of high burnout. Living in a westernised metropolis with a keenly competitive culture, Hong Kong inhabitants are used to co-existing with stress. The rising public expectation for high-quality services and the imbalance between public-private health services might be particularly relevant for local medical professionals.

Although high-burnout doctors tend to be younger, intriguingly the most junior doctors seem not to be the most susceptible. By contrast, high-burnout doctors had worked for a median of 8.5 years, which was when they were either still undergoing or had just finished higher specialist training. A greater proportion of high-burnout doctors were non-specialists; 31% being higher-level trainees. Doctors at this stage of personal development were experiencing changes in their social roles. Many had just married and some might have had children. These personal psychosocial changes were often coupled with the need to sit for professional examinations and strike a balance between professional training, clinical duties, career advancement, and family life. Young, moderately experienced doctors feel they need to fulfil the higher expectation of their seniors and provide training or supervision to juniors. Some might need to participate in research, audits, or administrative work.

High-burnout doctors worked for a mean of 56 hours per week but more often needed to work shifts. This is consistent with previous findings that physicians with higher number of shifts had significantly higher EE and DP scores and lower satisfaction scores.\textsuperscript{20} Feeling their own work was not valued by others and ‘excessive stress due to global workload’ were the strongest stressors that correlated with burnout. Moderately experienced doctors might not receive adequate professional recognition and were most vulnerable to burnout if they felt their work was not being valued by others. Burnout among doctors was likely due to a complex interaction of factors, including physical exhaustion, excessive calls, shift duties, and unhealthy sleep patterns (Table 5). Indeed, the perception of low work value and poor job satisfaction has been associated with burnout.\textsuperscript{20} A corporate initiative directed towards reducing stress-related global workload, recognition of junior doctors’ contributions, and provision of good job security are possible strategies to protect our doctors from burnout. Perhaps the simplest way to assess and monitor workforce morale and risk of burnout is by a simple 5-point Likert job satisfaction score. We confirmed it to be suitable for correlating with every burnout subscale, as suggested by other studies on health care professionals.\textsuperscript{21}

Notably, social support from colleagues and exercise were not perceived as stress-relieving factors. On the other hand, support from a spouse correlated positively with PA but not with other burnout subscales. The underlying reasons of these observations were not apparent but could be related to the inadequate power of our study, since a significant proportion of our respondents were unmarried and did no regular exercise. It is suggested that being single was associated with more depression and EE\textsuperscript{22-24} but we were unable to demonstrate any such relationships in our univariate analysis. Not surprisingly, however, ‘difficulty balancing professional and family life’ correlated with all three subscales. Job-family conflict might be at play, but we were unable to make more inferences based on available data.

Our study was not designed to specifically address stress-coping strategies. Although their cost-effectiveness is unknown, stress management workshops could lead to short-term improvement in stress and burnout test scores.\textsuperscript{25,26} Respiratory One Method, with its subject focus on the word “one” with each exhalation, was also shown to reduce EE scores.\textsuperscript{27}

Our cross-sectional study was hypothesis-generating but could not ascertain causality. Of 6925 active doctors who responded to the 2009 Health Manpower Survey\textsuperscript{28} (60% of fully registered doctors), 42% worked in the HA, 5% worked in the Government, and 3% in the academic sector. A random sample of 3878 doctors known to the Hong Kong Public Doctors’ Association should provide data on the real situation with reasonable accuracy. A voluntary self-completed questionnaire survey is a convenient way of collecting data, but is prone to selection and report biases. A response rate of 23% was not satisfactory and unfortunately, we could not analyse the non-respondents since we did not have access rights to such data. Moreover, the results of this study should not be extrapolated to doctors working in the private sector. Subgroup analyses comparing doctors working in different specialties could only be undertaken with a larger-scale study.
Conclusions
A high proportion of public doctors who responded to our survey had high-burnout features. Young but moderately experienced doctors who need to work shifts appeared most vulnerable. Stressors identified in this study suggest a need to improve job satisfaction.

Appendix
Additional material related to this article can be found on the HKMJ website. Please go to <http://www.hkmj.org>, search for the appropriate article, and click on Full Article in PDF following the title.

Declaration
Hong Kong Public Doctors’ Association assisted in the distribution of questionnaires but did not provide financial support or get involved in the study design, data analyses, and manuscript preparation. Results of a preliminary analysis were reported in 2009 by the principal author as her graduation thesis at the School of Public Health and Primary Care, The Chinese University of Hong Kong, Hong Kong.

References

### Appendix

[Sections A and B contains copyrighted materials that are intentionally removed in this version.]

