

# Burnout among Hematology/Oncology Nurse Practitioners

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STTI 43rd Biennial Convention  
November 7-11, 2015 Las Vegas, NV

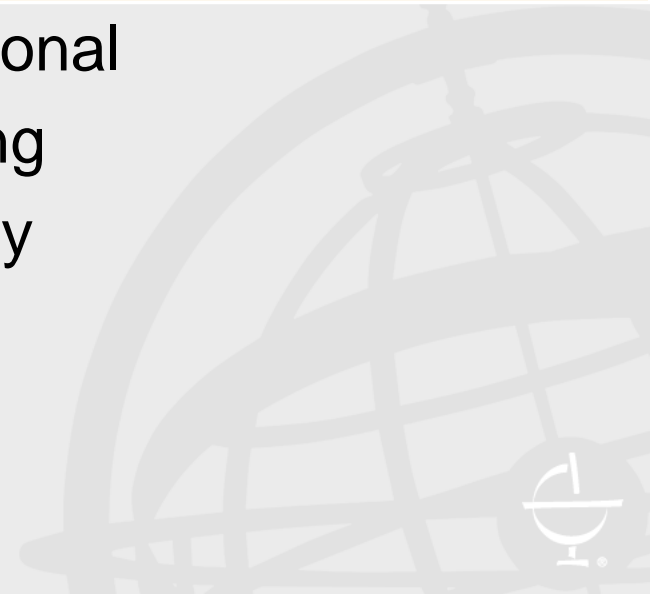
# Acknowledgement

Tau Kappa at Large Chapter

Sigma Theta Tau International

Honor Society of Nursing

For support of this study



# Background

## Demographics:

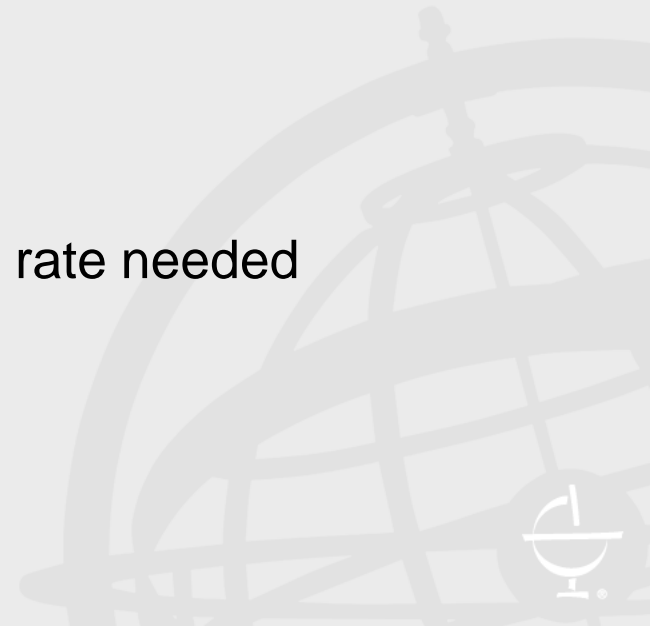
As 10,000 baby boomers reach 65 y.o. each day

