




Burnout in the Oncology Landscape: Challenges, Causes, and Solutions

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The following relevant financial relationships from the past 24 months have been identified and disclosed for the following planners of this CE activity:

- **Stephanie Parker, PharmD**
 - AVEO, Partner Therapeutics, Nuvation Bio

There are no relevant conflicts of interest to disclose for this presentation for the following planners and speakers of this CE activity:


- **Fay J Hlubocky PhD MA FASCO**
- **Tahsin Imam, PharmD**



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OBJECTIVES 2026 NCI NATIONAL ONCOLOGY
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1. Describe the scope and impact of burnout among the multidisciplinary oncology team.
2. Explain key drivers of burnout in oncology, including emotional demand, workload, and administrative burden, as well as their effects on patient safety, communication, and workforce stability.
3. Discuss practical, evidence-based strategies at the individual, team, and system levels to help address burnout in oncology.



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Setting the Stage

What thoughts do you experience the moment prior to entering your patient's room? Do they center on all the patients you've already seen, the patients you still need to see, your full inbox, and the mountain of administrative tasks you still need to complete at the end of the day?



Stock image


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Q1

Truth or Myth?

"There are so many more important issues than burnout."


- a. Truth
- b. Myth



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Myth:
"There are so many more important issues than burnout."


- **Truth:** The attitude that addressing existing burnout (& prevention) is not important **results in:**
 - *Neglecting your own wellbeing, making you more vulnerable to burnout.*
- Taking care of clinician wellbeing (& its contributors including working conditions or team relationship), is vital for the **general functioning of the healthcare organization** and its work.



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Case Presentation

Dr. T had always been an energetic pharmacist and successful clinical trials investigator. Today, at 38y, he's tired, cynical and lonely. T is frustrated at the healthcare system for forcing him to see more patients in less time and irritated with patients & colleagues for simple requests. He hates the hours spent on EMR, drug prep, & clerical administration. Although T's relationships once thrived, they no longer provide the same satisfaction. Now, 6 years post pandemic, staff shortages, drug shortages, & telemedicine only add to his frustration. Even talking to his wife, who's always supportive, has not relieved these feelings of intense isolation & pessimism.



Dr. T begins to question his role and long-term sustainability in practice

© McKinley et al 2021

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Introduction


- The occupational stress experienced by oncology clinicians is a significant threat to cancer care delivery world-wide
 - Adverse impact on their professional and personal well-being, satisfaction, and engagement
- Imperative that clinicians and organizations have direct access to resources to address team burnout & sustain the oncology workforce
- Empirically-driven burnout interventions exist that may support a culture of community and practice sustainability in oncology

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Burnout It is a "Reflection" of the Oncology Practice's Health

- 1973: Identified by Herbert Freudenberger
- **Occupational-related** clinical syndrome that manifests as chronic work and interpersonal pressures persevere over time
- Three core dimensions:
 - Physical & Emotional Exhaustion
 - Cynicism & Depersonalization
 - ↓ Sense of Professional Accomplishment
- WHO expanded definition (May 2019): "occupational syndrome"
 - specifically ties burnout to "chronic workplace stress that has not been successfully managed."




Freudenberger 1973; Maslach & Leiter 1993; Leiter & Maslach 2000; WHO 2019

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12-Stages of A Burnout Cycle

- Compulsion to Prove Self
- Working Harder
- Neglecting Their Own Needs
- Displacement of Conflicts
- Revision of Values
- Denial of Problems
- Withdrawal
- Obvious Behavioral Change (Fearful, Worthless)
- Depersonalization
- Inner Emptiness
- Depression
- Burnout Syndrome



Freudenberger & North 1985; Bahner-Kohler 2014
Raschka WP, Korczak D, Braich K. Burnout: a fashionable diagnosis. Dtsch Arzteztg. 2011;108(46):783-787.

