



Burnout in Oncology Nurses: A Call to Action

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Subtitle Placeholder




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Overview

- Define terms compassion fatigue and burnout
- Describe scope of the problem in oncology
- Identify risk factors for burnout
- Self-evaluation
- Prevention of burnout



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Compassion fatigue

- Compassion fatigue can lead to burnout and results from repeated exposure to the suffering of others.
- Individuals who suffer from compassion fatigue experience symptoms akin to post traumatic stress disorder even though the trauma was not their direct experience.
- In effect these nurses “feel the pain” of their patients so acutely that they experience side effects of this painful experience.
- It also results in poor quality of patient care.

Wright S. The differences between stress, burnout and compassion fatigue. Nurs Stand. 2013 Oct 2-8;28(5):34-5.



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Burnout

- Burnout is described by Maslach as “a syndrome of depersonalization, emotional exhaustion, and a sense of low personal accomplishment that leads to decreased effectiveness at work.”
 - Emotional exhaustion: pertains to “people-work” where the practitioner is exhausted to the degree that they feel unable to give of themselves on a psychological/emotional level.
 - Depersonalization: cynicism towards patients; a negative view of patient-families
 - Diminished feelings of personal accomplishment: feeling devalued, dissatisfied with one’s work and work related outcomes

Maslach C, Schaufeli WB, Leiter MP. Burn-Out. Annual Reviews Psychology 2001;52:397-422




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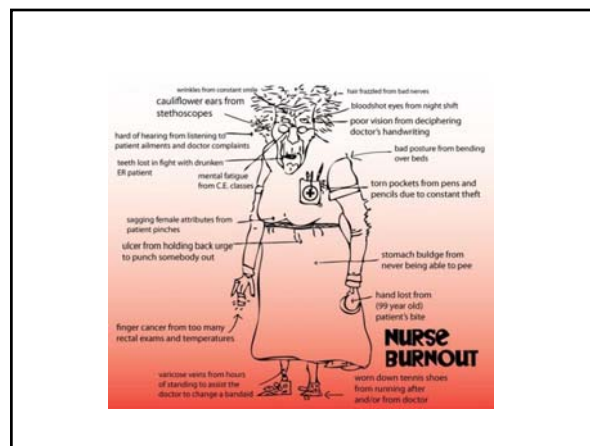
- “I envision hospitals as places of suffering and I see nurses sweeping it all up. Then I wonder what they do with all that suffering after they have gathered it up?
 - A. Jameton. From a panel discussion at the National Endowment for the Humanities Summer Institute in Nursing Ethics. (1983) Medford, MA



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Scope of problem in oncology

- Nursing professionals caring for people with cancer deal with an onerous burden of stressful situations on a daily basis such as:
 - having to deliver devastating news about diagnosis and prognosis
 - Caring for people experiencing pain, symptom distress, and suffering
 - prolonged direct personal contact of an emotional nature with a large number of patients
 - supporting patients and their families at the end of their life

Khamisa, Peltzer, Oldenberg. **Burnout in Relation to Specific Contributing Factors and Health Outcomes among Nurses: A Systematic Review** Int J Environ Res Public Health. 2013 June; 10(6): 2214–2240

Prevalence in pediatric oncology

- We surveyed over 400 physicians in pediatric oncology - 78% had at least moderate levels of burnout.
- In our multidisciplinary pediatric oncology study (N=48), 100% of our sample was burned out.

Roth et al. Career Burnout among Pediatric Oncologists. *Pediatric Blood Cancer*. 2011 Dec 15; 57(7):1168-1173

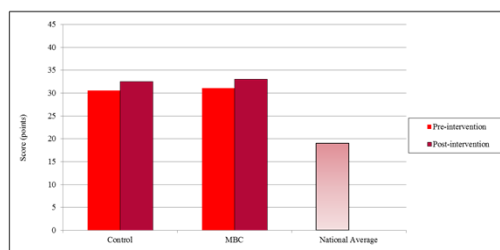
Moody et Helping the helpers: mindfulness training for burnout in pediatric oncology—a pilot program. *J Pediatr Oncol Nurs*. 2013 Sep-Oct;30(5):275-84.



High rate of burnout before and after an intervention

		PRE	POST
Personal accomplishment	CONTROL	High - 23 Moderate - 0 Low - 1	High - 24 Moderate - 0 Low - 0
	INTERVENTION	High - 21 Moderate - 0 Low - 0	High - 21 Moderate - 0 Low - 0
Emotional exhaustion	CONTROL	High - 11 Moderate - 11 Low - 2	High - 5 Moderate - 19 Low - 0
	INTERVENTION	High - 9 Moderate - 11 Low - 1	High - 8 Moderate - 12 Low - 1
Depersonalization	CONTROL	High - 22 Moderate - 2 Low - 0	High - 22 Moderate - 1 Low - 1
	INTERVENTION	High - 21 Moderate - 0 Low - 0	High - 20 Moderate - 1 Low - 0

PSS-14 : Controls and intervention



Both groups' average scores were more than one standard deviation higher than the national (United States) average, suggesting higher than average levels of perceived stress in this group of health care providers.

