



The syndrome of emotional burnout in oncologists and ways to overcome

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Abstract

Background. The emotional burnout negatively affects health and professional activity of medical workers. There is a need to improve psychological knowledge and skills, necessary to cope with occupational stress, in medical personnel, especially those, working in oncology.

Materials and methods. In the study participated 41 oncologists. We used MBI-HSS questionnaire for the measurement of the burnout manifestations.

Results. The severity of emotional exhaustion among oncologists was – $14,8 \pm 9,9$ points, depersonalization – $5,1 \pm 3,7$ points and assessment of professional achievement – $36,4 \pm 6,7$ points. The principal manifestations of emotional burnout in oncologists were feeling of emotional emptiness, anxiety, depressed mood, psycho-emotional and personal detachment, reduced productivity, dissatisfaction with themselves, distancing from patients and colleagues. There were noted some differences in emotional burnout levels in oncologists with different specialization. Although, this differences didn't reach statistical significance.

Conclusion. Development and implementation of the complex psychological program for physicians with psychoeducation and communicative training is a practical solution to emotional burnout problem in oncology.

Keywords: oncologists, oncology, psychological help, psychooncology, burnout, MBI-HSS, depersonalization, physician

1 Background

The emotional burnout is one of the biggest problems in the psychology of a health worker and medical interactions. Burnout is formed as a stressful reaction to high professional and emotional demands; it is the result of person's excessive engagement in his or her work and a decrease in time for family life and rest [1]. In the ICD-10, the burnout syndrome is

isolated in a separate diagnostic taxon - Z 73 ("Problems related to life-management difficulty") and is coded as Z 73.0 - "Burn-out".

Its relevance is due to the adverse consequences, which can be seen in all participants of medical interactions. In medical workers, this condition is often manifested by decrease in labor productivity, a low self-esteem of professional competence, physical and mental health deterioration,

change in activities, psychosocial difficulties. In patients – by a decrease in the medical care quality, lowering in adherence to therapy, negative, distrustful attitude to medicine, iatrogeny, conflicts with medical personnel. For the health care system – decline in population health, the outflow of skilled workers, the negative attitude to medicine in general.

The emotional burnout formation is influenced by biosocial, personal, and organizational factors [2]. The risk factors for burnout include: young age, very low or high professional level, female sex, psychological characteristics (low stress stability, lack of communication skills, anxiety, aggressiveness, sensitivity, domination of passive coping strategies, organizational components in the form of significant workload, inability to make decisions, intrateam conflicts, lack of social support) [2],[3],[4],[5],[6]. As the protective factors can be considered mental endurance, high communicative competence, skills of effective counteraction to stress, adequate level of autonomy in the organization of working time and production tasks, support for colleagues and leadership [7],[8],[9],[10]. The severity and range of burnout symptoms depend on the interaction between the specifics of professional activity and personal characteristics of the worker. Specialists with a high adaptive resources can withstand a high level of professional stress, while in workers with low adaptive resources - burnout can also develop after minor professional difficulties.

In general, the syndrome of emotional burnout is characterized by [1], [2]:

- Components: emotional exhaustion, depersonalization, a sense of professional competence.
- Phases: tension, resistivity, exhaustion.
- Symptoms: physical, emotional, behavioral.

Oncological practice differs from other areas of somatic pathology and characterized by close contact and interactions with patients experiencing chronic physical and mental existential stress [6],[11]. The high levels of emotional exhaustion are found in 15-25%, depersonalization in 4-15%, and self-esteem of personal achievements in 30-65% of oncologists [12].

The occupational stress factors in physicians working in the field of oncology are related to:

1. Communications and interactions with patients and their family members, including: reporting of "bad

news" to the patient and his or her relatives; communicating with oncological patients and their family members who are in a stressful state and show negative emotions; high complexity of communication with the patient's family in the "critical" periods of the disease treatment (relapse, disease progression) and at the disease's terminal stage.

2. Characteristics of oncological pathology as a somatic nosology: medical staff is a "witness" of the patient's physical and emotional suffering; patient's problems are complex and often can't be solved completely (full recovery is not always possible); clinical decisions can significantly affect patient's life expectancy and its quality.
3. Features of the activities structuring and requirements for professional skills, namely: significant work overload; high qualification requirements; the need to improve the professional level (courses, conferences, scientific literature).

Changes caused by burnout have unfavorable consequences for the health and professional activities, which require the maintenance and provision of physicians with the necessary knowledge and skills to counteract professional stress and maintain personnel's health [8], [9], [11].

The aim of the present study is to analyze emotional burnout syndrome manifestations in oncologists and to determine the interventions for medical and psychological assistance.

2 Materials and methods

The study involved 41 physicians (56.1% women and 43.9% men) and had an observational design. The participants formed 2 groups: chemotherapists and radiotherapists were united into a group of oncologists with therapeutic specialization (TS, n = 24), whereas oncologists who conducted surgical antitumor treatment – oncologists with surgery specialty (SS, n = 19). The average age of the respondents was 37.8 ± 6.5 years, with the work experience ranged from 3 to 18 years.

