Addressing Patient & Clinician Burnout in Oncology

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HICOR Value in Cancer Care Summit
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Disclosure Information

I have no financial relationships to disclose.

– and –

I will not discuss off label use and/or investigational use in my presentation.

Objectives

1. Present an empirical understanding of burnout and how to recognize burnout symptoms

2. Analyze and apply individual strategies for burnout management and prevention

3. Provide specific guidance for optimization of the clinical practice environment to optimize oncologist well-being

Setting the Stage: Linda

- **Linda is a 56-year-old ovarian cancer survivor who finished her last round of chemotherapy. She looked forward to having a normal, cancer-free life again. A year later, Linda began to experience problems with memory and concentration. She compared these challenges with a sudden onset of a learning disability. *"It would take me twice as long to do simple tasks, like balance my checkbook. I'm just tired from all I've been through and my family expects me to be "normal" like before the cancer."****

*pt case adapted from www.verywellhealth.com; stock photo Microsoft ppt.

Burnout

Burnout is the combination of exhaustion, detachment and cynicism that can sometimes develop when we're faced with unrelieved stress over a long period of time.

Empirical evidence focuses on burnout in the workplace, oncology

Since pandemic, discussion centers on daily struggles and factors that contribute to burnout for cancer patients or caregivers

- financial struggles , social relationships

Burnout

Cancer Patient

Physical, emotional & mental exhaustion experience caused by the disease itself, its treatments, & daily stressors across the cancer trajectory

Distress

Oncology Clinicians

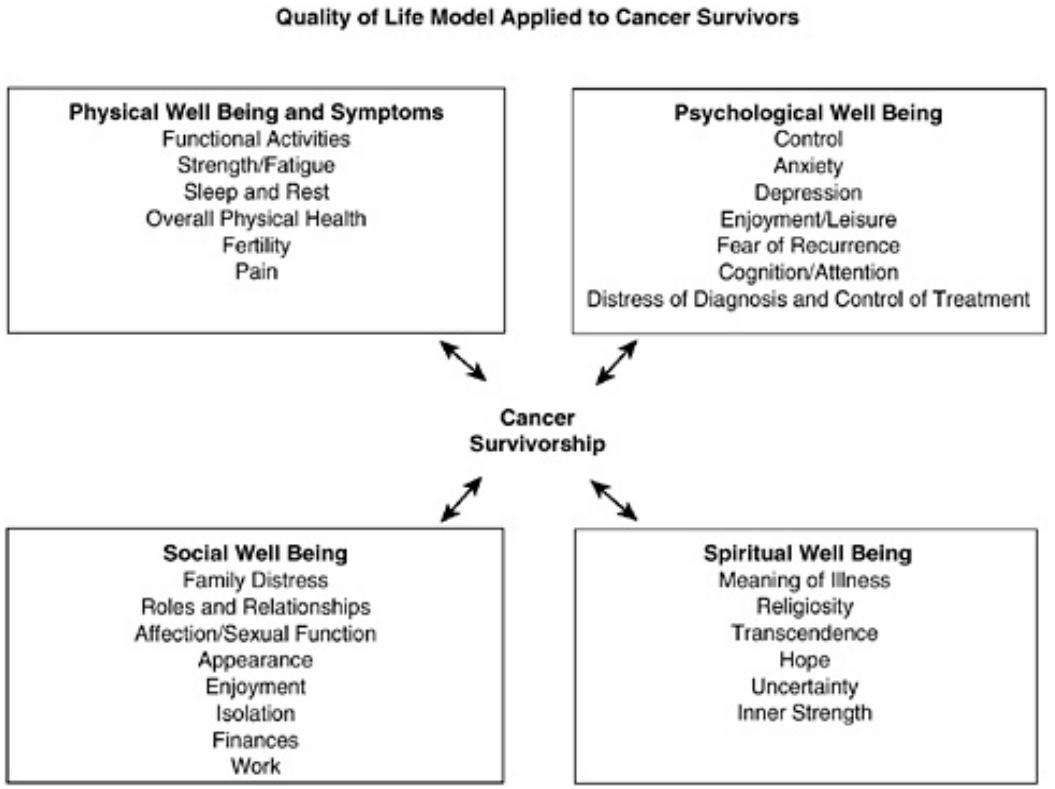
Consequence of work-related issues such as work overload, poor working conditions, unresolved team conflicts

- Physical & Emotional Exhaustion
- Cynicism & Depersonalization
- Feelings of Ineffectiveness

Occupational stress

Emotional & Physical Exhaustion

The Why? Needs and Well Being of *Cancer Survivors*



Institute of Medicine *From Cancer Patient to Cancer Survivor: Lost in Transition*

The process of living with, through, and beyond cancer. By this definition, cancer survivorship begins at diagnosis. It includes people who continue to have treatment to either reduce risk of recurrence or to manage chronic disease.

City of Hope Beckman Research Institute (2004). Reprinted with permission from Betty R. Ferrell, PhD, FAAN; and Marcia Grant, DNSc, FAAN, City of Hope National Medical Center.

PSYCHOLOGICAL RESPONSES & ADJUSTMENT

Pre-Diagnosis & Diagnosis

- Depression
- Sadness
- Guilt
- Anxiety, Fear, Worry
- Denial
- Grief
- Obsessive Thoughts (↓ Sleep, ↓ Interest in Activities, ↓ Eating)

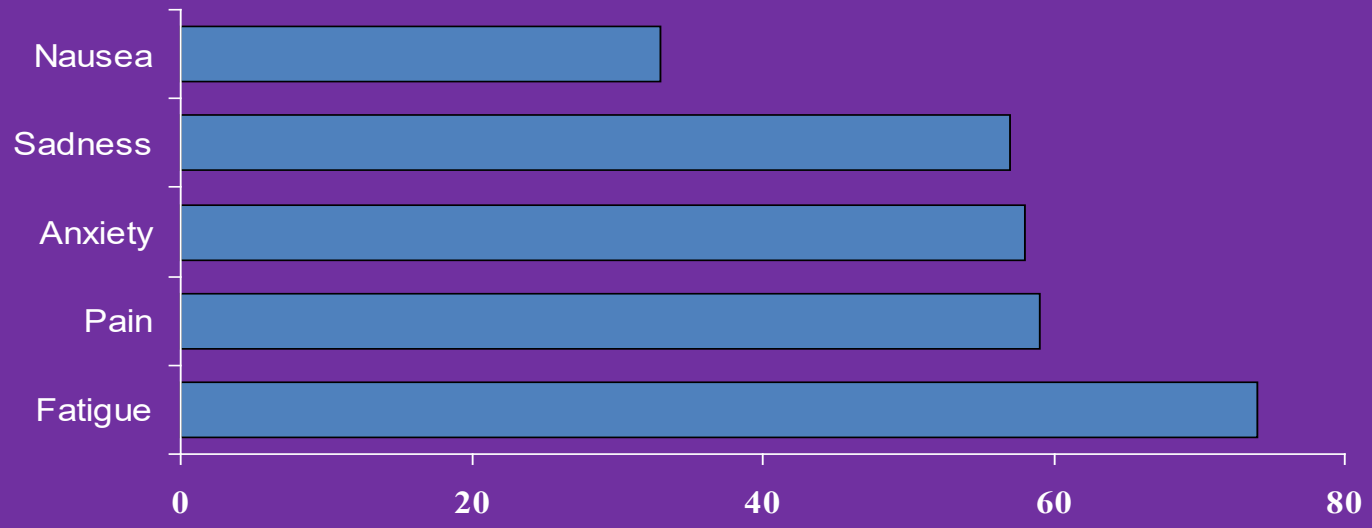
Treatment

- Devastation
- Grieving Loss of Self
- Fears; Why Me?
- Rapid Decision-making
- Fears of Side Effects
- Self-Image (weight & hair loss)
- Social Challenges
- Financial Distress

Post-Diagnosis & Long-term Survivorship

- "The Above"—
- Return to Normalcy
- Fear of Recurrence
- Sexual Health/Quality of Life Issues
- Adjustment-Family, Social Support, Work, Finances

Symptom Prevalence Among Cancer Survivors



Cella, Semin Oncol 1998;25(suppl 7):43-46.

CARE DELIVERY ReCAP

Anxiety Shapes Expectations of Therapeutic Benefit in Phase I Trials for Patients With Advanced Cancer and Spousal Caregivers

Fay J. Hlubocky, PhD, MA[1]; Tamara G. Sher, PhD[2]; David Cella, PhD[3]; Kristen E. Wroblewski, MS[4]; Jeffery Peppercorn, MD, MPH[5]; and Christopher K. Daugherty, MD[1]

PURPOSE:
Advanced cancer patients (ACP) hope to receive significant therapeutic benefit from phase I trials despite terminal disease and presumed symptom burdens. We examined associations between symptom burdens and expectations of therapeutic benefit for ACP and spousal caregivers (SC) during phase I trials.
PATIENTS AND METHODS:
A prospective cohort of ACP-SC enrolled in phase I trials was assessed at baseline and one month using symptom burden measures evaluating depression, state-trait anxiety, quality of life, global health, post-traumatic coping, and marital adjustment. Interviews evaluated expectations of benefit.
RESULTS:
Fifty-two phase I ACP and 52 SC (N = 104) were separately assessed and interviewed at baseline and one month. Total population demographics included the following: median age 61 years (28-78), 50% male, 100% married, 90% White, and 46% ≥ college education. At T1, ACP reported symptoms of mild state anxiety, mild trait anxiety, poor global health, and quality of life. SC reported moderate state and mild trait anxiety and good global health with little disability at baseline. State anxiety was a significant predictor of ACP expectations for phase I producing the following therapeutic benefits: stabilization (*P* = .01), shrinkage (*P* < .01), and remission (*P* = .04). Regression analyses also revealed negative associations between SC expectation for stabilization and SC anxiety: *state* (*P* = .01) and *trait* (*P* = .02). ACP quality of life was also negatively associated with SC expectations for stabilization (*P* = .02) and shrinkage (*P* = .01).
CONCLUSION:
Anxiety, both state and trait, impacts couples' beliefs regarding the likelihood of therapeutic benefit from phase I trial participation.

Author affiliations and disclosures are available with the complete article at

Symptoms of Cancer Patient Survivor Burnout

Physical: Extreme fatigue not relieved by rest, physical weakness, changes in appetite, headaches, and other pain.

Emotional: Feelings of guilt, resentment, anxiety, depression, anger.

Behavioral: Withdrawing from others, not engaging in enjoyable activities, or changes in sleep patterns

Myth: "My burnout is only my responsibility"

- **Truth:** Although there are some things that we can do to help ourselves, burnout cannot be dealt with on an individual level.

How to Manage and Cope with Burnout

- **Talk to your doctor:**

Discuss side effects and ask if the treatment plan can be adjusted without compromising results.

- Inquire about supportive care services (e.g. nutrition, pain) to manage side effects.

- **Seek professional help:**

-Psychosocial clinicians can help identify burnout contributors.

-Psychologists or SW can provide emotional support, resource navigation, & access to support groups.

- **Prioritize rest and conserve energy:**

-Pace yourself and schedule rest periods.

-Save your energy for the most important activities & plan to do those when you feel your best.

- **Maintain physical health:**

-Eat healthy foods, stay hydrated

- Engage in moderate exercise, such as walking, to help build stamina, but check with your doctor first.

- **Build a support system:**

-Connect with family, friends, and other survivors.

-Consider joining a support group.

- **Communicate with loved ones:**

-Openly discuss your feelings with your partner and family.

-Check in with each other to maintain open communication.

- **Be kind to yourself:**

-Accept that it's okay to not feel okay.