#### Section C

Please use a tick (v) to indicate the most appropriate response

Did you have suicidal thoughts in recent 3 months?
- No (0)
- Yes (1)

Did you attempt suicide in recent 3 months?
- No (0)
- Yes (1)

#### Section D  Personal particulars

Please note that the personal information will be kept strictly confidential.

1. Are you male or female?
   - Male (0)
   - Female (1)

2. Age

3. In what year did you graduate from medical school?  Year

4. Number of years working as a doctor (including internship)

5. Marital status
   - Single (0)
   - Married (1)
   - Getting divorced or divorced (2)
   - Widowed (3)

6. Number of children

7. Religion
   - No (0)
   - Yes (1), please specify

8. Do you smoke?
   - No (0), I do not smoke
   - Yes (1), average number of cigarettes smoked per day
   - Yes, past history only (2)

9. Do you drink alcohol?
   - No (0), I do not drink alcohol
   - Yes (1), average units* of alcohol intake per week
   - Yes, past history only (2)

10. Use of psychotropics?
    - Never (0)
    - Yes, current use (1)
    - Yes, past history only (2)

11. Do you have personal chronic illness in need of regular medication and follow-up?
    - No (0)
    - Yes
      - Non-psychiatric illness (1)
      - Psychiatric illness (2)

#### Section E  Job characteristics

1. What is the main setting of your current practice?
   - Hospital Authority
   - Department of Health
   - University
   - Others, please specify

2. What is your main area of practice?
   - Administrative Medicine
   - Clinical Oncology
   - Emergency Medicine
   - Internal Medicine
   - Obstetrics and Gynaecology
   - Ophthalmology
   - Orthopaedics & Traumatology
   - Pathology
   - Psychiatry
   - Radiology
   - Others, please specify
Appendix (Cont’d)

3. Are you a
   □ Basic trainee (0)  □ Higher trainee (1)
   □ Specialist (2)

4. What is the total number of hours worked during an average week?  ______________ hours

5. What is the number of on-call days per month?
   Stay-in-hospital on call: ______________ days/month
   Stay-at-home on call: ______________ days/month

6. How many hours do you work continuously in each on-call day?  ______________ hours

7. Do you need to work shift duty?
   □ No (0)  □ Yes (1)

8. What is the number of working nights per month?  ______________ nights/month

9. What is the number of working weekend or Sunday per month?  ______________ days/month

10. Number of sick leave in the past one year:  ______________ days

11. Are you retired or not working in the profession for recent 3 months?
    □ No (0)  □ Yes (1)

Section F  Possible stressors

On a scale of 1 to 5, please rate the most important stressors. 5 is the most important stressor. Please use a tick (√) to indicate the most appropriate response or fill in the blanks.

<table>
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<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>a) Perceived inadequate sleep</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>b) Perceived excessive calls</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>c) Irregular sleep pattern</td>
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<td></td>
<td></td>
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<tr>
<td>d) Feel own work not valued by others</td>
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<tr>
<td>e) Difficulties to balance professional and family life</td>
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<tr>
<td>f) Excessive stress due to global workload</td>
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<tr>
<td>g) Health insurance–related work</td>
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<td>h) Difficult relations with colleagues and staff</td>
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<tr>
<td>i) Administration responsibilities</td>
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<tr>
<td>j) Lack of independence</td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>k) Poor job security</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>l) Others, please specify</td>
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</tbody>
</table>

Please also rank the 3 most important stressors in sequence.

   ______________ > ______________ > ______________

(For example, if you think the most important stressor is (a) perceived inadequate sleep, (c) irregular sleep pattern, and (e) difficulties to balance professional and family life, please write down a > c > e.)

Section G  Possible stress-relief factors

On a scale of 1 to 5, please rate the most important stress-relief factors. Please use a tick (√) to indicate the most appropriate response or fill in the blanks.

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<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>a) Spouse support</td>
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<tr>
<td>b) Social support from colleagues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Exercise</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Others, please specify</td>
<td></td>
<td></td>
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</tbody>
</table>

Frequency of exercise with each section equal to or more than 30 minutes in an average week:  ______________ times per week

Please also rank the 3 most important stress-relief factors in sequence:

   ______________ > ______________ > ______________

Section H  Overall self-reported job satisfaction

On a scale of 1 to 5, please rate your degree of job satisfaction. Please use a tick (√) to indicate the most appropriate response

<table>
<thead>
<tr>
<th>Very dissatisfied</th>
<th>Dissatisfied</th>
<th>Neutral</th>
<th>Satisfied</th>
<th>Very satisfied</th>
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<tr>
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