Evaluation of Burnout, Coping Strategies and Resilience in Paediatric Oncology Health Care Workers in Cape Town

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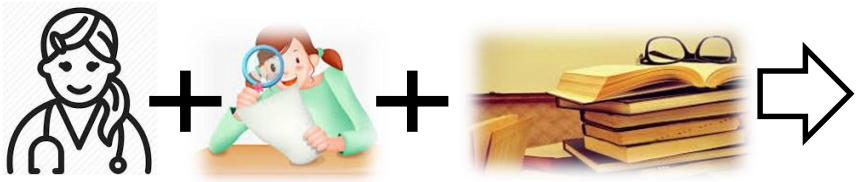
Outline

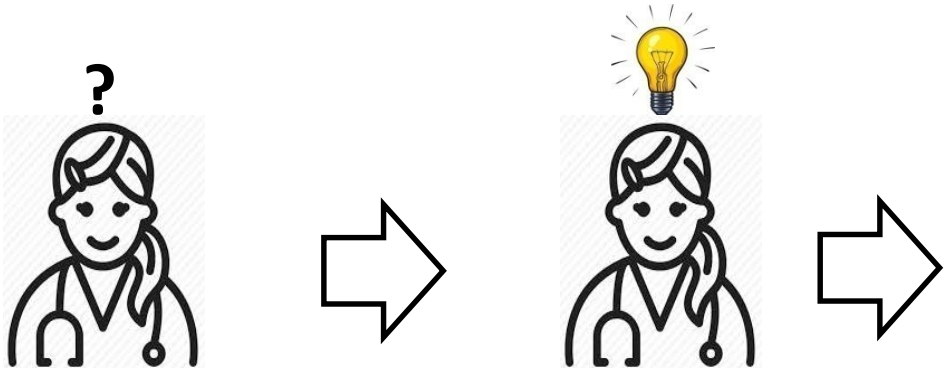
- Background
- Relevance of Burnout studies
- Burnout process
- Study objectives
- Methodology
- Results
- Conclusion
- Recommendations

Background



Sources of emotional and physical tension in POU staff

Attachment to patient and family
The patients' disease process
Associated factors – low resources, co morbid conditions



People in POU should be prone to burnout, if so, how do they cope?

