

# The Impact of Burnout on Oncology Practices

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## The Burnout Epidemic

Unhealthy stress and burnout – the physical, emotional, and mental exhaustion caused by long-term involvement in emotionally demanding situations<sup>i</sup> – is an epidemic among physicians, nurses, physician assistants, and office staff in medical practices across the country. Several studies<sup>ii, iii</sup> show oncologists suffer from a higher rate of burnout than other specialties, with nearly 50% exhibiting physical, emotional, and behavioral signs and symptoms. Likewise, oncology nurses and PAs working in oncology practices report similarly high levels.

Think back to when you started in practice; on that first day you were likely hopeful, excited and ready to try something new. But cancer care is a tough business, and today you might find that years of dealing with unwieldy EMRs, overwhelming paperwork, financial and regulatory pressures, long hours, challenging patient situations, and grieving families has taken its toll. If you now find yourself exhausted, unexcited, and emotionally detached from your colleagues, your family, and your patients, chances are that you too are suffering from some degree of burnout.

## The Multi-Faceted Impact

Consequences of long-term burnout include “chronic health conditions, emotional exhaustion, cynicism, a low sense of professional accomplishment, diminished quality of care and increased likelihood of early retirement.”<sup>iv</sup> Importantly, however, burnout affects not only the person experiencing it, but the people with whom they interact in pervasive, insidious ways. Let’s explore a few examples of this phenomenon.

***Personal Relationships*** – Unaddressed burnout impairs one’s capacity to problem solve and actually amplifies problems – making them feel somehow insurmountable. Of course, what bothers us at work often follows us home, in turn, making it difficult or exhausting to have positive interactions with the people that matter most in our lives, such as partners, children and friends. Over time, the inability to be present, interested, and interesting can erode cherished relationships that make up our personal support network.

**Team** – Burnout shuts down our interest in giving and receiving input, ideas or help – which can undermine team communication and collaboration. Even if a team is deliberately trying to support a burned-out team member, that person will likely be unable to receive their help or engage effectively. Gradually, this behavior negatively affects morale, employee engagement, and the collective ability to innovate.

**Practice** – Burnout is directly correlated to turnover and lower productivity<sup>v</sup>, (impacting productivity by as much as 31%<sup>vi</sup>). Given that the cost to replace an oncologist is between \$500,000 and \$1 million<sup>vii</sup>, and the cost of replacing a nurse is about \$100,000, burnout-related turnover exacts an enormous financial toll on practices. Increasing reimbursement pressures, as well as rising labor and drug costs, mean practices can ill afford the cost of burnout.

**Patients** – Some of the most troubling consequences burned out physicians and clinical and administrative staff produce involve patients and their families. Not only do practices with high levels of burnout have lower patient satisfaction scores; but lower levels of collegiality and coordination from those in burnout can compromise patient safety as well.<sup>viii</sup>

### **Burnout Is Systemic – But There Is Hope**

Burnout creates a negative spiral both personally and professionally, and is a complex, systemic issue requiring improvement of external factors (such as inefficient work processes, long work hours, heavy workloads, etc.) as well as internal factors (such as the innate ability to reduce stress, enhance personal resilience and cultivate greater wellbeing in the face of challenging, external forces).

Fortunately, organizations such as the National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience are curating available research, facilitating knowledge sharing, and spurring action. Also, innovative programs are available today that are proven to measurably reduce burnout, increase resilience and wellbeing, and improve key performance measures, including engagement and patient satisfaction.

Burnout is pervasive in oncology. You and everyone else in your practice are susceptible, but prevention and remediation are possible. The important thing is to do something about it instead of suffering its worsening personal and professional effects. As the weight of burnout lifts, it is possible to feel like yourself again and to return joy to your practice, your patients, your loved ones, and **yourself**.

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<sup>i</sup> Ayala Pines, PhD, Elliot Aronson, PhD, Ditsa Kafry. Burnout: from tedium to personal growth. Free Press, 1981.

<sup>ii</sup> Meg Barbor, MPH “Physician Burnout in the Oncology Practice Setting” *Oncology Practice Management*. May 2017, Vol 7, No 5.

<sup>iii</sup> “Burnout levels reach ‘tipping point’ among oncologists” *HemOnc Today*, February 25, 2017.

<sup>iv</sup> Ibid.

<sup>v</sup> Ibid.

<sup>vi</sup> Global Wellness Summit. “2018 Wellness Trends, from Global Wellness Summit”.

[www.globalwellnesssummit.com](http://www.globalwellnesssummit.com). 2018.

<sup>vii</sup> Tait Shanafelt, MD; Joel Goh, PhD; Christine Sinsky, MD. “The Business Case for Investing in Physician Well-being” *JAMA Internal Medicine*. September 25, 2017.

<sup>viii</sup> “Burnout levels reach ‘tipping point’ among oncologists” *HemOnc Today*, February 25, 2017.

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