To assess the emotional burnout syndrome were used the Maslach Burnout Inventory-Human Service Survey (MBI-HSS) questionnaire, developed by K. Maslach and C. Jackson. This questionnaire is comprised of 3 scales exploring

the emotional exhaustion, depersonalization, and attitude to professional achievements [13]. Emotional exhaustion reflects a feeling of emotional emptiness and tiredness caused by one's work. Depersonalization involves distancing and developing a negative attitude towards colleagues and patients. Self-evaluation of professional achievements reflects the self-appraisal of productivity, efficiency, own results in professional activities, or the emergence of a sense of incompetence in professional field, awareness of failure in it.

Statistical data processing was done using MS Excel. Physicians' MBI-HSS scores were estimated as Mean \pm Standard Deviation.

3 Results

In the structure of emotional exhaustion, 53.7% had a low, 31.7% - average and 14.6% - high expression of this component (Table 1). A low depersonalization level was found in 63.4% of physicians, average and high in 31.7% and 4.9%, respectively. 39.0% of oncologists were quite satisfied with their professional activity, whereas 36.6% and 24.4% were moderately satisfied and dissatisfied, respectively.

Structural analysis of emotional burnout components, depending on their specialization, revealed some differences (Table 2). Oncologists with the therapeutic specialization had a greater number of respondents with a low level of emotional exhaustion (59.1% in TS compared with 47.4% in SS), and lower number - with high level (9.1% vs. 15.8%, respectively).

Concerning depersonalization in the respondents from the TS group, there was also a greater proportion of people with a low level of this component (72.7% in TS compared with 57.9% in SS), among doctors from the SS group - average (22.7% vs. 42.1%) while high rates were observed only in

oncologists with the therapeutic profile (4.6% vs. 0%).

Among oncologists, regardless of the work specialization, the number of specialists with low, average and high rates was not particularly different (27.3% in the TP vs. 26.4% in the SP; 31.8% vs. 36.8%; 40.9% vs. 36.8%, respectively).

Only 22.7% of doctors working in oncology had normal reference values for 3 components of emotional burnout, in contrast to this 4.5% - had extremely high scores on studied parameters.

The mean score for emotional exhaustion among oncologists was 14.8 ± 9.9 points (14.0 ± 10.9 points in TS vs. 15.8 ± 8.8 points in SS), depersonalization - 5.1 ± 3.7 points (4.5 ± 4.1 vs. 5.7 ± 3.1 points, respectively) and the self-evaluation of professional achievements - 36.4 ± 6.7 points (37.0 ± 7.2 vs. 35.7 ± 6.3 points, respectively).

Comparing means between oncologists with therapeutic and surgical specialization didn't reveal any statistical differences among components of emotional burnout, assessed with MBI-HSS scale. Statistical significance between means in emotional exhaustion, depersonalization, and self-evaluation of professional achievements were estimated at 0.141, 0.212 and 0.102, respectively.

4 Discussion

The study has shown, that emotional burnout is very common among oncologists. The leading manifestations of this condition in oncologists were emotional emptiness, anxiety, mood decline, psycho-emotional and personal detachment, decreased productivity, dissatisfaction with oneself, distancing from patients and colleagues.

Differences in the emotional burnout components among oncologists with therapeutic and surgical specialization were conditioned by the specifics of professional activity - the functional duties and treated patients' characteristics. Although these differences didn't reach statistical significance while comparing mean scores on MBI-HSS subscales. The operative treatment appointment in oncology was possible in the early stages of the disease. In accordance to this, the surgeons were among the first who interacted with patients and faced with the primary patient's mental response to the disease. Often, the surgical intervention consequences were disabling, and they intensified patients' dis-

Table 1: Structure of emotional burnout components (%).

Components	Low level	Average level	High level
Emotional exhaustion	53,7	31,7	14,6
Depersonalization	63,4	31,7	4,9
Self-evaluation of professional achievements	24,4	36,6	39,0

stress. Chemotherapists and radiologists mostly interacted with patients in whom the disease was diagnosed at later stages, which meant a worse prognosis, a significant decline in physical health and development or deterioration of mental disorders caused not only by psychogenic but also by organic factors. Pronounced side effects also accompanied antitumor treatment with chemotherapy or radiotherapy.

The work with oncological patients who were in a state of mental stress, demands from doctors not only high medical qualification but also a number of psychological competences. Nearly 83% of oncologists expressed the need for information and practical skills in the field of medical interactions.

The possible solution to the problem of emotional burnout in physicians working in the field of oncology is the development and implementation of a comprehensive psychoeducational program and training on medical treatment. For oncologists, it is important to develop such psychological competencies, as:

- Awareness of the patient's psychology, medical worker's psychology, medical interaction, psycho-oncology.
- The ability to recognize mental disorders' manifestations, indications for the involvement of a mental health specialist to help the patient.
- Capacity to establish and maintain contact with a patient sufficient for the realization of medical tasks, taking into account his or her psychological characteristics and psychosocial situations.
- Skills of reporting diagnosis and unfavorable news.
- Determination of the optimal psychological strategy of communication with the patient and his family at the stages of the medical process, which would provide the patient with high attachment to treatment.
- Communicative competence: the usage of psychological tools for monitoring the dialogue, the ability to provide the patient with essential information on the disease's treatment, motivate the application for anticancer therapies, substantiate changes in therapeutic tactics according to the clinical goals, work with objections, practical strategies for resolving conflict situations.
- Skills to counter psychological stress and reduce mental tension in a way that is safe for health.
- Time management.
- Self-management and soft-skills development.

