PREVALENCE AND PREVENTION OF BURNOUT IN YOUNG ONCOLOGISTS

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YO Burnout Brunch

DISCLOSURE SLIDE

- None

BACKGROUND - ‘MEDICAL BURNOUT’- THE PROBLEM

- Oncology is a rewarding profession but caring for patients with cancer can also be demanding and stressful

Potential Factors
Constantly facing patient life/death decisions, delivering bad news
Supervising toxic therapies
Limited ability to prolong life substantially for many patients
Keeping up at the forefront of rapid scientific and treatment advances
Increased workload, administrative requirement, medicolegal issues, reduced resources

Potential Consequences	
Negatively impact quality of care	Substance abuse
Increase medical errors	Depression
Leave profession/early retirement	Suicide

Shanafelt and Dyrbye JCO 2012[1]

ASCO survey US oncologists

JOURNAL OF CLINICAL ONCOLOGY

Burnout and Career Satisfaction Among US Oncologists

Tait D. Shanafelt, William J. Gradishar, Michael Kosty, Daniel Satele, Helen Chew, Leora Horn, Ben Cla Amy E. Hanley, Quyen Chu, John Pippen, Jeff Sloan, and Marilyn Raymond

44.7% US oncologists were 'burned out'
Hours per week devoted to direct patient care predicted burnout
*63/1117 participants ≤40

Oncology Fellows' Career Plans, Expectations, and Well-Being: Do Fellows Know What They Are Getting Into?

Tait D. Shanafelt, Marilyn Raymond, Leora Horn, Tim Moynihan, Frances Collichio, Helen Chew, Michael P. Kosty, Daniel Satele, Jeff Sloan, and William J. Gradishar

Fellows' expectations regarding future work hours were 5 to 6 hours per week fewer than oncologists' actual reported work hours.

Satisfaction With Work-Life Balance and the Career and Retirement Plans of US Oncologists

Tait D. Shanafelt, Marilyn Raymond, Michael Kosty, Daniel Satele, Leora Horn, John Pippen, Quyen Chu, Helen Chew, William Benton Clark, Amy E. Hanley, Jeff Sloan, and William J. Gradishar

Over 25% reported a moderate or higher likelihood of reducing their clinical work hours in the next 12 months
Over 30% indicated a moderate or higher likelihood of leaving their current position within 24 months
Around 30% planned to retire before 65 years of age

ESMO 2014 Press Release: More Than 70% of Young Oncologists in Europe Suffer Symptoms of Burnout

Cancer doctors 'facing burn-out': More than 50% of British oncologists aged under 40 struggle to cope with demands of job

- More than 70% of oncologists under 40 are showing signs of burnout
- Burnout can lead to anxiety, depression, substance abuse and suicide
- The lowest rates of burnout were found in the UK at 52 per cent

By DAILY MAIL REPORTER

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DDN
delhidailynews.com

MEDPAGE TODAY

Medscape Medical News > Conference News

Young European Oncologists Report High Levels of Burnout

Roxanne Nelson
September 26, 2014

Oncology in Practice: Burnout 'Across the Pond'

— MADRID -- Burnout knows no borders, according to a report from European oncologists.

Medscape Oncology > Viewpoints

Oncology's Unrecognized Crisis

Lidia Schapira, MD; Susana Banerjee, MBBS, MRCP, PhD | Disclosures

November 24, 2014

4 comments Print

EDITORS' RECOMMENDATIONS

Young European Oncologists Report High Levels of Burnout

Burnout and Unrealistic Views of 'Budding Oncologists'

Dr Schapira: What did your study identify as the primary stressors in burnout?

Dr Banerjee: Oncologists who have a poor work-life balance are 3.6 times more likely to experience burnout. Other factors were inadequate vacation time and longer time to travel to work. There are a number of other personal factors, including not being in a relationship, living alone, and not having children. Hospital factors that affect burnout include fewer oncologists

EJC News Focus – December 2014

Why are young oncologists burning out?