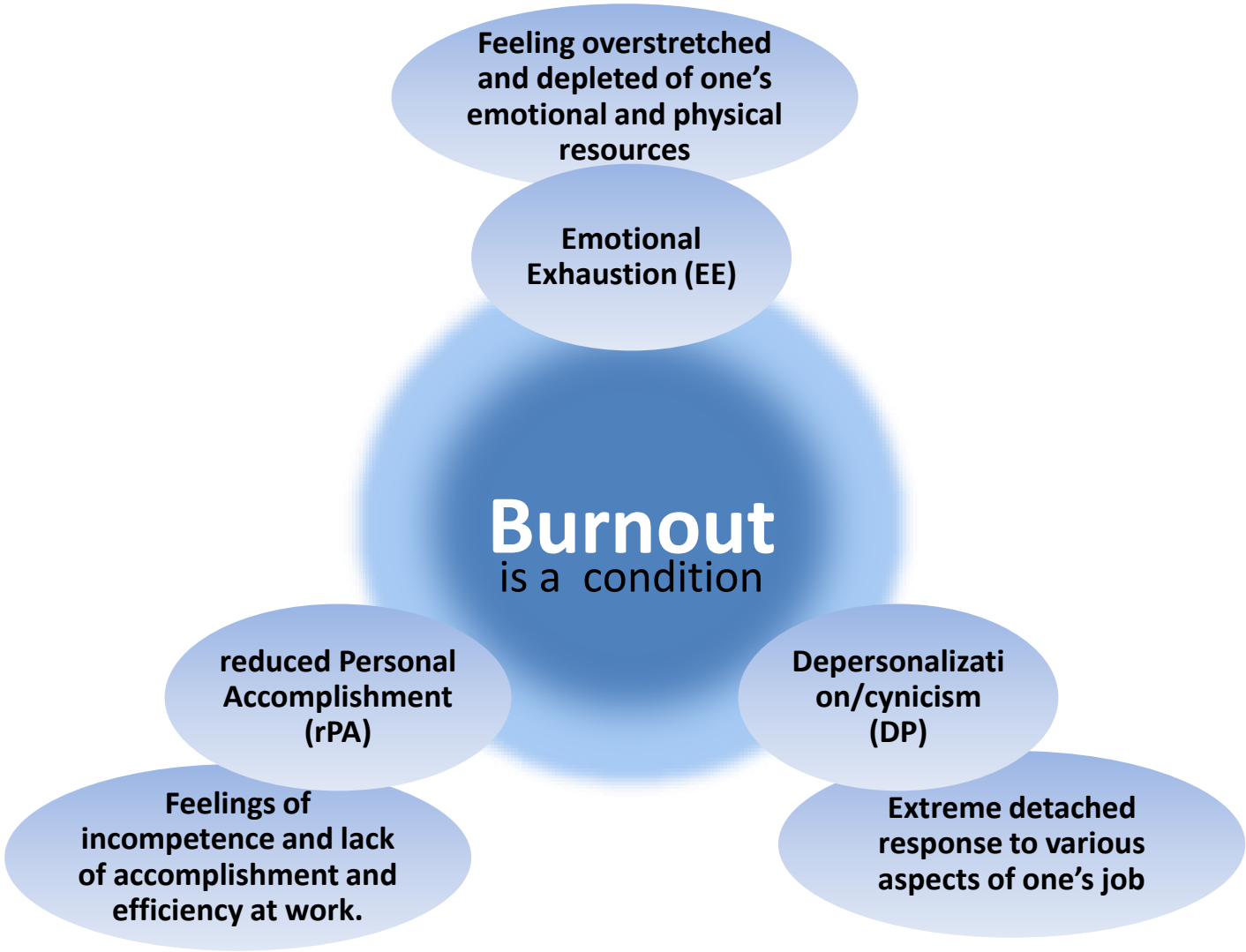
Opportunity

MPhil in Maternal & Child Health

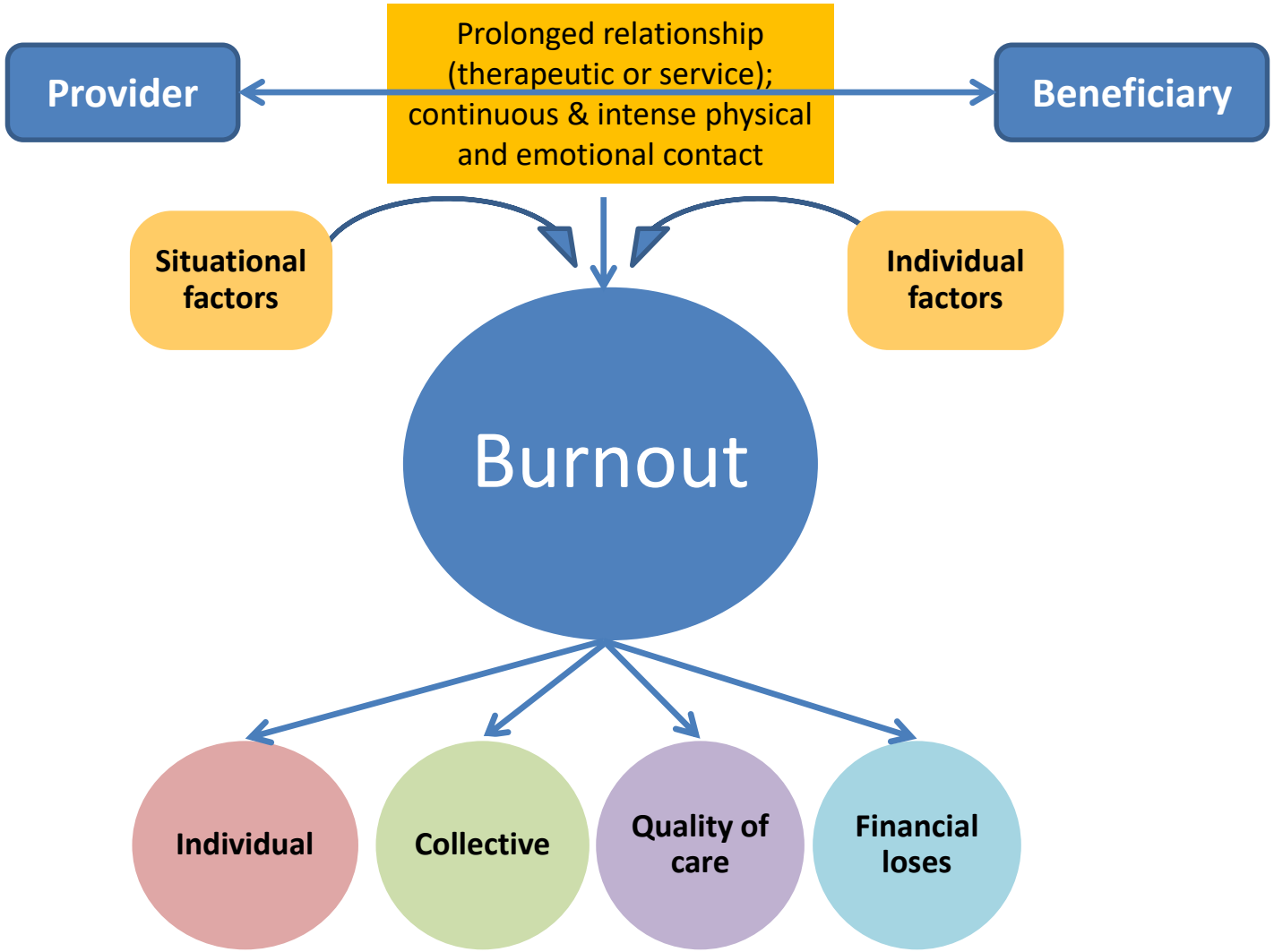
Relevance of Burnout Research

- ❑ **It highlights the significance of mental health in HCWs**
- ❑ **Self-reflection**
- ❑ **Make recommendations that are applicable**