Table 2: Structure of components of emotional burnout depending on the medical profile of specialists (%).

Components	Low level		Average level		High level	
	TS	SS	TS	SS	TS	SS
Emotional exhaustion	59,1	47,4	31,8	36,8	9,1	15,8
Depersonalization	72,7	57,9	22,7	42,1	4,6	0
Self-evaluation of professional achievements	27,3	26,4	31,8	36,8	40,9	36,8

Table 3: Mean MBI-HSS scores among of burnout components among oncologists (mean \pm SD).

Oncologists	Emotional exhaustion	Depersonalization	Self-evaluation of professional achievements
TS	14,0 \pm 10,9	4,5 \pm 4,1	37,0 \pm 7,2
SS	15,8 \pm 8,8	5,7 \pm 3,1	35,7 \pm 6,3
P*	0.141	0.212	0.102
Total	14,8 \pm 9,9	5,1 \pm 3,7	36,4 \pm 6,7

*Significance of differences between oncologists with different specialization.

5 Conclusion

1. The primary manifestations of emotional burnout in oncologists are emotional emptiness, anxiety, mood decrease, psycho-emotional and personal detachment, reduction of productivity, dissatisfaction with oneself, distancing from patients and colleagues.
2. There are some differences in the manifestations of emotional burnout among oncologists of the therapeutic and surgical specialization, although they don't reach a statistical significance.
3. Doctors-oncologists require the development not only medical but also psychological competencies, which is due to work with patients who experience a high level of mental stress.
4. The development and implementation of a comprehensive program of medical and psychological assistance for physicians, including psychoeducation and training on therapeutic interaction, is one of the practical solutions to the problem of emotional burnout in oncology.

Competing interests

The author declares that no competing interests exist.

References

- [1] Yurieva L. Professyonal'noe vigoranye u medytsynskiykh rabotnykov [book]. Kyiv: Sphere; 2004.
- [2] Orel V. The phenomenon of.
- [3] Koloskova O, Belous TBV. The syndrome of emotional burnout in pediatricians who work at different levels of care. *Bukovina Medical Journal*. 2013;4(68):79–82.
- [4] Nazarenko I. Syndrom emotsiynoho vyhorannya sered medychnykh pratsivnykiv psykhiatrychnoyi sfery [web]. *News of medicine and pharmacy*. 2011;383. Available from: <http://www.mif-ua.com/archive/article/20574>.
- [5] Pastryk T. Psychological features of emotional burnout in ambulance doctors. *Psychological perspectives*. 2011;17:86–192.
- [6] Sudakova O. Specificity of emotional burnout syndrome in oncologists. *Medical Psychology*. 2012;4:92–96.
- [7] Rasmussen V, Turnell A, Butow P, Juraskova I, Kirsten L, Wiener L, et al. Burnout among psychosocial oncologists: an application and extension of the effort-reward imbalance model. *Psychooncology*. 2016;25(2):194–202. Available from: <https://doi.org/10.1002/pon.3902>.
- [8] Russell K. Perceptions of Burnout, Its Prevention, and Its Effect on Patient Care as Described by Oncology Nurses in the Hospital Setting. *Oncol Nurs Forum*. 2016;43(1):103–109. Available from: <https://doi.org/10.1188/16.ONF.103-109>.
- [9] Gillman L, Adams J, Kovac R, Kilcullen A, House A, Doyle C. Strategies to promote coping and resilience in oncology and palliative care nurses caring for adult patients with malignancy: a comprehensive systematic review. *JBIG Database System Rev Implement Rep*. 2015;13(5):131–204. Available from: <https://doi.org/10.11124/jbisrir-2015-1898>.
- [10] Rath K, Huffman L, Phillips G, Carpenter K, Fowler J. Burnout and associated factors among members of the Society of Gynecologic Oncology. *American Journal of Obstetrics Gynecology*. 2015;213(6):1001–1009. Available from: <https://doi.org/10.1016/j.ajog.2015.07.036>.
- [11] Vasilyeva G. The effectiveness of correction emotional burnout in oncologists as one of the indicators of quality of care for patients with cancer. *Medical perspectives*. 2010;15(1):81–83.
- [12] Holland J, Breitbart W, Jacobsen P, Loscalzo M, Butow PN, McCorkle R. *Psycho-Oncology*. Oxford: Oxford University press; 2015.
- [13] Maslach C, Schaufeli W, Leiter M. Job Burnout. *Annual Review of Psychology*. 2001;52:397–422. Available from: <https://doi.org/10.1146/annurev.psych.52.1.397>.