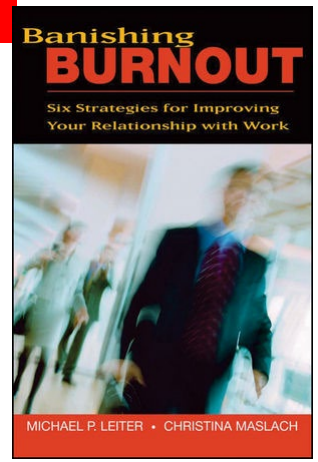
-Forgive yourself when things don't go as planned and recognize that you are doing your best.

Setting the Stage: Clinicians

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? Do you ask yourself is all of this worth it?

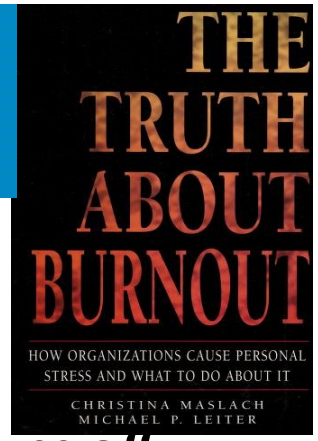
Clinician Burnout is a "Mirror" to the Oncology Care Practice's Health

Burnout



- *1973: Identified by Herbert Freudenberger PhD*
- *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

World Health Organization



- *<u>WHO expanded definition</u> (May 2019): "occupational syndrome"*
  - specifically ties burnout to *"chronic workplace stress that has not been successfully managed."*

Freudenberger 1973; Maslach & Leitner 1997; Leitner & Maslach 2005; WHO ICD-11

12-Stage 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; Bahrer-Kohler 2014

Individual & Organizational Risk Factors

- Gender (*Female*: Emotional Exhaustion, *Male:* Cynicism)
- *Early, Mid, Late Career MD*
- Single, unmarried
- Exposure to Suffering
- Compassion/Empathy
- Personality Characteristics: conscientiousness, Type A, compulsiveness, neuroticism

- **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**

ADDRESSING BURNOUT IN ONCOLOGY

Addressing Burnout in Oncology: Why Cancer Care Clinicians Are At Risk, What Individuals Can Do, and How Organizations Can Respond

Fay J. Hlubocky, PhD, MA, Anthony L. Back, MD, and Tait D. Shanafelt, MD

OVERVIEW

Despite their benevolent care of others, today, more than ever, the cancer care professional who experiences overwhelming feelings of exhaustion, cynicism, and inefficacy is in grave jeopardy of developing burnout. Clinicians are repeatedly physically and emotionally exposed to exceedingly long hours in direct care with seriously ill patients/families, limited autonomy over daily responsibilities, endless electronic documentation, and a shifting medical landscape. The physical and emotional well-being of the cancer care clinician is critical to the impact on quality care, patient satisfaction, and overall success of their organizations. The prevention of burnout as well as targeting established burnout need to be proactively addressed at the individual level and organizational level. In fact, confronting burnout and promoting wellness are the shared responsibility of both oncology clinicians and their organizations. From an individual perspective, oncology clinicians must be empowered to play a crucial role in enhancing their own wellness by identification of burnout symptoms in both themselves and their colleagues, learning resilience strategies (e.g., mindful self-compassion), and cultivating positive relationships with fellow clinician colleagues. At the organizational level, leadership must recognize the importance of oncology clinician well-being; engage leaders and physicians in collaborative action planning, improve overall practice environment, and provide institutional wellness resources to physicians. These effective individual and organizational interventions are crucial for the prevention and improvement of overall clinician wellness and must be widely and systematically integrated into oncology care.

CASE PRESENTATION

Dr. M is a medical oncologist who finished her fellowship 5 years ago and is now working in a cancer center for a large integrated health system. She is well respected and has worked hard to develop her practice. Now she has a large patient panel and is on track to make partner next year. She is active in the clinical trials group and spends time every week participating in conference calls and meetings so that her patients have access to the latest treatments. But lately she is feeling stretched pretty thin. Her phone seems to ring constantly, even into the evening. Her son, age 4, is starting preschool, and she does not want to leave it all to the nanny. Her husband, an attorney, is also working long hours to become partner at his law firm. Yesterday, she sat in her office at the end of the day feeling overwhelmed by the pile of charts she had to take home—she knew she'd be staying up late after putting her son to bed—and thought, "How much longer can I work like this?"

The demanding lifestyle of the present-day oncology clinician has become increasingly overwhelming and burdensome because of the evolving landscape of clinical care and medicine. Dr. M is an exceptionally trained, dedicated oncologist working at optimal performance professionally and attempting to meaningfully meet the needs of her patients and practice; however, she is feeling besieged at effectively addressing the desires of her family. She finds her present work-life balance much to her dissatisfaction. Dr. M is exhibiting signs of a common syndrome universally experienced by oncology clinicians today referred to as "burnout."

WHAT IS BURNOUT: SIGNS AND SYMPTOMS

Originally described in the mid-1970s by psychologist Herbert Freudenberger,[1,2] burnout is a condition that occurs when work coupled with additional life pressures exceed the ability to cope, resulting in physical and mental distress.[3-11] Although definitions of burnout have varied over the years, in health care, and especially oncology, it has traditionally been defined as an occupational-related syndrome characterized by physical and emotional exhaustion, cynicism

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Disclosures of potential conflicts of interest provided by the authors are available with the online article at asco.org/edbook.

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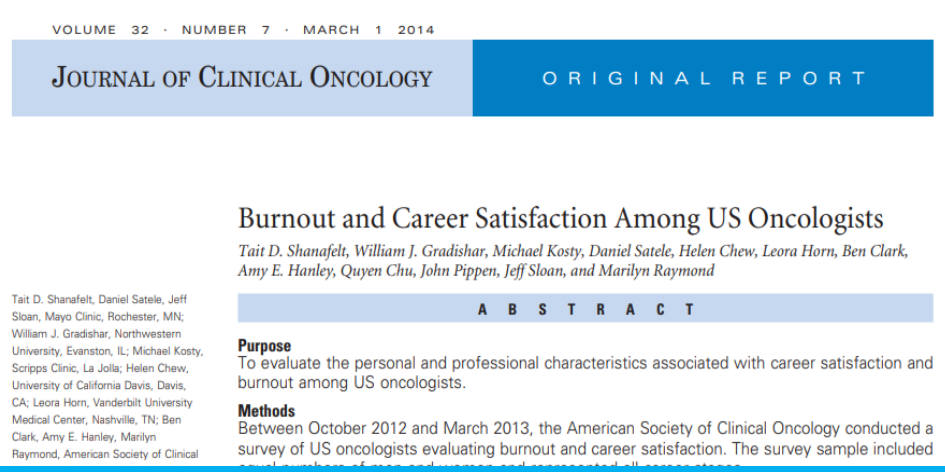
*Workload; Maslach & Leitner 1993; Bahrer-Kohler 2014;Hlubocky et al 2015

Prevalence Prior To COVID-19 Pandemic



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JOURNAL OF CLINICAL ONCOLOGY ORIGINAL REPORT

Burnout and Career Satisfaction Among US Oncologists

Tait D. Shanafelt, William J. Gradishar, Michael Kosty, Daniel Satele, Helen Chew, Leora Horn, Ben Clark, Amy E. Hanley, Quyen Chu, John Pippen, Jeff Sloan, and Marilyn Raymond

Tait D. Shanafelt, Daniel Satele, Jeff Sloan, Mayo Clinic, Rochester, MN; William J. Gradishar, Northwestern University, Evanston, IL; Michael Kosty, Scripps Clinic, La Jolla; Helen Chew, University of California Davis, Davis, CA; Leora Horn, Vanderbilt University Medical Center, Nashville, TN; Ben Clark, Amy E. Hanley, Marilyn Raymond, American Society of Clinical

A B S T R A C T

Purpose
To evaluate the personal and professional characteristics associated with career satisfaction and burnout among US oncologists.

Methods
Between October 2012 and March 2013, the American Society of Clinical Oncology conducted a survey of US oncologists evaluating burnout and career satisfaction. The survey sample included

49.7% RR returned surveys (median age 52 years; 49.6% women; 33.8% academic practice (AP);43.2%) in private practice (PP), worked an average of 57.6h/week (AP, 58.6 h/week; PP, 62.9 hours per week) and saw a mean of 52 outpatients per week. Overall, 44.7% were burned out on the emotional exhaustion and/or depersonalization MBI (AP, 45.9%; PP, 50.5%; P .18). Hours per week devoted to direct patient care was the dominant professional predictor of burnout for both PP and AP oncologists on univariable and multivariable analyses. Although oncologists were satisfied with their career (82.5%) and specialty (80.4%) choices, both measures of career satisfaction were lower for PP relative to AP (all P .006).

- 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 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 & Leitner 2016; Shanafelt JCO 2014; Trufelli 2008; Medisauskatie 2017; Hlubocky et al 2016; Hlubocky et al 2020;APA Stress in America

Burnout Prevalence: ASCO Quantitative 2023 Oncologist Burnout Survey

JCO Oncology Practice
An American Society of Clinical Oncology Journal

Cost, Value, and Policy October 26, 2023

The state of workforce retention among US oncologists.

Authors: Caroline Schenkel, Laura A. Levit, Margaret Kelsey Kirkwood, Rebecca Spence, Fay J. Hlubocky, Anthony Back, John M. Burke, ... SHOW ALL ..., and Tait D.

Background: With increasing incidence rate of human malignancy, it is critical to maintain an adequate oncologist workforce to meet the societal need for expected oncologic care. Methods: In January-February 2023, ASCO emailed a novel 36 item REDCap survey to 5892 U.S.-based ASCO physician members to evaluate career intentions. The survey included 2 questions from the Maslach Burnout Inventory (MBI). The survey was distributed through multiple ASCO channels in February-March 2023. Survey responses were compared to findings from a 2013 survey of 1345 oncologists by Shanafelt et al.[1] Per convention, those with high levels of emotional exhaustion and/or depersonalization were categorized as having burnout. Results: 410 eligible responses were analyzed. Demographic characteristics of oncologists in active practice (ACs) (≥ 6 hours/week) and oncologists no longer in active practice (FCs) are summarized in the Table. Most ACs reported that their total work hours (57%) and hours spent on administrative work (68%) had increased since 2019 (pre-COVID). 49% reported an increase in patient care hours. Compared to ACs surveyed in 2013, a higher percentage of ACs surveyed in 2023 reported it was "likely" or "definite" they would leave their current practice within 2 years (21% vs. 17%, p=.049) or reduce their clinical work hours in the next 12 months (22% vs 16%; p=.009). High likelihood of leaving or reducing hours were associated with burnout (p=.002 and .003, respectively). When ACs were asked to identify up to 2 major work stressors, "Staffing levels" and "Use of the electronic health record" were the most common responses (47% of responders each) with "Payer policies and interactions" close behind (42%). Among retired FCs (42%, n=33), the median retirement age was 67 [IQR: 7]. A high proportion (42%, n=14) of these oncologists indicated they retired 2-4 years earlier than planned. Among FCs who had transitioned to non-clinical roles (56%, n=46), the median age to leave clinical practice was 58 [IQR: 21]. Among oncologists who had transitioned to non-clinical roles, the top reason for leaving clinical practice before age 50 was "Lack of satisfaction with clinical practice" (35%, n=6), while for those 50 or older it was "Desire for more work flexibility" (31%, n=9). Conclusions: The proportion of oncologists who intend to reduce clinical care hours or leave their current practice has risen over the past decade and is associated with professional burnout. Dissatisfaction with the practice environment has led some oncologists to leave clinical practice and/or retire earlier than planned. These trends have implications for the adequacy of the oncologist workforce to meet the needs of patients.

Results

- 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%)
  - Non-White oncologists had ↑ EE compared with White oncologists (63% vs 52%).
  - 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%).

