Oncology Issues

ISSN: 1046-3356 (Print) 2573-1777 (Online) Journal homepage: https://www.tandfonline.com/loi/uacc20

The Emotional Health of Oncologists

Joseph D. Halperin, James R. Zabora & Karlynn BrintzenhofeSzoc

To cite this article: Joseph D. Halperin, James R. Zabora & Karlynn BrintzenhofeSzoc (1997) The Emotional Health of Oncologists, Oncology Issues, 12:4, 20-22, DOI: 10.1080/10463356.1997.11904698

To link to this article: https://doi.org/10.1080/10463356.1997.11904698

Published online: 18 Oct 2017.

Submit your article to this journal

Article views: 4

View related articles

Full Terms & Conditions of access and use can be found at
https://www.tandfonline.com/action/journalInformation?journalCode=uacc20

The Emotional Health of Oncologists

by

Joseph D. Halperin, M.D.
James R. Zabora, M.S.W.
Karlynn BrintzenhofeSzoc, D.S.W.

"Talking about death is like staring into the sun. You can do it only for a brief moment."
—Anonymous

The pressures of treating patients with serious, and in some cases, terminal illness can exact a toll on the emotional health of cancer care professionals. Left untended, the stress associated with making daily ethical decisions about patient care, coupled with the impact of facing one's own mortality, can affect the well-being of cancer care providers. Results of a recent pilot study reveal the stress levels and coping mechanisms of oncologists from the North Carolina Oncology Society.

Providing cancer care is inherently stressful, given the issues health care professionals face as they help patients cope with the personal shock of diagnosis, difficult treatments, and in some cases, chronic and terminal illness. A significant number of patients simply do not respond to current cancer therapies. Helping these patients and their families make appropriate end-of-life decisions can be difficult. In addition, all too often, cancer care professionals may interpret poor medical outcomes as personal failures.

Each member of the cancer care team responds to the pressures differently. Some become "workaholics," undervaluing their own needs by postponing their pursuit of interests outside of medical practice. For others, the demands of their work leave them unable to expend additional energy in their private lives. Family and personal needs even of a routine nature may not be met.

Persistent exposure to stressful situations can transform positive characteristics into negative attitudes and behaviors. (See Table 1.[1]) Undetected and untreated distress can result in more destructive behaviors such as hostile outbursts, marital conflicts, substance abuse, and chronic depression.

ONCOLOGISTS AND EMOTIONAL DISTRESS

Investigations into the effects of stress on cancer care professionals have been limited. One noteworthy study by Whippen and Canellos[2] involved a random sample of 1,000 oncologists, who were asked to complete a twelve-item questionnaire. The study achieved a 60 percent response rate. Although the study is limited to oncologists, its findings have relevance for all cancer care professionals.

The majority of respondents described themselves as "burned out," frustrated, and feeling a sense of failure. About one-third described themselves as depressed. Twenty percent of physicians surveyed experienced disinterest in their work, and an additional 18 percent defined themselves as bored. Factors identified that contribute to burnout include (in order of importance): insufficient personal time, continuous exposure to a fatal illness, frustration with treatment failures, and difficulty with third-party payers.

To quantify these distress factors, the authors developed a pilot study to collect demographic information and to measure the level of emotional stress, the extent of multiple stressors, and the effectiveness of stress management techniques on physician members of the North Carolina Oncology Society.

A questionnaire was designed to include the following:

- demographic information, including clinical practice patterns, such as number of new patients seen per year, per week, etc.
- two newly developed scales—one to measure oncology stressors and the other to assess stress management techniques[3]
- the Brief Symptom Inventory (BSI®), which is a standardized measure of psychological distress.[4]

Questionnaires were sent to the oncologists by mail. After approximately three weeks, a second mailing was sent to maximize the response.

RESULTS

Fifty oncologists completed all components of the questionnaire for a response rate of 30 percent. Questionnaires were completely anonymous. Table 2 details the

Joseph D. Halperin, M.D., is director of oncology services at the Moses H. Cone Regional Cancer Center in Greensboro, N.C. James R. Zabora, M.S.W., is director of patient & family services at The Johns Hopkins Oncology Center in Baltimore, Md. Karlynn BrintzenhofeSzoc, D.S.W., is senior research social worker at the same institution.

