

Caring for the Care Givers: Burnout in Palliative Care Journal Watch

Presented by: Nelson Leong, MD, on Thursday June 11, 2009 at the TPCU Grey Nuns.

Article: Cancer care workers in Ontario: prevalence of burnout, job stress and job satisfaction
Source: CMAJ 2000;163(2):166-9; E. Grunfeld, T. Whelan, L. Zitzelsberget et. al..

Abstract

Background: Although the exact definition of burnout tends to vary, most agree that the definition should include mention of: feelings of depersonalization, decreased job satisfaction and emotional exhaustion.

Palliative care is viewed as a 'stressful job' due to the constant exposure to death, dying and grieving. One might surmise this would lead to emotional distress on the part of the care providers, which could lead to burnout. Previous studies comparing the risk of burnout in palliative care physicians and their allied care team workers to other health care professionals have often yielded varying and conflicting results. In any case, a common theme throughout is that no physician group is immune to this phenomenon. This particular study was performed at a time of financial crisis in Ontario which saw ever increasing patient throughput without a matched increase in resources or staffing.

Methods: A questionnaire was mailed to all 1016 personnel of the major providers of medical oncology services in Ontario. The questionnaire consisted of the Maslach Burnout Inventory, the 12-item General Health Questionnaire, a questionnaire to determine job satisfaction and stress, and questions to obtain demographic characteristics and to measure the staff's consideration of alternative work situations.

Results: The overall response rate was 70.9% (681 of 961 eligible subjects): by group it was 63.3% (131/207) for physicians, 80.9% (314/388) for allied health professionals and 64.5% (236/366) for support staff.

The prevalence of emotional exhaustion were significantly higher among the physicians (53.3%) than among the allied health professionals (37.1%) and the support staff (30.5%) ($p \leq 0.003$); the same was true for feelings of depersonalization (22.1% v. 4.3% and 5.5% respectively) ($p \leq 0.003$).

Feelings of low personal accomplishment were significantly higher among physicians (48.4%) and allied health professionals (54.0%) than among support staff (31.4%) ($p \leq 0.002$). About

one-third of the respondents in each group reported that they have considered leaving for a job outside the cancer care system. Significantly more physicians (42.6%) than allied health professionals (7.6%) or support staff (4.5%) stated that they have considered leaving for a job outside the province.

Discussion / Analysis: Significant burnout is more prevalent in physicians when compared to their allied health professional counterparts. Furthermore, higher prevalence of burnout appears to be associated with a higher proportion of staff contemplating a career changes to jobs outside of cancer care. Such contemplating does not directly imply a higher turnover rate; however, if these physicians were to leave or have burnout induced inefficiency, it would further tax an already stressed system. As indicated by the association drawn between excess workload and burnout, such a system would suffer a self-perpetuating downwards spiral of complete physician burnout.

Clearly, this would be undesirable.

Strengths:

- Canadian study
- Fairly robust response and subsequent power
- Methods fall within general practice for assessing burnout in populations
- Rather novel comparison of physicians to other health professionals

Weaknesses:

- Very little effort made to elucidate factors which may promote / protect from burnout
- Most questionnaire factors focused around 'job description' characteristics
- Comparison of physicians to other groups regarding alternative work situations might have confounding factors (such as licensing issues)

Relevance to Palliative Care:

- Palliative health care providers often do fit under the umbrella of 'cancer care'. Some studies suggest they may be more resistant to burnout than other oncologists, but they certainly are not immune. This paper indicates that burnout certainly exists, and given our current economic climate, we may soon be facing a burnout crisis here too.

For Further Study:

- Stratification of staff into particular aspects of cancer care (such as palliative care, medical oncology, radiation oncology, chemotherapy nursing, etc.)
- Further investigation of etiology behind burnout in cancer care