Shenkel et al JCO Onc Advances, In Press 2024

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, violence, racism, caregiving, drug shortages, climate change)

Shanafelt 2014; Hlubocky 2021; Hlubocky 2020; McFarland 2019; Hantel et al 2022

Antidote?: Cultivating Resilience

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

Southwick & Charney 2012; Southwick, Bonnano et al 2014; Ryan & Deci 2015; 2015;Hlubocky et al 2017

RESILIENCE: APPROACH TO PREVENT AND COMBAT BURNOUT IN ON

Mastering Resilience in Oncology: Learn to Thrive in the Fa of Burnout

Fay J. Hlubocky, PhD, MA, Miko Rose, MD, and Ronald M. Epstein, MD

OVERVIEW

Oncology clinician burnout has become a noteworthy issue in medical oncology directly affecting the quality of p care, patient satisfaction, and overall organizational success. Due to the increasing demands on clinical time, produc and the evolving medical landscape, the oncology clinician is at significant risk for burnout. Long hours in direct car seriously ill patients/families, limited control over daily responsibilities, and endless electronic documentation, plac siderable professional and personal demands on the oncologist. As a result, the oncology clinician's wellness is adv impacted. Physical/emotional exhaustion, cynicism, and feelings of ineffectiveness evolve as core signs of burnout. dressed burnout may affect cancer clinician relationships with their patients, the quality of care delivered, and the c physical and emotional health of the clinician. Oncology clinicians should be encouraged to build upon their stre thrive in the face of adversity and stress, and learn to positively adapt to the changing cancer care system. Fostering in ual resilience is a key protective factor against the development of and managing burnout. Empowering clinicians at the individual and organizational level with tailored resilience strategies is crucial to ensuring clinician wellness. Resi interventions may include: burnout education, work-life balance, adjustment of one's relationship to work, mindful tice, and acceptance of the clinical work environment. Health care organizations must act to provide institutional sol through the implementation of: team-based oncology care, communication skills training, and effective resiliency tr programs in order to mitigate the effects of stress and prevent burnout in oncology.

Dr. A is 11 years past his medical oncology fellowship training and remains motivated to provide the optimal oncologic care for every patient and family member he sees. He works in a vast urban health care system with a patient panel of 110 to 120 patients per week. Dr. A is affable, has a hardy personality, and is admired by patients, nurses, staff, and his partners. Recently, Dr. A became partner, working long hours to achieve this lifelong dream. However, Dr. A is feeling physically exhausted of late, irritable, sad, and ineffective, as it seems as though his clinical duties never cease. At home, he calls his patients and spends most evenings in front of a computer completing patient notes or orders. Dr. A is unable to sleep most nights and spends little time engaging in leisure activities, such as running or attending his son's piano recitals. Currently, Dr. A is on in-patient service and gives weekly hour-long lectures to oncology fellow trainees at an affiliated academic hospital. He reports feeling cynical regarding the future to his colleague Dr. Z and questions, "Is any of this worth it?"

Although the oncology clinician, like Dr. A, is adequately equipped and expert at providing benevolent care to patients with cancer and their families, sadly, the greater majority of clinicians like Dr. A fail to provide self-compassion an when it is most needed as symptoms associated with bu arise. Dedicated empathic clinicians like Dr. A respon self-blame when he is unable to perform at optimal Little if any sympathy has been given to the physician cially the oncologist, who, despite best efforts at "tou it out," fails to meet all work duties, with his role as ph directly conflicting with his role as parent. As a result, Dr. physically and emotionally depleted, cynical, and ineff However, Dr. A may readily face these challenges ar dress burnout by developing and mastering resilience

A BRIEF OVERVIEW OF BURNOUT IN ONCOLOGY: FOCUS ON RESILIENCE

A comprehensive review and analysis of burnout, inc prevalence, symptoms, risk factors, related concepts, as individual and organizational interventions for co ation for both the practicing oncology clinician and h care institution was presented at the ASCO Annual M in 2016 and documented.[1] A brief succinct overview seminal concepts and issues associated with burnout presented in this review with a focus on resilience.

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Research Report

If Every Fifth Physician Is Affected by Burnout, What About the Other Four? Resilience Strategies of Experienced Physicians

Julika Zwack, PhD, and Jochen Schweitzer, PhD

Abstract

Purpose
To identify health-promoting strategies employed by experienced physicians in order to define prototypical resilience processes and key aspects of resilience-fostering preventive actions.

Method
From January 2010 to March 2011, the authors conducted 200 semistructured interviews with physicians of different ages, disciplines, and hierarchical status from across Germany. The interview transcripts were analyzed according to the Content Analysis method.

Results
Analysis revealed 30 subcodes in three dimensions: (1) job-related gratifications derived from treatment interactions, (2) practices, such as leisure-time activities, self-demarcation, limitation of working hours, and continuous professional development, and (3) attitudes, such as acceptance of professional and personal boundaries, a focus on positive aspects of work, and personal reflexivity.

Conclusions
The reported strategies and attitudes helped to develop mental, physical, and social resource pools that fostered effective decision making. Successful coping, in turn, encouraged the maintenance of resilience-promoting abilities. In relation to Conservation of Resources Theory, physician resilience emerged as the ability to invest personal resources in a way that initiates positive resource spirals in spite of stressful working conditions. Enriching traditional stress management approaches with the dynamic of positive as well as negative resource spirals would thus appear to be a promising approach.

Editor's Note: A commentary by R.M. Epstein and M.S. Krasner appears on page 301.

Physicians' health matters, not only to the physicians themselves but also to their patients. Mental health is an important component of overall health, and research shows that approximately 15% to 20% of physicians will have mental health problems at some point in their careers.[1–3] In spite of a lack of sound prospective studies on the topic, available studies suggest that burnout levels are high among residents and may be associated with depression and problematic patient care.[4,5]

In a survey by Cohen and colleagues,[6] one-third of 1,999 residents reported their life as "quite a bit" to "extremely" stressful. In their review of 40 studies on psychological distress in medical students (depression, anxiety, burnout, and related mental health problems), Dyrbye and colleagues[7] consistently identified a greater degree of depression and anxiety in medical students in the later years of training compared with the nonstudent (general) population. Similarly, Goebert and colleagues[8] found prevalence rates of 12% for major depression and 9.2% for mild/moderate depression in 2,000 medical students and residents. Others have shown that this trend is accompanied in the course of the four years of medical training by an increase in cynicism, an erosion of humanitarian attitudes, and a decline in empathy.[4,7,9] Although depression rates tend to decline in later years, suicide remains one of the major causes of early death in practicing physicians, the male-physician suicide rate being 1.4 times higher and the female-physician rate 2.3 times higher than in the average population.[10]

These alarming data on physician distress have fostered awareness for the necessity of prevention. One common preventive strategy is the traditional Balint group model (named for Hungarian psychoanalyst Michael Balint) in which a group of physicians meet regularly and present clinical cases to better understand the physician–patient relationship. Two additional conceptual approaches seem to prevail: (1) mindfulness-based stress reduction, a training program focusing on meditation techniques that promote relaxation through the nonjudgmental awareness of moment-to-moment sensations, experiences, and reactions, and (2) cognitive behavioral stress prevention with a focus on psycho-education about physical and cognitive components of the stress reaction, relaxation techniques such as progressive muscle relaxation, and cognitive interventions (e.g., challenging irrational and negative thoughts). Mindfulness-based stress reduction has frequently proved effective for reducing distress, rumination, and negative feelings and enhancing the capacity for empathy.[11,12] Cognitive behavioral approaches reported a similarly significant effect on job-related distress and general well-being.[13,14]

Although some effort has been put into epidemiological surveys on physicians'

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First published online January 23, 2013
doi: 10.1097/ACM.0b013e3182816966

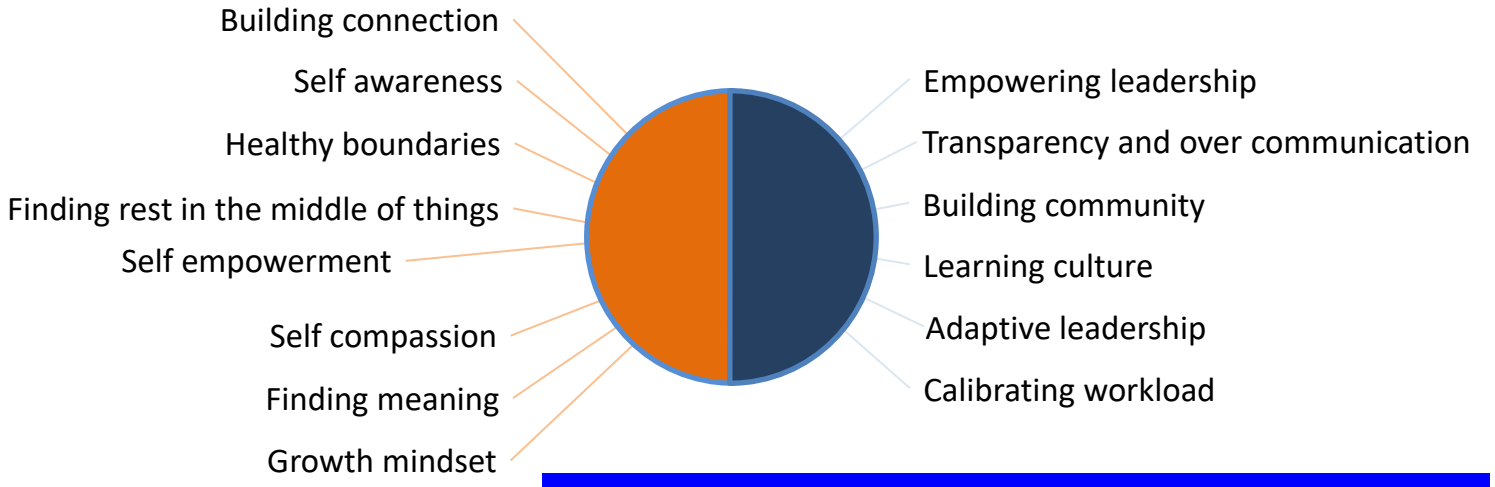
Resilient Physicians

- 200 MD Interview Study on Resiliency in Germany
- Resilience Themes:
- Reevaluate "What Went Wrong"
- Change Their Attitude/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

Zwack et al, 2013

Need for Individual Support & Organizational Change

Individual Support



Workplace Approaches

Individual Supports

- Education to recognize symptoms
- Communication training
- Mindfulness training
- Resiliency

ASCO's Oncology Clinician Well-Being Task Force defines *clinician well-being as an integrative concept that characterizes quality of life encompassing an individual's work- and personal health-related environmental, organizational, and psychosocial factors.*

SPECIAL SERIES: PHYSICIAN WELLNESS, BURNOUT, AND MORAL DISTRESS

A Call to Action: Ethics Committee Roundtable Recommendations for Addressing Burnout and Moral Distress in Oncology

Fay J. Hlubocky, PhD, MA[1]; Lynne P. Taylor, MD[2]; Jonathan M. Marron, MD, MPH[3]; Rebecca A. Spence, JD, MPH[4]; Molly M. McGinnis, BA[4]; Richard F. Brown, PhD[5]; Daniel C. McFarland, DO[6]; Eric D. Tetzlaff, MHS, PA-C[7]; Colleen M. Gallagher, PhD, LSW[8]; Abby R. Rosenberg, MD, MS, MA[9]; Beth Popp, MD[10]; Konstantin Dragnev, MD[11]; Linda D. Bosserman, MD[12]; Denise M. Dudzinski, PhD, MTS[13]; Sonali Smith, MD[1]; Monica Chatwal, MD[14]; Manali I. Patel, MD, MPH, MS[15]; Merry J. Markham, MD[16]; Kathryn Levit, PhD[17]; Eduardo Bruera, MD[8]; Ronald M. Epstein, MD[18]; Marie Brown, MD, MACP[19]; Anthony L. Back, MD[20]; Tait D. Shanafelt, MD[21]; and Arif H. Kamal, MD, MBA, MHS[22]

care delivery review

Institutional, Systemic Change

- Culture and policies of organization
- Resources reducing admin burden
  - **-Personalized Optimization**
  - **-EHR efficiency**
  - **-Ergonomic improvements**
  - **-Peer Support**
- Improved infrastructure
- Reduce stigma for help (mental health)