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

Annals of Oncology 28: 1590–1596, 2017
doi:10.1093/annonc/mdx196
Published online 25 April 2017

ORIGINAL ARTICLE

Professional burnout in European young oncologists: results of the European Society for Medical Oncology (ESMO) Young Oncologists Committee Burnout Survey

S. Banerjee[1,*], R. Califano[2], J. Corral[3], E. de Azambuja[4], L. De Mattos-Arruda[5], V. Guarneri[6], M. Hutka[7], K. Jordan[8], E. Martinelli[9], G. Mountzios[10], M. A. Ozturk[11], M. Petrova[12], S. Postel-Vinay[13], M. Preusser[14], C. Qvortrup[15], M. N. M. Volkov[16], J. Tabernero[5], D. Olmos[17,18] & M. H. Strijbos[19]

AIM: To investigate the burnout prevalence, work and lifestyle factors amongst European oncologists ≤40 (YOs)

Online survey available on ESMO website January 2013- 2014, Targeted promotion to European YOs via YO Corner on esmo.org, YO E-news, via national YO group representatives and YOC members to use national network of YOs

MBI is the most widely used tool to measure burnout

22 Questions:

Emotional exhaustion ≥27 high

- measures feelings of being emotionally overextended and exhausted by one's work

Depersonalisation ≥10 high

- measures an unfeeling and impersonal response toward recipients of one's service, care treatment, or instruction

Personal accomplishment <33 low

- measures feelings of competence and successful achievement in one's work

Additional questions exploring work/ lifestyle factors

Table 1. Participant demographics

	Number (%)
Gender	
Male	225 (38)
Female	370 (62)
Region	
Eastern Europe	74 (12)
Southeastern Europe	76 (13)
Central Europe	95 (16)
Western Europe	93 (16)
Northern Europe and British Isles	128 (22)
Southwestern Europe	129 (22)
Trainee	
Yes	308 (52)
No	287 (48)
ESMO Member	
Yes	289 (49)
No	306 (51)
Hospital type	
University hospital	295 (50)
Cancer centre	185 (31)
General hospital	90 (15)
Private clinic	21 (4)
Other	4 (1)

Table 2. Lifestyle and work factors

	Number (%)
Currently in a relationship	
Yes	483 (81%)
No	112 (19%)
Has children	
Yes	256 (43%)
No	339 (57%)
Good work-life balance	
Yes	223 (37%)
No	373 (63%)
Lives alone	
Yes	135 (23%)
No	460 (77%)
Adequate vacation time	
Yes	240 (40%)
No	355 (60%)
Hospital offers support services	
Yes	156 (26%)
No	439 (74%)
Time to work (min)	
0–15	158 (27%)
15–30	208 (35%)
30–45	115 (19%)
45–60	72 (12%)
60–90	31 (5%)
90–120	8 (1%)
>120	3 (1%)

Banerjee et al 2017

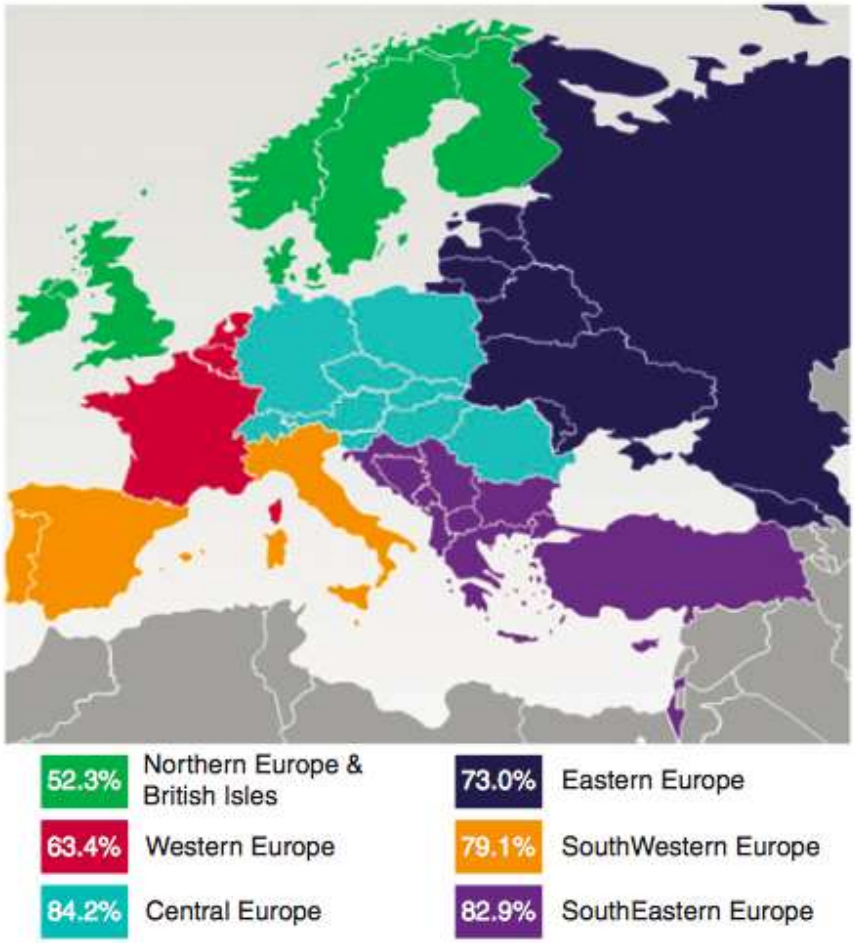

Figure 1. Burnout scores in European regions. Burnout rate defines as high score EE, DEP and/or low PA.

