

Impending Oncology Social Worker Shortage?

Brain Drain, Retention, and Recruitment

by Carolyn Messner, DSW, MSW, LCSW-R

During the 1970s, with the proliferation of cancer hospitals and oncology centers focused solely on the treatment, care, and cure of cancer, oncology social work emerged as a subspecialty of medical social work, dedicated exclusively to providing professional social work services to cancer patients.

A Complex Skill Set

Oncology social workers are often described as “troubleshooters and problem solvers” for patients and families.¹ These professionals work not only with clients in crisis, but also to support other members of the healthcare team. The oncology social worker’s skill set is extensive. These individuals are well versed in the psychosocial issues that confront people living with cancer, including:²

- The impact of a cancer diagnosis
- Crisis points in dealing with cancer
- Communication challenges of diagnosis disclosure
- Existential dilemmas of living with a potentially life threatening illness
- The role of hope in coping with cancer, grief, loss, and bereavement
- The practical day-to-day needs that cancer patients and their families face.

The oncology social workers’ ability to make appropriate biopsychosocial assessments informs their choice of intervention and underpins best practice. People living with cancer value the relationship, interpersonal sensitivity, care, and compassion of these healthcare professionals.³⁻⁶

Stressors and Challenges

Many tensions and stresses are inherent in the highly demanding oncology social work role including:^{4,7-9}

- Access to needed oncologic intervention in the current challenging healthcare environment
- Limited resources to meet concrete needs of the oncology population
- A lack of certainty and predictability regarding patient survival and outcomes
- Advocacy within an imperfect healthcare system
- High standards and expectations for oncology social workers
- Ever increasing workloads
- Tensions arising within the supervisory setting
- Workplace barriers and conflicts
- Challenges related to the sights, smells, and sounds of cancer.

The risk of oncology social worker burnout and vicarious trauma has been well documented in the literature.^{4,8-12} And

while some oncology social workers do experience burnout from this complex work, many find meaning and purpose in this field, recognize that they make a vital difference, experience the rewards of “playing a positive role in profound human experiences,”⁸ and obtain job satisfaction.^{13,4}

Demographics Contributing to Workforce Shortages

In 2008 U.S. baby boomers started retiring. The Census Bureau describes this occurrence as the largest exodus from the U.S. workforce by a single generation.¹⁴ Corporations struggle with institutional knowledge loss, “brain drain,” and how to transfer knowledge from older workers to younger workers. Forward-looking institutions are aware that a drain of this magnitude will have significant ramifications and are working to develop innovative solutions.

Social workers are significantly older than the U.S. civilian labor force. A long-standing trend in social work is that many enter the field later in life, resulting in shorter career duration. Further, social work is a female-dominated profession. Within the aging workforce, women usually retire earlier than men as they near retirement age.¹⁵

According to the Bureau of Labor Statistics, social work will be disproportionately affected by baby boomer retirements.¹⁶ With the impending boomer retirements and the anticipated knowledge “brain drain,” there is increasing concern about the impact of this loss on the pool of social workers.

Social workers are employed by organizations and hospitals that are located primarily in urban centers. The majority of social workers practice in urban settings, and so significant shortages of social workers already exist in rural and frontier communities. In addition, significant workforce shortages in bilingual social workers affect the ability to meet the growing needs of language communication for diverse populations.¹⁷

Economic Disincentives

A recent landmark study, *Social Workers and Educational Debt*, commissioned by the National Association of Social Workers (NASW) revealed that a huge problem for social work recruitment and retention is the fact that many MSW social workers graduate with extensive educational debt coupled with the likely prospect of low salaries.¹⁸ This anticipated high student debt in combination with projected low earnings is the reason many individuals are choosing not to pursue a social work career—contributing to a greater decrease in the workforce than seen in previous generations.

In addition, the field of social work has embraced licensing of social workers. The licensing laws vary by state. And while licensing has become an important benchmark to attain, many social workers face a myriad of challenges



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in accessing licensing due to each state's implementation of these laws and a lack of inter-state portability of licensing.¹⁵ An NASW study, *Assuring the Sufficiency of a Frontline Workforce*, found that "the supply of licensed social workers is insufficient to meet the needs of organizations employing social workers."¹⁵

Implications for Oncology Social Work

Cancer is primarily a disease of older adults. With the aging baby boom generation, projections are that an unprecedented number of older adults will need oncology social work services. The NASW study reports decreasing numbers of new social workers providing services to older adults.¹⁵ Oncology social workers' workloads are increasing to meet the expanding needs. This increased workload, coupled with diminishing resources in our current economy, has led to barriers in retention of oncology social workers. Further, the economic recession has caused a decrease in available jobs, restructuring of hospital social work departments, and an uncertain economy in the employment of social workers. For those oncology social workers in workplaces, the volume of their workloads are increased due to decreases in staffing.