Hlubocky et al 2020

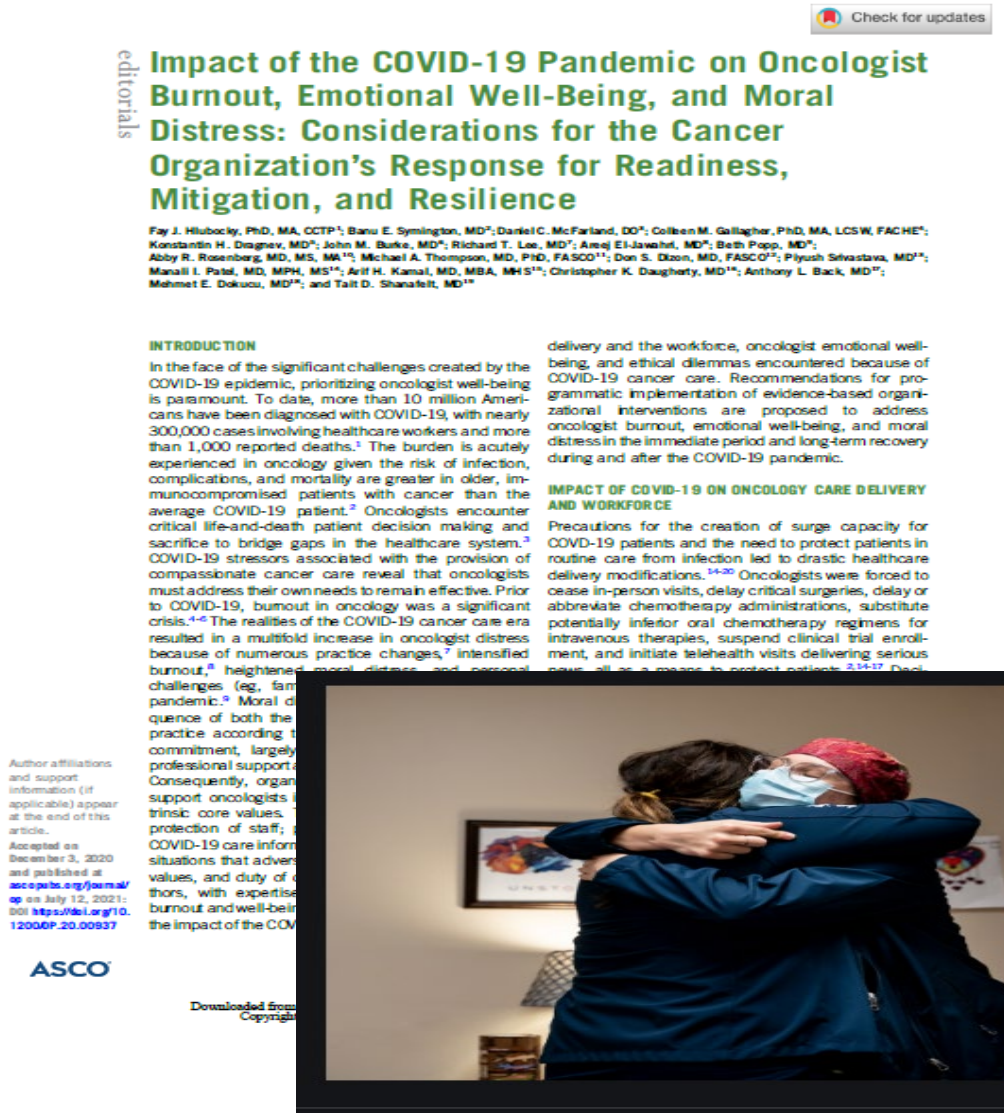
COVID-19 Pandemic Intensifies Existing Burnout

Impact of COVID-19 In Oncology

- 31-72% 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
- Psychological Well-Being

  -Anxiety, Depression, Traumatic Stress, Compassion Fatigue

  -STM/LTM Mental Health Concerns (e.g. SARS 2003)



Check for updates

editorials

Impact of the COVID-19 Pandemic on Oncologist Burnout, Emotional Well-Being, and Moral Distress: Considerations for the Cancer Organization's Response for Readiness, Mitigation, and Resilience

Fay J. Hlubocky, PhD, MA, CCTP[1]; Banu E. Symington, MD[2]; Daniel C. McFarland, DO[3]; Colleen M. Gallagher, PhD, MA, LCSW, FACHE[4]; Konstantin H. Dragnev, MD[5]; John M. Burke, MD[6]; Richard T. Lee, MD[7]; Areej El-Jawahri, MD[8]; Beth Popp, MD[9]; Abby R. Rosenberg, MD, MS, MA[10]; Michael A. Thompson, MD, PhD, FASCO[11]; Don S. Dizon, MD, FASCO[12]; Piyush Srivastava, MD[13]; Manali I. Patel, MD, MPH, MS[14]; Arif H. Kamal, MD, MBA, MHS[15]; Christopher K. Daugherty, MD[16]; Anthony L. Back, MD[17]; Mehmet E. Dokucu, MD[18]; and Tait D. Shanafelt, MD[19]

INTRODUCTION

In the face of the significant challenges created by the COVID-19 epidemic, prioritizing oncologist well-being is paramount. To date, more than 10 million Americans have been diagnosed with COVID-19, with nearly 300,000 cases involving healthcare workers and more than 1,000 reported deaths.[1] The burden is acutely experienced in oncology given the risk of infection, complications, and mortality are greater in older, immunocompromised patients with cancer than the average COVID-19 patient.[2] Oncologists encounter critical life-and-death patient decision making and sacrifice to bridge gaps in the healthcare system.[3] COVID-19 stressors associated with the provision of compassionate cancer care reveal that oncologists must address their own needs to remain effective. Prior to COVID-19, burnout in oncology was a significant crisis.[4-6] The realities of the COVID-19 cancer care era resulted in a multifold increase in oncologist distress because of numerous practice changes,[7] intensified burnout,[8] heightened moral distress and personal challenges (eg, fam
pandemic.[9] Moral d
quence of both the
practice according t
commitment, largely
professional support
Consequently, organ
support oncologists
trinsic core values.
protection of staff;
COVID-19 care inform
situations that advers
values, and duty of
thors, with expertise
burnout and well-bei
the impact of the COV

delivery and the workforce, oncologist emotional well-being, and ethical dilemmas encountered because of COVID-19 cancer care. Recommendations for programmatic implementation of evidence-based organizational interventions are proposed to address oncologist burnout, emotional well-being, and moral distress in the immediate period and long-term recovery during and after the COVID-19 pandemic.

IMPACT OF COVID-19 ON ONCOLOGY CARE DELIVERY AND WORKFORCE

Precautions for the creation of surge capacity for COVID-19 patients and the need to protect patients in routine care from infection led to drastic healthcare delivery modifications.[14-20] Oncologists were forced to cease in-person visits, delay critical surgeries, delay or abbreviate chemotherapy administrations, substitute potentially inferior oral chemotherapy regimens for intravenous therapies, suspend clinical trial enrollment, and initiate telehealth visits delivering serious news all as a means to protect patients.[2,14-17] Deci

Author affiliations and support information (if applicable) appear at the end of this article.

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ASCO

Hlubocky 2021; cdc.gov; Schrag 2020; Marron, Joffe, Jagsi, Hlubocky 2020; Bryan, Angelos 2020; Maunder 2003,Singh 2020; Seminglazova 2020, OncLive

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

Phases	Examples of Types of Programs
1. Prevention	• **COVID-19 Staff Education** • Stress reduction/relaxation/meditation meditation/mindfulness • COVID-19 Communication Training
2. "Real-Time" (During Crisis)	• **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	• **Continued COVID-19 Education** • **Long-term Virtual or In-person Therapeutic support** • **Peer to Peer Clinician support** • **Grief Support**

Hlubocky et al 2021

Oncologist Focus Group Study

Check for updates

CARE DELIVERY

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

Fay J. Hlubocky, PhD, MA[1]; Anthony L. Back, MD[2]; Tait D. Shanafelt, MD[3]; Colleen M. Gallagher, PhD, MA, LSW, FACHE, HEC-C[4,5]; John M. Burke, MD[6]; Arif H. Kamal, MD, MBA, MHS[7]; Judith A. Paice, PhD, RN[8]; Ray D. Page, DO, PhD[9]; Rebecca Spence, JD, MPH[10]; Molly McGinnis, BA[10]; Daniel C. McFarland, DO[11]; and Piyush Srivastava, MD[12]

ASCO special articles

abstract

INTRODUCTION The COVID-19 pandemic is an unprecedented global crisis profoundly affecting oncology care delivery.

PURPOSE This study will describe the occupational and personal consequences of the COVID-19 pandemic on oncologist well-being and patient care.

MATERIALS AND METHODS Four virtual focus groups were conducted with US ASCO member oncologists (September-November 2020). Inquiry and subsequent discussions centered on self-reported accounts of professional and personal COVID-19 experiences affecting well-being, and oncologist recommendations for well-being interventions that the cancer organization and professional societies (ASCO) might implement were explored. Qualitative interviews were analyzed using Framework Analysis.

RESULTS Twenty-five oncologists were interviewed: median age 44 years (range: 35-69 years), 52% female, 52% racial or ethnic minority, 76% medical oncologists, 64% married, and an average of 51.5 patients seen per week (range: 20-120). 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, and (5) recommendations for physician well-being interventions. Underlying oncologist burnout exacerbated stressors associated with disruptions in care, education, research, financial practice health, and telemedicine. Many feared delays in cancer screening, diagnosis, and treatment. Oncologists noted personal and familial stressors related to COVID-19 exposure fears and loss of social support. Many participants strongly considered working part-time or taking early retirement. Yet, opportunities arose to facilitate personal growth and rise above pandemic adversity, fostering greater resilience. Recommendations for organizational well-being interventions included psychologic or peer support resources, flexible time-off, and ASCO and state oncology societies involvement to develop care guidelines, well-being resources, and mental health advocacy.

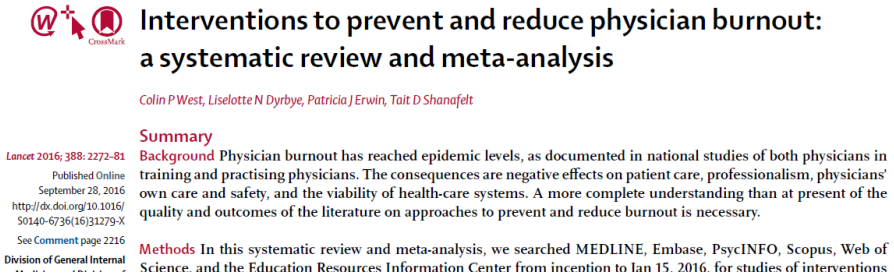
- **PURPOSE** This study described the occupational and personal consequences of the COVID-19 pandemic on oncologist well-being.
- **MATERIALS AND METHODS** Four virtual focus groups were conducted with US ASCO member oncologists(Sept-Nov 2020).
- **RESULTS** Twenty-five oncologists were interviewed: median age 44 years (range: 35-69 years), 52% female, 52% racial or ethnic minority, 76% medical oncologists, 64% married, and an average of 51.5 patients seen/week (range: 20-120).
- **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, and (5) recommendations for physician well-being interventions.
- **Recommendations for organizational well-being interventions: 1. psychologic or peer support resources, 2. flexible time-off, and 3. ASCO and state oncology societies involvement to develop care guidelines, well-being, and mental health resources**

Professional consequences, Workforce: "We've had ongoing stress for the last probably 3 or 4 years with new administration in the hospital…that's impacted people's behavior and thoughts. So, there's a significant disconnect between our new administration and physicians and …the stressors for COVID, which are real, are beginning to exacerbate those stressors, and I have just putting in my resignation for the end of this year largely because the stressors of work, and just the point that I had reached a point, I just felt when I had wish to achieve here, to move things forward, was just really not possible in the current environment"

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

- **Truth:**
- **There are many important issues in oncology. Yet, the attitude that burnout prevention and dealing with burnout is not important results in *neglecting your own wellbeing and makes you more vulnerable to burnout*.**
- **Taking care of your wellbeing is vital for the *general functioning of self and the healthcare organization*.**

A Time for Intervention



Interventions to prevent and reduce physician burnout: a systematic review and meta-analysis

Colin P West, Liselotte N Dyrbye, Patricia J Erwin, Tait D Shanafelt

Lancet 2016; 388: 2272–81
Published Online September 28, 2016
http://dx.doi.org/10.1016/S0140-6736(16)31279-X
See Comment page 2216

Summary

Background Physician burnout has reached epidemic levels, as documented in national studies of both physicians in training and practising physicians. The consequences are negative effects on patient care, professionalism, physicians' own care and safety, and the viability of health-care systems. A more complete understanding than at present of the quality and outcomes of the literature on approaches to prevent and reduce burnout is necessary.

