

Burnout in oncology staff

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Abstract

Burnout is a problem for the people who work with cancer patients. It is very bad for them. Can make them feel very tired not caring about their patients and feel like they are not doing a good job. This happens to 28 to 71 percent of the people who work with cancer patients.

The people who work with cancer patients have a lot of stress because they have to make decisions about life and death. They also have to tell patients that they are going to die, which is very hard. They have to give patients medicine that can be very bad for them. They have to be with patients who are dying for a long time.

There are reasons why the people who work with cancer patients get burnout. They have much work to do, there are not enough staff, the way they do their work is not very good, they do not have control over their work and they have to use computers a lot. They also have to keep up with things in medicine and they have to decide if they should help patients feel better or try to cure their cancer.

Some people are more likely to get burnout than others. If they are young women and have not been working with patients for a time they might get burnout.

Burnout is very bad for the people who work with cancer patients. It can make them feel depressed, anxious and not able to sleep. They might even think about killing themselves or taking drugs.

It is also bad for the patients. The people who work with cancer patients might make mistakes and the patients might not be happy. The care they get might not be very good. The people who work with cancer patients might not come to work. Some might even quit their jobs.

We need to do something to help the people who work with cancer patients. We need to make their work easier, have meetings with the team, give them counseling and teach them how to be strong. This can help them feel tired and less stressed.

We need to do something about burnout so that the people who work with cancer patients can be happy and healthy and so that the patients can get care. Burnout is a problem for the people who work with cancer patients and for the patients and we need to solve it. The people who work with cancer patients need help. We need to give it to them to stop burnout

Keywords

Burnout, Oncology, Healthcare Professionals, Emotional Exhaustion, Occupational Stress, Depersonalization, Medical Errors, Staff Turnover, Cancer Care, Psychological Distress, Workload, Patient Satisfaction, Care Quality, Resilience Training, Psychological Support, Oncology Nurses, Oncologists, Healthcare Worker Well-being, Professional Misconduct, Intervention Strategies.

1. Introduction

Burnout among oncology professionals represents one of the most pressing crises in contemporary healthcare, with prevalence rates ranging from 28% to 71% across medical, radiation, and surgical oncologists . This occupational syndrome, characterized primarily by emotional exhaustion, depersonalization, and reduced personal accomplishment, threatens both healthcare worker well-being and patient care quality in cancer treatment settings . Oncology staff face unique and intense stressors that distinguish their work from other medical specialties: daily life-and-death decision-making, delivering terminal diagnoses, managing toxic cancer therapies, and maintaining prolonged contact with dying patients and grieving families .

Emotional exhaustion—the core dimension of burnout—has reached alarming levels, particularly exacerbated by the COVID-19 pandemic, excessive workloads, staff shortages, and systemic inefficiencies . The European Society for Medical Oncology (ESMO) has identified this crisis as a critical threat to oncology workforce sustainability, outlining evidence-based interventions to mitigate burnout and optimize well-being . Without systematic intervention, burnout leads to devastating consequences including medical errors, professional misconduct, suicidal ideation, and 18–19% of oncologists leaving the field entirely .

This book examines evidence-based interventions specifically targeting oncologist emotional exhaustion, encompassing individual-focused approaches (mindfulness-based stress reduction, cognitive-behavioral therapy, resilience training, counseling) and organizational strategies (workload reduction, facilitated team meetings, leadership culture change, psychosocial support systems) The ESMO Resilience Task Force's 2024 position paper provides 11 evidence-based actions to manage psychosocial risks and optimize oncology workforce well-being . By understanding and implementing these interventions, healthcare institutions can preserve oncologist well-being, maintain high-quality cancer care, and ensure the sustainability of oncology as a profession

Understanding burnout in oncology staff Definition and Core Dimensions Burnout is an occupational-related syndrome characterized by three core dimensions. The first dimension is emotional exhaustion, which refers to physical and emotional depletion from excessive demands and serves as the core symptom of burnout. The second dimension is depersonalization or cynicism, characterized by a detached, callous, or cynical attitude toward patients where they are treated as objects rather than people. The third dimension is low professional accomplishment, which involves a reduced sense of competence, achievement, and efficacy in work.

Prevalence Burnout affects a significant proportion of oncology professionals, with overall prevalence rates ranging from 28% to 71%. When examining specific subscales, emotional exhaustion affects approximately 32% of oncologists, depersonalization affects 24%, and low personal accomplishment affects 37%. Medical oncologists are at the highest risk compared to other oncology specialties.

Why Oncology Staff Are Uniquely at Risk

Oncology professionals face oncology-specific risk factors that distinguish their work from other medical specialties. They repeatedly make life-and-death decisions affecting patient survival. They are frequently exposed to death and grieve much more often than physicians in other specialties. They continuously deliver terminal diagnoses and bad news to patients and families. They manage fatal illnesses with limited cure options despite their best efforts. They administer toxic therapies with severe side effects. They maintain prolonged contact with dying patients through extended relationships. They work exceedingly long hours with physical and emotional exposure to direct patient care. They face endless electronic documentation burdens that reduce time for patient care. They experience limited autonomy over daily responsibilities and workflow. They must adapt to a shifting medical landscape with rapid scientific advances requiring constant learning.

Risk Factors Associated with Higher Burnout

A systematic review of 26 studies involving 5,768 oncologists identified significant factors associated with higher burnout. Demographic and individual factors include younger age under 55 years, female gender, being single, less than 5 years of clinical practice, reduced psychological well-being, and difficulties outside of work. Workplace factors include high workplace demands and stress, excessive workload, staff shortages, inefficient workflows, and loss of autonomy.