Nursing shortage contributes

- Nursing shortages leading to understaffing compound the problem of burnout.
- There is a 2-3x increase risk of burnout with poorer patient to nurse ratios
- More than 40% of hospital staff nurses score in the high range for job-related burnout
- More than 1 in 5 hospital staff nurses say they intend to leave their hospital jobs within 1 year

Vahey et al. Nurse Burnout and Patient Satisfaction. *Med Care*. 2004 February; 42(2 Suppl): I157–I166



Burnout

Consequences of Burnout

- Burnout can lead to a deterioration in the quality of care or service provided by the staff, and an increase in medical errors leading to poorer clinical outcomes and decreased patient satisfaction.
- It contributes to job turnover, absenteeism, and low morale
- It is correlated to self-reported indices of personal distress, including physical exhaustion, insomnia, increased use of alcohol and drugs, and marital and family problems.
- It may be associated with serious psychiatric comorbidity including major depressive disorder and even suicide.

Maslach and Jackson, 1981; Chopra, Sotile, & Sotile, 2004, Mukherjee, et al., 2009; Asai, et al., 2007; Liakopoulou et al., 2008; Wippen, 1991; Dougherty, et al., 2009.

Risk factors for Nurse Burnout

- Personal
- Interpersonal
- Professional
- Health care system

Khamisa et al. Burnout in Relation to Specific Contributing Factors and Health Outcomes among Nurses: A Systematic Review. Int J Environ Res Public Health. Jun 2013; 10(6): 2214–2240.

Personal risk factors for burnout

- Younger age, female gender
- Idealistic perspective
- Over involvement/inappropriate boundaries with patients
- Perfectionism
- Low self esteem
- Lack of a spiritual practice
- Cumulative losses
- History of psychiatric disorder

Khamisa 2013



Interpersonal factors for burnout

- Conflict with colleagues
- Unsupportive managers
- Low team morale
- Depressed, angry, or psychotic patient /family members
- Poor communication among staff

Khamisa 2013



Professional risk factors for burnout

- < 5 years experience
- Exposure to death and dying (especially of children)
- Patients with uncontrolled symptoms
- Moral and ethical dilemmas
- Treatment errors
- Oncology practice

Khamisa 2013



Health care system risk factors for burnout

- Increased workload
- Understaffing
- Increased paperwork
- Chaotic environment
- Perceived inadequacy of resources
- Lack of control or input on work policies and procedures
- Working at an institution that does NOT have services available to address burnout

Khamisa 2013





SELF EVALUATION

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Food for thought

- Do you feel “stressed out” by your job?
- Have you questioned your ability to keep going at your current pace?
- Do you have a regular self care regimen?
- Do you make caring for yourself a high priority?

A. Yes B.No

WHO-5 well being index

Over the last 2 weeks	All of the time	Most of the time	More than half the time	Less than half the time	Some of the time	At no time
I have felt cheerful and in good spirits	5	4	3	2	1	0
I have felt calm and relaxed	5	4	3	2	1	0
I have felt active and vigorous.	5	4	3	2	1	0
I woke up feeling calm and refreshed.	5	4	3	2	1	0
My daily life has been filled with things that interest me.	5	4	3	2	1	0

- ### WHO-5 well-being index
- Add up your score and multiply by 4
 - What is your score?
 - A. 0 - 25
 - B. 26 - 52
 - C. 53 - 75
 - D. 76 - 100

Scoring the WHO-5

- >50: looking good
- 25-50: may want to institute preventative measures
- <25: further screening indicated

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INTERVENTIONS TO REDUCE BURNOUT



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Interventions for burnout

- Developing strategies to promote well-being of health care providers is really a shared responsibility of
 - individuals
 - employers (practice groups, academic centers, health maintenance organizations),
 - and health care policy makers.
- However most interventions rely on individuals (self-care.).

Shanafelt et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. Arch Intern Med. 2012 Oct 8;172(18):1377-85

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Multidisciplinary study in pediatric oncology

- Mindfulness training as an intervention
 - prospectively studied
 - has been shown to reduce burnout in health care professionals and trainees
 - but it had not been studied as an intervention for those working in pediatric oncology.



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Mindfulness defined

- Jon Kabat-Zinn describes mindfulness as “the quality of awareness that includes the ability to pay attention in a particular way, on purpose, in the present moment and non-judgmentally”, and as
- “a state in which one is highly aware and focused on the reality of the present moment, accepting and acknowledging it, without getting caught up in the thoughts that are about the situation or emotional reactions to the situation”.