Methods In this systematic review and meta-analysis, we searched MEDLINE, Embase, PsycINFO, Scopus, Web of Science, and the Education Resources Information Center from inception to Jan 15, 2016, for studies of interventions

Research

JAMA Internal Medicine | Original Investigation | PHYSICIAN WORK ENVIRONMENT AND WELL-BEING

Controlled Interventions to Reduce Burnout in Physicians

A Systematic Review and Meta-analysis

Maria Panagioti, PhD; Efharis Panagopoulou, PhD; Peter Bower, PhD; George Lewith, MD; Evangelos Kontopantelis, PhD; Carolyn Chew-Graham, MD; Shoba Dawson, PhD; Harm van Marwijk, MD; Keith Geraghty, PhD; Aneez Esmail, MD

IMPORTANCE Burnout is prevalent in physicians and can have a negative influence on performance, career continuation, and patient care. Existing evidence does not allow clear recommendations for the management of burnout in physicians.

OBJECTIVE To evaluate the effectiveness of interventions to reduce burnout in physicians and whether different types of interventions (physician-directed or organization-directed interventions), physician characteristics (length of experience), and health care setting characteristics (primary or secondary care) were associated with improved effects.

DATA SOURCES MEDLINE, Embase, PsycINFO, CINAHL, and Cochrane Register of Controlled Trials were searched from inception to May 31, 2016. The reference lists of eligible studies and other relevant systematic reviews were hand searched.

STUDY SELECTION Randomized clinical trials and controlled before-after studies of interventions targeting burnout in physicians.

DATA EXTRACTION AND SYNTHESIS Two independent reviewers extracted data and assessed the risk of bias. The main meta-analysis was followed by a number of prespecified subgroup and sensitivity analyses. All analyses were performed using random-effects models and

Editorial page 164
Supplemental content
CME Quiz at jamanetworkcme.com

- **West et al 2018:** 75 randomized trials of individual & organizational interventions:716 MDs,37 cohorts:
  - Clinically meaningful reductions: Burnout ↓54%→44% incl: ↓Hi EE (38% → 24%); ↓DE (38% → 34%)
  - **Combination of Interventions should be explored**
- **Panatigioni 2018:** MD & Organizational Interventions Effectiveness
- 19 studies N=1550, mean age 40y; 49% male
- Sig improved effects for organizational (SMD=-0.45; 95%, CI=-0.62 to-0.28) vs MD (SMD=-0.18; 95%, CI=-0.32 to-0.03)
- **Burnout is problem of the whole healthcare organization not simply the individual**

Lancet 2018; JAMA 2018

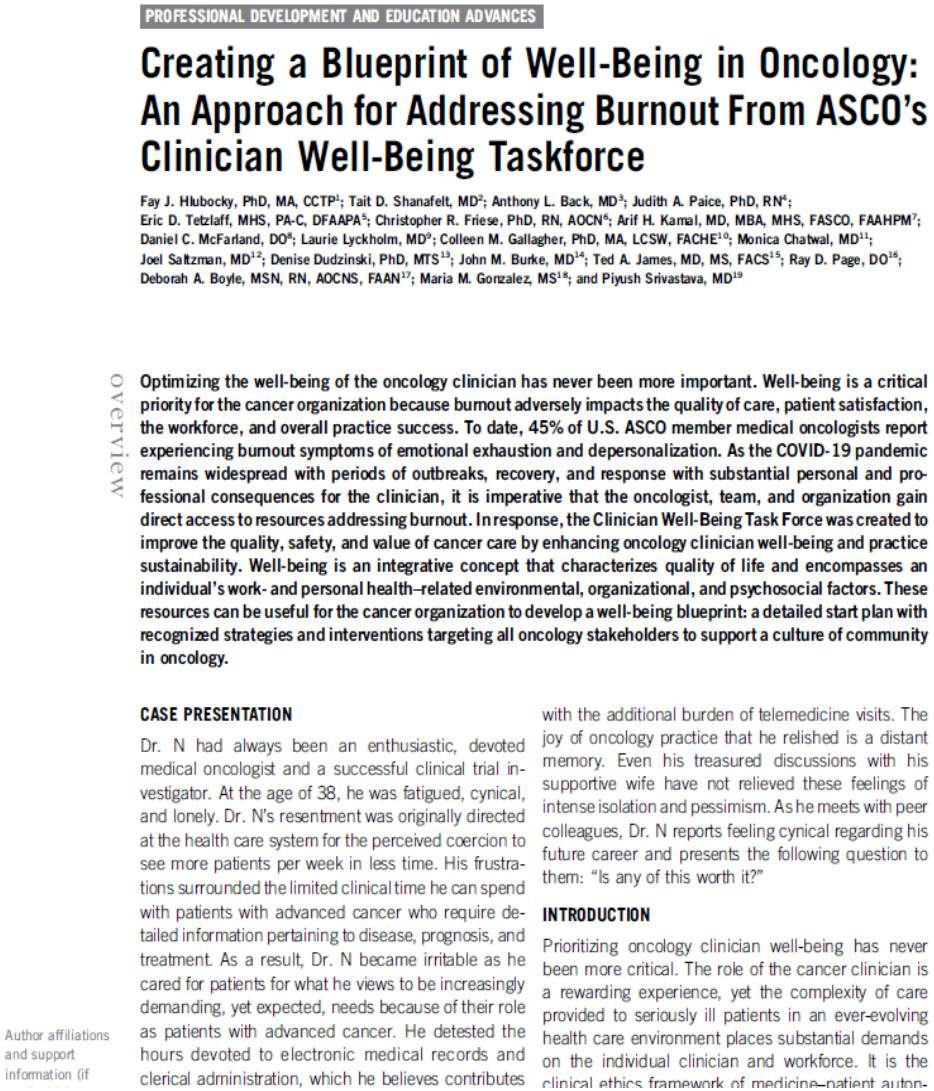
Types of Common Interventions

- 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)

- **Brief, abbreviated simultaneous, and self-guided interventions have been demonstrated to be most effective**
  - ***e.g. One-day workshops, One-hour lectures, internet, or smart phone applications with mindfulness-based stress reduction training or meditation*)**
  - **Goal is to arm oncologists with well-being strategies to use alone, during clinic, and with a group of peers**
- **Show promise in strengthening and arming clinicians with active coping skills**

Back et al 2014; Epstein et al 2009; Potter , DeShields 2010; Potter, DeShields 2013; Hlubocky et al 2016; Shanafelt et al 2017; Pospos S, et al 2018; Hlubocky et al 2017; West 2018

Blueprint of Well-Being: Key Organizational Priorities



PROFESSIONAL DEVELOPMENT AND EDUCATION ADVANCES

Creating a Blueprint of Well-Being in Oncology: An Approach for Addressing Burnout From ASCO's Clinician Well-Being Taskforce

Fay J. Hlubocky, PhD, MA, CCTP[1]; Tait D. Shanafelt, MD[2]; Anthony L. Back, MD[3]; Judith A. Paice, PhD, RN[4]; Eric D. Tetzlaff, MHS, PA-C, DFAAPA[5]; Christopher R. Friese, PhD, RN, AOCN[6]; Arif H. Kamal, MD, MBA, MHS, FASCO, FAAHPM[7]; Daniel C. McFarland, DO[8]; Laurie Lyckholm, MD[9]; Colleen M. Gallagher, PhD, MA, LCSW, FACHE[10]; Monica Chatwal, MD[11]; Joel Saltzman, MD[12]; Denise Dudzinski, PhD, MTS[13]; John M. Burke, MD[14]; Ted A. James, MD, MS, FACS[15]; Ray D. Page, DO[16]; Deborah A. Boyle, MSN, RN, AOCNS, FAAN[17]; Maria M. Gonzalez, MS[18]; and Piyush Srivastava, MD[19]

overview

Optimizing the well-being of the oncology clinician has never been more important. Well-being is a critical priority for the cancer organization because burnout adversely impacts the quality of care, patient satisfaction, the workforce, and overall practice success. To date, 45% of U.S. ASCO member medical oncologists report experiencing burnout symptoms of emotional exhaustion and depersonalization. As the COVID-19 pandemic remains widespread with periods of outbreaks, recovery, and response with substantial personal and professional consequences for the clinician, it is imperative that the oncologist, team, and organization gain direct access to resources addressing burnout. In response, the Clinician Well-Being Task Force was created to improve the quality, safety, and value of cancer care by enhancing oncology clinician well-being and practice sustainability. Well-being is an integrative concept that characterizes quality of life and encompasses an individual's work- and personal health–related environmental, organizational, and psychosocial factors. These resources can be useful for the cancer organization to develop a well-being blueprint: a detailed start plan with recognized strategies and interventions targeting all oncology stakeholders to support a culture of community in oncology.

CASE PRESENTATION

Dr. N had always been an enthusiastic, devoted medical oncologist and a successful clinical trial investigator. At the age of 38, he was fatigued, cynical, and lonely. Dr. N's resentment was originally directed at the health care system for the perceived coercion to see more patients per week in less time. His frustrations surrounded the limited clinical time he can spend with patients with advanced cancer who require detailed information pertaining to disease, prognosis, and treatment. As a result, Dr. N became irritable as he cared for patients for what he views to be increasingly demanding, yet expected, needs because of their role as patients with advanced cancer. He detested the hours devoted to electronic medical records and clerical administration, which he believes contributes with the additional burden of telemedicine visits. The joy of oncology practice that he relished is a distant memory. Even his treasured discussions with his supportive wife have not relieved these feelings of intense isolation and pessimism. As he meets with peer colleagues, Dr. N reports feeling cynical regarding his future career and presents the following question to them: "Is any of this worth it?"

