

Medical Oncology Group of Australia Position Statement on Burnout

Thursday, 9 May 2024

The Medical Oncology Group of Australia (MOGA) recognises that burnout is as endemic in our profession locally as it is globally. Originally described as a “failure or exhaustion because of excessive demands on energy”, burnout is a syndrome resulting from inappropriately managed chronic workplace stress leading to emotional exhaustion, depersonalisation, negativity towards one’s job, and a sense of professional ineffectiveness.^{1,2} In the context of rising service demands and a rapidly evolving clinical landscape, an increasing number of medical oncologists and trainees in Australia are experiencing burnout. To ensure the well-being of our members and colleagues, as well as the sustainability of our workforce, MOGA is committed to addressing this issue.

Alarming, Australian medical oncologists and trainees have recently been found to suffer from significant levels of burnout. Approximately 4 out of 5 clinicians experienced burnout in the last 12 months (77% consultants, 82% of trainees).³ This problem is not unique to medical oncologists, nor to the Australian context. Burnout among healthcare workers is increasingly recognised as a significant issue with various global leaders calling for action.^{4,5} Previous studies in Australian cancer care workers have shown high levels of emotional exhaustion and burnout, although not to this extent.^{6,7} The European Society for Medical Oncology (ESMO) Young Oncologists Committee similarly has recently found evidence of burnout in 70% of young oncologists.⁸

Burnout not only affects individual clinicians’ wellbeing, but also affects the sustainability of our workforce. In the 2023 MOGA wellness survey of almost 200 medical oncologists and trainees, 62% reported burnout and close to half were considering leaving the profession (46%), mostly due to burnout (72%). Further, while burnout is linked with decreased job satisfaction and career regret, it has also been linked to an increase in medical errors and poorer-quality care.^{9,10,11,12} This has been echoed in Australian findings with higher numbers of self-reported errors by “burnt-out” medical oncology clinicians - almost a quarter of such clinicians reported they had made a mistake in the last 12 months that led to patient harm.³

Various factors contribute to burnout in the Australian medical oncology workforce. These include bureaucratic processes, administrative load, and distressing patient cases.³ MOGA members have also identified increasing work hours, uncertainty around future employment, and work-place inequity as significant stressors. Further, as cancer incidence and care complexity increases, workload is increasing. Australia’s cancer incidence has increased by 88% in the last 20 years, mainly driven by a growing and ageing population.¹³ Simultaneously, there has been a surge of novel anticancer therapies and technologies. This has led to rapidly changing treatment options, including increasing clinical trials which have their own challenges and complexities.¹⁴ Better treatments and improved survival are undoubtedly positive. However,

these developments are exacerbating the ongoing stressors faced by clinicians and cancer services which are juggling the acute demands of patients on treatment, and the survivorship needs of increasing numbers of cancer survivors.

The profession needs top-down systemic change. However, to date, most solutions to address burnout have been driven by individuals, with members reporting coping strategies focused on informal debriefing with colleagues, and stress relievers such as exercise and time off. While these are necessary, international and national societies are rallying around the need for more comprehensive solutions. The American Society of Oncology (ASCO) have recently made several recommendations for addressing burnout in oncology. This includes broadening clinical education resources, regularly assessing burnout in oncology practices, and promoting evidence development.¹⁵ ESMO launched the “Resilience Task Force” to better understand drivers, potential interventions, and solutions for burnout in the oncology community.⁸ Similarly, the Clinical Oncological Society of Australia (COSA) has recently endorsed a “healthy workplace culture in health systems” framework in order to improve workplace culture by addressing various issues including burnout.¹⁶ MOGA has endorsed and will continue to support the National Oncology Mentorship Program (NOMP).³ MOGA is also developing resources to support oncologists in distress and is investing resources in workforce planning strategies. However, these are only a few tools out of a whole arsenal necessary to combat the insidious scourge of burnout. Supporting clinician wellbeing requires both individual-focused and organisational-focused strategies to balance demand for services with resources, and to build supportive workplace environments.¹⁷

Raising awareness and developing interventions that address clinician burnout are critical to the sustainability of the medical oncology workforce and our members’ welfare. Ultimately, solutions must be tailored to the diverse members we have - across the spectrum from those embarking on their career in oncology to those in the twilight of their working life; from members in solo practice through to major institutions; from those in large cities through to those in the regions; and across practice types - public, private, academic, and industry. Addressing burnout means addressing increasing workload, administrative burden, job security, and welfare needs in an emotionally and scientifically complex field of medicine. MOGA is committed to doing this, and indeed believes it is imperative that cancer institutions from all levels take this issue seriously. It is only by addressing clinician burnout will we be able to provide optimal care for patients suffering from cancer, as clearly, when clinicians suffer, so do patients.

References

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