Incidence of cancer estimated to increase 67 %

## Workforce growth: IOM predictions

Entire oncology workforce not growing at rate needed

Serious shortage by 2020



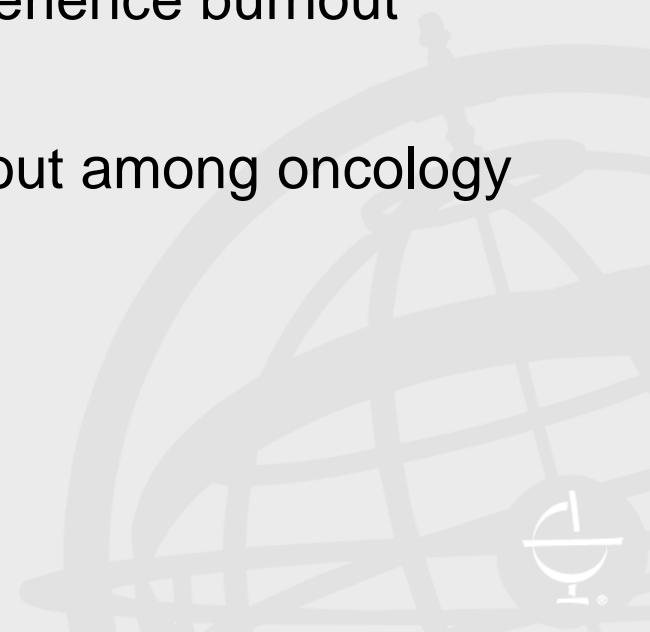
# Background

- The American Society of Clinical Oncology (ASCO) workforce recommendations:
  - Increase role of NP's and PA's in oncology practice



# Background

- Healthcare providers in oncology are at risk for work-related stress syndrome or “ burnout”
- 67% oncologists/hematologists report feeling of burnout.
- 40% of oncology /hematology nurses experience burnout
- There are no reports of incidence of burnout among oncology /hematology nurse practitioners

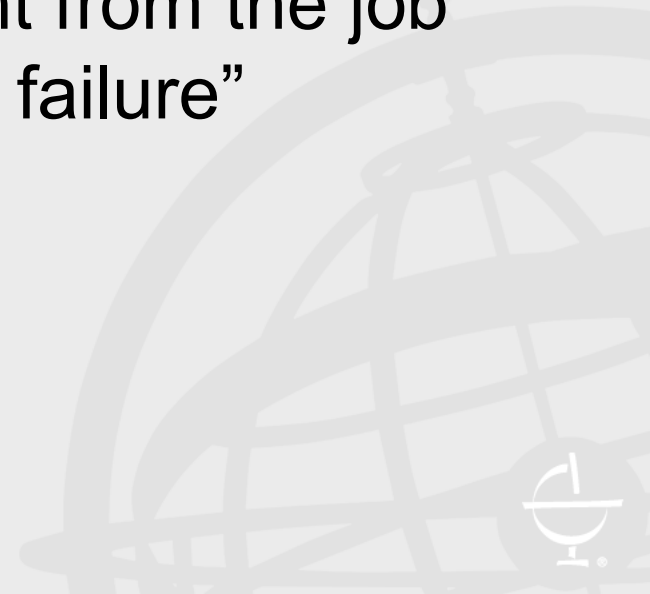


# What is Burnout?

a persistent response to job related stressors

“ characterized by overwhelming exhaustion, feeling of cynicism, and detachment from the job and a sense of ineffectiveness and failure”

(Maslach, 1998,p.68)



# Significance

- Burnout can lead to decreased job satisfaction, depersonalization of patients, and changing professions.
- In order to retain experienced oncology/hematology NP burnout needs to be identified and addressed.



# Purpose

- The purpose of this study was to identify and describe the prevalence of burnout, job satisfaction and job stress and intent to leave in oncology/hematology nurse practitioners.
- Selected findings are reported here.

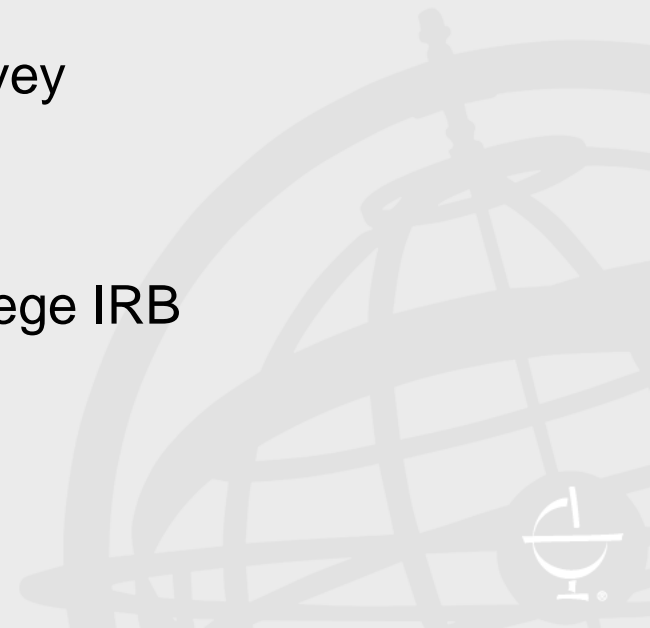




# Methodology

## Procedures:

- Survey administered to members of Oncology Nursing Society (ONS)
- Emails sent 1000 NP members
- Initial email= introductory letter, link to survey
- Follow-up email sent 8-10 days
  