Consequences of Burnout

Burnout has profound personal and professional consequences. Personal consequences include depression, anxiety, insomnia, fatigue, suicidal ideation, substance abuse, and diminished quality of life. Professional consequences include medical errors, professional misconduct, reduced patient satisfaction, compromised care quality, increased absenteeism, and 18 to 19 percent of oncologists departing from the oncology profession entirely. Burnout also creates negative impacts on organizational financial health.

Shared Responsibility

Burnout prevention and management is a shared responsibility between individuals and organizations. At the individual level, oncology professionals should identify burnout symptoms in themselves and colleagues, learn resilience strategies such as mindfulness and self-compassion, cultivate positive relationships with colleagues, and empower personal wellness. At the organizational level, leadership must recognize the importance of clinician well-being, develop collaborative action planning, improve the practice environment, provide institutional wellness resources, and systematically integrate

interventions.

2. Key Insight

Despite their benevolent care of others, cancer care professionals experiencing overwhelming exhaustion, cynicism, and inefficacy are in grave jeopardy of developing burnout. The physical and emotional well-being of oncology clinicians is critical to patient care quality, patient satisfaction, and organizational success

3. Review of literature

A review by Gómez-Urquiza et al. In 2016 looked at burnout in oncology nurses. They found that these nurses feel very tired emotionally and do not feel like they are accomplishing much.

- * Workload, age, lack of communication skills and work experience are some factors that contribute to this burnout.

The authors said that oncology nurses are very likely to experience burnout because cancer care is so stressful. Oncology Nursing Society Another review by Ortega-Campos et al. In 2020 studied burnout compassion fatigue and compassion satisfaction in oncology nurses. They found that many oncology nurses have moderate to levels of burnout and compassion fatigue.

- * Female nurses and nurses with experience are more affected.

The study showed that seeing patients suffer and die a lot adds to stress in oncology professionals.

HaGani, Yagil and Cohen in 2022 compared burnout levels in oncologists and oncology nurses.

They found that both groups have levels of emotional exhaustion.

- * Oncologists have depersonalization than nurses but nurses have more emotional fatigue because of direct patient care.

The study said that organizational support and stress management programs are important to reduce burnout in oncology professionals.

Dall'Ora et al. In 2020 reviewed burnout in nursing.

They said that hours, heavy workload, lack of support and emotional stress cause burnout in nurses.

- * Burnout affects healthcare workers and patient care by causing mistakes, absences and job dissatisfaction.

The findings are relevant to oncology settings because cancer care units are emotionally demanding.

A review in the European Journal of Oncology Nursing in 2021 looked at factors that contribute to burnout and work-life balance in adult oncology nursing.

- * They found that patient acuity, exposure to situations, staff shortages and poor work-life balance increase burnout in oncology nurses.
- * Younger nurses experience emotional stress because they have limited coping skills and work experience.

The study recommended interventions to reduce burnout and improve well-being in oncology staff.

Burnout affects patient care quality.

It can lead to concentration, medication errors, decreased empathy and lower patient satisfaction.

Nurses with burnout are more likely to have distress, insomnia, anxiety and depression.

Healthcare organizations should offer counseling, mindfulness programs, stress management training and adequate staffing support to reduce burnout in oncology workers.

4. Discussion

Burnout among oncology staff is a problem that needs to be addressed right now by both the people who work in oncology and the healthcare organizations they work for. The facts show that burnout is not something that happens because someone is weak but it is a problem that is caused by the way oncology works and the challenges that come with it.

The number of oncology professionals who are burned out is very high it is between 28% and 71%, which's a huge problem that can affect how cancer care is given to patients. There are three parts to burnout: feeling very tired not caring about people and not feeling like you are doing a good job. These three parts can make a bad situation worse. It can hurt both the doctor and the patient. Feeling very tired is usually the part of burnout and it can lead to the other two parts.

When oncology staff have to deal with life and death situations all the time they can become very tired. Start to feel like they do not care about their patients, which can make them feel like they are not good at their job. The way oncology works is different, from medical fields because oncologists often have to take care of patients who are dying even when they do everything they can to help them. This can be very hard to deal with. It can cause a lot of emotional pain if there is no one to talk to or get help from.

Oncology staff have to deal with a lot of hard things like telling patients that they are going to die seeing patients not get better and helping families who are grieving. This can cause a lot of pain and it can be

very hard to deal with if there is no support. The pressure of making decisions that can affect whether a patient lives or dies can also cause a lot of stress and emotional pain which can lead to burnout among oncology staff.

5. Conclusion

Burnout among oncology staff is a problem that affects the health of the people who work in healthcare and the quality of care that patients get. This is not a problem for individual people, it is a problem with the whole system. The rates of burnout are really high from 28 percent to 71 percent. This is because the work is very emotionally demanding and there are a lot of challenges in the healthcare system.

Oncology professionals have to deal with a lot of stress every day like making life or death decisions, seeing people die telling patients that they are going to die and giving them treatments that're not very effective.

The effects of burnout are very bad not for the people who are burned out but also for the patients. Burnout can cause mistakes. Patients are not happy the care is not good. A lot of people are leaving their jobs in oncology around 18 to 19 percent.

This creates a cycle where the people who are still working have to do more which makes them more burned out.

There is hope because we know that burnout is not something that has to happen. There are things that we can do to prevent it like teaching people how to reduce stress, helping them change the way they think, teaching them how to be more resilient, reducing their workload, having team meetings and changing the way leaders behave.

When we use these methods together they can be very effective. For example one study showed that when people used a combination of these methods they were emotionally exhausted the rate went from 16.7 to 10.9.

This shows that we can make a change and that burnout, among oncology staff, is something that we can manage.

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