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Table 4. Multivariable linear regression analysis of overall burnout scores and subscale (EE, DEP and PA) scores

	Coefficient (95% CI); *P*-value			
Variable	**Burnout score**	**EE score**	**DEP score**	**PA score**
No access to support services	3.32 (0.53–6.12) *P*<0.0020	2.86 (1.01–4.71) *P*=0.002	*NS*	NS
No good work-life balance	9.70 (7.15–12.23) *P*<0.0001	9.50 (7.80–11.20) *P*<0.0001	2.55 (1.55–3.55) *P*<0.0001	2.62 (1.62–3.62) *P*<0.0001
Not living alone	−3.17 (−5.92 to − 0.42) *P*=0.024	−2.30 (−4.50 to 0.11) *P*=0.040	NS	–
No adequate vacation	4.01 (1.49–6.64) *P*<0.002	3.40 (1.70–5.10) *P*<0.0001	*NS*	*NS*
Region				
Southeastern Europe	*NS*	*NS*	3.24 (1.49–4.99) *P*<0.0001	3.44 (1.78–5.11) *P*<0.0001
Central Europe	*NS*	*NS*	2.29 (0.74–3.84) *P*=0.004	2.48 (0.94–4.02) *P*=0.002
Western Europe	−6.62 (−10.39 to − 2.85) *P*=0.001	−4.13 (−6.64 to − 1.62) *P*=0.001	NS	NS
Eastern Europe	*NS*	*NS*	2.33 (0.67–3.99) *P*=0.006	2.48 (0.81–4.41) *P*=0.004
Southwestern Europe	−5.83 (−9.44 to 2.21) *P*=0.001	−2.47 (4.95–0.12) *P*=0.051	*NS*	*NS*

Factors that were significant for at least one of the scores are shown.
NS, non-significant. Reference region—Northern Europe and British Isles.

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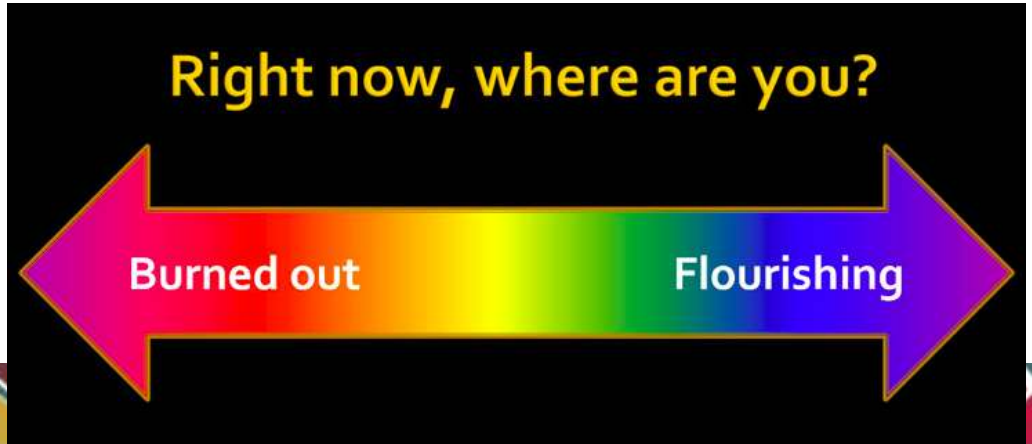
ANTIDOTE TO BURNOUT: RESILIENCE?

Fay Hlubocky at 2017 and Ronald Epstein ASCO 2017 Annual Meeting

- Vitality, engagement and self-efficacy
- Talk to colleagues (peer support)
- Mediate
- Minimise adminstrative work
- Reengage in clinical work (self-reflection)
- Breathe!

What 3 things went well today?

