PALLIATIVE MEDICINE (A JATOI, SECTION EDITOR)



Surviving Burnout as an Oncologist

Sayeh Lavasani¹

Accepted: 6 October 2022 / Published online: 10 January 2023 © The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2023

Abstract

Purpose of Review The aim of this review is defining burnout in medical oncologists, analyzing the causes, and evaluating both individual and institutional approaches to overcome burnout.

Recent Findings Burnout is defined as a reaction to long-term work-related stress, which is a serious condition and has negative consequences at both personal and professional levels. In recent years, there has been a greater emphasis on burnout in medicine in general and specifically in oncology given the complexity of care provided to oncology patients. More research is being done in this field and more coping strategies are evolving to help oncologists reduce the amount of stress and burnout they are experiencing.

Summary Oncologists need to recognize and acknowledge burnout and use different strategies to find joy in their work while maintaining their work-life balance. Strategies like individual-directed interventions and organizational-directed interventions, such as providing support and resources to oncologists to relieve their work-related stress may have a positive impact on oncologists' well-being, their patients' care, and satisfaction.

Keywords Burnout · Oncologist · Stress-reducing

Introduction

Medical oncologists are at a high risk of burnout. It is estimated that 45% of oncologists in the USA are experiencing burnout [1]. A stressful job paired with having seriously ill patients, who are going through a terrible time in their life dealing with their cancer, makes this profession much more intense. Oncologists make themselves available to their patients who are receiving toxic regimens with serious side effects in the context of underlying anxiety about their diagnosis and treatments. This process causes stress to the medical oncologists. Finding work-life balance becomes difficult; it can be hard to balance the needs of their patients with the needs of their own family, which contributes to compromising their own well-being [2].

Definition of Burnout and the Risk Factors

Burnout is a work-related reaction to long-term exposure to stress [3••]. It has been categorized by World Health Organization (WHO) as a syndrome in 2019; it results from chronic workplace stress that has not been successfully managed [4•]. Burnout has three symptom domains: physical and emotional exhaustion, cynicism and depersonalization, and feelings of professional inefficacy or low level of accomplishments [5].

There are multiple factors that contribute to stress and burnout. Medical oncologists are experiencing longer work hours, increased patient volume and contact, increased patient and caregiver demands, decreased autonomy at work, reduced time spent on research and educational activities, and increased professional expectations [2]. The implementation of electronic health records (EHR) has increased clerical burden on medical oncologists, and additionally reduced the meaningful time they spend with their patients [6]. Based on a reported study, they are spending 49% of their time completing clerical tasks and interfacing EHRs [16]. A survey from community oncologists showed that 85% of them felt emotionally and 87% physically exhausted. About 64% of them felt ineffective



 [⊠] Sayeh Lavasani slavasani@coh.org

Department of Medical Oncology & Therapeutic Research, City of Hope National Medical Center, 1500 E. Duarte Road, Duarte, CA 91010, USA

and or detached. About 93% of oncologists reported that they needed extra time to complete their clinical responsibilities [7•]. The estimated cost of physician burnout in the USA is \$4.6 billion related to physician turnover and reduced clinical hours associated with burnout [8]. Lack of intervention for those individuals who experience burnout can have physical and psychological consequences like cardiac issues, obesity, depression, anxiety, and alcohol abuse [9]. Overall, impaired work-life balance can cause burnout in any profession. It not only affects oncologists and their quality of life but it can also negatively affect their patients [10, 11]. It decreases patient satisfaction, increases the possibility of medical error, and decreases empathy for patients.

Recognize and Acknowledge Burnout

Acknowledging burnout is very important. Physicians may see burnout as a weakness and try to hide it. Medical oncologists are under tremendous amount of stress. A lot of issues that they experience in themselves and their colleagues, like lack of empathy and dissatisfaction with their job, are due to burnout. Even though physicians are expected to put their patients first, their health is just as important. It is important to oncologists, their patients, and their families. They cannot perform well if they are spreading themselves thin. Their health is essential to their livelihood and serving the community as advocates for their patients.

Overcoming Burnout in Oncology

Coping with stress at work is not an easy task. Based on recent research, having resilience, practicing self-compassion, and finding meaning at work and outside work can help with job-related stress. Educating oncologists about this issue, trying to detect early signs of stress at work, and preventing burnout can improve the work efficacy, job satisfaction, patient satisfaction, and save costs. There are also steps that healthcare organizations need to take in order to support the oncologists.