- IRB approval obtained from Excelsior College IRB



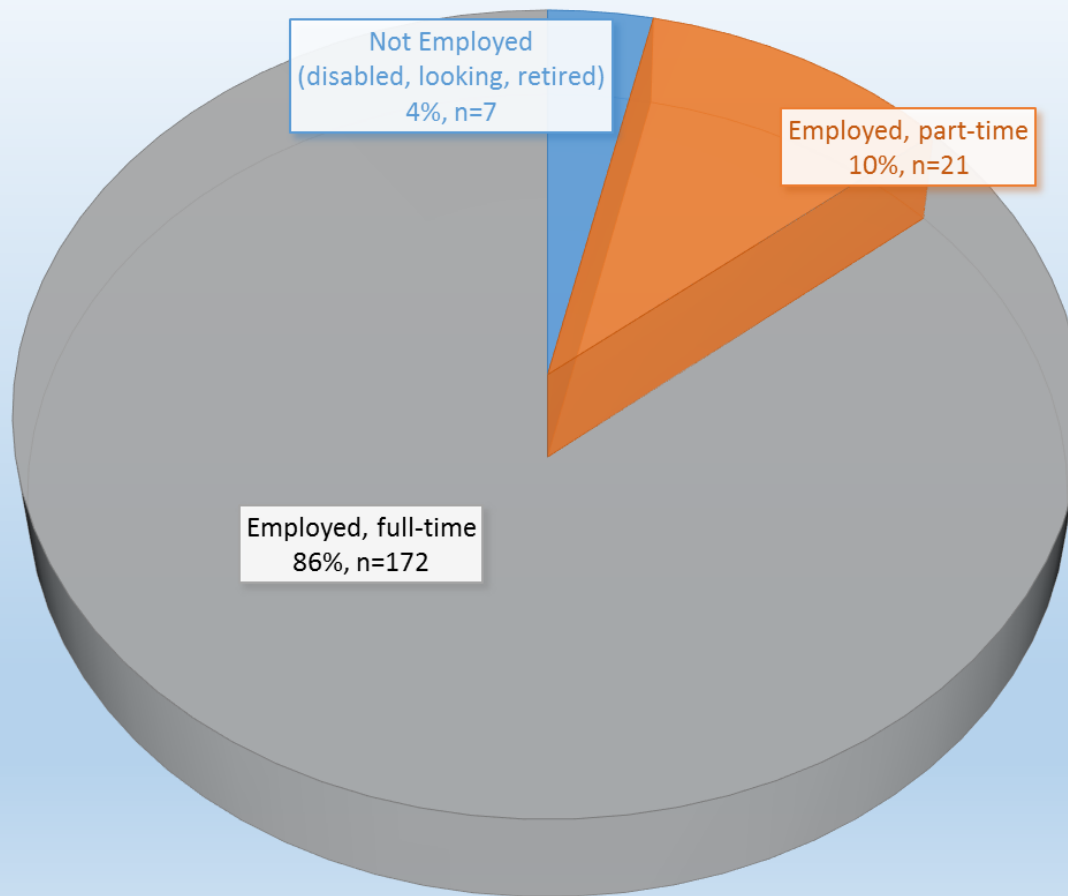
# Methodology

- Maslach Burnout Inventory (MBI)- presented here
- Areas of Work life Survey (AWS)
- Hospital Consultants Job Stress and Satisfaction Questionnaire (HCJSSQ)
- Intent to Leave Scale (investigator developed)- presented here



# Sample: Employment Status

EMPLOYMENT STATUS



- Individuals who identified within an unemployed category were removed from analyses.
- Remaining sample = 193