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Individual & Organizational Risk Factors

<p>Individual:</p> <ul style="list-style-type: none"> • Gender (<i>Female</i>: Emotional Exhaustion, <i>Male</i>: Cynicism) • <i>Early, Mid, Late Career MD</i> • Single, unmarried • Exposure to Suffering • Compassion/Empathy • Personality Characteristics: conscientiousness, Type A, compulsiveness, neuroticism 	<p>Organizational:</p> <ul style="list-style-type: none"> • Extended work hours* • ↑ patient care • ↑ occupational demand • Lack of control/autonomy • ↑ administration • ↑ time/use EMR • Limited decision-making • Unclear job expectations • Educational debt • No Community/Support • Little Reward • Value/Fairness
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*Workload
Maslach & Leiter 1993; Bahner-Kohler 2014

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Consequences of Burnout

Impact on Physician/Clinician

- Physical Health
- Mental Health: depression, anxiety, suicide
- Departures/Early retirement

Impact on Practice

- \$4.6B (2.6-6.3B) yearly cost to practices**
- Medical errors
- Staff turnover and physician shortages
- Lost revenue
- Decreased patient satisfaction
- Annual economic-cost associated with burnout-related turnover and reduced clinical hours is \$7600 per employed physician

* Schaufeli 2020, Bahner-Kohler 2014

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Burnout is a Stable, Insidious, Chronic Process

Article: Schaufeli et al, 2011: 10-year follow-up of Dutch primary care physicians

- Psychiatric disorders (depression and post-traumatic stress disorder) may be precursors to, & consequence.
- Compared to both stress and depression given similar shared symptomology and physiological systems
- Stress tends to be fairly short-term
- Burnout is a **complex, insidious, chronic process**
 - Examination of stability of burnout across time?
 - 165 primary care Dutch physicians followed 10year
 - Maslach Burnout Inventory (MBI)
 - Frequent, intense demanding patient encounters lead to increased physician burnout**
 - Structural Equation Modeling (SEM) indicated that burnout is a **stable, chronic** condition

Figure 1. The stability and change research model. Note: *Correlation or t.b.

* Schaufeli, *Doc Org Psych* 2011; Bahner & Wohl 2014

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Prevalence Prior To COVID-19 Pandemic

- Rates of burnout in medical fields were extremely high, appx 50-55%
 - 32-78% of practicing oncology clinicians world-wide experienced burnout symptoms (e.g., oncologist, nurse, pharmacist)**
- 45% U.S. American Society of Clinical Oncology (ASCO) member medical oncologists/hematologists reported emotional exhaustion and/or depersonalization
- Variability due to medical oncology specialty, practice, healthcare systems, screening tools
 - Maslach Burnout Inventory (MBI)**
 - Physician Well-Being Index

* Maslach & Goldberg 1983; Maslach & Leiter 2016; Schaufeli JCO 2014; Trufelli 2008; Medisaukatie 2017; Hubovsky et al 2016; Hubovsky et al 2020; JAPA Stress in America

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Top Burnout Contributors In Oncology/Hematology

- Patients With Cancer In State of “Crisis” (medical/psychological)
- Evolving Patient Demographics (Elderly, Survivors)
- Complex, rapidly evolving treatment landscape
- **Exposure to Death**
- **Moral Distress**
- **Work overload**
 - EMRs
 - Regulatory
 - Reimbursement
- **Lack of control**
- **Absence of Fairness**
- **Loss of Community**
- **Violation of Values**
- Staff turnover
- Mental Health Stigma
- Post Pandemic Stressors (public mistrust, political discord, violence, racism, familial caregiving, drug shortages)

• Shanafelt 2014, Huijbock 2021, Huijbock 2020, McFarland 2019

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COVID-19 Pandemic Intensifies Existing Burnout

Impact of COVID-19 In Oncology/Hematology

- 32-72% oncologists/staff world-wide report pandemic-related burnout
- **Significant Disruption/Modification in Care**
 - Elderly, immunocompromised patients at risk
 - Telemedicine
- **Challenging Patient/Family Communication**
- **Allocation of Resources**
- **Moral Distress**
individual knows the correct action to take, yet institutional or other constraints make it difficult to fulfill the moral action (Jameton, 1992)
- **Psychological Well-Being**
 - Anxiety, Depression, Traumatic Stress, Compassion Fatigue
 - STM/LTM Mental Health Concerns (e.g. SARS 2003)



• Huijbock 2021, cdc.gov, Schrag 2020, Marron, Joffe, Jaggi, Huijbock 2020, Bryson, Argeles 2020, Maund 2020, Singh 2020, Semiglazova 2020, OncLive, Jameton 1992

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Comprehensive Oncology Clinician Well-being Intervention Phases & Programs In COVID-19 Era

