

EPECTM-O

Education In Palliative And End-Of-Life Care For Oncology

Self-Study Module 15:

Cancer Doctors and Burnout

Module 15: Cancer Doctors and Burnout

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Abstract

Working as an oncologist has many rewards. It can also be challenging and stressful. Stressors from work with patients, organizational demands, and managed care can lead to symptoms of stress and burnout that can be manifested both at work and in the home environment. Lifestyle management techniques, changes in managerial issues, and educational interventions may limit the occurrence of burnout.

Introduction

Burnout, a psychological syndrome, is a response to chronic interpersonal stressors on the job. (Ref. 1) The concept of burnout was first developed in the 1970s. (Ref. 2) The three key dimensions of this response are:

1. **Individual:** Overwhelming exhaustion; feelings of being overextended and depleted of one's emotional and physical resources.
2. **Interpersonal:** Cynicism (or depersonalization) and detachment from the job. Cynicism refers to a negative, callous, or excessively detached response to various aspects of the job.
3. **Self-evaluative:** Sense of ineffectiveness and lack of accomplishment. Ineffectiveness refers to feelings of incompetence and a lack of achievement and productivity at work.

Pines suggests, "The root cause of burnout lies in people's need to believe that their life is meaningful, and that the things they do—and consequently they themselves—are important and significant." (Ref. 3) Most of the physicians who are treated for burnout do not come in saying they are burned out. (Ref. 4) Most commonly, they say, "There's something wrong with me. I don't care anymore. Terrible things happen in front of me, and I feel nothing."

Prevalence

Oncologists: In a large study of stress among oncologists, 56% of oncologist subscribers to the Journal of Clinical Oncology reported experiencing burnout in their professional lives. (Ref. 5) Burnout was measured using an author-constructed questionnaire, as opposed to the Maslach Burnout Inventory, which is usually used to measure burnout. (Ref. 6) When asked to define the specific nature of their burnout, 56% mentioned frustration or a sense of failure; 34%, depression; 20%, disinterest in practice; and 18%, boredom. Almost 50% felt that burnout was inherent to the practice

of oncology. Institution- or university-based oncologists on salary reported a lower incidence of burnout (47%) than those in private adult oncology practice (63%).

Head and neck surgeons: Another study of 395 head and neck surgeons, also using an author-constructed questionnaire, noted that 34% of respondents reported feeling burned out, (Ref. 7) 27% indicated frustration with disease, whereas 67% indicated frustration with government and 58% indicated frustration with the economics of medical practice.

Clinicians in the United Kingdom: In the United Kingdom, the percentage of clinicians reporting high levels of exhaustion on the Maslach Burnout Inventory was similar to that of the normative sample (31% versus 33%, respectively). (Ref. 8) (Ref. 9) Thirty-three percent of both the cancer clinicians and the normative sample reported a sense of low personal accomplishment. Significantly fewer of the United Kingdom cancer clinicians reported high levels of depersonalization compared with the U.S. sample (23% versus 33%, respectively). In general, North American samples reported higher levels of burnout than did Europeans. (Ref. 1)

Cancer Care Ontario: In a study by Cancer Care Ontario, the comparable figure for physician exhaustion was 53.3% (allied health professionals, 37.1%; support staff, 30.5%), and 48.8% of physicians reported having low feelings of personal accomplishment (allied health professionals, 54%, support staff, 31.4%). (Ref. 10) The feelings of depersonalization in the Canadian group were similar to those of the United Kingdom sample, with 22.1% of physicians (4.3% of allied health personnel and 5.5% of support staff) reporting feelings of depersonalization. These figures may be unique to Ontario, or may indicate an increase in stress in oncology due in part to ever-increasing workloads and limited resources.

Memorial-Sloan Kettering: A study of oncologists, house staff, and oncology nurses from Memorial-Sloan Kettering Cancer Center reported that house staff experienced the greatest burnout, emotional exhaustion, feeling of emotional distance from patients, and a poorer sense of personal accomplishment. (Ref. 11) Nurses reported more physical symptoms than house staff or oncologists; however, they were less emotionally distant from patients.