# Study Sample

- 193 Employed Individuals Completed Survey
  - 89.1% full-time, 10.9% part-time
- 97.9% Female; 48 years mean Age (28-70yrs)
- Practice Type
  - 71.0% Outpatient, 20.7% Outpatient/Inpatient, 8.3% Inpatient
- Population
  - 89.1% Adult, 6.2% Pediatric, 2.6% Geriatric
- Institution Type
  - 51.8% Teaching hospital, 26.4% Private practice, 18.7% Community hospital, 3% Small hospital
- Location
  - 55.4% Urban, 36.3% Suburban, 8.3% Rural

# Results: Maslach Burnout Inventory (n=193)

## Descriptive Statistics

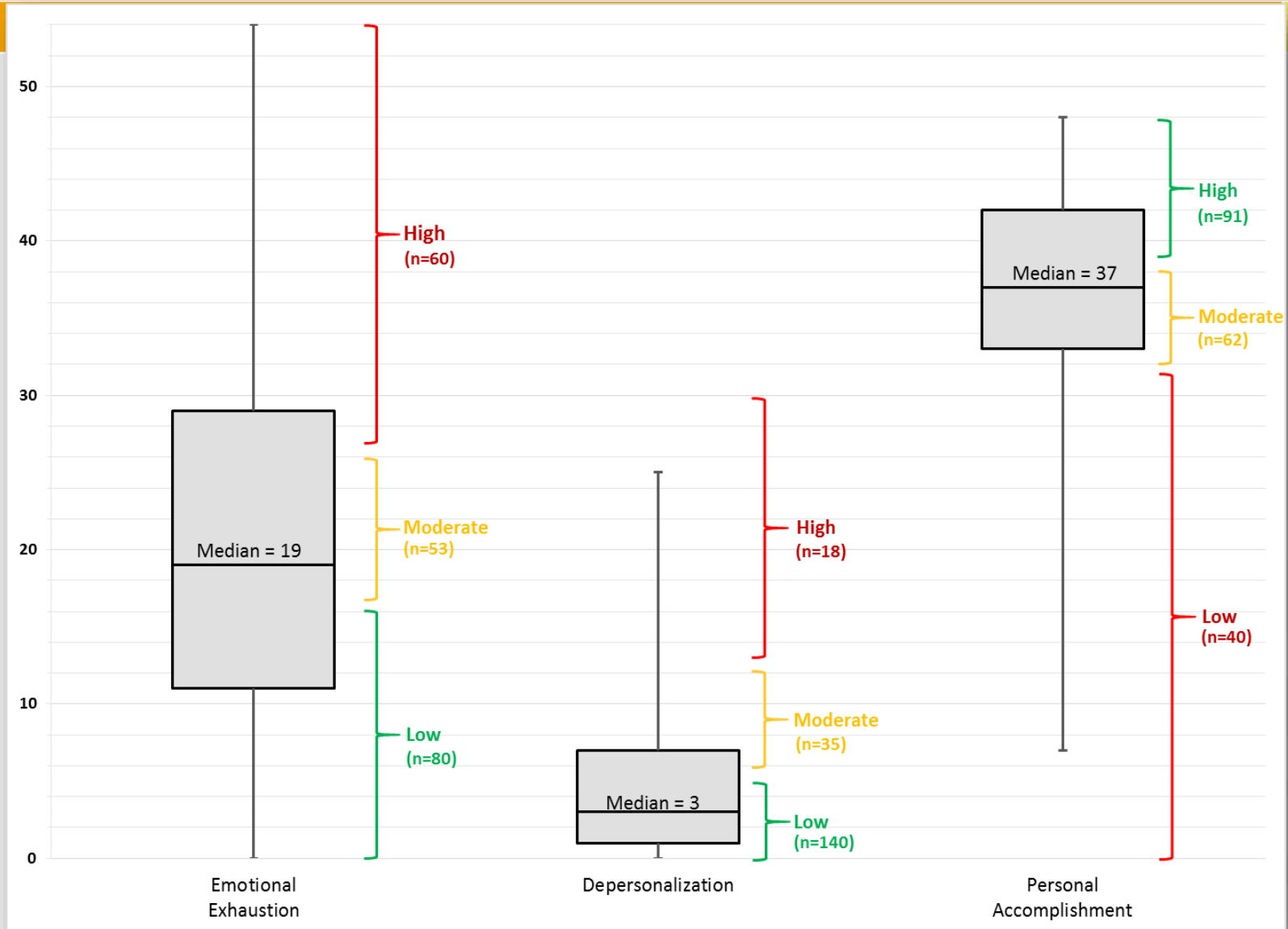
Factor	Average of Sum Scores	Standard Deviation	Sample Range	Potential Range
<b>Emotional exhaustion</b> (9 items)	20.9	12.5	0 – 54	0 – 54
<b>Depersonalization</b> (5 items)	4.9	4.9	0 – 25	0 – 30
<b>Personal Accomplishment</b> (8 items)	36.7	7.4	7 – 48	0 – 48

