

Removing the Blame from Burnout



The benefits of addressing clinician and staff stress on an institutional level

“Caring for cancer patients can be a drain—physically, intellectually, and emotionally,” says Association of Community Cancer Centers (ACCC) President Tom Gallo. “This is true for each member of the multidisciplinary cancer care team, starting with the receptionist who greets patients daily to the physician in whose hands patients place their trust.” This is the reason why Gallo, an experienced cancer program administrator, chose “Reflect, Renew, Reignite: Building a Resilient Oncology Team in Your Community” for his 2018-2019 president’s theme.

Burnout among U.S. healthcare clinicians is a national concern. The National Academy of Medicine established an Action Collaborative on Clinician Well-Being and Resilience in 2017 to raise awareness and identify approaches to reverse the trend.¹ *Burnout* is described by the Academy as “a syndrome characterized by a high degree of emotional exhaustion and depersonalization (i.e., cynicism) and a low sense of personal accomplishment at work.”

To address what many see as an epidemic of burnout in the medical community, ACCC has joined the Action Collaborative and its network of more than 60 organizations. This four-year effort aims to raise the visibility of clinician burnout; improve understanding of challenges to clinician well-being; and advance evidence-based, multidisciplinary solutions to improve patient care by caring for the caregiver.

To gauge the level of burnout in the multidisciplinary cancer care team, ACCC recently surveyed its membership using the clinically validated Mini Z survey developed by the American

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Medical Association. Results from this survey can be found on pages 56-57. ACCC has created a hub for team well-being resources on acc-cancer.org/resilience. This article sets the stage for a series of articles in *Oncology Issues* in which member programs will share steps they are taking to improve resiliency and combat burnout.

Individuals vs. Institutions

Julie Oehlert, DNP, RN, chief experience officer at Vidant Health in Greenville, North Carolina, says that the burnout experienced by individuals in oncology care teams in particular can have

damaging effects on the workplace environment and on patient care. “When you are treating patients who are facing difficult life choices or who may not live through treatment, there are specific issues to keep in mind,” says Oehlert. “Cancer treatment is ongoing and can last months or years. While other specialties such as surgery are episodic, cancer patients may have long-term relationships with their providers, which can be either a stressor or a source of joy.”

Leaders do not have to look far to see the financial repercussions of an unhealthy workplace.³ Stressed-out clinicians are more likely to make medical errors, affecting quality care and the risk of malpractice suits. Job dissatisfaction increases the rate of turnover and early retirement.

Oehlert says that when it comes to addressing burnout and promoting well-being in the healthcare workplace, there are two schools of thought. The first focuses on the individual. “Some organizations tell individual clinicians and support staff that if they take care of themselves, they will be okay,” explains Oehlert. “They tell people to get enough sleep, get enough exercise, and eat healthy.”

But this way of thinking can imply that ameliorating burnout and its damaging effects is the sole responsibility of the individual.² However well-intentioned, stress management workshops, individual trainings in mindfulness, and exercise programs suggest that there are “solutions” to workplace stress that are effective only if individuals try hard enough. These strategies often ignore the organizational causes of workplace stress, eliciting cynicism among patient care staff.

Rather than focus on the individual, says Oehlert, healthcare organizations would do better to adopt the school of thought that views burnout as a symptom of an institution-wide problem. “Addressing the problem of burnout is more complex than simply treating the individual,” says Oehlert. “The working environment should be conducive to promoting health in the workplace. The team environment should be healthy and compassionate.”

The Primacy of Empathy

If patient care staff are overwhelmed with administrative burdens and must rush through patient encounters to be able to accomplish what is expected of them, Oehlert says that the first casualty will be the provider’s sense of empathy. The ability to feel and express empathy, says Oehlert, is at the core of cancer treatment. If clinicians and staff are not empathetic, both patient experience and

quality of care suffers. “And cancer patients, in particular, need all of the empathy we can muster,” Oehlert emphasizes.

Poor patient experience is a key indicator of a potentially unhealthy workplace. When clinicians and support staff are stressed, that stress spreads, and patients inevitably feel it. Without the empathetic care that satisfied staff are likely to provide, patient outcomes can suffer. “Without empathy in patient care, there are a lot of pieces that don’t fall into place,” Oehlert explains. “For example, if I don’t have empathy for my patients, I may not dig deeper into why they don’t show up for treatment or why they don’t follow care plans. I may not notice if they are disheveled or if they have poor hygiene. We can miss key health issues if we are not able to pay attention to the patients in front of us.”

Connecting the Dots for Leadership

Recognizing that widespread stress, burnout, and depression are all symptoms of a dysfunctional workplace is one thing; persuading leadership to do something about it is another. An organization’s leaders can take steps to change entrenched but harmful institutionalized behaviors. Staff can urge their support by presenting to leaders how an overly stressful workplace can negatively affect quality care, patient experience, and even the bottom line. Far from being an afterthought, preserving employee wellness should be a proactive effort on behalf of an organization’s leadership, according to Oehlert.