INTRODUCTION

Prioritizing oncology clinician well-being has never been more critical. The role of the cancer clinician is a rewarding experience, yet the complexity of care provided to seriously ill patients in an ever-evolving health care environment places substantial demands on the individual clinician and workforce. It is the clinical ethics framework of medicine–patient auton-

Author affiliations and support information (if

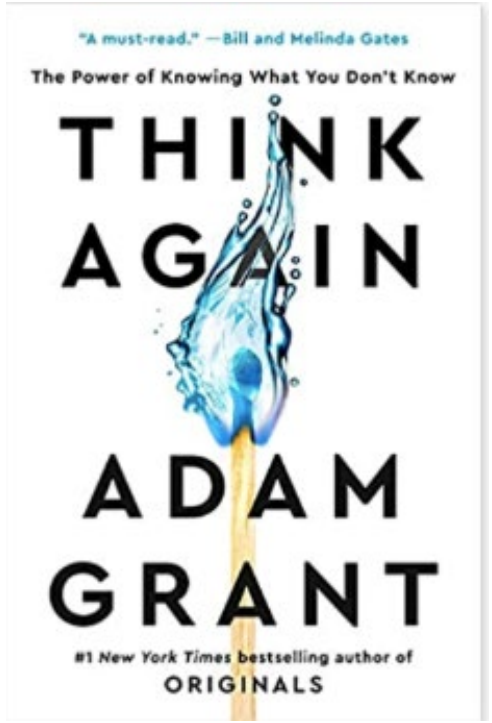
- Recognition of oncology clinician wellbeing critical to achieving its mission
- Education
- Assessment of burnout
- Proactively engage organizational leaders and physicians in collaborative action planning
- Optimize the clinical practice environment and institutional culture
- Provide well-being resources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

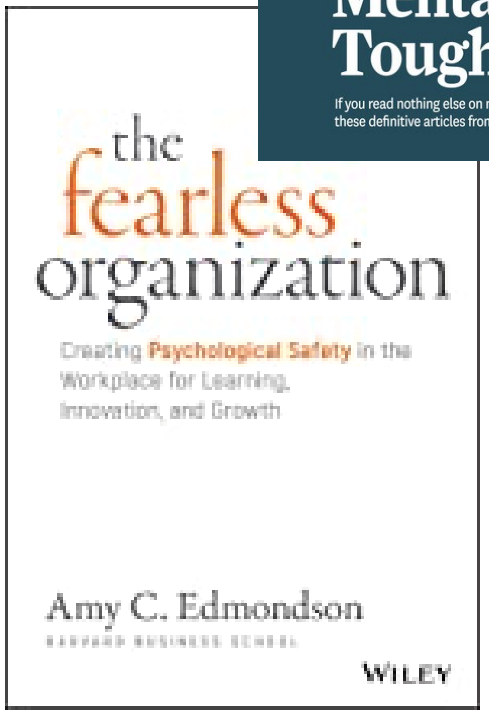
Hlubocky et al 2021; Back et al 2014; Epstein et al 2009; Potter , DeShields 2010; Potter DeShields 2013; Hlubocky et al 2017; AMA 2020; Shanaflet & Noseworthy 2017

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 DDX when there is interpersonal conflict
Challenge network	We all must have this to grow





Education: Might A One Hour Burnout Lecture Enhance Burnout Awareness?

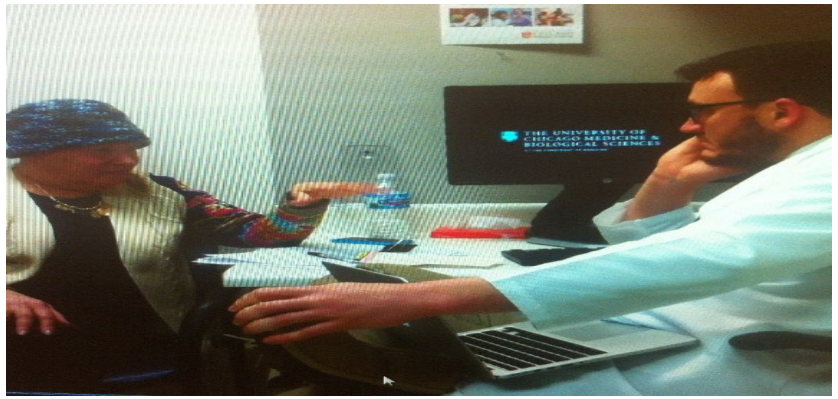
- 84 UC Hem/onc Fellows, 12 years Fellowtalk Communication Training
- 1-Hr Burnout Lecture (Didactic, Resilience Training)
- Assessment MBI & ProQOL

Pre-Assessment:

- 91% felt need to prove self
- 77% emotional exhaustion
- 53% inefficacy
- 36% recognize burnout

6 Month Post Assessment

- **54% emotional exhaustion (p=0.01)**
- 50% preventive measures (sleep, nutrition, exercise)
- **85% recognize burnout (p=0.03)**



Photography consent obtained from patients & physician trainees

Communication

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

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

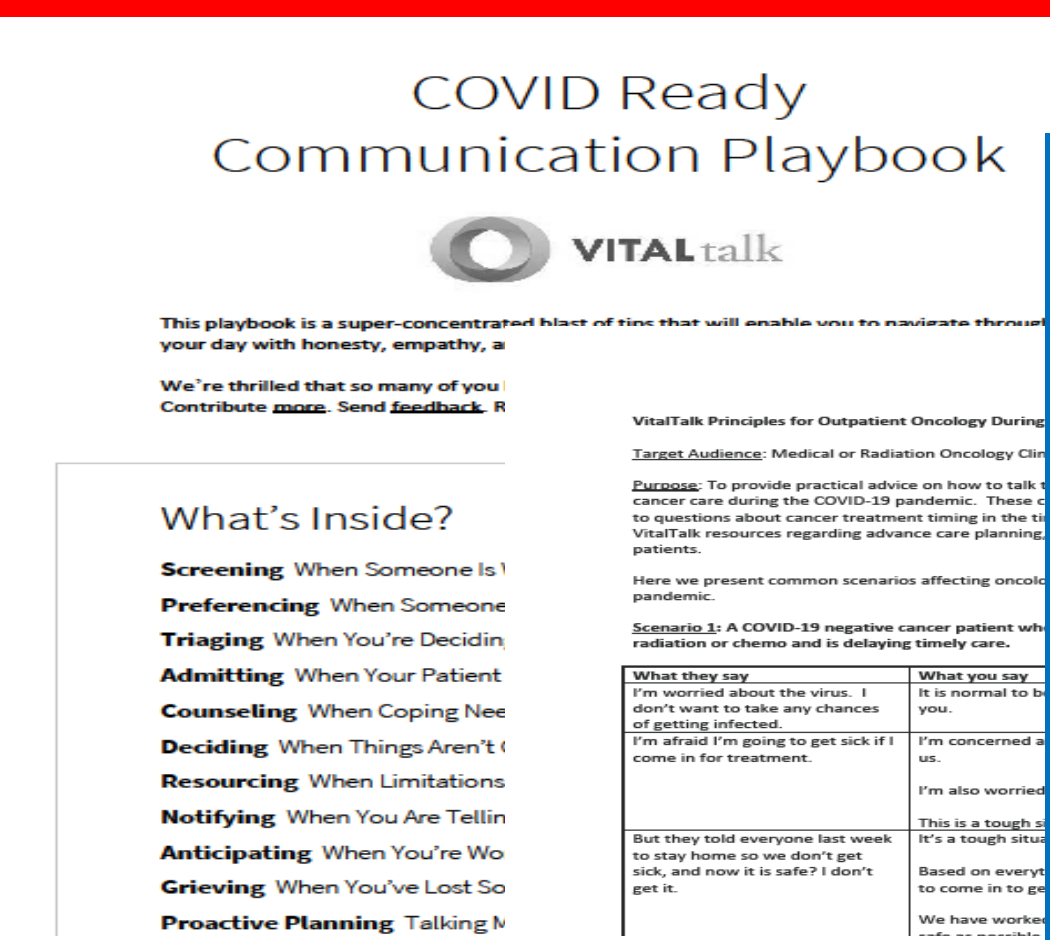
Burnout, Moral Distress, Balance Hope & Realism; Family Negotiations; Saying Good-bye

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

"Developing 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)

Fellowtalk: UCM Vitaltalk-based Fellow Communication Training

COMMUNICATION: VITALtalk


COVID Ready
Communication Playbook

VITALtalk

This playbook is a super-concentrated blast of tips that will enable you to navigate throug
your day with honesty, empathy, a

We're thrilled that so many of you
Contribute more. Send feedback. R

What's Inside?

Screening When Someone Is
Preferencing When Someone
Triaging When You're Decidin
Admitting When Your Patient
Counseling When Coping Nee
Deciding When Things Aren't
Resourcing When Limitations
Notifying When You Are Tellin
Anticipating When You're Wo
Grieving When You've Lost So
Proactive Planning Talking M

VitalTalk Principles for Outpatient Oncology During

Target Audience: Medical or Radiation Oncology Clin

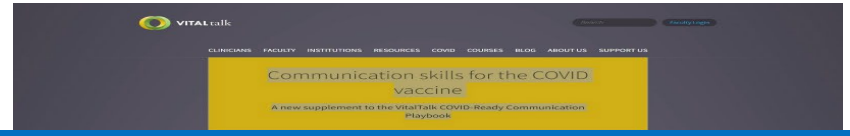
Purpose: To provide practical advice on how to talk
cancer care during the COVID-19 pandemic. These
to questions about cancer treatment timing in the ti
VitalTalk resources regarding advance care planning,
patients.

Here we present common scenarios affecting oncolo
pandemic.

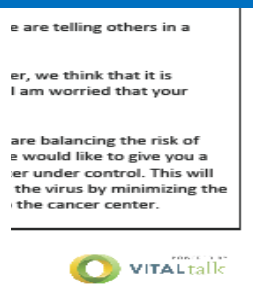
Scenario 1: A COVID-19 negative cancer patient wh
radiation or chemo and is delaying timely care.

What they say	What you say
I'm worried about the virus. I don't want to take any chances of getting infected.	It is normal to b you.
I'm afraid I'm going to get sick if I come in for treatment.	I'm concerned a us. I'm also worried This is a tough s
But they told everyone last week to stay home so we don't get sick, and now it is safe? I don't get it.	It's a tough situa Based on everyt to come in to ge We have worke

What the patient does or says	What the clinician says
"I've been hearing a lot about the COVID vaccine. What do you think?"	"What have you been hearing? I'd be interested in how you see the positives and negatives."
"I don't know if I can trust everything I read about vaccines."	"That is a sensible approach. Do you have questions that I could answer?"



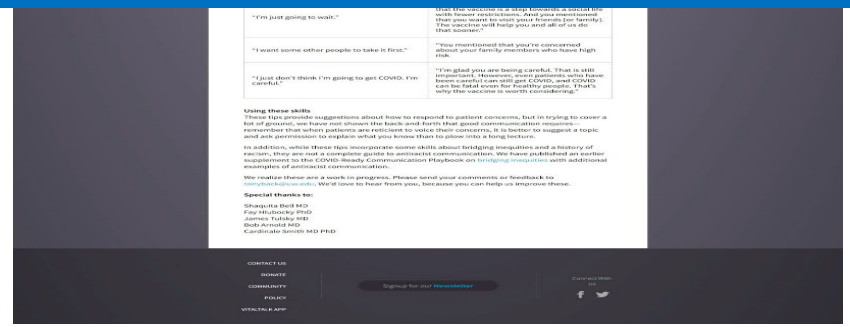
- **Before you go in to see a patient, take a moment for one deep breath.**
- **When explaining options to patients, share your concerns so you may decide what is best together**
- **Share each step in the process with patients.**
- ***Look for moments everyday where you can connect with someone, share 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.***


e are telling others in a

er, we think that it is
I am worried that your

are balancing the risk of
e would like to give you a
er under control. This will
the virus by minimizing the
the cancer center.

VITALtalk



Oncologist Peer Support

Original Reports | Quality in Cancer Care

Check for updates

Development, Feasibility, and Acceptability of an Oncologist Group Peer Support Program From ASCO's Clinician Well-Being Task Force

Fay J. Hlubocky, PhD, MA, CCTP[1]; Daniel C. McFarland, DO[2]; Anthony L. Back, MD[3]; Christopher R. Friese, PhD, RN, AOCN[4]; Laurel Lyckholm, MD[5]; Colleen M. Gallagher, PhD, LSW, FACHE, HEC-C[6]; Molly McGinnis, BA[7]; Rebecca Spence, JD, MPH[7]; Laura Lynch, BA[7]; Julia Tomkins, BA[7]; Tait Shanafelt, MD[8]; and Piyush Srivastava, MD[9]

DOI https://doi.org/10.1200/OP.23.00068

ABSTRACT

PURPOSE The COVID-19 pandemic has had deleterious effects on oncologist professional and personal well-being, the optimal delivery of quality cancer care, and the future cancer care workforce, with many departing the field. Hence, the identification of evidence-based approaches to sustain oncologists is essential to promote well-being.