## Pearson Correlations

	Exhaustion	Depersonalization
Exhaustion	---	
Depersonalization	.66**	---
Accomplishment	-.22**	-.27**

\*\*p<.01

# Results: Maslach Burnout Inventory (n=193)



# Results: Associations with MBI Subscales

	Dependent Variables		
	Emotional Exhaustion	Depersonalization	Personal Accomplishment
<b>Significant Independent Variables</b>	Age** ( $\eta^2=.05$ )	Age*** ( $\eta^2=.07$ )	Age** ( $\eta^2=.05$ )
	Employment Status** ( $\eta^2=.05$ )		
	Days off Wishes*** ( $\eta^2=.12$ )	Days off Wishes* ( $\eta^2=.03$ )	Days off Wishes* ( $\eta^2=.05$ )
	Relationship with Physicians** ( $\eta^2=.08$ )		
<b>Non-significant Independent Variables</b>	Practice Type Curriculum	Employment Status Practice Type Relationship with Physicians Curriculum	Employment Status Practice Type Relationship with Physicians Curriculum

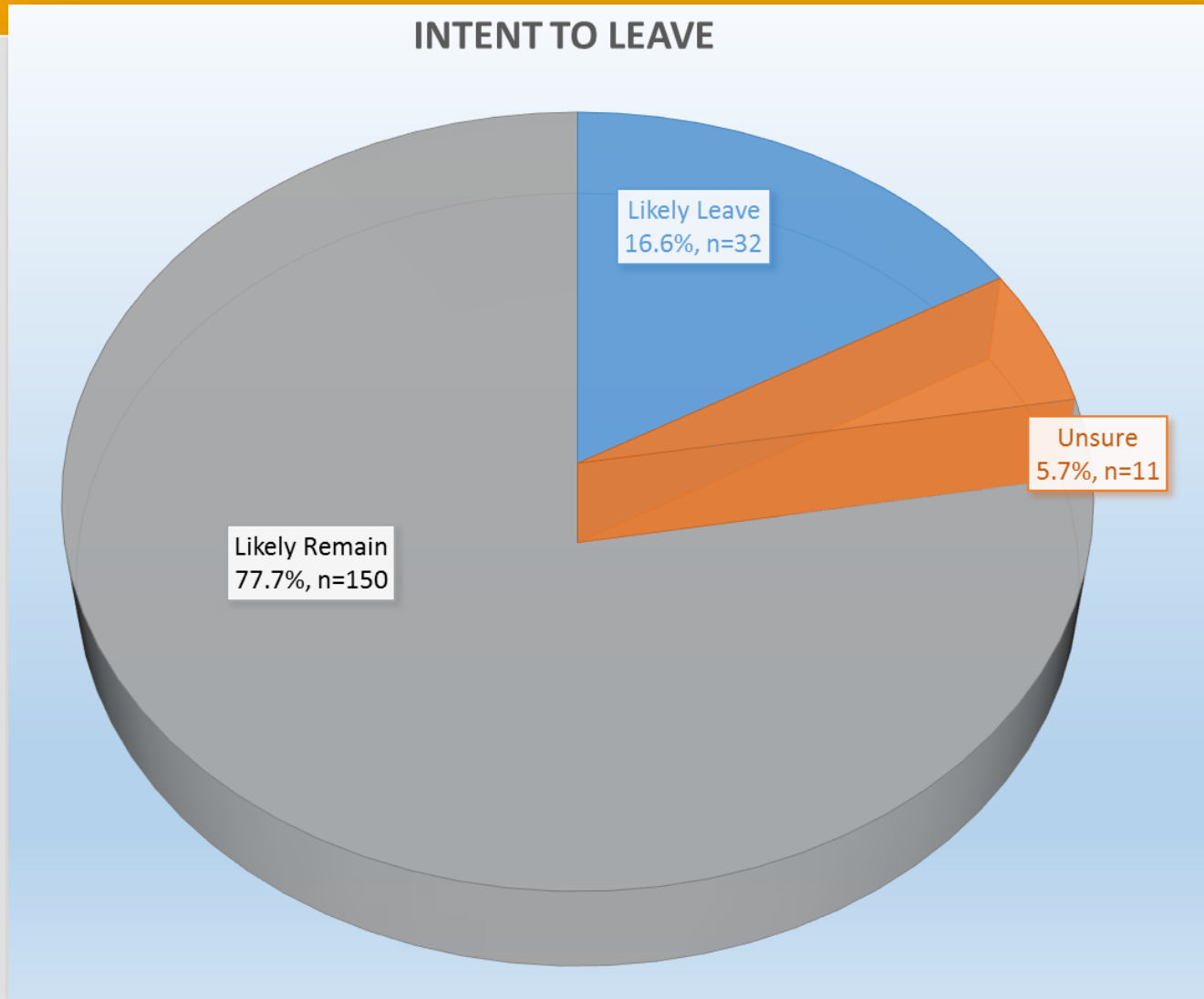
\*\*\* $p<.001$ , \*\* $p<.01$ , \*  $p<=.05$