Module 15 - Video 1

Objectives

After working with this module, oncologists and other members of the cancer care team will be able to:

- Define burnout.

- Recognize associated signs, symptoms, and risk factors.
- Describe a model for organizational antecedents.
- Contrast burnout and depression.
- Identify techniques to decrease burnout.

Risk Factors

A number of individual, cultural, and personality characteristics are associated with burnout.

Individual Risk Factors

Several individual characteristics are related to burnout. However, these associations are weaker than those for burnout and situational factors, suggesting that burnout is more of a social phenomenon than an individual one. (Ref. 1)

Age: Those under 30 or 40 years of age have more burnout than those over 30 or 40. Age is confounded with work experience, so burnout may be more of a risk earlier in one's career. (Ref. 1) However, in another study, age <55 years was an independent risk factor for burnout. (Ref. 12)

Stage in work life: Residents report greater levels of burnout than attending physicians. (Ref. 11)(Ref. 13)

Gender: In the Physician Work Life study, women were 1.6 times more likely to report burnout than men. (Ref. 14) The odds increased by 12 to 15% for each additional 5 hours worked per week over 40 hours. Female oncology house staff and nurses reported higher levels of emotional exhaustion and psychological distress than staff physicians of any gender or male house staff. Of all groups, female house staff showed the greatest sense of demoralization and the least sense of accomplishment within a highly stressed environment. (Ref. 11)

In only one study were male oncologists at more risk of burnout than female oncologists. (Ref. 15)

Marital status: For oncologists of either gender, being single was an independent risk factor for burnout. (Ref. 12)

Cultural factors

North Americans vs. Europeans: When physicians in the Netherlands were compared with those in the United States, older physicians in the United States reported a sense of greater control over their work environment compared with younger physicians. (Ref. 16) In the United States, male physicians described having significantly more work

control than female physicians. European workers generally tended to have lower average levels of exhaustion and cynicism compared with similar North American samples. Some aspects of burnout, particularly cynicism, may be more acceptable in the strongly individualized North American culture, or the greater achievement orientation of North American society may cause more stress. (Ref. 1)

Personality factors

Compulsiveness: The compulsive characteristics of physicians, “when present in conjunction with other characteristics of overly controlled emotions and low need for relaxation and pleasure, makes the medical student, and later the physician, more vulnerable than others to depression, alcoholism, psychiatric disorders, and suicide.” (Ref. 17) An oncologist said, “Lots of us who feel overloaded and overworked create it ourselves. We start dancing to a tune that you’re called to play by yourself.” (Ref. 18)

Psychological health: People who were psychologically healthier in adolescence and early adulthood are more likely to enter, and remain, in interpersonally demanding jobs (i.e., emotionally demanding “helper” roles or jobs that deal with people in stressful situations), and show greater involvement and satisfaction with their work. (Ref. 19)

Developmental stability: Physicians with the least stable childhoods and adolescent adjustment have been identified as being the most vulnerable to occupational hazards. (Ref. 20)

Personality characteristics: The personality characteristic of hardiness, consisting of commitment, control, and challenge, is associated with improved coping among house staff. (Ref. 17) (Ref. 21) (Ref. 22) Hardiness is associated with less demoralization and a greater sense of accomplishment. House staff and nurses have less of a sense of accomplishment than oncologists. (Ref. 11)

Level of social support and spirituality/religion

Female physicians with young children are 40% less likely to experience burnout when they have the support of colleagues, spouses, or significant others in balancing work and home issues. (Ref. 14)

In an evaluation of burnout among nurses, fellows, and oncologists, those who reported being “quite a bit” to “extremely” religious had lower levels of diminished empathy or depersonalization and less emotional exhaustion on the Maslach Burnout Scale, compared with those who were not as religious. (Ref. 11)

Work life

Long hours: Burnout is strongly associated with long work hours and work-home interference in both the United States and the Netherlands. (Ref. 16)

Volume of work: Too great a volume of work, with inadequate staff to do the job properly, leads to pressure to make deadlines, conflicting demands on time, and disruption of home life due to extended work hours. (Ref. 10)

