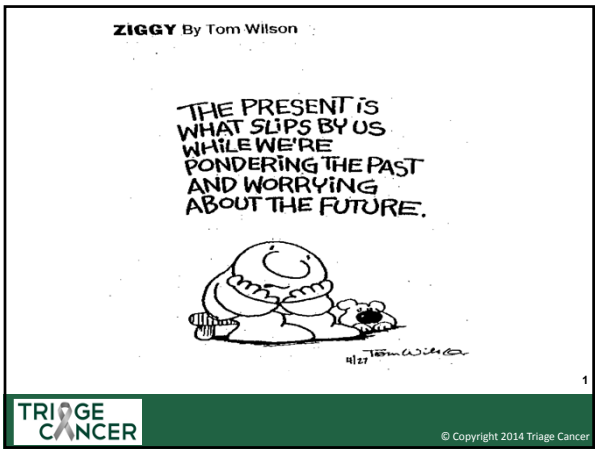

1

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Oncology Professional Burnout

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2

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Burnout

- Evolving Concepts
- Prevalence
- Risk Factors
- Impact
- Causes
- Symptoms
- Prevention/Interventions

3

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Burnout Concept

- **The extent to which a worker has become separated or withdrawn from the original meaning or purpose of one's work- the degree to which a worker expresses estrangement from clients, coworkers, and agency.**

(Berkeley Planning Associates, 1977)

4

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Burnout Concept

- **A state of physical, emotional, and mental exhaustion caused by a depletion of the ability to cope with one's environment, particularly the work environment**

(Maslach, 1982)

5

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Compassion Fatigue Concept

- **Extreme state of tension & pre-occupation with the individual or chronic suffering of patients to the degree that it is traumatizing for the Oncology Professional (OP)**
- **The cost a caregiver experiences as a result of caring for others**

(Figley, 2002)

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Compassion Fatigue Concept

- **The physical, emotional, and spiritual exhaustion resulting from caring for patients and witnessing pain and suffering**

(Aycock & Boyle, 2009)

7

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Burnout vs. Compassion Fatigue

- **Burnout involves <u>environmental</u> stressors**
- **Compassion fatigue address <u>relational nature</u> of the situation**
- **Compassion fatigue is a form of burnout**

(Figley, 2002)

8

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Burnout/CF vs. Depression

- **In contrast to Depression which tends to pervade every domain of a person's life, Burnout & Compassion Fatigue are problems that are *specific* to the work context**
- **Burned-out/compassion fatigued individuals are "still in the battle."**
- **Depressed individuals have no desire or interest "to go on."**

9

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Burnout Prevalence

- **Oncologists**
- **Nurses**
- **Social Workers**
- **Support staff**
- **Chaplains**
- **Rates from 30% to 68 % found**
- **"Significant," "High"**

10

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Burnout Risk Factors

- **Younger than 40**
- **Early in career**
- **Women**
- **Unmarried**
- **Compulsive Personality**
- **Developmental Instability**
- **Inpatient work**
- **High acuity patients**

11

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Burnout/Compassion Fatigue Impact

- **Decreased physical & emotional health of Oncology Professional (OP)**
- **Increased organizational costs**
- **Decreased patient satisfaction**
- **Poorer patient health outcomes**
- **Increased patient mortality**

12

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Model of Burnout Causes

6 Domains of Job Environment

1. **Workload**
2. **Control**
3. **Reward**
4. **Community**
5. **Fairness**
6. **Values**

13

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Burnout Causes

1. Workload

- **Amount of work to complete in a day**
- **Frequency of unexpected or surprising events**
- **CF suffering acuity of patients**

14

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Burnout Causes

2. Control

- **Participation in decisions that affect work**
- **Quality of leadership from upper management**
- **CF Patient Outcomes**

15

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Burnout Causes

3. Reward

- **Recognition for achievements**
- **Opportunities for bonuses and raises**

16

Burnout/CF Causes

4. Community

- **Frequency of supportive work interactions**
- **Closeness of personal friendships at work**

17

Burnout Causes

5. Fairness

- **Administration's dedication to:**
  - **Equal consideration for everyone**
  - **Clear & open procedures for allocating rewards & promotions**

18

Burnout Causes

6. Values

- **CF - Confidence that your personal mission is meaningful**
- **Confidence that your organization's mission is meaningful**
- **Potential to contribute to the larger community**