Established in 1983, the Association of Oncology Social Work (AOSW) is an international organization with more than 1,000 members. AOSW offers an annual conference, listserve, website, and resources to provide an international resource for oncology social workers to: share, problem solve, advocate, conduct psychosocial research, and network on salient issues confronting the field of oncology social work and its public. AOSW serves as a haven for its many members to brainstorm solutions to the impact of growing workloads on retention rates in the field.

It is ultimately the public—patients, caregivers, and the healthcare team—who will likely suffer from a possible shortage of oncology social workers to provide much needed counseling services and psychosocial work, including:

- Communication regarding diagnosis disclosure
- End-of-life planning
- Practical and financial assistance
- Home care and discharge planning
- How to talk with one's child about cancer
- How to disclose cancer diagnosis to one's employer
- Sexuality and intimacy with partner and spouse
- The grief work that is so much a part of coping with a cancer diagnosis for the patient and family.

The loss to society and the implications to community cancer centers that serve cancer patients while coping with a

social work workforce shortage is a staggering toll in human, personal, and economic costs. Every effort is being made by professional social work organizations, including NASW and AOSW, as well as schools of social work, to stem the tide of this workforce shortage. Given the changing needs of cancer patients, it is the innovative social work department, institution, and schools of social work that will be able to meet the future psychosocial needs of cancer patients, their families, caregivers, and healthcare professionals.² 📌

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References

- ¹Bruning N. *Coping with Chemotherapy*. New York: Penguin Putnam Inc.; 2002.
- ²Messner C. *Quiet Heroes: Stories of Innovation in Oncology Social Work*. UMI Dissertation Services: ProQuest Company: Ann Arbor, MI; 2004.
- ³Nouwen H. *The Wounded Healer*. Garden City: Image Books; 1979.
- ⁴Vachon M. *Occupational Stress in the Care of the Critically Ill, the Dying and the Bereaved*. Washington DC: Hemisphere Pub. Corp; 1987.
- ⁵Herman JF. *Cancer Support Groups*. Atlanta: American Cancer Society, Inc.; 2002.
- ⁶Roter D, Fallowfield L. Principles of training medical staff in psychosocial and communication skills. In: Holland, J, ed. *Psycho-oncology*. New York: Oxford University Press; 1998: 1074-1082.
- ⁷Auchincloss S. *Dealing with High Demand: Personal and Organizational Evolution*. Presentation to CancerCare: New York, NY; 2010.
- ⁸Lederberg MS. Oncology staff stress and related interventions. In: Holland J, ed. *Psycho-oncology*. New York: Oxford University Press, 1035-1048; 1998.
- ⁹Reese DJ, Sontag M. Successful interprofessional collaboration on the hospice team. *Health & Social Work*. 2001;26(3):167-175.
- ¹⁰Blum D, Fisher S. Clinical supervisory practice in oncology settings. *The Clinical Supervisor*. 1983;1(1):17-24.
- ¹¹Lauria M, Clark E, Hermann J, Stearns N. *Social Work in Oncology*. Atlanta: The American Cancer Society; 2001.
- ¹²Christ G, Sormanti M. Advancing social work practice in end-of-life care. *Social Work in Health Care*. 1999;30(2):81-98.
- ¹³Peteet JR, Murray-Ross D, Medeiros C, et al. Job stress and satisfaction among the staff members at a cancer center. *Cancer*. 1989;64(4): 975-982.
- ¹⁴Greene N. *Beware of the Baby Boomer Brain Drain*. 2006. Available online at: http://www.jazdprocessing.com/processflowdirect/research/GEA-Consulting.htm?contentSetId=70017313&parentPageType=1&utm_medium=nav&utm_source=flowcontrolnetwork%20&utm_campaign=partner_integration&pageTypeId=12. Last accessed July 30, 2010.
- ¹⁵Toosi M. Labor force projections to 2012: the graying of the US workforce. *Monthly Labor Review*. 2004;127 (2):37-57.
- ¹⁶Whitaker T, Weismiller T, Clark E. *Assuring the Sufficiency of a Frontline Workforce: A National Study of Licensed Social Workers*. Executive Summary. Washington, DC: National Association of Social Workers; 2006.
- ¹⁷Moniz C, Gorin S. *Health and Mental Health Care Policy: A Biopsychosocial Perspective*. 2nd ed. Boston: Allyn & Bacon: Pearson Education, Inc.; 2007.
- ¹⁸Whitaker T. In the red: *Social Workers and Educational Debt*. An NASW Membership Workforce Study. Washington, DC: National Association of Social Workers; 2008.