Set boundaries



What institutions should do

- Value the formation of people, not just the production of "products"
- Increase clinicians' sense of autonomy and control
- Promote a culture of respect
- Reduce real and perceived sense of isolation
- Articulate a (caring) mission and keep to it
- Develop and reward deep and appreciative listening
- Focus on enhancing the positive, not just solving problems
- Share stories, not just strategies

Presented By Ronald Epstein at 2017 ASCO Annual Meeting

Institutional strategies: what works

- Values-driven leadership
- Clinician well-being as a quality metric
- Cognitive ergononomics and human factors design in EHRs
- Work hours
- Lower regulatory burden
- Centers for professional well-being
- Discussion groups
- Skills training -- mindful practice, communication, stress management, conflict management
- Team training
- Peer coaching
- Behavioral/disciplinary interventions for outliers

West CP 2016 Lancet; Epstein RM 2016 Lancet

Presented By Ronald Epstein at 2017 ASCO Annual Meeting

ONCOLOGIST RESILIENCY

Fay Hlubocky at 2017 and Ronald Epstein ASCO 2017 Annual Meeting

SIDEBAR 2. Three Components of Resilience

1. Strength of the individual
2. Rise above adversity
3. Positive adaptation

SIDEBAR 6. Nine Principles of Organizational Leadership That Can Promote Clinician Resilience and Well-Being (adapted from Shanafelt and Noseworthy[70])

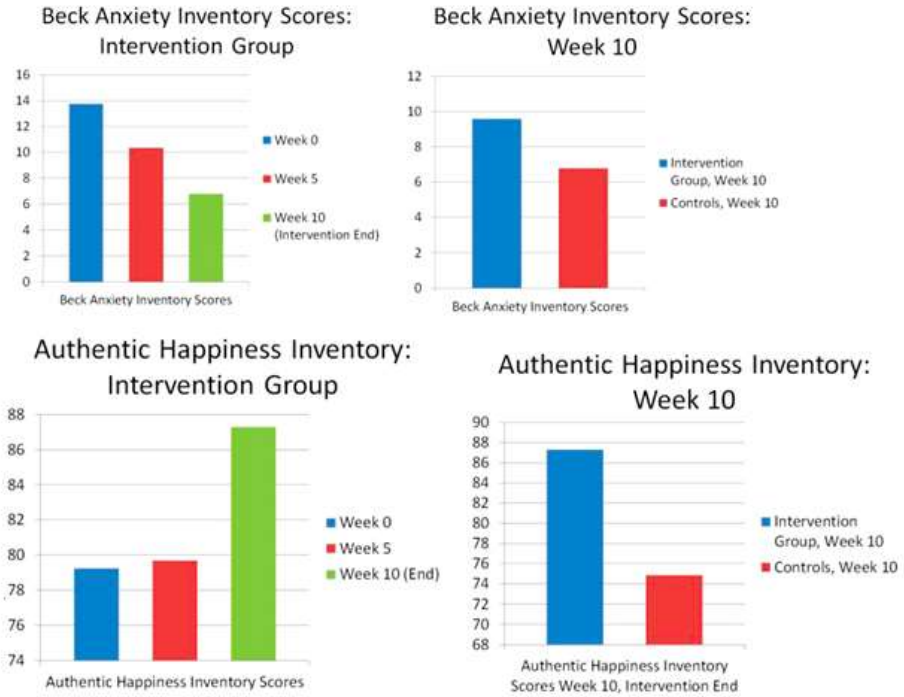
1. Acknowledging and assessing the problem
2. Recognizing the behaviors of leaders that can increase or decrease burnout
3. Using a systems approach to develop targeted interventions to improve efficiency and reduce clerical work
4. Cultivating community at work
5. Using rewards and incentives strategically
6. Assessing whether the organizations actions are aligned with the stated values and mission
7. Implementing organizational practices and policies that promote flexibility and work-life balance
8. Providing resources to help individuals promote self-care
9. Supporting organizational science (study the factors in your own institution that contribute to the problem, and invest in solutions)

The Joy Initiative
Michigan State University

Resident physicians created and taught 60-minute weekly classes for 10 weeks

Mindfulness and Cognitive Behavioural Therapy

FIGURE 1.
Joy Initiative Participant Outcomes for Anxiety and Happiness



Outset, midpoint, and termination of the 10-week intervention compared with control group.

Miko Rose ASCO 2017

DISCUSSION

- Burnout is common amongst YOs and rates vary across Europe
- European region, work/life balance and vacation time were independent factors
- Achieving a good work/life balance and adequate vacation time may reduce burnout levels
- Raising burnout awareness, support for oncologists and interventional research and measures are needed
- **Discussion- How to prevent burnout?**