The combination of being overloaded, experiencing interference with one's home life, dealing with suffering, and feeling low levels of satisfaction with work from not having adequate resources to perform one's role leads to burnout. (Ref. 8)

Subspecialty: Radiation oncologists report that work-related stress is increased by treatment toxicity and errors, while medical oncologists report more stress from organizational responsibilities/conflicts. (Ref. 8)

Patient population: Dealing with chronically ill, incurable, or dying patients, with its potential lack of hope, may create burnout. (Ref. 15) New research has focused explicitly on emotion-work variables (e.g., requirement to display or suppress emotions on the job, requirement to be emotionally empathic), and has found these emotional factors account for additional variance in burnout scores over and above job stressors. (Ref. 1) (Ref. 23)

Models of Burnout

Recent research has focused on the degree of match or mismatch between the individual and six domains of the job environment. (Ref. 1) The greater the gap or mismatch between the person and the environment, the greater the likelihood of burnout. The greater the match or fit, the greater the likelihood of engagement with work. Mismatches arise when the process of establishing a psychological contract leaves critical issues unresolved, or when the working relationship becomes unacceptable to the individual. Mismatches lead to burnout.

Six areas of work life come together in a framework that encompasses the major organizational antecedents of burnout. These include:

1. Workload
2. Community
3. Control
4. Fairness
5. Reward
6. Values

Burnout arises from chronic mismatches between people's expectations or needs and their work settings in some or all of these areas. Preliminary evidence suggests that the

area of values may play a central mediating role for the other areas. Alternatively, people may vary in the extent to which each of the six areas is important to them. Some people may place a higher weight on rewards than on values, or people may be prepared to tolerate a mismatch regarding workload if they receive praise, and good pay, and have good relationships with colleagues.

Job engagement and burnout

Some studies have looked at sources of satisfaction among oncologists. These include: dealing well with patients and relatives, having professional status and esteem, deriving intellectual satisfaction, and having adequate resources to perform one's role. (Ref. 8) (Ref. 24)

Job engagement is conceptualized as being the opposite of burnout. It involves energy, involvement, and efficacy. Engagement involves the individual's relationship with work. It involves a sustainable workload, feelings of choice and control, appropriate recognition and reward, a supportive work community, fairness and justice, and meaningful and valued work. Engagement is also characterized by high levels of activation and pleasure. (Ref. 1) Engagement is a persistent, positive-affective-motivational state of fulfillment in employees that is characterized by vigor, dedication, and absorption. (Ref. 1)

Burnout and depression

In contrast to depression, which tends to pervade every domain of a person's life, burnout is a problem that is specific to the work context. However, individuals who are more prone to depression (as indicated by higher scores of neuroticism) are more vulnerable to burnout. (Ref. 1)

Burnout and depression can be differentiated. (Ref. 25) A reduced sense of superiority and a perceived loss of status are more characteristic of depressed individuals than individuals who are burned out. It seems that burned-out individuals are still "in the battle" for obtaining status and consider themselves potential winners, while depressed individuals have "given up." (Ref. 25)

Coping with job stress

A number of lifestyle management techniques may help decrease one's vulnerability to burnout. (Ref. 26) In the study comparing physicians in the Netherlands and the United States, there was a substantial benefit of physicians' perceived control over their work in minimizing stress and increasing satisfaction in both countries, and there were remarkable benefits of home support on stress reduction in the United States. (Ref. 16) For both countries, work control was correlated with job stress and satisfaction, whereas work-home interference was associated with work hours, children, stress, dissatisfaction, and burnout.

Assessment

To prevent or address burnout early, monitor yourself for signs and symptoms of burnout (see Table 1).

