Navigating Workforce Challenges in Healthcare

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The State of Professional Well-being and Satisfaction Among U.S. Oncologists

ASCO Quality Symposium
October 26-27, 2023
2023 ASCO survey

- Replicated 2013 survey questions (Shanafelt et al) for 10-year comparison

  - Maslach Burnout Inventory (MBI) measures*
  - Quality of life, fatigue, satisfaction with work-life integration
  - Intentions to reduce clinical care hours

- Open January – March 2023

- Disseminated via direct and public ASCO channels

* Maslach Burnout Inventory - Human Services Survey for Medical Personnel (MBI-HSS [MP]). Copyright ©1981 Christina Maslach & Susan E. Jackson. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com
2023 survey respondents

328 MDs/DOs in active patient care:

- Work in an academic setting: **64%**
  - 34% in 2013

- Female: **52%**
  - 50% in 2013

- White: **55%**

- Married or partnered: **85%**

- Caregiver: **68%**

- Median age: **47** [IQR=39-54]
  - 52 in 2013
Burnout has increased significantly since 2013

- **Burnout**: 34% to 59%
- **Emotional Exhaustion**: “I feel burned out from my work” 29% to 57%
- **Depersonalization**: “I have become more callous towards people since taking this job” 13% to 34%
Factors associated with burnout in 2023

- **Caregiving responsibilities:** 65% (vs. 47% of those without)
- **Age < 50:** 64% (vs. 51% of those ≥ 50)
- **Non-white-identifying:** 65% (vs. 54% identifying only as white)
Other measures of well-being have worsened over time

Compared to 2013:

• Mean quality of life decreased from 7.3 to 7.1*

• Mean fatigue increased from 5.8 to 6.1**

• % satisfied with work-life integration decreased from 35% to 24%

* 0-10 scale, higher scores favorable

** 0-10 scale, higher scores unfavorable
Burnout is associated with plans to reduce clinical workload

• **22%** likely/definitely intend to reduce clinical hours within 1 year (vs. 16% in 2013)

• Burnout associated with likely/definitely intending to:
  
  • Reduce clinical care hours in 1 year (**28%**, vs. 13% not likely/definitely)
  
  • Leave current practice within 2 years (**28%**, vs. 13% not likely/definitely)
Top stressors

Respondents selected up to 2 top stressors

Overall%

- 47
- 47
- 42
- 15
- 13
- 14
- 11
- 6

Percent of Respondents*

- Academic institution (n=205)
- Non-academic institution or practice (n=117)

* respondents selected up to 2 top stressors
** p<.05
Top factors with potential to improve work

- Additional practice and administrative support
- Greater patient care support and staffing
- Reduced workload
- Increased compensation
- Working fewer hours without other changes
- Additional opportunities for professional development
- Other
- Wellness/burnout resources

<table>
<thead>
<tr>
<th>Factor</th>
<th>Academic Institution (n=205)</th>
<th>Non-academic institution or practice (n=114)</th>
<th>Overall %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Additional practice and administrative support</td>
<td>41%</td>
<td>49**</td>
<td>46%</td>
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<tr>
<td>Greater patient care support and staffing</td>
<td>36%</td>
<td>48**</td>
<td>44%</td>
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<tr>
<td>Reduced workload</td>
<td>28%</td>
<td>46**</td>
<td>35%</td>
</tr>
<tr>
<td>Increased compensation</td>
<td>16%</td>
<td>25%</td>
<td>26%</td>
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<tr>
<td>Working fewer hours without other changes</td>
<td>21%</td>
<td>35**</td>
<td>22%</td>
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<tr>
<td>Additional opportunities for professional development</td>
<td>9%</td>
<td>14%</td>
<td>12%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
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<tr>
<td>Wellness/burnout resources</td>
<td>2%</td>
<td>2%</td>
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</tbody>
</table>

* respondents selected up to 2 top factors
** p<.05
Top sources of joy in work

- Speaking with and advising patients about diagnosis and treatment (66% overall)
- Selecting and overseeing treatments that prolong or improve quality of life (45% overall)
- Having positive interpersonal interactions with colleagues/team members (39% overall)
- Offering clinical trials to patients or enrolling patients onto clinical trials (28% overall)
- Relieving patient suffering and caring for patients at the end of life (18% overall)

Other

- Academic institution (n=205)
- Non-academic institution or practice (n=117)

* respondents selected up to 2 top sources of joy
** p<.05
Conclusions

• Oncologist well-being has worsened measurably over past decade

• More oncologists are considering reducing clinical hours

• Enhanced support for administrative and patient care tasks is needed

• Oncologists find joy in patient interactions

• Interventions have implications for the entire care team
Team-based Staffing and Models of Care

• “Great Retirement”, “Going to Industry” Impact?
• Expansion of APPs, Roles and Collaborative Practice models?
• APPs compensation issues, RVU competition?
• What is driving the support staff shortage/challenges?
• How to best make highly functional teams? The Impact of Communications?
• Impact of Telemedicine and Interstate Medical Licensure Compact?
Optimizing the Workplace Environment

• Administrative Burdens and Inefficiencies are a big item for physicians and advanced practice providers. What are good administrative solutions?

• LGBTQ+ community increasing numbers identifying. Self-Indentities. Clinicians have not been well trained in the complexities. Solutions?

• Disparity: Impact of social determinants of health made a big difference in what is available to many patients. Using social workers, case managers, other ancillary staff earlier? Identifying limitations and barriers?

• Cultural competence is so important. Ethics service interventions to reduce distress and optimize communication?
Clinician Well-being & COVID Impact Recovery

- 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
- 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
- What is the feasibility and acceptability of an Oncologist Group Peer Support program?
- Are there other solutions and pilot programs being explored?
Thoughts, Concerns, Questions?