Table 1. Transformation of Positive Characteristics into Negative Attitudes

Long-term Effects of Stress		
Caring	➪	Apathy
Involvement	➪	Distancing
Openness	➪	Isolation
Trust	➪	Suspicion
Enthusiasm	➪	Disillusionment
Self-esteem	➪	Self-devaluation

Table 2. Characteristics of Participating Oncologists

Demographics and Practice Patterns	
Gender	
Male	87%
Female	13%
Age	
30–39	17%
40–49	55%
50–59	23%
60–69	5%
Number of New Patients Per Year	
10–50	3%
51–100	10%
101–150	16%
151–200	26%
201–250	16%
251–300	8%
301–350	6%
>350	15%
Number of Patients Seen Per Week	
<10	19%
10–50	30%
51–100	40%
101–151	8%
151–200	3%

Table 3. Primary Sources of Stress

Item	Score
Difficult patients and families	2.898
Communication with payers	2.822
Unrealistic expectations	2.415
Inadequate staffing/resources	2.186
Oncology as primary practice	2.076
Inadequate personal leave	1.924
Communication with hospital	1.797
Poorly defined decision-making processes	1.579
Communication with health care team	1.350
Lack of continuing education	1.051

Table 4. Primary Stress Management Techniques

Item	Score
Effective health care team	3.317
My own competence	3.292
Brief leave (time away from office)	3.183
A personal philosophy	3.092
A sense of humor	3.075
Control of clinical practice	2.958
Interactions with colleagues	2.858
Management of healthy lifestyle	2.850
Use of social support systems	2.717
Increased education and personal learning	2.608
Maintenance of appropriate distance from patients/families	2.367
Formal continuing educational programs	2.342
Job flexibility	2.153
Clear policies on staff selection/supervision	2.042
Formal decision-making methods related to death	1.867
Clear administrative policies	1.864
Participation in counseling/support groups	.862

essential characteristics of the oncologists who responded. In brief, the majority are men, ages 40 to 49, who see from 100 to 250 new patients each year.

Table 3 details outcomes from the Oncology Stressors Scale. Each item can be endorsed on a Likert scale from 0 (no stress) to 4 (high stress). Primary sources of stress include: difficult patients and families, difficulty communicating with payers, unrealistic expectations placed on oncologists, and inadequate staffing or resources. Mean item scores on the Oncology Stressors Scale range from a low of 1.05 (lack of continuing education) to 2.898 (difficult patients and families).

Table 4 details outcomes from the Stress Management Technique Scale. It, too, can be endorsed on a Likert scale from 0 (not helpful) to 4 (most helpful). Most helpful to physicians are having an effective health care team, confidence in their own professional competence, and spending a brief time away from the office. Mean scores on the Stress Management Techniques Scale range from a low of .862 (participation in counseling or support groups) to 3.317 (an effective health care team).

To assess consistency within each scale, Cronbach alphas were calculated. Internal consistency was acceptable for both scales: the α for the Oncology Stressors Scale was .8028 and .8300 for the Oncology Stress Management Scale.

Primary psychological symptoms

of distress include hostility, anxiety, obsessive-compulsiveness, and depression. To better understand specific psychological distress, mean anxiety and depression scores among the oncologists were compared to mean scores calculated from a large cancer patient database[5] that contained 7,000 psychological profiles obtained through the BSI®. Within this cancer patient database, mean anxiety and depression scores were calculated by cancer site. The patient means in Table 5 represent the highest mean score for anxiety (breast cancer patients, n=752) and highest mean score for depression (lymphoma patients, n=167). When mean scores for anxiety and depression in oncologists were compared with mean scores of these cancer patients, the findings were remarkably similar.

A psychological measure such as the BSI® provides the opportunity to determine if each respondent could benefit from mental health services. According to scoring guidelines,[6] 25 percent of these oncologists could benefit from mental health services.

