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Burnout in Healthcare Professionals in Oncology

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Abstract

Healthcare professionals working with cancer patients have considerable risk for burnout. Nevertheless we know not enough about the burnout prevalence in oncological healthcare in Spain. This study aimed at estimating burnout levels of oncology professionals and at assessing satisfaction and work difficulties. 115 professionals answered the Maslach Burnout Inventory, a satisfaction questionnaire, and questions about difficulties and improvements. Results revealed a considerable number of professionals with burnout showing physicians a higher level than nurses. Burnout was negatively related to aspects of work satisfaction. Difficulties were work overload, communication and emotional aspects with patients and colleagues. Improvements dealt with organizational and individual aspects. Results are useful for prevention and intervention programs. Future research should analyze the work situation and personal factors.

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1. Introduction

Burnout or exhaustion of physical or emotional strength as a result of prolonged stress is frequent (Maslach, 2009) and has been detected in a wide variety of professions. Three basic aspects characterize burnout: emotional exhaustion, depersonalization, and low personal fulfillment. This syndrome may also be associated with a reduction in job performance and satisfaction, and stress related problems (Parker & Kulik, - 1995). In the study of Whippen and Canellos (1991) with a sample of 1000 American oncologists, 56% indicated that they had experienced at least one episode of burnout, in varying degrees, throughout their working lives and a third of them were defined with

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depressive symptoms. But following Balch, Shanafelt, Sloane, Satele & Kurer (2011) the practice of oncology provides opportunities for both, personal distress and personal satisfaction. In the line with this, a variety of factors have been proposed as causes for oncologist burnout e. g. work hours, support and leadership style (Bragard, Dupois, Razavi, Reynaert, & Etienne, 2012), complexity of modern treatment techniques and higher demand of information by the patients (Sehlen, & et al., 2009), life and death decisions (Shanafelt & Dyrbye, 2012) or lack of supervision (Taylor & Ramirez, 2010).

2. Method

The aim of this study was to describe the prevalence of burnout in a sample of oncology health professionals and to rate their related job satisfaction. In a next step the objective was to find out on one hand the possible difficulties in daily practice of professional oncology teams and on the other hand to get proposals from the professionals for the improvement of their work situation.

2.1. Survey procedure and sample

We identified 32 public and private hospitals with an oncology service in Barcelona. 13 hospitals were interested in participating in the study (institutional response rate of 40.6%). 168 questionnaires were delivered and 115 were returned (individual response rate of 68.4%). In the study participated 79,1% female respondents. The mean age of men was 39,56 years and of women 38,17 years, 60,9% were married or lived with a companion in a stable relationship, 30,1% lived alone, 7,1% lived separated and 0,9% were widowed. Participants worked mainly as a nurse (37,4%) or were clinical oncologists (31,3%), 12,2% worked as nursing assistants, 5,2% were psycho-oncologists, 4,3% administrative personal, 2,6% social workers, 1,7% technicians for radiotherapy as well as 1,7% physicians, 0,9% oncologists for radiotherapy as well as 4,3% other staff.

2.2. Instruments

Data were obtained using a survey that was composed of several parts. It included first the participation agreement as well as socio-demographic characteristics. Burnout was analyzed in the next part using the Spanish version of the Maslach Burnout Inventory, validated by Moreno, Oliver, & Aragonese (1991) with 22 items using a 5-point Likert scale ranging from never to daily. Work satisfaction was analyzed using 12 questions based on the Engagement and Satisfaction approach of Maslach, Schaufeli and Leiter (2001), with two items of each of the six dimensions: social support, reward, value, equity, control and overload. Employees had to answer on a 4-point Likert scale ranging from I do not agree to I agree completely. In a third part participants had to answer open questions about job difficulties and about possible improvements for the perceived situation.

3. Results

The table 1 shows the results of the Maslach Burnout Inventory. Frequency analysis allowed us to identify the number of subjects with low, medium and high level of burnout in each of the Inventory scales. High emotional exhaustion values presented 36.9% of respondents, while 22% show high characteristics of depersonalization in relationships. However, it is confirmed that many of these professionals felt personally fulfilled (56%) while the rest were divided equally into low and moderate levels of personal fulfillment. In response to diagnostic criteria, it is considered that the burnout syndrome is present when, simultaneously, emotional exhaustion and depersonalization are high and personal fulfillment is low, which was observed in about 9% of the professionals. Comparing all physicians to nurses in terms of the overall burnout scale, using the non-parametrical Mann-Whitney U test, we found in our sample that, physicians show significantly higher levels of burnout than nurses ($U = 509,500$, $p = 0.013$). This result was as well observed for each of the burnout dimensions.

