Oncology Professional Burnout

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Burnout
Evolving Concepts
Prevalence
Risk Factors
Impact
Causes
Symptoms
Prevention/Interventions
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- The extent to which a worker has become separated or withdrawn from the original meaning or purpose of one’s work - the degree to which a worker expresses estrangement from clients, coworkers, and agency.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)

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)

Compassion Fatigue Concept

- Extreme state of tension & preoccupation 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)
Compassion Fatigue Concept

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

(Aycock & Boyle, 2009)

Burnout vs. Compassion Fatigue

• Burnout involves environmental stressors
• Compassion fatigue address relational nature of the situation
• Compassion fatigue is a form of burnout

(Figley, 2002)

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.”
Burnout Prevalence

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

Burnout Risk Factors

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

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
Model of Burnout Causes

6 Domains of Job Environment
1. Workload
2. Control
3. Reward
4. Community
5. Fairness
6. Values

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<tr>
<th>Burnout Causes</th>
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<tbody>
<tr>
<td>1. Workload</td>
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<tr>
<td>• Amount of work to complete in a day</td>
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<tr>
<td>• Frequency of unexpected or surprising events</td>
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<td>• CF suffering acuity of patients</td>
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<td>2. Control</td>
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<tr>
<td>• Participation in decisions that affect work</td>
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<tr>
<td>• Quality of leadership from upper management</td>
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<td>• CF Patient Outcomes</td>
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Burnout Causes

3. Reward
   • Recognition for achievements
   • Opportunities for bonuses and raises

Burnout/CF Causes

4. Community
   • Frequency of supportive work interactions
   • Closeness of personal friendships at work

Burnout Causes

5. Fairness
   • Administration’s dedication to:
     – Equal consideration for everyone
     – Clear & open procedures for allocating rewards & promotions
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

Physical Symptoms

Burnout/CF
• Chronic fatigue
• GI disorders
• Headaches
• Weight loss or gain

Physical Symptoms

CF
PTSD like symptoms:
• Difficulty concentrating
• Sleep disturbances
Cognitive/Emotional Symptoms

Burnout/CF
- Decreased patient empathy
- Cynicism, depersonalization, detachment, dread going to work
- Emotional resources exhausted

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

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

Burnout/CF

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

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

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
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

2. Control
   • Asked nursing administration for help
   • Psychologist and psychiatrist began intervention with nursing staff

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!
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

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.

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
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

Burnout Interventions

Engage in self-care activities to decrease or prevent burnout (Henry, 2014)
- Learn & apply principles of stress management
- Healthy nutrition
- Adequate sleep

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
Burnout Interventions

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

(Houck, 2014)

Nancy’s Nursing Knowtes

Helpful Coping Strategies

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

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.
Helpful Coping Strategies

Possible CAN DOs
• Listening/Empathizing
• Teaching/Clarification
• Providing Treatments
• Symptom management
• Referrals

Helpful Coping Strategies

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

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.
Helpful Coping Strategies

What is FIRST hoped for is:
Cure, or return to full physical and mental health

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

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
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!!!

Helpful Coping Strategies

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

Helpful Coping Strategies

Hospice Care (current insurance
definition)
Intensive Palliative Care including home
nursing, but with no medical “cure”
tx & prognosis < 6 months
Helpful Coping Strategies

Palliative Care Study (Metastatic Lung Ca)
• TX alone
• TX with Palliative/Hospice Care

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

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
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/atonement now!

NO Afterlife
• Everything just ends, there is nothing, however........

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!
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

REFERENCES

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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.

Contact Information

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