Phases	Examples of Types of Programs
1. Prevention	<ul style="list-style-type: none"> • COVID-19 Staff Education • Stress reduction/relaxation/meditation meditation/mindfulness • COVID-19 Communication Training
2. "Real-Time" (During Crisis)	<ul style="list-style-type: none"> • Mental health phone/hotlines/websites • Internal crisis support • Therapeutic Tx (ex. individual/group therapy, medication) • Therapeutic Modalities (Cognitive-Behavioral; Psychodynamic) • Peer to Peer Clinician Support
3. Recovery	<ul style="list-style-type: none"> • Continued COVID-19 Education • Long-term Virtual or In-person Therapeutic support • Peer to Peer Clinician support • Grief Support

• Huijbock et al 2021

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Post Pandemic Oncologist Burnout Research

- Cardinal Health survey study of 170 oncologists in U.S.
- **Approximately 90% reported emotional exhaustion at work**
- 66% cynicism/detachment & ineffective
- **56% higher stress levels than prior to COVID-19 pandemic.**
- 60% require 4 or more additional hours per week to complete their work responsibilities,
- **30% respondents consider retiring early due to increased workplace stress.**
- Increased stress and persistent pressures, compounded by the COVID-19 pandemic, drive oncologists to leave the field.



Cardinal Health Specialty Solutions in the eleventh edition of *Oncology Insights*, 2022.

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Burnout in Pharmacists

Evaluation of Burnout in a National Sample of Hematology-Oncology Pharmacists

Allison P. Gubach, PharmD¹, Kristen B. McCullough, PharmD¹, Scott A. Soerle, PharmD, MBA¹, Kristin C. Mara, MS¹, Tali D. Shantak, MD² and Juliana A. Werten, PharmD²

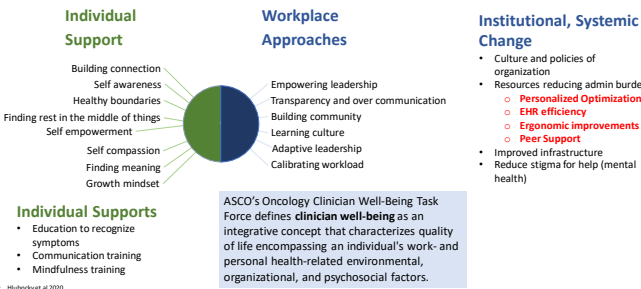
- Purpose: Evaluate the prevalence of burnout among hematology-oncology pharmacists and identify factors associated with higher burnout risk.
- Survey of HOPA members conducted October-November 2020 using the Maslach Burnout Inventory, Well-Being Index, and sociodemographic/occupational questions.
- Of 3,024 pharmacists contacted, 614 (20.3%) responded; 550 (18.2%) completed the MBI and were included in analysis.
- 61.8% had high burnout; 57.9% had high emotional exhaustion and 31.3% had high depersonalization.
- Burnout was associated with longer work hours (48.6 vs 44.5 hours/week) and more administrative time (7.5 vs 4.3 hours/week); all $P < .001$.
- Burnout was also associated with greater concern about a major medication error in the prior 3 months (27.6% vs 8.1%) and greater intent to leave the current job within 2 years (60.3% vs 19.0%); $P < .001$.
- Conclusion: Burnout was prevalent and may affect both patient safety and workforce adequacy; identified risk factors may be targets for mitigation and prevention strategies.

Gubach AP, et al. JCO Oncol Pract. 2022;18(8):e1278-e1288.

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Need for Individual Support & Organizational Change

Article: Hlubocky et al. 2020 | A Call to Action: Ethics Committee Roundtable Recommendations for Addressing Burnout and Moral Distress in Oncology



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Oncologist Focus Group Study

Article: Occupational and Personal Consequences of the COVID-19 Pandemic on US Oncologist Burnout and Well-Being: A Study From the ASCO Clinician Well-Being Task Force (Hlubocky et al., 2021)