Table 1: Signs and Symptoms of Burnout

Boredom
Decreased quality of care
Depression
Fatigue
Frustration
Gastrointestinal disturbances
Headaches
Insomnia
Staff turnover
Low morale
Physical/emotional exhaustion
Weight loss
Impaired job performance (decreased empathy, increased absenteeism)
Deterioration of physician-patient relationships
Less satisfaction, desire to reduce time spent seeing patients, greater likelihood of ordering tests or procedures, greater interest in early retirement
Inability to leave work (working longer and longer hours), absenteeism, less job satisfaction, decreased sense of personal accomplishment

Module 15 - Video 2

Management

Prevention and early detection are the best approaches to minimize the risk of serious consequences from burnout. A variety of lifestyle management techniques will help physicians maintain balance in their lives and decrease the risk of burnout.

Table 2: Lifestyle Management Techniques

Monitoring for and recognizing symptoms early
Maintaining good nutrition
Maintaining spiritual life; meditating; spending time in nature
Grieving losses effectively
Decreasing overtime work
Exercising: aerobics, yoga, qigong, tai chi
Maintaining energy: Reiki, healing touch, therapeutic touch
Maintaining a sense of humor
Seeking consultation if symptoms are severe
Discussing work-related stresses with others who share the same problems; visiting counterparts in other institutions; looking for new solutions to problems

Changes in management strategies combined with educational interventions may further reduce burnout.

Meier, Back, and Morrison recently proposed an approach to physician awareness that involves identifying and working with emotions that may affect patient care. This involves looking at physician, situational, and patient risk factors that can lead to physician emotions and thus influence patient care. (Ref. 27) The steps include:

1. Identify the factors that predispose to emotions that might affect patient care.
2. Monitor for signs (behavioral) and symptoms (feelings) of emotions.
3. Name and accept the emotion.
4. Identify possible sources of the emotion.
5. Respond constructively to the emotion.
6. Step back from the situation to gain perspective.
7. Identify behaviors resulting from the feeling.
8. Consider implications and consequences of behaviors.
9. Think through alternative outcomes for patients according to different behaviors.
10. Consult a trusted professional colleague.

More research needs to be done on organizational changes to decrease burnout. Hierarchical organizations with overemphasis on standardization and efficiencies, combined with increasing expectations of perfection (by patients, corporations, and colleges) may promote burnout and reduce the quality of professional practice. (Ref. 28) The underlying theme in burnout and work engagement is that group and management processes have to promote more open futures in which employees are better able to deploy their gifts in meaningful ways and grow as human beings. It may be essential to measure the moral climate, assess the culture of each workplace, and evaluate spiritual concerns of staff. The latter might include clarification and strengthening of meaning and purpose conducive to both personal vitality and that of the organization.

Interventions that combine changes in managerial practice with educational interventions, based on the six areas of work life, may decrease burnout. (Ref. 1) People may be able to tolerate greater workloads if they value the work and feel they are doing something important, or if they feel well rewarded for their efforts. Interventions could target values and rewards. A recent study by Fallowfield et al. showed that improvements in communication skills of oncologists may lead to more personally and professionally rewarding consultations, which can have a significant impact on clinical care and the well-being of both patients and physicians. (Ref. 29)

Summary

Burnout is prevalent among oncologists, and women are more often affected than men. Age is an independent predictor of burnout, with a higher prevalence in people at earlier stages of their careers. To prevent—or address—burnout, monitor yourself for signs and symptoms of burnout. The lifestyle management techniques will help you maintain balance in life and decrease the risk of burnout. Changes in management strategies combined with educational interventions may further reduce burnout.

Key Take-Home Points

1. Key dimensions of burnout are exhaustion, cynicism, and a sense of personal ineffectiveness.
2. Burnout often presents as a feeling that you “don’t care anymore.”
3. Burnout is more related to the situation than the individual.
4. Burnout is more prevalent among women than men and those in earlier stages of their careers.
5. Long work hours and work-home interference are strongly associated with burnout.
6. Burnout arises from chronic mismatches between people and their work settings.
7. Job engagement (energy, involvement, efficacy) is conceptualized as the opposite of burnout.
8. Burnout, in contrast with depression, is specific to the work context.
9. Lifestyle management techniques (exercise, meditation, humor, etc.) may decrease vulnerability to burnout.
10. Burnout may be prevented by changes in management combined with educational interventions and improved communication.

Pearls

1. Burnout is common; expect it and prevent it.
2. The working conditions, not the patients, are the most common cause of burnout.

