PSYCHOSOCIAL INTERVENTION TO REDUCE AND PREVENT STAFF BURNOUT IN ONCOLOGY

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I HAVE NO CONFLICT OF INTEREST TO DISCLOSE
BURNOUT PREVENTION AND REDUCTION

• **BURNOUT:** Stress-induced, occupational-related syndrome characterized by:
  - Emotional exhaustion
  - Feelings of cynicism (Depersonalization)
  - Loss of purpose & meaning in work (Personal accomplishment)
BURNOUT PREVENTION AND REDUCTION

Oncologists´ Risk of Burnout

- Increasing workload
- Facing complex ethical & medico-legal issues
- Constant exposure to giving bad news, death
- Supervising toxic drugs with limited ability to significantly prolong life
- Lack of time to grieve patient losses
- Lack of time to acknowledge & become aware of own feelings
- Institutional barriers
- Others
BURNOUT PREVENTION AND REDUCTION

• **ASCO US SURVEY** (Shanafelt TD et al, J Clin Oncol 2014;32(11):1127-1135):
  - Majority reported satisfaction with career and specialty
  - 44.7% of oncologists were burned out
  - 33% were satisfied with their work-life balance
  - Almost 30% planned to retire early

• **ESMO SURVEY** (Banerjee S et al Annals of Oncology 28; 1590-1596, 2017):
  - N=737 oncologists (all ages); 41 European countries
  - 71% of young oncologists showed evidence of burnout – 22% requested support during training + 74% reported no support services were available
  - Highest burnout rates in Central Europe/Lowest: Northern Europe
BURNOUT PREVENTION AND REDUCTION

PROFESSIONAL CAREGIVING has significant emotional consequences

Compassion → Compassion Fatigue → Burnout (BO)

BURNOUT PREVENTION AND REDUCTION

COMPASSION:

- Feelings of caring for someone who is suffering
- Motivation to relieve suffering

Compassion is about moving from empathy to action
BURNOUT PREVENTION AND REDUCTION
COMPASSION FATIGUE

DEFINITION:

◆ A state of tension & preoccupation with cumulative trauma of one’s patients
◆ Symptoms parallel post-traumatic stress

THREE DOMAINS:

◆ Hyperarousal
◆ Avoidance (i.e. Intentionally putting something out of your mind. OK for a while)
◆ Intrusive thoughts about patients when you are not in workplace

Figley Treating Compassion Fatigue 2013
BURNOUT PREVENTION AND REDUCTION

BURNOUT

- Clinical syndrome of mental distress that includes frustration, powerlessness, a sense that your work doesn’t matter
- Perceived demands outweigh perceived resources

Maslach Annual Rev Psych 2001; 52:397
BURNOUT PREVENTION AND REDUCTION
IMPACT OF BURNOUT

ON THE HEALTHCARE PROFESSIONAL
- Cannot provide adequate patient care
- Medical errors
- Decreased well-being

AT AN INSTITUTIONAL LEVEL
- Absenteeism
- High staff turnover
- Lower performance
- Decreased pt satisfaction
BURNOUT PREVENTION AND REDUCTION

CASE EXAMPLE

- Male, 46, medical oncologist, Works in university hospital
- Busy but satisfying job. Excited about work when he goes home
- Has a good supportive team
- Tires early in the week
- Thinks about patients that impacted him emotionally but tries to put them off his mind
- In evening, doesn’t seem to enjoy dinner with friends or wife
- Next day: Confronted with more hospital demands
- Longer time with patients: More patient deaths
BURNOUT PREVENTION AND REDUCTION

CASE EXAMPLE

- Looses sense of humour
- Occasionally feels sad & irritable
- Makes cynical comments to staff about patients
- Can´t stop thinking about patients at home
- Feels guilty: how could I have avoided this/that
- Feels that whatever he does, it will won´t help the pt
- Friends notice he´s gained considerable weight
- Doesn´t feel good about himself (low self-esteem)
- Thoughts about leaving the field of oncology
BURNOUT PREVENTION AND REDUCTION
PSYCHOSOCIAL INTERVENTIONS

CARE FOR THE PROFESSIONAL CAREGIVER PROGRAM
- Group discussions
- Address BO, coping w grief, loss & trauma & self-care strategies

COMPASSION FATIGUE RESILIENCY PROGRAM
MINDFULNESS BASED STRESS REDUCTION TRAINING (Focusing one’s awareness on the present moment while accepting feelings, thoughts & body sensations):