Leaders do not have to look far to see the financial repercussions of an unhealthy workplace.³ Stressed-out clinicians are more likely to make medical errors, affecting quality care and the risk of malpractice suits. Job dissatisfaction increases the rate of turnover and early retirement. And high levels of depression are associated with higher incidences of alcohol abuse and suicidal ideation.

“Healthcare leaders should take a long, hard look at the literature on what causes burnout and the effect it has on staff and patients,” says Oehlert. “The organization must see value in addressing burnout on an institutional level. That can be a hard pill to swallow, given how we have traditionally personalized this problem. But until healthcare executives believe this is just as much a priority as our quality goals and fiscal goals, organization-wide efforts will not get the funding and resources they deserve to support organizational goals.”

The Vidant Experience

Oehlert says that the leadership of Vidant Health understands the organization-wide repercussions of burned-out patient care staff. By making both team and patient experience an organizational imperative, Vidant’s leaders have signaled their prioritization of staff wellness as essential to their mission. “Vidant has made the experience of patients, team members, and providers a key success strategy,” says Oehlert.

Oehlert says that one of an organization’s most important tasks is to help leadership connect the dots between the experience of staff members and the performance of the organization as a whole. “Leaders have to be aware of the long-term effects of burnout and lack of empathy,” says Oehlert. “What does this

cost the organization? How high is turnover? How many patients do not return due to poor experiences? How many physicians retire early because of workplace stress? There are hard numbers associated with these realities. Our leadership gives them as much attention as financial and quality measures.”

Vidant dedicates organizational resources to gauge indicators of organizational stress, collect relevant data, and respond to it by setting goals and promoting awareness. “To persuade staff to take this seriously, we are educating our workforce through the metrics that measure the prevalence of burnout and its ramifications,” says Oehlert. “Once you make a case for change that includes everyone’s interest, the organization can work together on common goals.”

Oehlert says that Vidant’s executives attend workshops called “Leader Connection,” during which they participate in sessions on how to best connect with their teams to build productive relationships and cultivate effective communication. During “Mindful Mondays,” these leaders set aside meeting-free afternoons to spend with members of patient care teams. “Our leaders have begun to lead differently, and our team members have noticed,” says Oehlert. “Vidant has seen increases in institutional engagement, lower incidences of burnout, and positive movement in physician engagement.”

When talking about her experiences at Vidant, Oehlert always comes back to empathy as the touchstone of quality cancer care.

She says that empathetic physicians and nurses provide the best possible clinical care; empathetic therapists and social workers get the best possible outcomes; and empathetic desk staff provide the best possible service. And, of course, patients who are on the receiving end of that empathy are more satisfied with their care, making them more likely to follow their care plans and enjoy a better quality of life.

“Empathy is where everything originates in delivering quality care,” affirms Oehlert. She also recognizes that being empathetic takes a degree of emotional energy that only happy, healthy caregivers can deliver: “We must first treat our caregivers if we are to treat the ones they care for.” 

References

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3. Dyrbye LN, Shanafelt TD, Sinsky CA, et al. Burnout among health care professionals: a call to explore and address this underrecognized threat to safe, high-quality care. Available online at: nam.edu/burnout-among-health-care-professionals-a-call-to-explore-and-address-this-underrecognized-threat-to-safe-high-quality-care. Last accessed January 23, 2019.

What the Literature Tells Us

According to the 2019 *Medscape National Physician Burnout, Depression & Suicide Report*, nearly 44 percent of today’s physicians say that they experience burnout, a syndrome most often characterized by a high degree of emotional exhaustion, cynicism, and a low sense of personal accomplishment.¹ The consequences of burnout are real; it is associated with early retirement, alcohol use, and suicidal ideation. In high concentrations, a burned-out staff can negatively affect an entire organization.²

According to the National Academy of Medicine (formerly the Institute of Medicine), depression is one of the most common results of long-term burnout, with approximately 39 percent of physicians reporting that they experience it. Thirty-five percent of the respondents to the Medscape survey say that their depression makes them easily exasperated with patients, and 16 percent say that they express their frustration in front of patients.¹ Fourteen percent of survey respondents say that their depression causes them to make errors they would not ordinarily make.¹ It is not surprising, then, that research has connected burnout to low patient satisfaction, reduced health outcomes, and increased costs.²