- Purpose:** This study described the occupational and personal consequences of the COVID-19 pandemic on oncologist well-being.
- Materials and Methods:** Four virtual focus groups were conducted with US ASCO member oncologists (Sept-Nov 2020).
- Results:** Twenty-five oncologists were interviewed: median age 44 years, 52% female, 52% racial or ethnic minority, 76% medical oncologists, 64% married, and an average of 51.5 patients seen/week.
- Five thematic consequences emerged:** (1) Impact of pre-COVID-19 burnout; (2) Occupational or professional limitations and adaptations; (3) Personal implications; (4) Concern for the future of cancer care and the workforce; (5) Recommendations for physician well-being interventions.
- Recommendations for organizational well-being interventions:** (1) Psychologic or peer support resources; (2) Flexible time-off; (3) ASCO and state oncology societies involvement to develop care guidelines, well-being, and mental health resources

Hlubocky et al. 2021

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Oncologist Peer Support

Article: Development, Feasibility, and Acceptability of an Oncologist Group Peer Support Program From ASCO's Clinician Well-Being Task Force (Hlubocky et al., 2023)

Methods

- Brief, virtual group peer support program tested for feasibility and impact
- Trained facilitators led sessions grounded in oncology burnout research
- Pre/post surveys assessed well-being and satisfaction

Results

- 73% participation rate (11/15 oncologists)
- There was a statistically significant difference in pre- and postintervention well-being (7.0 ± 6.3 v 8.2 ± 3.0 , $P=0.03$) with high satisfaction with postgroup experience (9.1 ± 2.5).
- High post-program satisfaction (9.1/10)
- Qualitative themes: improved burnout understanding, shared experience in oncology practice, and fostering connections with diverse colleagues
- Future recommendations: restructure group format and tailor by practice setting (academic vs. community)**

Conclusions

- Program was feasible, acceptable, and beneficial for burnout, engagement, and satisfaction
- Additional study needed to refine optimal timing and format

"Meeting people I didn't know, that were approaching oncology in different ways, different ages. It was frankly just good to talk and not feel that we had to impress each other."

Hlubocky et al. 2023

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ASCO Quantitative 2023 Oncologist Burnout Survey

Article: The state of workforce retention among US oncologists (Schenkel et al., 2023)

Background

- Rising cancer incidence makes maintaining an adequate oncologist workforce a critical societal need

Methods

- ASCO emailed a 36-item REDCap survey to 5,892 US-based physician members (Jan-Feb 2023) to evaluate career intentions
- Burnout assessed using 2 MBI items (emotional exhaustion and depersonalization)
- Compared to 2013 Shanafelt et al. survey of 1,345 oncologists

Results

- Work hours up since pre-COVID: total (57%), administrative (68%), patient care (49%)
- More oncologists plan to leave within 2 years (21% vs 17%, $p=.049$) or reduce hours in next 12 months (22% vs 16%, $p=.009$)
- Burnout tied to likelihood of leaving or reducing hours ($p=.002$ and $.003$)
- 42% of retired former clinicians left 2-4 years early; median retirement age 67
- 56% transitioned to non-clinical roles; median age to leave was 58

Conclusions

- Intent to leave/reduce hours rising — tied to burnout
- Practice dissatisfaction driving early departure and retirement
- Trends threaten workforce adequacy

Schenkel et al. The state of workforce retention among US oncologists. JCO Oncol Pract. 2023;19(11, suppl):42

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ASCO Quantitative 2023 Oncologist Burnout Survey

Article: State of Professional Well-Being, Satisfaction, and Career Plans Among US Oncologists in 2023 (Schenkel et al., 2025)

- Higher rates of burnout: 57% reporting ↑ EE and 34% reporting ↑ DEP
- **59% had one/more burnout symptoms (up from 45% in 2013)**
- ↑ Prevalence of burnout was higher among:
 - **Caregivers** (Child/family) compared to without (65% vs 47%)
 - **Younger MDs** (<50 y), more likely report DEP v. ≥50y MDs (39% vs 24%)
 - **Higher levels of fatigue (6.1 vs 5.8), and lower quality of life** compared with the 2013 results (7.1 vs 7.3)
- **Stressors: Staffing levels, electronic medical records, payer policies**
- 63% reported still finding joy in their work by "speaking with and advising patients"
- The top factors for improving their worklife were enhanced practice/administrative support (46%), and patient care support/staffing (44%)

© Schenkel et al. | Onc. Adv. 2025

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Q1

Which of the following aspects of your work cause the most stress and burnout in your life?