MATERIALS AND METHODS We developed a brief, oncologist-centered, virtual group peer support program and tested its feasibility, acceptability, and preliminary impact on well-being. Trained facilitators provided support to peers on the basis of burnout research in oncology with available resources to enhance oncologist resilience. Peers completed pre- and postsurvey assessment of well-being and satisfaction.

RESULTS From April to May 2022, 11 of 15 (73%) oncologists participated in its entirety: mean age 51.1 years (range, 33-70), 55% female, 81.8% Ca, 82% medical oncologists, 63.6% trained ≥15 years, average 30.3 patients/wk (range, 5-60), and 90.9% employed in hospital/health system practice. There was a statistically significant difference in pre- and postintervention well-being (7.0 ± 3.6 *v* 8.2 ± 3.0, *P* = .03) with high satisfaction with postgroup experience (9.1 ± 2.5). These quantitative improvements were affirmed by qualitative feedback. These themes included (1) an enhanced understanding of burnout in oncology, (2) shared experience in practice of oncology, and (3) fostering connections with diverse colleagues. Future recommendations proposed included (1) restructuring group format and (2) tailoring groups according to practice setting (academic *v* community).

CONCLUSION Preliminary results suggest that a brief, innovative oncologist-tailored group peer support program is feasible, acceptable, and beneficial for enhancing well-being dimensions including burnout, engagement, and satisfaction. Additional study is required to refine program components (optimal timing, format) to support oncologist well-being, now during the pandemic and well into recovery.

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View Online Article

"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."

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Organizational Interventions

- Dependent on the subspecialty, practice type, location, and environment yet are designed to address workload.
- Burnout Assessment
- Flexible/part-time work week schedules
- Team-based care
- Medical or electronic express scribes
- EMR/ “AI” technology enhancements (e.g. on-site EHR support, voice command EHR/dictation).
- Physician “Champions” are designated to
  - Provide staff support
  - Implement practice change for optimal evidence-based cancer care delivery
  - Collaborate with leadership
- 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)

Sustaining Well-Being: What Can the Individual Do?

- Recognize symptoms: irritability, impatience, exasperation, feeling burdened by work
- Seek out professional advice incl psych support
- Develop an action plan
- Cultivate resilience strategies for well-being :
- fitness/sleep, cognitive behavioral interventions, mindfulness, finding meaning, connect with peers/ clinicians
- Rebuild local culture of community through advocacy (pts & clinicians)

- Hlubocky et al 2021; Hlubocky, Back etal 2016

Individual Interventions: What Individuals Can Do To Prevent or Address Burnout: Self-*Assessment*

- Recognize Symptoms in Self
- **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

Hlubocky et al 2016; Slayter et al 2017; Hlubocky et al 2021

Develop An Action Plan

Self-care is a proactive measure

- **Fitness, nutrition, sleep, leisure:** 6-8 h; physical activity, healthy eating
- **Cognitive-Behavioral Stress Reduction**

-Reframe Negative Thoughts *(I cant fix this)*

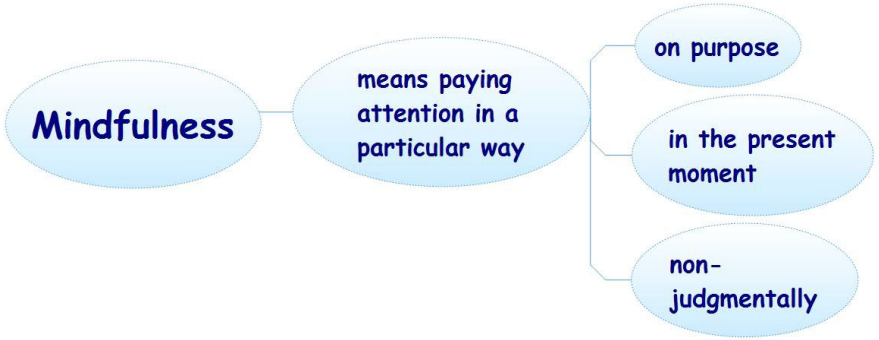
-Self-Monitoring (*Noticing when I'm worked up)*

-Healthy Boundaries *(Know when to go home; Say No)*

-Daily Journaling *(Gratitude)*

- **Meaning & 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**

Hlubocky, Back 2016



CLINICIAN'S CORNER

Association of an Educational Program in Mindful Communication With Burnout, Empathy, and Attitudes Among Primary Care Physicians

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Ronald M. Epstein, MD
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Benjamin Chapman, PhD
Christopher J. Mooney, MA
Timothy E. Quill, MD

Context Primary care physicians report high levels of distress, which is linked to burnout, attrition, and poorer quality of care. Programs to reduce burnout before it results in impairment are rare; data on these programs are scarce.

Objective To determine whether an intensive educational program in mindfulness, communication, and self-awareness is associated with improvement in primary care physicians' well-being, psychological distress, burnout, and capacity for relating to patients.

Design, Setting, and Participants Before-and-after study of 70 primary care physicians in Rochester, New York, in a continuing medical education (CME) course in 2007-2008. The course included mindfulness meditation, self-awareness exercises, narratives about meaningful clinical experiences, appreciative interviews, didactic material, and discussion. An 8-week intensive phase (2.5 h/wk, 7-hour retreat) was followed by a 10-month maintenance phase (2.5 h/mo).

Main Outcome Measures Mindfulness (2 subscales), burnout (3 subscales), empathy (3 subscales), psychosocial orientation, personality (5 factors), and mood (6 subscales) measured at baseline and at 2, 12, and 15 months.

Results Over the course of the program and follow-up, participants demonstrated improvements in mindfulness (raw score, 45.2 to 54.1; raw score change [Δ], 8.9; 95% confidence interval [CI], 7.0 to 10.8); burnout (emotional exhaustion, 26.8 to 20.0; Δ=−6.8; 95% CI, −4.8 to −8.8; depersonalization, 8.4 to 5.9; Δ=−2.5; 95% CI, −1.4 to −3.6; and personal accomplishment, 40.2 to 42.6; Δ=2.4; 95% CI, 1.2 to 3.6); empathy (116.6 to 121.2; Δ=4.6; 95% CI, 2.2 to 7.0); physician belief scale (76.7 to 72.6; Δ=−4.1; 95% CI, −1.8 to −6.4); total mood disturbance (33.2 to 16.1; Δ=−17.1; 95% CI, −11 to −23.2), and personality (conscientiousness, 6.5 to 6.8; Δ=0.3; 95% CI, 0.1 to 5 and emotional stability, 6.1 to 6.6; Δ=0.5; 95% CI, 0.3 to 7.0). Improvements in mindfulness were correlated with improvements in total mood disturbance (r=−0.39, P<.001), perspective taking subscale of physician empathy (r=0.31, P<.001), burnout (emotional exhaustion and personal accomplishment subscales, r=−0.32 and 0.33, respectively; P<.001), and personality factors (conscientiousness and emotional stability, r=0.29 and 0.25, respectively; P<.001).

Conclusions Participation in a mindful communication program was associated with short-term and sustained improvements in well-being and attitudes associated with patient-centered care. Because before-and-after designs limit inferences about intervention effects, these findings warrant randomized trials involving a variety of practicing physicians.

JAMA. 2009;302(12):1284-1293 www.jama.com

PRIMARY CARE PHYSICIANS report alarming levels of professional and personal distress. Up to 60% of practicing physicians report symptoms of *burnout*,[1-4] defined as emotional exhaustion, depersonalization (treating patients as objects), and low sense of accomplishment. Physician burnout has been linked to poorer quality of care, including patient dissatisfaction, increased medical errors, and lawsuits and decreased ability to express empathy.[2,5-7] Substance abuse, automobile accidents, stress-related health problems, and marital and family discord are among the personal consequences reported.[4,8-10] Burnout can occur early in the medical educational process. Nearly half of all third-year medical students report burnout[2,11] and there are strong associations between medical student burnout and suicidal ideation.[12]

For editorial comment see p 1338.

CME available online at www.jamaarchivescme.com and questions on p 1374.

The consequences of burnout among practicing physicians include not only poorer quality of life and lower quality of care but also a decline in the sta-

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Mindful Communication for Clinicians & Patients

- Entering the clinical encounter with focus on the relationship at hand (***both pt & md***) engaging in 5 senses

- Requirements:

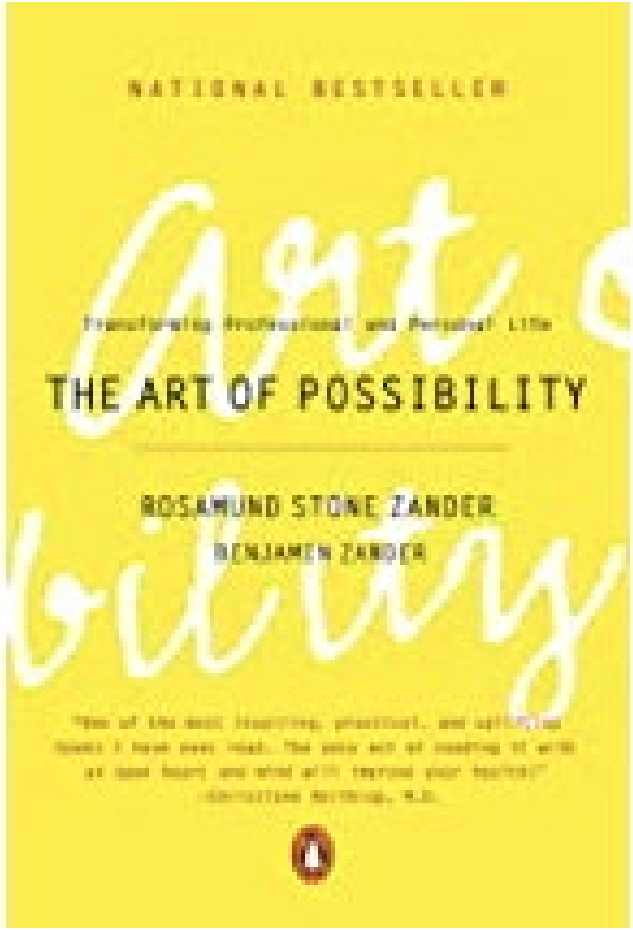
1. ***Attentive observation*** of pt issue, ourselves, clinical issue
2. ***Critical curiosity*** (incl courage to see one's own weakness in the clinical situation)
3. **Observing with a fresh perspective without preconceived notions and tolerance of conviction;**
4. **Presence or undistracted attention to pt & task at hand (e.g. address distress; EOL discussion; Tx goals)**

Epstein 2013; Epstein 1999; Slayter 2017: Sears 2019; Davis & Hayes 2011; Siegel D (Mindful Brain)

