

Burnout in oncology in Flanders*, Belgium:

first results of a study amongst 550 professionals in oncology

* Flanders is the Dutch speaking part of Belgium

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BACKGROUND

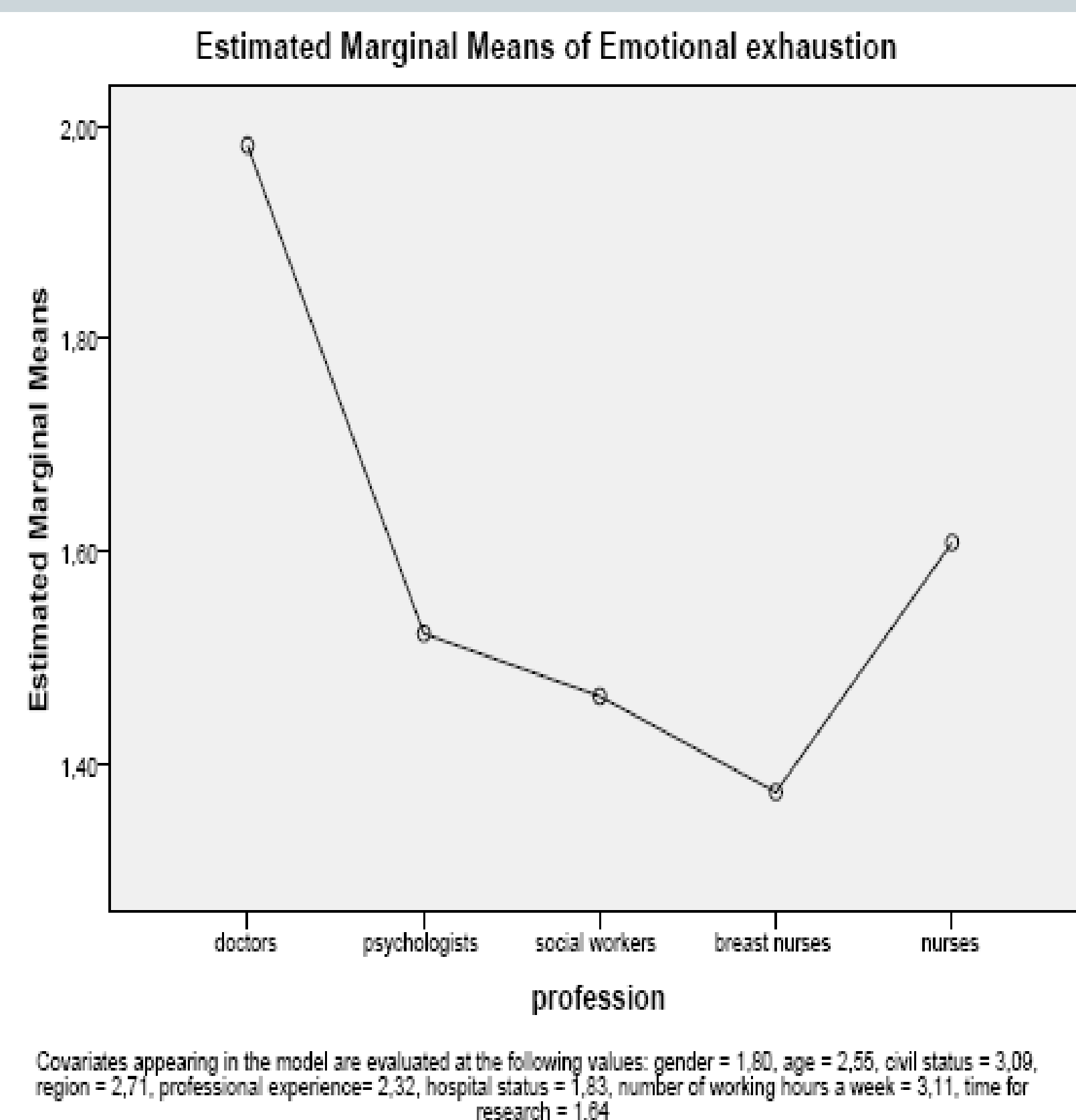
International research shows that oncology staff suffers more from stress and burnout than other health care professionals do. Burnout is prevalent amongst oncologists. The prevalence of emotional exhaustion, depersonalisation and low personal accomplishment is significantly higher among physicians than among other health professionals in oncology. A national study on the prevalence of burnout amongst oncology nurses, paramedics or oncologists was until now not conducted in Flanders. The Cédric Hèle institute (CHI), the Flemish institute for psychosocial oncology, started with a pilot study at the end of 2008.

METHODS

The CHI spread questionnaires amongst 923 health care workers in oncology in Flanders. The questionnaire consisted of two parts. A first part with questions to determine demographic and job features of the participants. In the second part, the Dutch version of the Maslach Burnout Inventory, was used, the UBOS-C. UBOS-C is a self reporting scale, with 20 questions, divided in 3 sub-scales (emotional exhaustion, depersonalization and personal accomplishment). It is a valid and reliable instrument to measure burnout.

RESULTS

550 subjects participated in the survey (response rate of 59,5%). 12 subjects suffer from serious burnout, with a high degree of emotional exhaustion and depersonalization and a low degree of personal accomplishment. 51,2% of the medical oncologists suffer from emotional exhaustion and 31,8% from depersonalization. Emotional exhaustion was found in 13,8% of the onco-psychologists, in 20,9% of the social workers, in 22,2% of the specialist-nurses and in 20,8% of the nurses.



The highest level of depersonalization was found in oncologists (31,8%), followed by nurses (21,5%), social workers (16,4%), psychologists (11,6%) and finally specialist-nurses (8,3%). Nurses suffer most from the lowest degree of personal accomplishment (17,6%), followed by social workers (14,9%), psychologists (9,6%), oncologists (6,7%) and specialist-nurses (5,7%). Controlled for demographic and professional variables, univariate analysis confirmed a significant elevated level of emotional exhaustion (see table) and depersonalization in doctors compared to other health care workers.

CONCLUSION

The CHI-survey shows a problematic level of burnout-components in oncology professionals, especially in medical oncologists

CLINICAL IMPLICATIONS

First, there should be vigilance towards indications for burnout in oncology. Secondly, action should be undertaken. Management of hospitals and policy makers should take into account that oncology professionals have a lot to endure and should think about prevention and support of burnout symptoms. International studies show that training and education in communication and other psychosocial skills in oncology, is an efficient tool in the prevention of burnout. Implementation of training could be one action.

RESEARCH IMPLICATIONS

More research should be performed on the factors which can cause and prevent burnout. CHI only questioned professionals in Flanders. The prevalence of burnout in Wallonia (the French speaking part of Belgium) was never studied. It would also be very interesting to examine the prevalence of symptoms of the post-traumatic stress syndrome in oncology. The consequent confrontation with cancer and with the suffering and dying, could cause secondary traumatizing. Few research is performed on this subject, none in Flanders or Belgium.



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