

Professional Quality of Life of Oncopprofessionals in Flanders, Belgium

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PURPOSE

A study on the prevalence of burnout in oncology was held in 2008 by the Cédric Hèle institute (CHi), Flemish institute for psychosocial oncology. Based on these results, CHi conducted in-depth research to explore the psychological impact of working in an oncology setting and the role of self efficacy on this field.

METHODS

CHi distributed digital questionnaires among healthcare providers, medical staff and nurses working with oncology patients, in intra- and extramural settings. The questionnaire consisted of four parts. A first part contained questions concerning demographic and job features. In the second part, The Health Professions Stress Inventory was used to explore stress experiences of oncology professionals. The Dutch General Self-Efficacy Scale was used in the third part to measure self-efficacy. "Professional quality of life", in terms of compassion satisfaction, burnout and secondary traumatic stress, was measured by the ProQoL (Version 5, 2009).

Professional Quality of Life

Compassion Satisfaction

the pleasure we derive simply from being able to do our job (ProQoL org 2014)

Compassion Fatigue

- burnout
- secondary trauma

the negative aspect of helping those who experience traumatic stress and suffering



RESULTS

The results are based on the data of 548 participants.

21.5% of the participants scored low on compassion satisfaction. There is an indication that 23.2% and 24.5% of the participants have an increased risk for burnout and secondary traumatic stress, respectively.

The most important stressors are: concerns about the emotional needs of patients, trying to meet the social expectations to qualitative (para-) medical care and feeling responsible for the condition of the patient.

The lack of professional recognition and support is the stress source that is most associated with the experience of compassion satisfaction and the risk of burnout. Secondary traumatic stress and the risk for burnout increases when there is a high level of stress from experiencing uncertainty in caring for patients. The extent to which professionals evaluate their effectiveness appears to be associated with: the number of years of working experience in oncology, stress from the lack of professional recognition and support and stress from experiencing uncertainty in caring for patients.

The extent of self-efficacy has an influence on the development of burnout and secondary traumatic stress and the satisfaction of working in the oncology field (compassion satisfaction).

CONCLUSION

The results of the study show the importance of professional recognition and support and provide an insight into the main sources of stress in oncology professionals. These findings offer guidance in developing tools/training for the improvement of the professional quality of life of those working in oncology.

RESEARCH IMPLICATIONS

Further research is needed in effects of education and differentiation of training methods in psychosocial oncology (e-learning, experiential training), in the relation between compassion satisfaction and compassion fatigue and in professional quality of life of health care professions. A comparative study with non-health care providers, would be useful to point out the specific vulnerability and needs of health care providers. There is also a need to explore work related energy sources. Furthermore there is a need to investigate how to increase self-efficacy in order to reduce the risk on burnout.

CLINICAL IMPLICATIONS

There are no significant differences between disciplines working in oncology, in case of vulnerability to burnout or secondary traumatic stress. There are common themes and challenges facing all disciplines and settings involved in the care for cancer patients. Education and training programs should focus more on experiential learning (modeling, intervision, supervision, ..) to increase self efficacy.

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