Pitfall

1. Trying to simply “suck it up”; it doesn't work.

References

Module 15: Cancer Doctors and Burnout

- 1 Maslach C, Schaufeli WB, Leiter MP. Job burnout. *Ann Rev Psychol.* 2001;52:397-422. PMID: 11148311; full text.

Burnout is a prolonged response to chronic emotional and interpersonal stressors on the job and is defined by the three dimensions of exhaustion, cynicism, and inefficacy. Engagement is the positive antithesis of burnout. The social focus on burnout and the solid research base concerning the syndrome and its specific ties to the work domain can make a distinct and valuable contribution to people's health and well-being.

- 2 Freudenberg HJ. Staff burnout. *J Soc Issues.* 1974;30:159-165.
- 3 Pines AM. Burnout: An existential perspective. In: Schaufeli W, Maslach C, Marek T, eds. *Professional Burnout: Recent Developments in Theory and Research.* Washington, DC: Taylor and Francis; 1993: ISBN: 1560322624.
- 4 Remen RN. *Kitchen Table Wisdom.* New York: Riverhead Books; 1997. Available at <http://www.penguinputnam.com>. Accessed April 7, 2006. ISBN: 1573226106.
- 5 Whippen DA, Canellos GP. Burnout syndrome in the practice of oncology: results of a random survey of 1,000 oncologists. *J Clin Oncol.* 1991;9:1916-1921. PMID: 1919641.

Sixty percent of 1,000 randomly selected physician subscribers to the *Journal of Clinical Oncology* responded to a mailed survey; 56% of respondents reported experiencing burnout in their professional lives. No significance was found between the incidence of burnout and specialty within oncology, year medical training ended, or practice location. Institution- or university-based oncologists reported a significantly lower incidence of burnout (47%) versus all other types of practice (66% for oncology plus internal medicine, 63% for private adult oncology only, 39% for pediatric oncologists, and 64% for others; $P=.0003$). Frustration or a sense of failure was the most frequently chosen (56%) description of burnout. Insufficient personal and/or vacation time was the most frequent reason (57%) chosen to explain the existence of burnout. To alleviate burnout, the majority (69%) of respondents indicated the need for more vacation or personal time. Administering palliative or terminal care, reimbursement issues, and a heavy work load were identified as contributing factors to burnout.

- 6 Maslach C, Jackson SE, Leiter MP. The Maslach Burnout Inventory [Manual], 3rd ed. Palo Alto, CA: Consulting Psychologists Press; 1996. Available at <http://www.cpp.com/detail/detailitem.asp?ic=3452>. Accessed April 7, 2006.
- 7 Johnson JT, Wagner RL, Reuger RM, Goepfert H. Professional burnout among head and neck surgeons: Results of a survey. *Head Neck*. 1993;15(6):557-560. PMID: 8253565.

For this report, 395 members of the American Society of Head and Neck Surgery and the Society of Head and Neck Surgeons responded to a survey. Their mean age was 48 years and 34% reported experiencing burnout. The stress of extended work hours, dealing with severely ill patients, and increased need to deal with government and economic issues were cited as contributing factors.

- 8 Ramirez AJ, Graham J, Richards MA, et al. Burnout and psychiatric disorder among cancer clinicians. *Br J Cancer*. 1995;71(6):1263-1269. PMID: 7540037.

The prevalence and causes of burnout and psychiatric disorder among senior oncologists and palliative care specialists were measured in a national (UK) questionnaire-based survey using the Maslach Burnout Inventory. Eighty-three percent of 476 oncologists returned their questionnaires. The study group had equivalent levels of emotional exhaustion and low personal accomplishment to those found in American doctors and nurses, but lower levels of depersonalization. Clinicians who felt insufficiently trained in communication and management skills had significantly higher levels of burnout and other disorders.