19

Physical Symptoms

Burnout/CF

- **Chronic fatigue**
- **GI disorders**
- **Headaches**
- **Weight loss or gain**

20

Physical Symptoms

CF

PTSD like symptoms:

- **Difficulty concentrating**
- **Sleep disturbances**

21

Cognitive/Emotional Symptoms

Burnout/CF

- **Decreased patient empathy**
- **Cynicism, depersonalization, detachment, dread going to work**
- **Emotional resources exhausted**

22

Cognitive/Emotional Symptoms

CF

- **Helplessness**
- **Confusion**
- **Loss of ability to enjoy life**

23

Cognitive/Emotional Symptoms

Burnout

- **Physical resources exhausted as well**
- **Ineffectiveness**
  - **Incompetence/self doubt**
  - **Lack of work achievement/productivity**
- **Anger**
- **Depression (late stages)**
- **Suicide (final stage)**

24

Behavioral Symptoms

Burnout/CF

- Decreased quality of patient care
- Withdrawal/isolation from patients
- Withdrawal/isolation from coworkers
- Absenteeism
- Frequent job changes

25

Behavioral Symptoms

Burnout

- Arrive late-leave early
- Inability to leave work
- Family and/or Staff Conflicts
- Uncontrollable crying
- Excessive death watch
- Substance Abuse
  - Drugs, Alcohol, Caffeine, Nicotine

26

Burnout/CF Interventions

Prevention/Treatment

- Almost same thing
- Use 6 work environment domains as guide for addressing issues (Henry, 2014)
  - Institutional
    - system wide
    - Unit
  - Personal

27

Nancy's Burnout Coping using 6 Work Domains

1. Workload

- **Meetings with Nursing Administration to discuss:**
  - **special nursing needs of BMT pts**
  - **transfer of PCU patients to another more appropriate nursing unit**
  - **Refused overtime or double shifts**

28

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Nancy's Burnout Coping using 6 Work Domains

2. Control

- **Asked nursing administration for help**
- **Psychologist and psychiatrist began intervention with nursing staff**

29

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Nancy's Burnout Coping using 6 Work Domains

3. Reward

- **Instead of continuing to be angry and resentful:**
  - **Resigned and went back to graduate school**
  - **Married the psychiatrist**
  - **Became expert in field and now get paid to give these lectures!**

30

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Nancy's Burnout Coping using 6 Work Domains

4. Community

- **Encouraged expression of thoughts & feelings in weekly mtgs and daily assignment meetings**
- **Celebrated staff life events**
- **Agreed to try to be more supportive of each other on daily basis**

31

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Nancy's Burnout Coping using 6 Work Domains

5. Fairness

- **Asked for & received administration acknowledgement that mistakes had been made.**
- **Thanked them for providing impetus for me to proceed on to graduate school!**
- **Asked for & received glowing letter of recommendation for graduate school.**

32

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Nancy's Burnout Coping using 6 Work Domains

6. Values

- **Encouraged expansion of BMT nursing intervention to all staff and patients**
- **Resulted in mandatory staff attendance at weekly psychosocial patient progress rounds on unit**

33

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Nancy's Burnout Coping using 6 Work Domains

6. Values

- **Master and Doctorate degrees**
- **JWCI Psychosocial Care Program**
- **Positive Appearance Center**
- **Community Events & Lectures**
- **Triage Cancer**

34

Burnout Interventions

Engage in self-care activities to decrease or prevent burnout (Henry, 2014)

- **Learn & apply principles of stress management**
- **Healthy nutrition**
- **Adequate sleep**

35

Burnout Interventions

Seek out emotional support & healthy coping programs (Henry, 2014)

- **Administrative support programs**
- **Patient care conferences**
- **Family (of pts) support groups**
- **Seek substance abuse tx**
- **Seek appropriate personal family tx**

36

Burnout Interventions

- **Education on:**
  - **Compassion Fatigue & Burnout**
  - **Scope of Practice**
  - **End of life care**
  - **Communication**

(Houck, 2014)

37

Nancy's Nursing Knowtes

Helpful Coping Strategies

1. **Scope of OP Practice**
2. **End of Life**
   a) **Hope**
   b) **Dying**
   c) **Death**
3. **Communication**