1. Building resilience to cope with burnout

To fight burnout properly, oncologists need to have mental training to enhance their resilience in their practice environment and to develop insight [12]. Since physicians are perfectionists, they may develop a sense of inadequacy dealing with treatment failures, disease progressions, and deaths of oncology patients. This coupled with time that is demanded of this profession can affect the work-life balance. The recommended strategy to build up resilience is to recognize the negative

thoughts, to acknowledge them, and to use self-compassionate phrases to balance their reactions. Resilience is the key protective factor against burnout. Resilience can improve work efficacy, engagement, job satisfaction, and the sense of personal accomplishment [12]. Resilience has three components: strength of the individual, rise above adversity, and positive adaptation [13, 14]. Resilience interventions include education, integrate work and personal life, adjust relationship to work, mindfulness training, and work environment. Interventions should promote positive mood, health, and finding meaning and joy at work.

2. Reducing burnout with proper self-care

Every individual has a different way to cope with stress. Finding meaning outside of work is crucial. Setting aside some time, e.g., 1 h every day to do things that one enjoys in life (me time) can be powerful. Some examples are reading a book, listening to, or playing music, watching one's favorite show, spending time with family and friends, cooking, or exercising. Making this into a routine can greatly help with one's mental health and well-being. Taking regular vacations, like 1 week off every 3 or 4 months, can help to decompress and recharge. Healthy eating and regular exercise are as important for medical oncologists as they are for their patients.

3. Mindfulness

The Mindfulness-based stress reduction (MBSR) program is an educational program that focuses on training practice of mindfulness. The program combines mindfulness meditation, body awareness, and yoga to help increase mindfulness in participants. It helps with relaxation in the body and calming of the mind by focusing on present-moment awareness. The program is effective in reducing stress, anxiety, and depression, improving quality of life, and increasing self-compassion in health-care professionals. A meta-analysis of seven studies conducted with healthy participants from the public as the control group revealed that stress was reduced in the intervention group [15, 16].

4. Other stress-reducing strategies

Being organized is another way to reduce stress. To achieve this goal, time management is essential. Procrastination can increase stress levels greatly. The more organized one is and the better time management skills one gains, the less stress will be experienced over time. Using time efficiently will allow physicians to have more time for themselves and will let them be at work for a reasonable amount of time. The nature of medical oncology requires physicians to be available to their patients. The short appointment slots are not sufficient to see a patient, complete all the charting, discuss treatment plans, and enter orders. About 79% of oncologists work



on EMR outside their clinic hours [7•]. Institutions need to provide resources to help with the time efficiency which ultimately will lead to patient satisfaction.

Receiving support from other medical oncology peers is a significant stress-relieving tactic. Oncologists' peers can provide them with tremendous support in times that they need it; covering for patients and clinics if there is a family emergency can offload a lot of stress and a sense of despair.

5. Organizational strategies to reduce burnout

Institutions need to address oncologist burnout through implementing effective and successful interventions. A lot of institutions have implemented wellness committees that meet on a regular basis that have activities to help oncologists to cope with stress. These activities include yoga, Zumba, meditation classes, and massages. Some physicians find it hard to set aside time for these activities, which usually happen after hours. They may prefer to get home earlier to spend time with their loved ones. It is crucial to engage institutions to be aware of the stressful factors that exist at work so they can come up with action plans. A metaanalysis demonstrated that the organization-directed interventions can have a higher impact in reducing burnout than physician-directed interventions [17]. In that study, physician-directed interventions focused on individuals (e.g., cognitive behavioral therapies, mindfulness-based stress reduction techniques, educational programs for improving communication skills) while organization-directed interventions included changes in resources and working environment to decrease stress (e.g., changes in the intensity and/or schedule of the workload or improvements in the operation of health care organizations and teamwork). Providing support in clinical practice can decrease the level of stress. An example is to provide nurse practitioners to help in clinics or utilizing scribes to help with patients' EMR. Nine organizational strategies have been described in literature to promote physician engagement and well-being. The authors described those strategies as sustained and comprehensive efforts by the organization to reduce burnout and promote engagement. The described interventions are relatively inexpensive that have a huge impact. Leadership and sustained attention from the highest level of the organization are the key factors to make a progress [18]. Among other things an organization can do is to provide access to a counselor for oncologists who need them. A yearly survey of oncologists, that is comparing the rate of burnout year-to-year can help with measuring it, to evaluate the efficacy of current strategies that exist in every organization and to launch new strategies for improvement.