- 9 Maslach C, Jackson SE. Burnout in health professions: A social psychological analysis. In: Sanders GS, Suls J, eds. *Social Psychology of Health and Illness*. Mahwah, NJ: Lawrence Erlbaum Associates, Inc.; 1989: ISBN: 0805805540. Available at <https://www.erlbaum.com>. Accessed April 7, 2006.
- 10 Grunfeld E, Whelan TJ, Zitzelsberger L, et al. Cancer care workers in Ontario: Prevalence of burnout, job stress and job satisfaction. *CMAJ*. 2000;163(2):166-169. PMID: 10934978; full text.

A questionnaire was mailed to all 1,016 personnel of the major providers of medical oncology services in Ontario. The overall response rate was 70.9%, (681 of 961 eligible subjects). The prevalence of emotional exhaustion was significantly higher among the physicians (53.3%) than among the allied health professionals (37.1%) and support staff (30.5%) ($p \leq 0.003$); the same was true for feelings of depersonalization (22.1% v. 4.3% and 5.5%, respectively) ($p \leq 0.003$). Feelings of low personal accomplishment were significantly higher among physicians (48.4%) and allied health professionals (54.0%) than among support staff (31.4%) ($p \leq 0.002$). About one-third in each group reported considering leaving for a job outside the cancer care system. Significantly more physicians (42.6%) than allied health professionals (7.6%) or support staff (4.5%) stated that they had considered leaving for a job outside the province.

- 11 Kash KM, Holland JC, Breitbart W, et al. Stress and burnout in oncology. *Oncology (Huntingt)*. 2000;14(11):1621-1633; discussion 1633-1634, 1636-1637. PMID: 11125944.

A survey was conducted of 261 house staff, nurses, and medical oncologists in a cancer research hospital, and oncologists in outside clinical practices. House staff experienced the greatest burnout and reported greater emotional exhaustion, a feeling of emotional distance from patients, and a poorer sense of personal accomplishment. Nurses reported more physical symptoms than house staff and oncologists. However, they were less emotionally distant from patients. Women reported a lower sense of accomplishment and greater distress. One unexpected finding was that the greater the perception of oneself as religious, the lower the level of burnout.

- 12 Ramirez AJ, Graham J, Richards MA, et al. Mental health of hospital consultants: The effect of stress and satisfaction at work. *Lancet*. 1996;347:724-728. PMID: 8602002.

Burnout and psychiatric morbidity among gastroenterologists, surgeons, radiologists, and oncologists in the UK were estimated by means of a questionnaire-based survey. Of 1,133 consultants, 78% returned questionnaires. Radiologists reported the highest level of burnout in terms of low personal accomplishment. Job satisfaction significantly protected consultants' mental health against job stress. Three sources of stress were associated with burnout and psychiatric morbidity: feeling overloaded, and its effect on home life; feeling poorly managed and resourced; and dealing with patients' suffering. Burnout was also associated with low satisfaction in relationships with patients, relatives, and staff; professional status/esteem; and intellectual stimulation. In addition, being aged 55 years or younger and being single were independent risk factors for burnout. Burnout was more prevalent among consultants who felt insufficiently trained in communication and management skills.

- 13 Shanafelt TD, Bradley KA, Wipf JE, Back AL. Burnout and self-reported patient care in an internal medicine residency program. *Ann Intern Med*. 2002;136(5):358-367. PMID: 11874308; full text.

A mailed survey was sent to 115 internal medicine residents. Burnout was measured using the Maslach Burnout Inventory; 76% of responding residents met the criteria for burnout. Compared with residents who were not burned out, burned-out residents were significantly more likely to self-report providing at least one type of suboptimal patient care at least monthly (53% vs. 21%; $P=0.004$).

- 14 McMurray JE, Linzer M, Konrad TR, et al. (The SGIM Career Satisfaction Study Group.) The work lives of women physicians: Results from the physician work life study. *J Gen Intern Med.* 2000; 15:372-380. PMID: 10886471; full text.

In this study, 5,704 physicians in primary and specialty nonsurgical care (N=2,326 respondents; 32% female, adjusted response rate=52%) were surveyed. Women had 1.6 times the odds of reporting burnout compared with men ($P<.05$), with the odds of burnout among women increasing by 12% to 15% for each additional 5 hours worked per week over 40 hours ($P<.05$). Lack of workplace control predicted burnout in women but not in men. For those women with young children, odds of burnout were 40% less when support of colleagues, spouse, or significant other in balancing work and home issues was present.