- a. Increasing documentation requirements
- b. Increasing workload hours
- c. Constant exposure to death and suffering
- d. Therapeutic failures
- e. All of the Above

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SPRING FORUM

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A Time for Intervention

- **West et al 2018:** 15 randomized trials of individual & organizational interventions:
 - 716 MDs, 37 cohort studies:
 - Clinically meaningful reductions:
 - Overall burnout decreased from 54% to 44%
 - High emotional exhaustion (EE) decreased from 38% to 24%
 - High depersonalisation (DE) decreased from 38% to 34%
- **Combination of Interventions should be explored**
- **Panatigioni:** MD & Organizational Interventions Effectiveness
 - 19 studies N=1550, mean age 40y; 49% male
 - Subgroup analyses: organization-directed interventions showed significantly greater effects (SMD = -0.45; 95% CI, -0.62 to -0.28) vs physician-directed interventions (SMD = -0.18; 95% CI, -0.32 to -0.03)
- **Burnout is a problem of the whole healthcare organization, not simply the individual**

• West CP, et al. Lancet. 2018;391(10077):2272-2281.
 • Panatigioni M, et al. JAMA Intern Med. 2017;177(2):195-205.

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Types of Common Interventions

- **Education (e.g. change work patterns)**
- Cognitive-Behavioral Therapy (4-8 week)
- Social Support/Work-life Balance
- **Communication-Skills Training**
- **Mindfulness-Based Stress Reduction**
- Relaxation training
- Health Promotion (sleep, fitness, diet)
- Acceptance of the clinical work environment
- **Simultaneous interventions:** (individual combined with organizational programs)

• Buck et al 2014; Epstein et al 2009; Poter, DeChellis 2010; Poter, DeChellis 2013; Hubovsky et al 2016; Sharflet et al 2017; Pappas, et al 2018; Hubovsky et al 2017; West 2018

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Blueprint of Well-Being: Key Organizational Priorities

- Recognition of oncology clinician wellbeing critical to achieving its mission
- Education
- Assessment of burnout
- Proactively engage organizational leaders and physicians in collaborative action planning
- Optimize the clinical practice environment and institutional culture
- Provide well-being resources including long-term post COVID19 crisis during recovery (e.g. Peer Support)
- Support Intrinsic Values & Strengthen the Culture
- Promote Flexibility & Work-Life Integration

• Hubovsky et al 2021; Buck et al 2014; Epstein et al 2009; Poter, DeChellis 2010; Poter DeChellis 2013; Hubovsky et al 2017; AMA 2020; Sharflet & Noseworthy 2017

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Workplace Education

Workplace Approach: Building A "Culture of Learning"

Growth mindset
Mistakes are key to innovation
Seeing feedback as a gift

Conflict resilience
Task conflict vs interpersonal conflict
Make a CDX when there is interpersonal conflict

Challenge network
We all must have this to grow

HBR'S 10 MUST READS

On Mental Toughness

the fearless organization

Amy C. Edmondson

WILEY

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Communication

Effective Communication skills reduces patient psychosocial distress

Improves: pts' understanding of illness, pt adherence to treatment, pt satisfaction & knowledge; MD use time efficiently, avoid burnout & ↑ professional fulfillment

↓

Communication between cancer pts and oncologists is especially challenging given the complex biomedical information and treatment decision-making

Breaking bad news, Procedures; complex tx options (Phase I/II); Informed Consent; Transitioning tx to Palliative Care/End-of-Life Care

Back et al 2007; Fallowfield et al., 1998; Hagerty et al 2005; Shanafelt 2012; Siegler et al 1998; Back 2005; Fallowfield 2000; Ong 1998; Roter 1998

"Developing communication approaches to delivering bad news and dealing with emotional responses to bad news can help minimize the stress precipitated by these tasks frequent to oncologists." (Shanafelt 2003, Ramierz 1993)

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COMMUNICATION: VITALtalk

- VITALtalk is an evidence-based communication skills platform designed to help clinicians navigate difficult conversations with seriously ill patients
- Strategies:
 - Before you go in to see a patient, take a moment for one deep breath.
 - When explaining options to patients, share your concerns so you may decide what is best together
 - Share each step in the process with patients.
 - Look for moments everyday where you can connect with someone, share something, and enjoy something.**
 - Analyze and take stock of your emotions throughout the day. Can you accept them and then determine what you need?
 - Ask yourself: Can I step into a more balanced mindset even as I move into this next responsibility?
 - Know you can rely on your team: we are here to support each other.**