Conclusion

The medical oncology community needs to act on this worrisome issue and find a solution in order to improve the health and well-being of oncologists and preserve the quality of care provided to patients. There has been more emphasis on burnout in recent years and many institutions are measuring burnout and have started strategies to reduce it. More needs to be done by hospitals and organizations to recognize and address burnout. Hospital and cancer center administrators need to realize the complexity of cancer care and to try to prevent burnout. Oncologists need to be aware of the signs of burnout and to take proactive steps to cope with it. Oncology is an extremely important but also stressful profession. Strategies to help oncologists with their workload need to be implemented on a national and global scale. Despite the high frequency of burnout, medical oncology is an extremely rewarding profession; having an impact on the lives of oncology patients and helping them in the most vulnerable point of their lives is priceless.

Declarations

Conflict of Interest The author declares no competing interests.

References

Papers of particular interest, published recently, have been highlighted as:

- Of importance
- • Of major importance
- Botha E, Gwin T, Purpora C. The effectiveness of mindfulness based programs in reducing stress experienced by nurses in adult hospital settings: a systematic review of quantitative evidence protocol. JBI Database System Rev Implement Rep. 2015;13:21-9.
- Epstein R. Attending: medicine, mindfulness, and humanity. 2017
- 3. • Gajra A, Bapat B, Jeune-Smith Y, et al. Frequency and causes of burnout in US community oncologists in the era of electronic health records. JCO Oncol Pract. 2020;16:e357–65. An excellent study on community oncologists, the frequency of burnout and the contributing factors to burnout.
- 4.• Han S, Shanafelt TD, Sinsky CA, et al. Estimating the attributable cost of physician burnout in the United States. Ann Intern Med. 2019;170:784–90 The study estimated the annual cost of physicians' burnout in US, and how implementing strategies to reduce burnout could be cost effective.
- Johnson J, Panagioti M, Bass J, et al. Resilience to emotional distress in response to failure, error or mistakes: a systematic review. Clin Psychol Rev. 2017;52:19

 –42.
- 5. Jones-Schenk J. Burnout 3.0. J Contin Educ Nurs. 2019;50:345–6.



- 7.• Kroth PJ, Morioka-Douglas N, Veres S, et al: Association of electronic health record design and use factors with clinician stress and burnout. JAMA Netw Open 2:e199609, 2019. This study evaluated different EHRs and other use factors, and their association with burnout in physicians.
- Lavasani S. Surviving burnout in medical oncology. ASCO Connection, 2020
- Nedrow A, Steckler NA, Hardman J. Physician resilience and burnout: can you make the switch? Fam Pract Manag. 2013;20:25–30.
- Panagioti M, Panagopoulou E, Bower P, et al. Controlled interventions to reduce burnout in physicians: a systematic review and meta-analysis. JAMA Intern Med. 2017;177:195–205.
- Shanafelt T, Dyrbye L. Oncologist burnout: causes, consequences, and responses. J Clin Oncol. 2012;30:1235–41.
- Shanafelt TD, Boone S, Tan L, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. Arch Intern Med. 2012;172:1377–85.
- Shanafelt TD, Dyrbye LN, Sinsky C, et al. Relationship between clerical burden and characteristics of the electronic environment with physician burnout and professional satisfaction. Mayo Clin Proc. 2016;91:836–48.
- Shanafelt TD, Gradishar WJ, Kosty M, et al. Burnout and career satisfaction among US oncologists. J Clin Oncol. 2014;32(7):678–86.

- Shanafelt TD, Noseworthy JH. Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout, Mayo Clinic Proceedings, Elsevier, 2017;129–146
- Shanafelt TD, Raymond M, Kosty M, et al. Satisfaction with work-life balance and the career and retirement plans of US oncologists. J Clin Oncol. 2014;32:1127–35.
- Southwick SM, Bonanno GA, Masten AS, et al. Resilience definitions, theory, and challenges: interdisciplinary perspectives. Eur J Psychotraumatol. 2014:5:25338.
- Trufelli DC, Bensi CG, Garcia JB, et al. Burnout in cancer professionals: a systematic review and meta-analysis. Eur J Cancer Care (Engl). 2008;17(6):524–31.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Springer Nature or its licensor (e.g. a society or other partner) holds exclusive rights to this article under a publishing agreement with the author(s) or other rightsholder(s); author self-archiving of the accepted manuscript version of this article is solely governed by the terms of such publishing agreement and applicable law.