- 15 Olkinuora M, Asp S, Juntunen J, Kauttu K, Strid L, Aarimaa M. Stress symptoms, burnout and suicidal thoughts in Finnish physicians. *Soc Psychiatry Psychiatr Epidemiol.* 1990;25(2):81-86. PMID: 2336581.

Stress symptoms, burnout, and suicidal thoughts among Finnish physicians were studied using a questionnaire. Altogether, 76% (of 3,496 physicians) responded. Non specialists had higher burnout scores than specialists for both sexes. Highest burnout scores among men and women occurred in those working in municipal health centers. The lowest scores occurred among those working in private practice, universities, research institutes, and public offices and organizations.

- 16 Linzer M, Visser MR, Oort FJ, Smets EM, McMurray JE, de Haes HC. (Society of General Internal Medicine [SGIM] Career Satisfaction Study Group [CSSG]). Predicting and preventing physician burnout: Results from the United States and the Netherlands. *Am J Med.* 2001;111(2):170-175. PMID: 11498074; full text.
- 17 Kash KM, Holland JC. Special problems of physicians and house staff in oncology. In: Holland JC, Rowland JH, eds. *Handbook of Psychooncology.* New York: Oxford University Press; 1989:647-657. ISBN: 0195043081.
- 18 Vachon MLS. *Occupational Stress in the Care of the Critically Ill, Dying and Bereaved.* Washington, DC: Hemisphere Pub. Corp; 1987. ISBN: 0891163182.
- 19 Jenkins SR, Maslach C. Psychological health and involvement in interpersonally demanding occupations: A longitudinal perspective. *J Organiza Behav.* 1994;15:101-127.
- 20 Vaillant GE, Sobowale NC, McArthur C. Some psychologic vulnerabilities of physicians. *N Engl J Med.* 1972;287:372-375. PMID: 5043521.

Only physicians with the least-stable childhood and adolescent adjustments appeared vulnerable to have relatively poor marriages, use drugs and alcohol heavily, and obtain psychotherapy.

- 21 Kobasa SC. Stressful life events, personality and health: An inquiry into hardiness. *J Pers Soc Psychol.* 1979;37(1):1-11. PMID: 458548.

Two groups of middle- and upper-level executives had comparably high degrees of stressful life events in the previous 3 years, as measured by the Holmes and Rahe Schedule of Recent Life Events. One group (n=86) suffered high levels of stress without falling ill, whereas the other group (n=75) reported becoming sick after their encounters with stressful life events. High stress/low illness executives showed, in comparison with high stress/high illness executives, more hardiness; that is, had a stronger commitment to self, an attitude of vigorousness toward the environment, a sense of meaningfulness, and an internal locus of control.

- 22 Kobasa SC, Maddi SR, Kahn S. Hardiness and health: A prospective inquiry. *J Pers Soc Psychol.* 1981;42:168-177.

Utilizing a prospective design, this study tested the hypothesis that hardiness—commitment, control, and challenge—functions to decrease the effect of stressful life events in producing illness symptoms. Results support the hypothesis by showing main effects on illness for both stressful life events and hardiness and an interaction effect for these independent variables.

- 23 Zapf D, Seifert C, Schmutte B, Mertini H. Emotion work and job stressors and their effect on burnout. *Psychol Health.* 2001;16:527-545.

Hierarchical multiple regression showed a unique contribution of emotion work variables in the prediction of burnout. The analysis of interaction effects of emotional dissonance and organizational and social stressors showed that for service professionals, the coincidence of these stressors led to exaggerated levels of emotional exhaustion and depersonalization.

- 24 Barni S, Mondin R, Nazzani R, Archili C. Oncostress: Evaluation of burnout in Lombardy. *Tumori.* 1996;82(1):85-92. PMID: 8623514.