Table 5. Mean Scores for Psychological Symptoms

	Cancer Patients	Oncologists
Anxiety	55.41	55.00
Depression	53.33	53.98

DISCUSSION

Although the overall response rate to the survey questionnaires was low, the findings of our study are consistent with previous attempts to examine occupational stress among practicing oncologists.[7,8] As with any emotional concern, oncologists should increase their awareness of the intensity of sources of stress. Furthermore, the behavior manifestations of occupational distress—hostility, anxiety, obsessive-compulsiveness, and depression—may have detrimental effects on the quality of interpersonal relations.

The findings in this pilot study indicate that oncologists, who experience the same levels of stress as the patients to whom they provide care, are vulnerable to occupational stress associated with clinical practice. As with any mental health concern, oncologists need to increase their awareness of the intensity of stress and its related sources. Once awareness is achieved, personal and professional goals can be clarified. Identification of effective management techniques can help oncologists develop the inner resources necessary for providing empathetic supportive care and experiencing a meaningful personal life.

SUPPORT FROM THE CANCER TEAM

As a first step to coping with occupational stress, oncologists must establish and prioritize appropriate and realistic objectives for day-to-day management of patients and treatment outcomes. Although physicians may need to set tighter limits on the number of hours per week devoted to clinical practice, quality of patient care need not suffer as a result. Patient volume and continuity of care can be ensured with increased physician reliance on other members of the health care team to provide critical assistance in the comprehensive care of patients and their families. Sharing the responsibilities of caring for cancer patients among the cancer care team results in more comprehensive care for patients and eases physician burden.

Many cancer care institutions organize regular staff conferences where all providers can develop solutions for patients and their families. To facilitate a more involved team concept, physicians might initiate a forum in which providers share their ideas and feelings about caring for cancer patients. Personal strategies for coping could also be discussed and developed.

Finally, oncologists, as well as other members of the cancer care team, can take steps outside the oncology arena to reduce stress. Exercise programs offer a method to release anxiety, tension, and stress. Diversified interests outside the clinical setting also provide the opportunity for distraction by focusing on activities that are significantly different from oncology practice. A commitment to guaranteed personal and family time is essential. Clinical care of cancer patients and their families consumes the attention and energy of all cancer care professionals, and a boundary must be clearly defined to separate professional life from personal time.

Overall, physician stress and distress are difficult to examine because the health care system and physician tradition promote a commitment to patient care *without* boundaries. In addition, practice culture often holds as a dictum that expressing one's feelings to colleagues is a sign of weakness. To maintain effectiveness, oncologists and the entire cancer team must be rejuvenated through activities that are separate from their professional lives. In addition, they need opportunities to express frustrations with their role. In many respects, any analysis and understanding of the ramifications of caring for cancer patients from diagnosis through treatment, and in some cases chronic terminal illness, is difficult. Oncologists as well as other members of the health care team need to pause and consider their own well-being and mental health as well as that of their patients.

REFERENCES

[1]Vincent MO. The doctor's own wholeness: Burned out or refueled. Presented at the Canadian Medical Association Meeting, Saskatoon, Saskatchewan, 1982.

[2]Whippen DA, Canellos GP. Burnout syndrome in the practice of oncology. *J Clin Oncol* 9(10):1916-1920, 1991.

[3]Vachon MLS. *Occupational Stress in the Care of the Critically Ill, the Dying, and the Bereaved.* New York: Hemisphere Publishing Corp., 1987.

[4]Derogatis LR, Melisaratos N. The brief symptom inventory: An introductory report. *Psychology in Medicine* 13:595-605, 1983.

[5]Zabora JR, BrintzenhofeSzoc KM, Smith ED. Prevalence of psychological distress by cancer site. Proceedings of the American Society of Clinical Oncology, 1996.

[6]Derogatis LR, Melisaratos N. 1983.

[7]Ramirez AJ, Graham J, Richards MA, Cull A, et al. Burnout and psychiatric disorder among cancer clinicians. *Br J Cancer* 71(6):1263-1269, 1995.

[8]Johnson JT, Wagner RL, Rueger RM, Goepfert H. Professional burnout among head and neck surgeons. *Head and Neck* 15(6):557-560, 1993.