RESULTS:

- Reduced BO and increased mental well-being
  

- Reduced BO and mood disturbance & improved empathy
  
  (JAMA 2009;302;1284)
BURNOUT PREVENTION AND REDUCTION
PSYCHOSOCIAL INTERVENTIONS

PHYSICIAN DISCUSSION GROUPS
- Increased work satisfaction and reduced despersonalization
- Results lasted for more than a year

PANEL DISCUSSIONS on balancing work & personal life

COMMUNICATION SKILLS TRAINING
  (Kissane et al J Clin Oncol 30:1242-1247; 2012)
BURNOUT PREVENTION AND REDUCTION
PSYCHOSOCIAL INTERVENTIONS

STRESS MANAGEMENT WORKSHOPS focused on:

- Interpersonal skill building
- Balancing educational, personal, and work demands
- Developing a positive outlook and awareness
- Cultivating adaptive behavioral responses

McCue JD, Sachs CL Arch Intern Med 151:2273-2277, 1991
WHAT YOU CAN DO
BURNOUT PREVENTION AND REDUCTION
WHAT YOU CAN DO

Adopt an approach to relieve stress in workplace

- Mindfulness
- Relaxation techniques
- Cognitive distraction
- Walk
- Take a deep breathe!
BURNOUT PREVENTION AND REDUCTION
WHAT YOU CAN DO

PRACTICE SELF-CARE

• Prioritize
• Set limits
• Do things that you like doing; hobbies
• Exercise, nutrition, sleep
• Socialize
BURNOUT PREVENTION AND REDUCTION
WHAT YOU CAN DO

INCREASE THE PERCEPTION OF PERSONAL VALUE:

- Find ways to believe or to confirm your belief that your job is important & valuable (Burnout will seldom occur)

PEER SUPPORT

- Connect with colleagues (talk about what happens when a pt dies; about mistakes & how they make us feel)
- Work colleagues are our best support
- Clinical session; Pizza Rounds
BURNOUT PREVENTION AND REDUCTION

WHY YOU CAN DO

STAFF SUPPORT GROUP MEETINGS:

- Valuable resources
- **Objective**: Provide emotional comfort in a strictly confidential setting
  - Safe environment to share experiences, express emotions, build resilience & balance work responsibilities
  - Provide an opportunity to reflect & assess our work
  - Help maintain boundaries
  - Reduce isolation by sharing experiences
BURNOUT PREVENTION AND REDUCTION
WHAT YOU CAN DO

STAFF SUPPORT GROUP MEETINGS

- Should maintain a focus on patient-centered interaction (reduces perceived/imagined threats)
- We learn from suggestions, communication & teamwork
- Led professionally by colleagues with similar challenges and experiences
BURNOUT PREVENTION AND REDUCTION
WHAT YOU CAN DO

LEARNING SKILLS TO COPE WITH DEATH & DYING

- Define your own rituals
- Rituals with healthcare team for closure

BEREAVEMENT SUPPORT GROUPS used to combat compassion fatigue & promote staff support
BURNOUT PREVENTION AND REDUCTION
WHAT YOU CAN DO

REFLECT ON YOUR PERSONAL CAREER:

- Promote self-awareness. Self-analyses:
  - Questions about one’s career choice: Why this specialty?; Family expectations; early experiences with illness, death?
  - Expectations & awareness of professional limitations: Self-expectations; most difficult aspect of work; how do you define success?; personal/professional limitations

*Die Trill New Challenges in Communication with Cancer Patients 2012*
BURNOUT PREVENTION AND REDUCTION

- REFLECT ON YOUR PERSONAL CAREER:
  - Issues related to helplessness (what elicits it)
  - Cultivate a personal philosophy
  - Identify sources of meaning

ACCESS TO FEELINGS AND FANTASIES MUST BE IN BALANCE WITH AN ABILITY TO MAINTAIN ADEQUATE DEFENSES AGAINST STRESSES EVOKED BY THE DISEASE, HOSPITALIZATION AND DEATH

Die Trill New Challenges in Communication with Cancer Patients 2012
BURNOUT PREVENTION AND REDUCTION
WHAT YOU CAN DO

• Share the responsibility of care

• Cultivate your apacity to find job satisfaction
  ◆ Privilege to share moments w complex pts & families
  ◆ Greater appreciation of life

Die Trill New Challenges in Communication with Cancer Patients 2012
THANK YOU