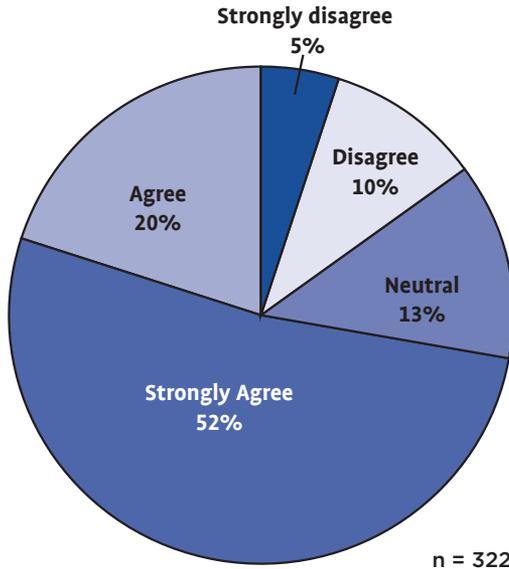
Of course, burnout is not only the province of physicians; significant numbers of all types of clinicians and patient support staff say that they are depressed or anxious due to workplace stressors. Thirty-four percent of hospital nurses report experiencing burnout, and medical receptionists say that they feel caught between the demands of patients and physicians, with 68 percent reporting verbal abuse from patients.² In a 2013 survey of 508 employees working for 243 healthcare employers, 60 percent reported burnout, and 34 percent said that they planned to look for a different job.²

References

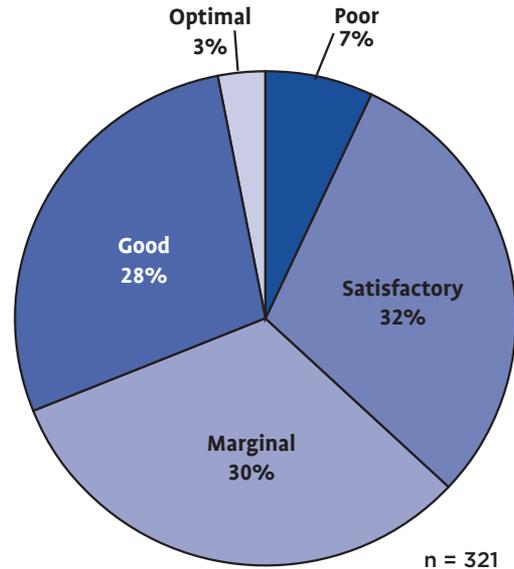
1. Kane L. Medscape national physician burnout, depression & suicide report 2019. Available online at: medscape.com/slide-show/2019-lifestyle-burnout-depression-6011056?faf=1. Last accessed January 23, 2019.
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What ACCC Members Shared in Our 2019 Mini Z Burnout Survey

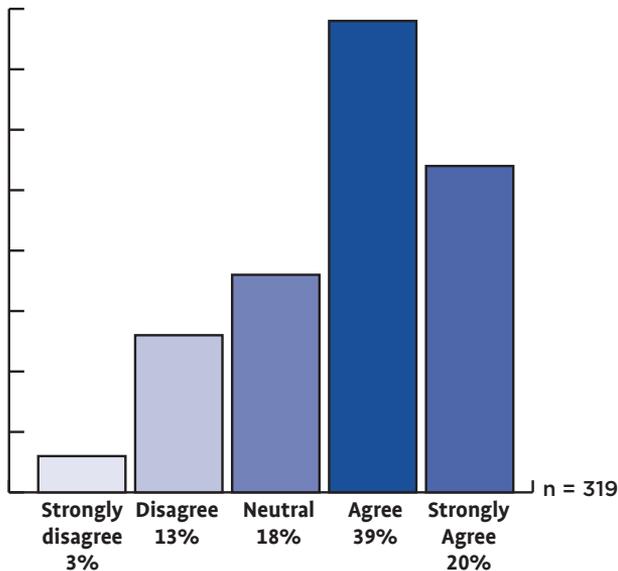
Overall, I am satisfied with my current job



