Small in Stature, Large in Impact
Caring for patients with cancer is inherently stressful. Clinicians and support staff often form long-term relationships with their patients, whose treatment may require multiple visits over months or even years. But many oncology staff say that the difficulties associated with caring for patients in today’s healthcare environment go beyond the expected emotional strain. Large numbers of staff are reporting unprecedented levels of stress.

This is the reason why Association of Community Cancer Centers (ACCC) President Tom Gallo, MS, MDA, an experienced cancer program administrator, chose Reflect, Renew, Reignite: Building a Resilient Oncology Team in Your Community for his 2018-2019 President’s Theme. This article is the second in a series in Oncology Issues in which member programs share the steps they are taking to improve resiliency and combat burnout among their oncology staff.

Setting the Stage
Robin Hearne, RN, MS, director of Cancer Services and Chronic Disease Care at The Outer Banks Hospital in North Carolina and chair of the ACCC Communications Committee, says that much of the stress affecting clinicians and support staff stems from the way in which medicine is delivered and reimbursed today.

To arm her staff with the tools they need to practice the best possible self-care and patient care, Hearne says that she draws on a variety of resources to create and fund leadership programs, education sessions, and community activities.

“Today’s stressors are compounded because of the complexity of healthcare,” says Hearne. “The financial environment in which we are trying to deliver healthcare is extraordinarily difficult these days.”

Hearne says that it can be hard for her staff to see treatment decisions significantly affected by third-party payers and patients’ abilities to pay. “When patient care scenarios don’t line up with employees’ core values, you have a situation ripe for internal conflict,” says Hearne. “These scenarios often involve patient financial distress associated with the lack of access to a drug or treatment regimen due to an insurance denial.”
The ever-growing number of bureaucratic tasks that clinical and support staff must complete each day to document care and be reimbursed for their services is another widely recognized source of stress for oncology staff.

“The amount of documentation required to deliver care is extraordinary, and it grows every day,” says Hearne. “The EHR [electronic health record] has the potential to improve this situation, but right now it is cumbersome and requires much support to even be operational. EHRs can become huge stressors if you don’t have the support tools to maintain them and use them profitably.”

Hearne adds that an increasing number of audits such as those required by fiscal intermediaries and internal compliance teams add to an already significant workload. “These should be good things that help us maintain high standards of patient care,” acknowledges Hearne. “But requirements like these keep growing and growing. We have to do more and more just to have care delivered and paid for.”

This growing workload can contribute significantly to caregiver stress. In a 2019 ACCC survey of its membership, 59 percent of respondents said that they either agree or strongly agree with the statement, “I feel a great deal of stress because of my job.” Fifty-six percent ranked the atmosphere in their primary work area as a 4 or 5 on a scale of 1 to 5, in which 1 is calm and 5 is hectic, chaotic. Thirty-three percent said that they are “burning out.”

This stress can take a toll on patient care. Thirty-five percent of the 15,000 physicians who responded to a 2019 Medscape survey on physician burnout, depression, and suicide said that their depression makes them easily exasperated with patients, and 16 percent acknowledged expressing their frustration in front of patients.1 Fourteen percent said that their depression causes them to make errors that they would not ordinarily make.

Relationships with colleagues also suffer. Forty-seven percent said that their depression makes them more exasperated with staff and peers.

Heads and Hearts

Though small, The Outer Banks Hospital must deal with the same challenges to modern healthcare delivery as its larger counterparts. Situated on a barrier island off the coast of North Carolina in a region that is a popular summer vacation destination, The Outer Banks Hospital is a 21-bed critical access community facility that is a joint venture between Chesapeake Regional Medical Center in Virginia and Vidant Health in Greenville, N.C. It is one of several community hospitals in eastern North Carolina that serve a local population of approximately 30,000 year-round residents. (During the summer months, the local population can reach nearly 250,000.)

“Our cancer registry has between 150 and 200 patients a year,” says Hearne, “and we are growing rapidly. Being a small program can make us nimble when implementing change. But overall, we experience most of the same challenges as hospitals that see thousands of patients.”

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To bolster her own leadership skills, Hearne has enrolled in a one-year Integrative Leadership Program at Duke University that focuses on developing leaders to implement programs and care delivery models that do more than simply treat disease. Hearne says that by helping provide the tuition for the program, leaders at The Outer Banks Hospital demonstrate the value they place on supporting front-line staff to master the skills needed to address staff concerns and navigate the complex care their patients often require. “Our leadership committed a while ago to helping patient care staff manage stressors, starting with aligning the heads and hearts of our leadership team to implement a culture of health and well-being,” says Hearne.

Hearne says that the skills that she will acquire from the leadership program and pass on to staff at her hospital’s cancer center are mirrored in The Outer Bank Hospital’s recently opened Center for Healthy Living. Available to the hospital’s community, including both oncology patients and staff, the center is staffed by a physician trained in integrative and lifestyle medicine and a nurse practitioner certified in lifestyle medicine. The center’s health coach and chronic disease navigator work with patients and staff who want to access the center’s services.

“A lifestyle medicine provider has been trained in lifestyle therapeutic approaches to help prevent and manage chronic disease and conditions rooted in lifestyle choices,” explains Hearne. “This includes nutrition, physical activity, sleep, stress management, healthy relationships, and connectedness. The health coach helps individuals develop plans to attain the individual goals they set, which could be weight loss, getting through a cancer treatment, or a work-related goal.”

Hearne says that staff members are also invited to periodic learning salons sponsored by the Vidant Health Office of Experience. Recent salons have addressed gratitude, self-care, and

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Staff at The Outer Banks Hospital celebrate the Employee of the Month.

During the holiday season, individual departments at The Outer Banks Hospital assemble gift baskets for other departments as gestures of gratitude.

The Outer Banks Hospital hosts a golf tournament fundraising event.
equity and inclusion in the work environment. The oncology team also leads group activities that reinforce the camaraderie cultivated in the salons by giving staff opportunities to socialize and recognize the skills and talents that each employee brings to patient care. Hearne says that during the most recent holiday season, individual departments assembled gift baskets for other departments as gestures of gratitude.

Oncology staff are also encouraged to go beyond their hospital walls and work with patients in the community. “We have an outreach department that provides opportunities for team members to participate in events in our community,” explains Hearne. “These can be breast cancer fundraisers, colon cancer or lung cancer screenings, or career days for those interested in studying medicine. We are always inviting team members to go out into the community to be part of our greater mission beyond their departments.”

Together, these efforts remind oncology staff that their work contributes to the well-being of their patients, colleagues, and entire community. In an environment in which high-quality patient care can be challenged by reimbursement issues and extensive documentation, Hearne says that a gift basket from a colleague or a break to focus on self-care can make a difference.

“We try to check our personal lives at the door, but we are human too,” says Hearne. “We try to promote mindfulness at meetings and in the clinical setting, and we actively promote employee engagement. This is not considered ‘fluff’ at our hospital; our leadership supports our efforts at the highest levels.”

Reference