Kabat-Zinn, 1994



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Mindfulness in medicine

- Mindfulness training in health care professionals has been shown to improve well-being and self-compassion; decrease self-reported stress, anxiety and depression; enhance empathy, relaxation, and life satisfaction; and reduce burnout.
- In addition, mindfulness practice can help practitioners to listen more attentively, be aware of their own mental processes, recognize bias and judgments in thinking, and develop more effective communication practices.
- Using mindfulness techniques, practitioners can develop increased compassion, more effective patient communication, and improved patient outcomes.

Krasner, et al., 2009; Pipe, Bortz, & Dueck, 2009; Irving, Dobkin, & Park, 2009; Epstein, 1999; Grepmaier, et al., 2007

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Multidisciplinary study of mindfulness training in peds onc

- Design: multicenter pilot RCT
- Population: multidisciplinary, > 1 year experience (N=48)
- Intervention- 8 week course on mindfulness (15 hours) taught on site
- Primary outcome- Maslach Burnout Inventory
- Qualitative outcome- analysis of journals



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RESULTS

Qualitative results were very positive but there were no changes in quantitative burnout or perceived stress scores



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Themes From Qualitative Analysis Of Journals:

- Qualitative analysis of the 20 journals collected revealed 6 discrete themes. These included:
 - 1) the experience of burnout;
 - 2) increased inner peace, calm, joy, decreased stress and anxiety and improved ability to handle stressful situations (including physical pain) as the course progressed;
 - 3) increased mindfulness, self-awareness and ability to focus, set goals and make action plans;
 - 4) increased appreciation, gratitude and compassion, both at work and at home;
 - 5) added stress related to taking on the coursework entailed by study participation, although this theme seemed to be ameliorated as the course progressed; (5 participants) and
 - 6) benefits of support offered by colleagues.

Course evaluation results (n=12)

- Main barrier to mindfulness practice was finding time
- 58.3% of participants felt the STOP technique was extremely useful.
- 75% of participants were still using the STOP technique (25% daily)
- 90% thought that 1 hour sessions was the right length of time.
- 80% thought the format was appropriate.
- 58% reported using the sitting practice 1-3 times per week
- 75% think they handle stress better
- 66% think they relate to patients better
- 42% felt better about work
- 75% would be interested in follow up sessions

STOP

- Stop
- Take a breath
- Observe
- Proceed



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So what do we do now?

- We acknowledge the magnitude of this problem
- Raise our self awareness of the early and not so early warning signs that burnout may be the direction we're heading in.
- We prioritize self care NOW.
- Try the STOP technique when feeling stressed.





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Early warning signs
(Manifestations of chronic work related stress)

- Psychological symptoms
 - Frustration
 - Anger
 - Depression
 - Guilt
 - Nervousness
 - Difficulty concentrating
 - Impaired judgment/reasoning
 - Low self esteem
 - Increased isolation



Early warning signs
(Manifestations of chronic work related stress)

- Physical
 - Changes in appetite
 - Gastrointestinal upset /peptic ulcer disease
 - Headaches
 - Insomnia
 - Fatigue
 - Depressed immunity
 - Musculoskeletal pain, especially of back, neck and shoulders

Major Warning signs

- You feel sick and tired frequently
- You dread going to work.
- You feel under appreciated at work.
- You are becoming insensitive to patients
- You are just “going through the motions.”

Individual self care strategies

- Psychological
 - Positive psychology
 - Mindfulness
 - Relaxation
 - Awareness
 - Assertiveness training
 - Laughter/cultivating happiness

Lindborg Health Care Superv. 1993 Mar;11(3):47-52

Individual self care strategies

- Physical
 - Exercise: weight training, cardiovascular, yoga
 - Massage
 - Breathwork
 - Sleep
 - Whirlpool
 - Diet

Individual self care strategies

- Social
 - Boundaries
 - Support system
 - Relationships with colleagues
 - Pursuing hobbies/interests
 - Work-life balance
 - Time management

Individual self care strategies

- Spiritual
 - Meditation
 - Religion
 - Community
 - Prayer
 - Reiki

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Time management

	Urgent	Non urgent
Important	Stress Burnout Always putting out fires	Vision Perspective Balance
Not important	Feeling overwhelmed Out of control	Dependent on others Irresponsibility

Adapted from Stephen Covey. "The Seven Habits of Highly Effective People." 1989.



On Self care

- "It seems that our relationship with our Self is most critical to all other aspects of healing work. It starts with Self and moves in concentric radiating circles out to all whom we touch."
 - J. Watson "Caring Science as Sacred Science" (2005)

Conclusions

- Burnout is a highly prevalent and severe problem in oncology health care providers that may be even worse in pediatric oncology.
- Self awareness of one's position on the spectrum of work satisfaction, stress and burnout may be a key motivator for taking action.
- Current best evidence is for self care which includes psychological, physical, social and spiritual dimensions.
- However, more research is needed.

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