Individual Approach: Self Compassion

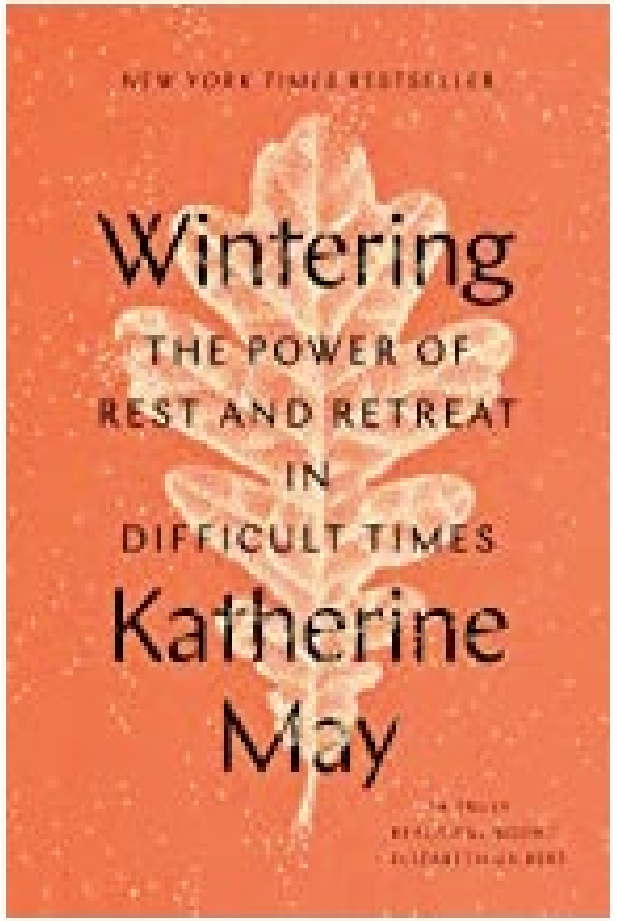
- Self compassion is a skill that must be cultivated
- Boundaries, good enough job
- If you were giving support to a dear friend how would that look?
  - Can you do that for yourself?
- Self compassion is key to being generous with others
  - Give

Jackson 2023



Individual approach
Finding rest in the middle of things

- Must be intentional
- Paying attention to where you can find rest in the middle of your day
  - Elevator
  - Dropping into my coffee
- Change of scenery
- Intentional permission to winter for a bit….
- Yes and exercise, meditation, vacation too….



Jackson 2023

Take A Mindful Moment During Your Day

- ***We routinely wash our hands 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

Hlubocky et 2017

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**
- ***Name your mood to external emotions:*** "I feel angry"—as a means to place feelings in perspective.
- ***Let it go:*** Before leaving hospital/going to sleep, imagine a box. Place the day's events inside, then visualize it floating away.

Daily Action: Gratitude

- Express Emotions

(Empathy, Compassion, Gratitude)

" What Three Things Am I Most Grateful for?"

Daily Action: Narrative

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

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

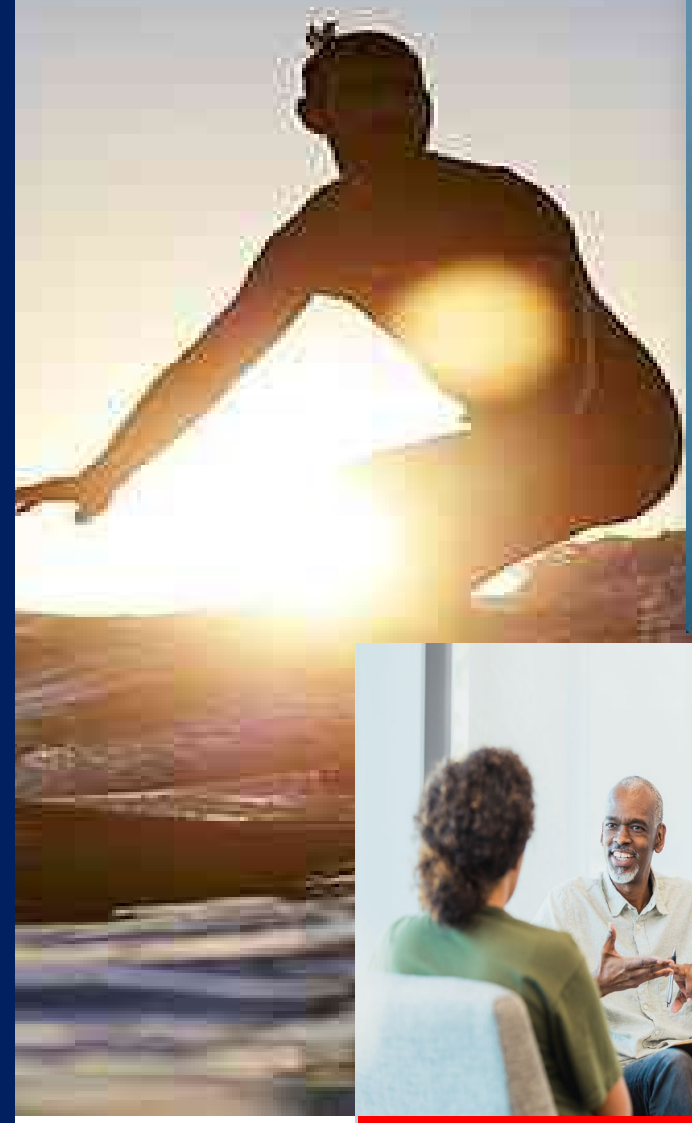
Hickman 2020, mindful.org

Prioritize Self-Care

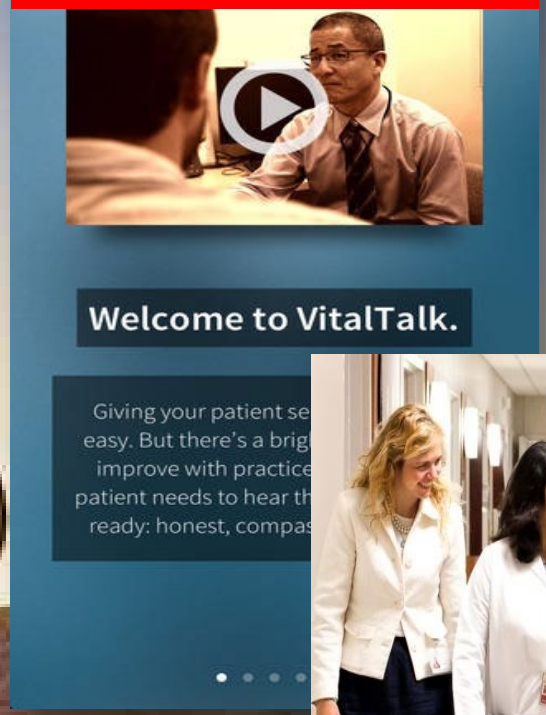
Loving Kindness Meditation

Summary

- Burnout is a daily realities impacting patient & oncology team well-being
- Recognition of burnout is *imperative* for well-being
- Interventions addressing burnout exist to bolster patient & team well-being in oncology



Communication skills training



Team & Peer Support

Cognitive Behavioral Therapy & Grief Counseling

Narratives & journaling

Discussion, Questions-Thank You!

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In Summary

Cancer-Specific Resources for Pts & Caregivers

CANCERcare®

800-813-HOPE; www.cancercare.org

- MD or self-referral to cancer support organizations
  - Community-based support groups
  - Telephone-based counseling
  - Internet-based support groups
  - Patient navigation
- Psycho-oncology providers
  - 866-APOS-4-HELP

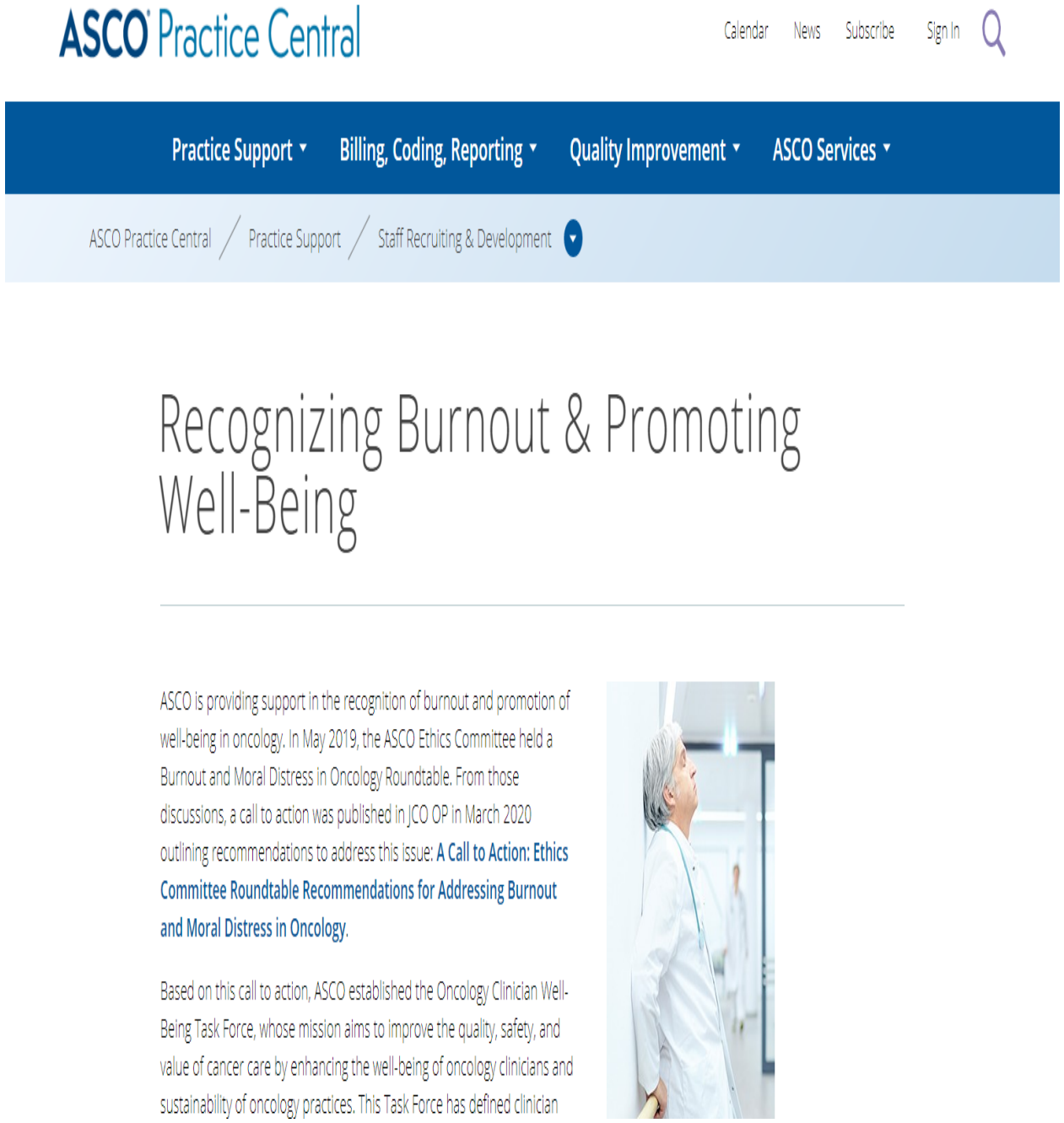
  www.apos-society.org

American Cancer Society has a comprehensive resource page for caregivers.

•Cancer Care offers online support groups, podcasts, and other resources for caregivers.

•The Cancer Support Community shares advice for caregivers.

•The National Cancer Institute offers additional tips.



Additional Resources:

National Alliance on Mental Health (NAMI):https://nami.org/Your-Journey/Frontline-Professionals

988 Suicide & Crisis Lifeline | SAMHSA
https://988lifeline.org

American Medical Association. Physician Burnout
https://www.ama-assn.org/topics/physician-burnout

Physician Support Line
https://www.physiciansupportline.com
1 (888) 409-0141

American Academy of Physician Assistants (AAPA)
https://www.aapa.org

National Comprehensive Cancer Network (NCCN)
https://www.nccn.org/

Self-Care and Stress Management During the COVID-19 Crisis: Toolkit for Oncology Health Care Professionals
https://www.nccn.org/covid-19/pdf/Distress-Management-Clinician-COVID-19.pdf

Oncology Nursing Society
www.ons.org