A Study Of Burnout Among Oncology Professionals: Oncologists Are At Risk Of Burnout

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PURPOSE

International research shows that oncology staff suffers more from stress and burnout than other health care professionals do.
Burnout is common amongst oncologists. The prevalence of emotional exhaustion, depersonalization and low personal accomplishment appears to be significantly higher among physicians.

A national study on the prevalence of burnout in oncology was until now not conducted in Flanders (Dutch speaking part of Belgium). The Cédric Hèle institute, Flemish institute for psychosocial oncology (CHi), conducted a study.

METHODS

The CHi distributed questionnaires among 923 health care workers in oncology in Flanders. This questionnaire consisted of two parts. A first part contained questions concerning demographic and job features.

In the second part, the Dutch version of the Maslach Burnout Inventory (UBOS-C), was used. UBOS-C is a valid and reliable self reporting scale for measuring burnout. It contains 20 questions and is divided in 3 subscales: emotional exhaustion, depersonalization and personal accomplishment.

RESULTS 550 subjects participated in

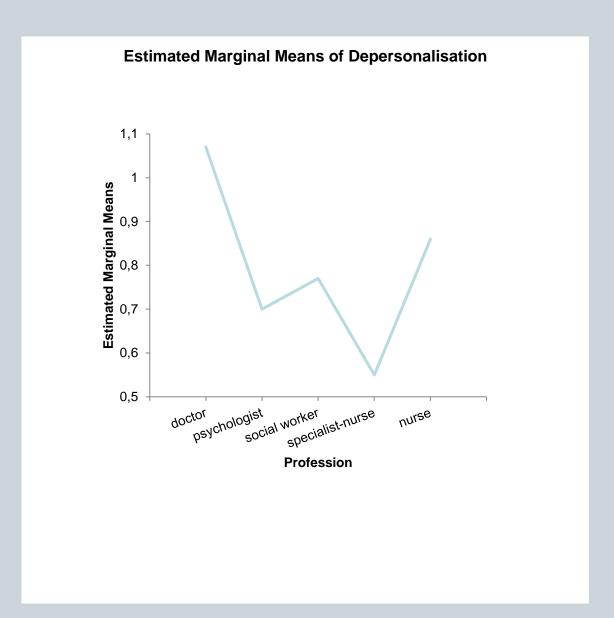
the survey (response rate of 59,5%).

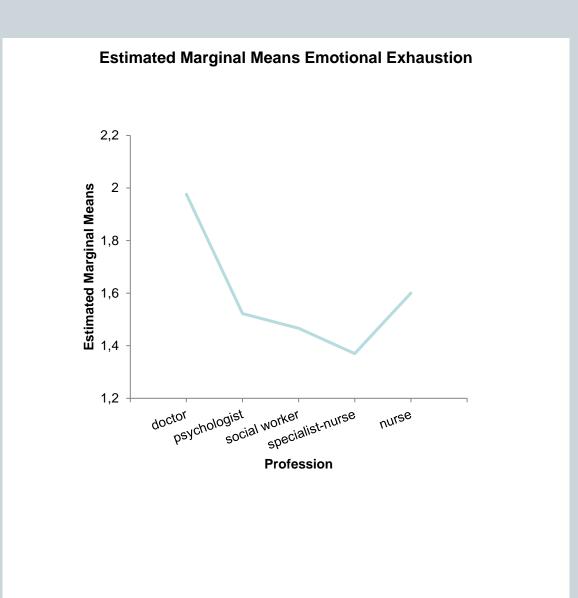
51,2% of the medical oncologists suffer from emotional exhaustion and 31,8% from depersonalization.

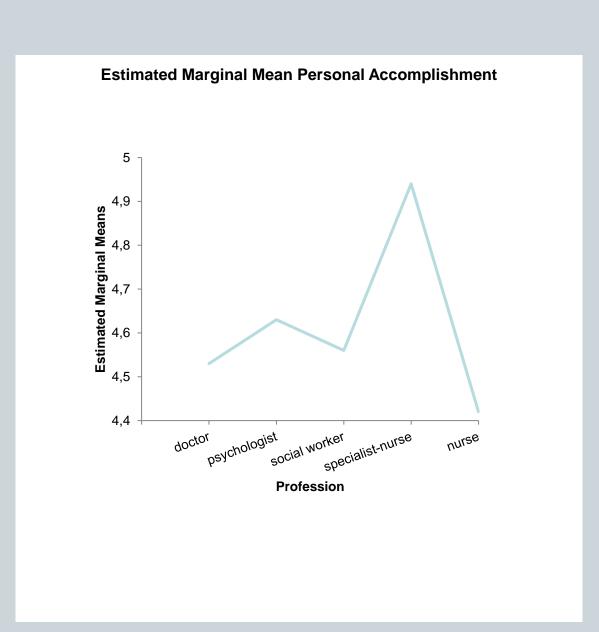
Univariate analysis confirmed a significant elevated level of emotional exhaustion and depersonalization in doctors compared to other health care workers (figure 1).

The estimated marginal means of depersonalization are significantly higher among doctors and nurses, than the estimated marginal means of depersonalization of psychologists, social workers and specialist nurses. (figure 2)

The univariate analysis of personal accomplishment shows a significantly higher level of personal accomplishment for specialist nurses, in comparison to all other professionals. (figure 3)







Multivariate analysis was conducted by logistic regression.

This analysis showed that being female (sexe) doubles the risk of burnout.

Also profession has a significant predictive value. Psychologists and specialist-nurses are less at risk, they have only 0,3 risk of burnout in compared with the risk of burnout of doctors.

Working in an academic hospital combined with working in a private hospital elevates the risk at burnout with factor 3,6, compared with being employed in an academic hospital.

Having time to perform research decreases the risk of burnout. Professionals in oncology who have time for research have ½ less risk of burnout than those who have no time for carrying out research.

CONCLUSION

The CHi-research shows a problematic and worrying level of burnout-components in onco-professionals, especially in medical oncologists.

More research should be conducted into the factors that can cause and prevent burnout. Also possible posttraumatic stress symptoms should be explored.

It's important for hospital managers and policy makers to be aware of the fact that oncology professionals have a lot to endure. They should invest in prevention and support in order to avoid burnout symptoms. Sensitization and implementation of training could be an important action to reach these goals.



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