Anxiety and depression were found to be present in 52.7% and 16%, respectively, of oncologic doctors, radiotherapists, various specialists, nurses, and radiotherapy technicians in Lombardy, mainly among those in the professional nursing categories. Women and the young were identified in particular. Working in an oncologic environment induces burnout; however, it appears to be less significant in Italy than indicated in the literature.

- 25 Brenninkmeyer V, Van Yperen NW, Buunk BP. Burnout and depression are not identical twins: Is decline of superiority a distinguishing feature? *Pers Individ Differ.* 2001;30:873-880.

The authors explored whether depressive symptomatology and the components of burnout are differentially related to feelings of superiority. Based on the clinical picture of depression, which seems to reflect a general sense of defeat, it was expected that individuals high in burnout and low in superiority would experience depressive symptoms. Results confirmed this expectation. Furthermore, depression was significantly related to superiority, whereas no link was observed between the core symptom of burnout (i.e., emotional exhaustion) and superiority.

- 26 Vachon MLS. The stress of professional caregivers. In: Doyle D, Hanks G, Cherny N, Calman K, eds. *Oxford Textbook of Palliative Medicine*, 3rd ed. Oxford, UK: Oxford University Press; 2004:992-1004. ISBN: 019851985. Available at: <http://www.oup.com> Accessed April 7, 2006.
- 27 Meier DE, Back AL, Morrison RS. The inner life of physicians and the care of the seriously ill. *JAMA.* 2001;286(23):3007-3014. PMID: 11743845; full text.

This article describes a model for increasing physician self-awareness, which includes identifying and working with emotions that may affect patient care. This approach is based on the standard medical model of risk factors, signs and symptoms, differential diagnosis, and intervention. Although it is normal to have feelings arising from the care of patients, physicians should take an active role in identifying and controlling those emotions.

- 28 Jones G, Sagar S, Wong R. The effects of stress on oncology staff. *CMAJ.* 2000;163(7):807. PMID: 11033706; full text.
- 29 Fallowfield L, Jenkins V, Farewell V, et al. Efficacy of a Cancer Research UK communication skills training model for oncologists: A randomized controlled trial. *Lancet.* 2002;359(9307):650-656. PMID: 11879860.

The communication problems of senior doctors working in cancer medicine are not resolved by time and clinical experience. This paper presents the results of a randomized, controlled trial and shows that a 3-day intensive training course significantly improves key communication skills.

Self-Assessment

Module 15: Cancer Doctors and Burnout

1. Burnout is a psychological syndrome in response to chronic interpersonal stressors on the job. Which of the following is NOT a key feature of this syndrome:
 - a). overwhelming exhaustion
 - b). feelings of cynicism or depersonalization
 - c). sense of ineffectiveness and lack of accomplishment
 - d). pervasive helplessness and hopelessness

2. The prevalence of burnout among practicing oncologists has been reported to be:
 - a). 5%
 - b). 10%
 - c). 25%
 - d). 50%

3. In evaluating risk factors, young age (<50 years) is associated with:
 - a). less burnout than older oncologists
 - b). about the same as older oncologists
 - c). more burnout than older oncologists

4. In evaluating risk factors, female gender is associated with:

- a). less burnout than male oncologists
 - b). about the same as male oncologists
 - c). more burnout than male oncologists
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Self-Assessment Answers

Question 1. The correct answer is: d)

Pines suggests that “the root cause of burnout lies in people’s need to believe that their life is meaningful, and that the things they do—and consequently they themselves—are important and significant. Most of the physicians who are treated for burnout do not come in saying they are burned out. Most commonly, they say, ‘There’s something wrong with me. I don’t care anymore. Terrible things happen in front of me, and I feel nothing.’”

Question 2. The correct answer is: d)

In a large study of stress in oncologists, 56% of oncologist subscribers to the *Journal of Clinical Oncology* reported experiencing burnout in their professional lives.

Question 3. The correct answer is: c)

Those under 30 or 40 years of age have more burnout than those over 30 or 40. Age is confounded with work experience, so burnout appears to be more of a risk earlier in one’s career.

Question 4. The correct answer is: c)

In the Physician Work Life Study, women were 1.6 times more likely to report experiencing burnout than were men.