Table 1. Maslach Burnout Inventory: Means

Burnout dimensions	Mean	Standard deviation	Average	Percent
Emotional Exhaustion (n= 111)	22.53	10.90	22.50	
≤ 18: Low				40.50
19<X<26: Medium				22.50
≥ 27: High				36.90
Depersonalization (n= 109)	6.31	5.58	4.50	
≤ 5: Low				51.40
6<X<9: Medium				26.90
≥ 10: High				22.00
Personal Fulfillment (n= 100)	38.77	7.21	40.50	
≤ 5: Low				22.00
6<X<9: Medium				22.00
≥ 10: High				56.00

The relationship between job satisfaction and burnout dimensions is shown in table 2. Emotional exhaustion correlates significantly with loss of motivation while depersonalization correlates with the lack of perceived support. Personal fulfillment shows considerable correlation with recognition at work. Overall burnout correlates negatively, mainly with motivation, autonomy, support and recognition at work.

Table 2. Non parametric correlations (Spearman Rho) between the items of work satisfaction and the burnout dimensions of emotional exhaustion (EE), depersonalization (DP), and low personal fulfillment (PF) and overall burnout (BO)

Items of work satisfaction	EE	DP	PF	Overall BO
1. All our team members have the same opportunities	-.308(**)	-.124	.184	-.299(**)
2. I believe that my work will be recognized	-.378(**)	-.226(*)	.415(**)	-.410(**)
3. The institutional values match with the values of my profession	-.342(**)	-.109	.248(*)	-.336(**)
4. I think that my work is well paid	-.166	-.176	.164	-.220(*)
5. I'm proud of how I practice my profession	-.151	-.194(*)	.378(**)	-.324(**)
6. I have full autonomy to decide how to organize my work	-.344(**)	-.362(**)	.372(**)	-.453(**)
7. My day to day job fits my opinions and personal values	-.357(**)	-.125	.362(**)	-.368(**)
8. I feel very satisfied to be part of my team	-.254(**)	-.257(**)	.278(**)	-.361(**)
9. The work is equally distributed on the team	-.296(**)	-.165	.295(**)	-.386(**)
10. I could take more responsibility	-.266(**)	-.171	.183	-.278(**)
11. In my work I get a lot of support from my fellows	-.256(**)	-.381(**)	.412(**)	-.445(**)
12. Currently my work motivates me a lot	-.387(**)	-.275(**)	.408(**)	-.474(**)

** The correlation is significant at 0.01 (two-tailed). * The correlation is significant at 0.05 (two-tailed).

Table 3 shows the responses concerning difficulties with work, with patients and with the colleagues. To improve the work situation, professionals make several suggestions. In relation with work difficulties, the most observed suggestion was to get a better ratio patient/professional. To reduce difficulties in dealing with patients the employees

suggested having more time for each patient and recommended training in emotional aspects. The main suggestion for reducing difficulties with colleagues was to increase the number of team meetings.

Table 3. Classification of perceived difficulties and percentage of responses in the total sample (N=115) for type of difficulty

Difficulties	Example	%
Work difficulties		
Overwork	To many patients to care	38.3%
Lack of time	I can not devote time to research	16.5%
Organization	Interruptions and carry out tasks that are not mine	14.8%
Emotions	I am to much involved	10.4%
Interaction	Missing good communication	6.1%
Lack of resources	Not having a formal office	6.1%
Bureaucracy	Barriers and rules imposed on us from the management	3.5%
Knowledge	I lack broader knowledge	3.5%
Different criteria	Identification with the overall project	2.6%
Work conditions	Do not have autonomy to make decisions	3.5%
Difficulties with patients		
Lack of time	The little time you can devote	26.9%
Addressing emotional reactions	Not knowing how to solve emotional problems	15.6%
Communication	Keep empathy	11.3%
Over-involvement	Separating the emotional and professional part	9.5%
Logistic aspects	Lifting heavy patients	6.9%
Inappropriate spaces	Find a place to listen without interruption	3.5%
Symptom control	Controlling highly symptomatic patients	3.5%
Difficulties with colleagues		
Lack of communication	Little time to discuss problems	15.6%
Differences in criteria/priorities	To accept ways of working that I consider as inappropriate	13,9%
Personal relationship problems	Some ones character, his/her temper or bad mood	7.8%
Role conflict	They charge you with work that fits not with your role	5.2%
Distancing	Lack of proximity	5.2%
Other	Compete	2.6%

4. Conclusions

Results revealed that a considerable number of health care professionals working in oncology service show burnout symptoms and allow to identify the main sources of work un-satisfaction. In general, work overload and organizational problems seem to be the main difficulties as well as communication and emotional aspects with patients and colleagues. This fits to the results of studies in other countries (Balch et al., 2011; Bragard et al. 2012; Sehlen et al. 2009). The causes of the more elevated burnout among physicians compared to nurses in the future still need a deeper analysis of the work situation and of personal factors. This study allows us to get information about the real burnout situation of healthcare employees working in oncology and about improvement aspects. It is necessary to pay particular attention to the wellbeing of health professionals working in care and treatment of cancer patients via individual measures associated with organizational measures. We consider the obtained information as useful to design programs for prevention, intervention and improvement of the quality of working life in oncology.

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