# Results: Maslach Burnout Inventory (n=193)

	Emotional Exhaustion		
Depersonalization	Low	Moderate	High
Low	39.9% (n=77)	19.2% (n=37)	13.5% (n=26)
Moderate	1.6% (n=3)	7.8% (n=15)	8.8% (n=17)
High	0.0% (n=0)	0.5% (n=1)	8.8% (n=17)



# Results: Intent to Leave



# Results: Intent to Leave

	Emotional Exhaustion			
Intent to Leave	Low	Moderate	High	Total
Likely Remain	50.0% (n=75)	28.0% (n=42)	22.0% (n=33)	100.0% (n=150)
Unsure	9.1% (n=1)	27.3% (n=3)	63.6% (n=7)	100.0% (n=11)
Likely Leave	12.5% (n=4)	25.0% (n=8)	62.5% (n=20)	100.0% (n=32)

Association between Emotional Exhaustion and Intent to Leave (dependent variable) was moderate in size ( $\eta = .38$ ,  $n=193$ ).

Oncology/hematology nurses with higher levels of emotional exhaustion are more likely to express an intent to leave the profession. 17% ( $n=33$ ) of responding sample indicated intent to remain despite high levels of emotional exhaustion.

# Summary

- Over half the respondents reported burnout with high to moderate EE and & depersonalization scores.
- Age, employment status, ability to schedule days off, and relationship with physicians were significant associations with EE
- Higher levels of EE were associated with a greater intent to leave the profession within the near future.

# Discussion

- Caring for hematology/oncology patients may lead to the burnout syndrome, as measured by feelings of emotional exhaustion, depersonalization and lack of personal accomplishment.
- Factors that may buffer burnout: greater flexibility to schedule days off and enhancing relationships with physicians.
- Individuals who reported onc/hem clinical and/or course work did not, on average, indicate lower levels of emotional exhaustion, depersonalization, or personal achievement.

# Discussion

- With hematology/oncology nurse practitioners' burnout and intent to leave at these levels, an aging workforce, and an increased tendency for younger nurses to show greater willingness to leave their jobs, the current shortage of hematology/oncology nurse practitioners appears destined to worsen over the long term



# Conclusion

- Burnout syndrome should be considered a marker of the health of the hematology/oncology nurse practitioner, as it impacts on daily quality of life and may threaten patient care.
- Moreover, several determinants of burnout are related to institutional-related factors, such as work hours, rarely getting a day off as wished, and relationship with physicians.
- Further studies are needed to target the risk and buffering factors for burnout that were identified in this study and to look for and evaluate potential intervention strategies.

# Questions?



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