* VITALtalk COVID Ready Communication Playbook: VITALtalk Principles for Outpatient Oncology During COVID-19. vitaltalk.org

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REMAP: A Guide for End-of-Life Discussions

What do you say or do

- 1. Reframe why the status quo isn't working. You may need to discuss serious news (e.g., a scan result) first.**
 - "Given this news, it seems like a good time to talk about what to do now."
 - "We're in a different place."
- 2. Expect emotion & empathize.**
 - "It's hard to deal with all this."
 - "I can see you are really concerned about [X]."
 - "Tell me more about that—what are you worried about?"
 - "Is it ok for us to talk about what this means?"
- 3. Map the future. "Given this situation, what's most important for you?"**
 - "When you think about the future, are there things you want to do?"
 - "As you think towards the future, what concerns you?"
- 4. Align with the patient's values.**
 - As I listen to you, it sounds the most important things are A< B< C].
- 5. Plan medical treatments that match patient values.**
 - Here's what I can do now that will help you do those important things.
 - What do you think about it?

• Childers et al 2018; Back et al 2018; www.vitaltalk.org

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Assessing Burnout: Look for the Cause

Assessment is Key within the Organization

- Measure: Burnout; Satisfaction; Engagement
- Single Item Measures
 - **"Overall, based on your definition of burnout, how would you rate your level of burnout?"**
 - Responses are scored on a five-category ordinal scale, where 1 = "I enjoy my work. I have no symptoms of burnout;" 5 = "I feel completely burned out and often wonder if I can go on..."
- Well-validated instruments applicable to other healthcare professionals (e.g. nursing)
 - Maslach Burnout Inventory (MBI)
 - Bergen Inventory (BBI)
 - Oldenburg Inventory (OLBI)
 - Physician Well-Being Index
- Regular Assessment (e.g. 6mos, yearly)
- Dependent on organizational structure

• Shanafelt & Noseworthy 2017; Maslach & Leiter 2016; Gobinet al 2015

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Organizational Interventions: Address Workload

- Dependent on the subspecialty, practice type, location, and environment
- Flexible/part-time work week schedules
- Team-based care
- Medical or electronic express scribes
- EHR technology enhancements (e.g. on-site EHR support, voice command- EHR/dictation support).
- Physician "Champions" are designated to:
 - Provide staff support
 - Implement practice change for optimal evidence-based cancer care delivery
 - Foster culture of learning
 - Collaborate with leadership & staff re practice
- Resiliency-based Interventions
- Mental Health Resources
- Build a culture of community for peers and teams
- Compensation
 - Value v. Volume-Based Care
 - Meeting metrics (quality care) v. quantity (RVUs)


Hillocky Strategies, 2023

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Q1


When considering the entire cancer care team, what strategy would you prioritize to reduce burnout?

- A. Team-based burnout care
- B. Improving teamwork
- C. Improving communication
- D. Tackle low-value administrative work
- E. All of the Above



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Sustaining Well-Being: What Can the Individual Do?



University of Chicago | Department of Oncology

- **Recognize symptoms**
- **Seek out professional advice incl psych support**
- **Develop action plan**
- **Cultivate resilience strategies for well-being :**
 - fitness/sleep, cognitive behavioral interventions, mindfulness, meaning & purpose, peer clinician connections
- **Rebuild local culture of oncology clinicians through advocacy**

Hubocky et al 2021

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Individual Interventions: What Clinicians Can Do To Prevent or Address Well-Being: Self-Assessment

- Recognize Symptoms in Self & Co-workers:
- **Type** (ex. *Irritability*) & **Frequency** (*more than 1x week*)
 - **“How often is this symptom happening?”**
- A trusted observer may be the most accurate reporter (e.g. spouse, colleague)
 - **“What are you observing about my stress levels?”**
- **It is worth seeking out a professional for an assessment and action plan**

Hubocky et al 2016

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Individual Interventions: What Clinicians Can Do To Prevent or Address Well-Being: Self-Assessment