38

Helpful Coping Strategies

1. Be clear about SCOPE of Professional Role

- **The OP CAN NOT always cure cancer**
- **The OP CAN NOT solve all problems**
- **The OP CAN always do *something* to make a patient, family member, and/or caregiver feel better.**

39

Helpful Coping Strategies

Possible CAN DOs

- **Listening/Empathizing**
- **Teaching/Clarification**
- **Providing Treatments**
- **Symptom management**
- **Referrals**

40

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Helpful Coping Strategies

BE ABSOLUTELY, POSITIVELY, CONVINCED ABOUT THE INCREDIBLE VALUE OF EVERY OP INTERVENTION YOU PERFORM !!!!!!!!!!!!!!!!!!!!!

41

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Helpful Coping Strategies

2. End of Life

a. HOPE related to health status

- **No such thing as "false hope"**
- **However, what is hoped for, probably will and should, change over time.**

42

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Helpful Coping Strategies

What is FIRST hoped for is:

Cure, or return to full physical and mental health

43

Helpful Coping Strategies

What is NEXT hoped for is:

Positive adaptation to partial physical and/or mental health with good quality of life

Can be long trajectory with diminishing yet important and valuable hopes

44

Helpful Coping Strategies

What is FINALLY hoped for is:

An End of Life with

- **All instrumental business finished**
- **All emotional business completed**
- **Dignified**
- **Pain free**
- **In the presence of people who care/matter**

45

Helpful Coping Strategies

2. End of Life

b. Fears & Perceptions of Dying

Most fear process of dying

- **Loss of dignity**
- **Pain**
- **Sadness & concern about leaving loved ones**

Palliative and Hospice Care HELPS!!!

46

Helpful Coping Strategies

Palliative Care

Ongoing tx, instrumental help with ADL, symptom control, psychosocial support, legal, insurance & religious issues

47

Helpful Coping Strategies

Hospice Care (current insurance definition)

Intensive Palliative Care including home nursing, but with no medical "cure" tx & prognosis < 6 months

48

Helpful Coping Strategies

Palliative Care Study (Metastatic Lung Ca)

- **TX alone**
- **TX with Palliative/Hospice Care**

49

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Helpful Coping Strategies

Results:

- **TX with P/H Care pts. experienced higher QOL with less depression, pain, nausea, & worry & had increased mobility.**
- **More opted for less aggressive tx & had written DNR orders**
- ***LIVED ALMOST 3 MONTHS LONGER***

50

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Helpful Coping Strategies

2. End of Life

c. Fears & Perceptions of Death

There is an Afterlife/Heaven

- **Beautiful, Peaceful, Joyful**
- **No pain, suffering, sadness**
- **Will join loved ones who have died**
- **In a blink of celestial time, the loved ones left behind will join you**

51

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Helpful Coping Strategies

There is an Afterlife

- **Most religions have "requirements" to get you into afterlife**
- **Usually means live a good life, follow rules**
- **Golden Rule vs. Platinum Rule**
- **If necessary, repent/atone now!**

52

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Helpful Coping Strategies

NO Afterlife

- **Everything just ends, there is nothing, however……**

53

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Helpful Coping Strategies

If true, there is still:

- **No pain, suffering, sadness**
- **No consciousness at all**
- **Akin to the best, deepest night's sleep you ever had**
- **Bottom line = NOT BAD!**

54

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Helpful Coping Strategies

3. Communication

- **Conspiracy of Silence**
- **Euphemisms**
- **OK to feel bad or sad with or for pt.**
- **OK to empathize and say you are so sorry for all the pt is going through**
- **OK to admit your limitations/Honesty**

55

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56

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58

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Triage Cancer

Triage Cancer provides education and resources on the entire continuum of cancer survivorship issues

- Speakers Bureau of experts & survivors
- Educational blog at TriageCancer.org/blog
- Resources & materials at TriageCancer.org
- Expert authors on cancer survivorship issues
- Seminars, teleconferences, webinars, & conferences
- Cancer survivorship event planning & support

Triage Cancer partners with experts in the areas of medicine, mental health, nursing, social work, patient navigation, nutrition, oncofertility, law, employment, education, financial management, insurance, relationships, sexuality and intimacy, pain and palliative care, advocacy, and other areas of cancer survivorship.

59

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Contact Information

Website
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60

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