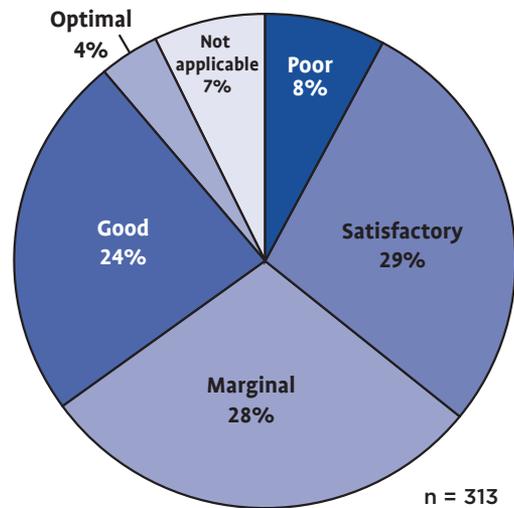
My control over my workload is



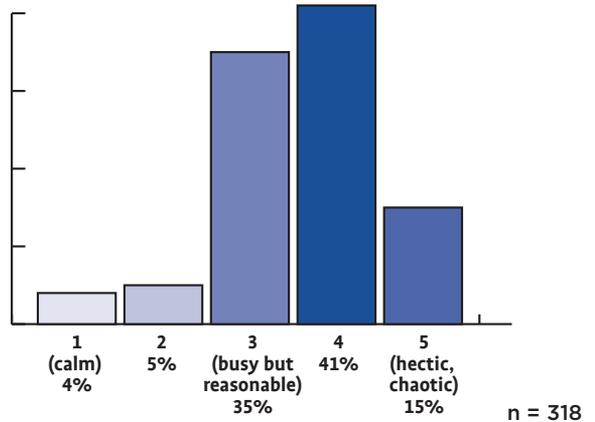
I feel a great deal of stress because of my job



Sufficiency of time for documentation is



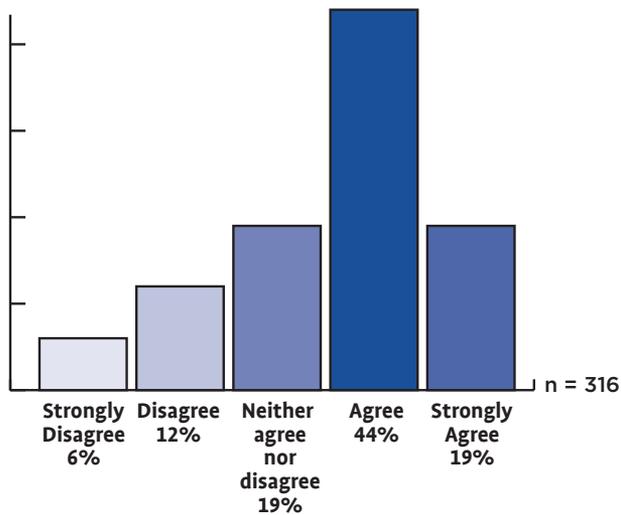
This number best describes the atmosphere in my primary work area



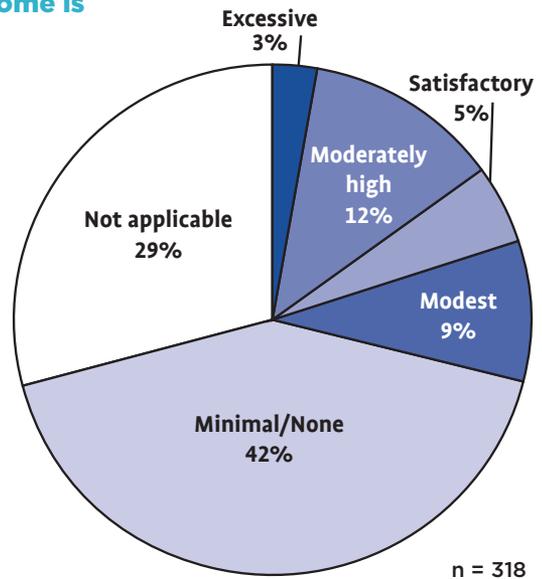
Using my own definition of "burnout"

- I enjoy my work; I have no symptoms of burnout. 12%
 - I am under stress, and don't always have as much energy as I did, but don't feel burned out. 36%
 - I am definitely burning out and have experienced 1 or more symptoms of burnout, e.g., emotional exhaustion. 33%
 - The symptoms of burnout that I am experiencing won't go away; I think about work frustrations a lot. 16%
 - I feel completely burned out; I am at the point where I may need to seek help. 3%
- n = 321

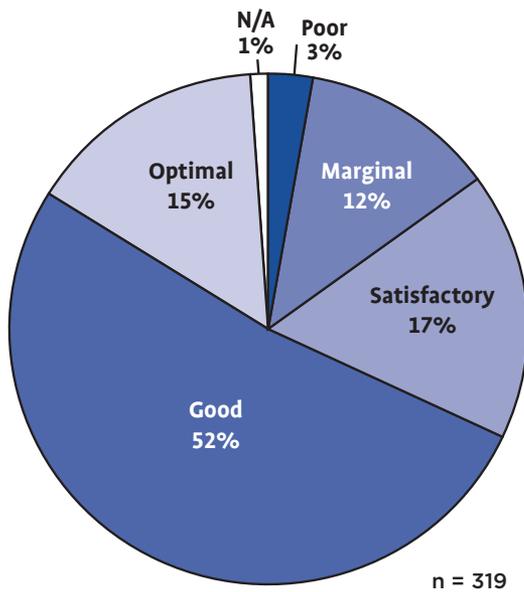
My professional values are well aligned with those of my department leaders



The amount of time I spend on the EHR at home is



The degree to which my care team works efficiently together is



My proficiency with EHR use is