- Self-care is a proactive measure clinicians can take now
- **Fitness, nutrition, sleep, leisure:** 6-8 h; physical activity, healthy eating
- **Cognitive-Behavioral Stress Reduction**
 - Reframe Negative Thoughts (*I can't fix this*)
 - Self-Monitoring (*Noticing when I'm worked up*)
 - Healthy Boundaries (*Know when to go home; Say No*)
 - Daily Journaling (*Gratitude*)
- **Meaning and purpose:** Reflective practices to recall and savor meaningful experiences, and to draw from them guidance for future (Narratives, Gratitude)
- **Community & Relationship Building**
- **Mindfulness-Based Techniques**

Hubbody et al 2016; Slayter et al 2017; Hubbody et al 2021

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Antidote?: Cultivating Resilience



- Positive response to occupational *adversities* with the ability to **positively adapt** to change
- Strengths of the individual--*Not* Vulnerability
- Empowerment to Rise Above Adversity
- Vitality, Engagement, Self-Efficacy
- Supports Health & Coping
- Promotes clinician's sense of control & commitment
- Key element of clinician well-being

Southwick & Charney 2012; Ryan & Deci 2015; Hubbody et al 2017

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Resilient Physicians

- **200 MD Interview Study on Resiliency in Germany Themes:**
 - Reevaluate "What Went Wrong" Change Their Attitude
 - Change their Behaviors
 - Take Time Off (e.g. Vacations)
 - Set Boundaries
 - Ask Colleague for Assistance
 - Gain Experience over Years (e.g. Age)
 - Spend time with Family/Friends
 - Use MD Peer for Peer Support

Zweck et al, 2013

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Mindful Communication for Clinicians

- Entering the clinical encounter with focus on the relationship at hand (*both pt & you*) engaging in 5 senses
- Requirements:
 1. **Attentive observation** of pt, ourselves, clinical issue
 2. **Critical curiosity** (incl courage to see one's own weakness in the clinical situation)
 3. **Observing with a fresh perspective without preconceived notions and tolerance of conviction;**
 4. **Presence or undistracted attention to pt & task at hand (e.g. address distress; EOL discussion; Tx goals)**
- Write a narrative/story to explore these questions with a difficult patient

Epstein 2013; Epstein 1999; Slayter 2017; Sears 2019; Davis & Hayes 2011; Siegel D (Mindful Brain); Kabat-Zinn J. Full Catastrophe Living. Delacorte Press, 1990.

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Additional Resilience Strategies




Daily Action: Gratitude

- Express Emotions (Empathy, Compassion, Gratitude)
- “What Three Things Am I Most Grateful for?”***




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Daily Action: Narrative

- *Your Narrative:*
- Write Down Stories About Your Personal Experiences in Clinical Practice***



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Take A Mindful Moment During Your Workday

- *Clinicians routinely wash their hands in clinic multiple times a day. This is the time for a mindful moment:*

Simply focus, pay attention to the water: its sound, temperature, weight, and the way it feels on your hands. Look at the water, how it falls. Your thoughts may wander—do not worry, acknowledge them, and return your attention back to the water. Notice the smell of the hand soap, its texture, and weight on your skin. Your thoughts may wander—do not worry, return your focus to the water

Stock Image Hubbolyet 2017

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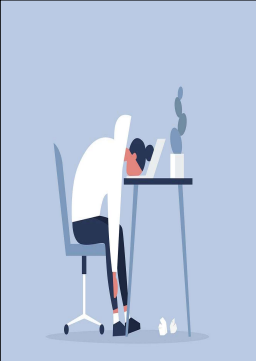


Daily Action: One Minute Mindfulness Exercises

- **Sitting:** Sit up straight, close your eyes, center on your breathing, each breath in and out for one minute. As thoughts arise, note them & return to your breathing.
- **Walking:** Next time you're feeling overwhelmed, simply press your feet against the floor.
 - **Establish a strong physical foundation, balances body to engage 5 senses**
- **Become Inquisitive:** If you find yourself in dispute (family, colleague, MD), don't argue—instead, start asking questions.
 - **By being inquisitive, you uncover new ways of seeing surpassing roadblocks**
- **Let it go:** Before leaving hospital/going to sleep, imagine a box. Place the day's events inside, then visualize it floating away.

UCSD Mindfulness Center www.cih.ucsd.edu

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ZOOM (“TELEMEDICINE”) EXHAUSTION

- Form of mental fatigue
- Feeling “Connected but disconnected”

1. Take a few moments before clicking start to settle, ground self, attention with few breaths
2. Take time to greet who is in room with full attention
3. Choose speaker view—Center attention on speaker than others
4. Resist urge to multitask—“additional effort”
5. Take measured breaks between session
6. Remind Self that this is a new place


Stock Image Hickman 2020, mindful.org

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Q1

Of the possible ways to deal with burnout, which do you find the most beneficial?

- A. Develop ways to share with colleagues
- B. Access to professional counseling services
- C. Time away from work to process and recharge
- D. Training in dealing with burnout
- E. Working with my organization in leadership initiatives to help team, colleagues & the system as a whole



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Conclusion

- Prioritize Oncology Clinician Well-Being
- Education is Key
- Assess Burnout In Self, Team, Practice
- Team-Based Approach to Patient Care
- Inspire Oncology Champions/Leadership
- Multidisciplinary Resilience Committees
- Seek Professional Mental Health Services
- Build Simultaneous Interventions (Individual, Workgroup, & Organizational) To Bolster Well-Being

• Hlubocky et al 2021

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RESOURCES

Web-based Tools & Mobile Apps To Bolster Well-Being

Breathing


1. [Breathe2Relax](#): mobile app of guided breathing instruction via video & audio tutorials

Meditation

2. [Headspace](#): a mobile app that guides users through meditation sessions, which has been shown to reduce depressive symptoms
3. [Guided Mindfulness from University of California San Diego](#): Online resources with guided meditation audios that include mindfulness-based stress reduction

Cognitive Behavioral Therapy

4. [MoodGYM](#): an online 5-week cognitive behavioral therapy program
5. [Stress Gym](#): an online program that includes 8 modules and step-by-step stress management guides



Reppert, S. et al. Web-based tools and mobile applications to mitigate burnout, depression, and suicidality among healthcare students and professionals: a systematic review [published Online December 18, 2021]. *Front Psychiatry*. doi:10.3389/fpsyt.2021.696849. Czechoslovakia 2018

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RESOURCES

Institutional & Professional Society Employee Assistance Programs

- **ASCO Practice Central** — a centralized resource dedicated to the business of oncology, providing tools to address reimbursement, quality reporting, business management, and clinician well-being
 - practicecentral.asco.org
- **SafeHaven™** — an innovative, connected set of protections and resources for physicians, residents, PAs, nurses, pharmacists, and their families
 - asco.safehavenhealth.org
- **VITAL WorkLife™ Concierge** — an all-purpose virtual assistant offering personal attention and work/life balance support for medical professionals and their families
 - VITALWorkLifeConcierge.com

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RESOURCES

Resources if You Are Experiencing Distress

- 988 Suicide and Crisis Lifeline (TEXT 988)
- Psychiatrist-led Physician Support Line (1-888-409-0141)
- National Alliance on Mental Illness Helpline — (800) 950-NAMI (6264) or helpline@nami.org
- Crisis Text Line — Text "HOME" to 741741 or text FRONTLINE for free crisis counseling (USA text 741741)



Hlubocky, Insight State Oncology Society Magazine 2023: 988 Suicide & Crisis Lifeline; Physician Support Line; NAMI; Crisis Text Line

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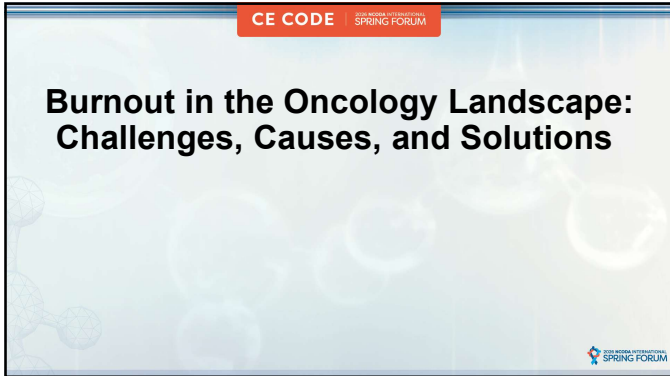
QUESTION & ANSWER SPRING FORUM

**Burnout in the Oncology Landscape:
Challenges, Causes, and Solutions**

Fay J Hlubocky PhD MA
FASCO
University of Chicago Medicine



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