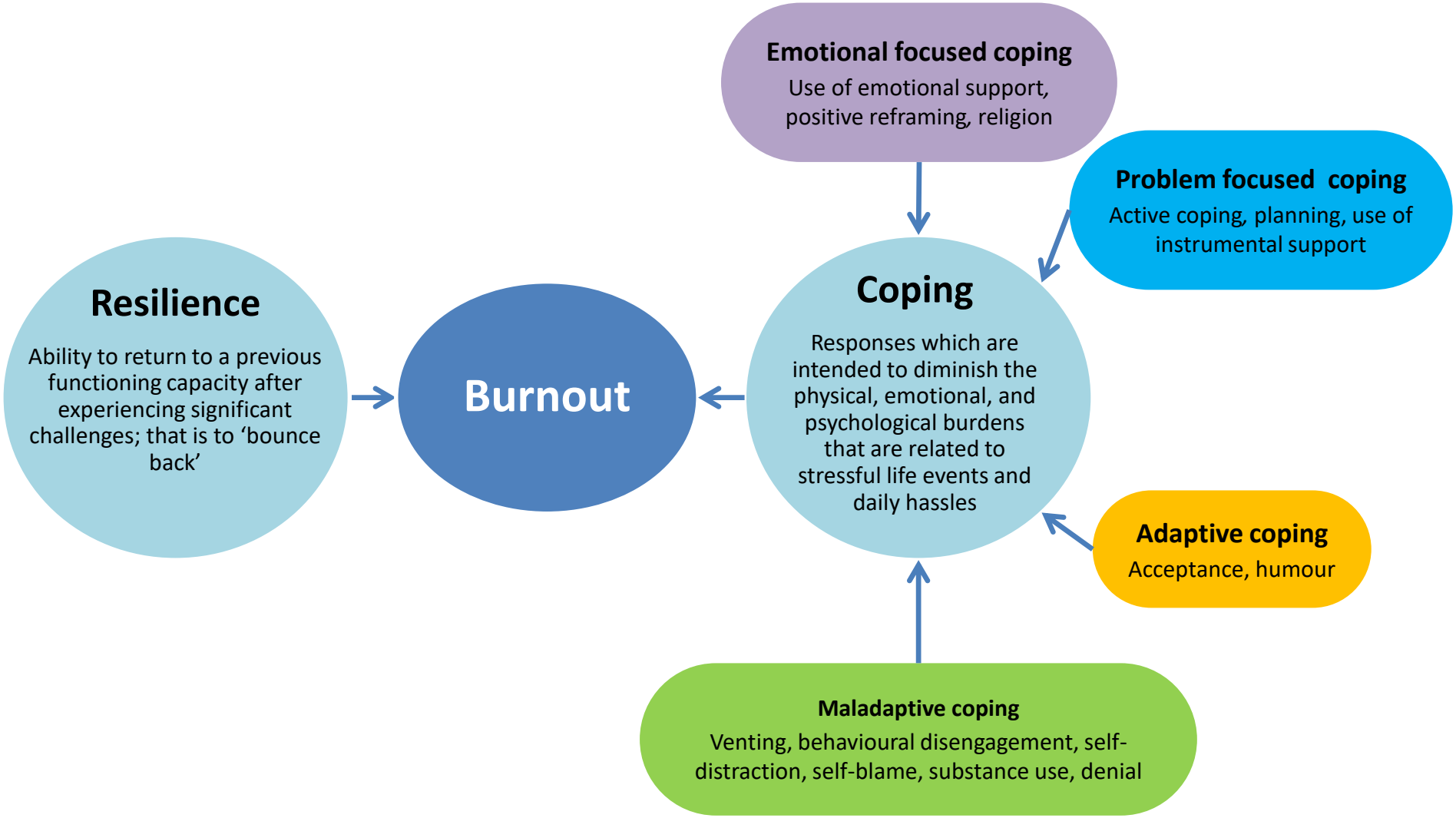
Burnout


Feeling overstretched and depleted of one's emotional and physical resources
Emotional Exhaustion (EE)
Burnout
is a condition
reduced Personal Accomplishment (rPA)
Feelings of incompetence and lack of accomplishment and efficiency at work.
Depersonalizati on/cynicism (DP)
Extreme detached response to various aspects of one's job

Burnout Process



Responses to Burnout



Burnout Research

Pioneers:

- **Herbert Freudenberger (1974, 1975)**
- **Christina Maslach (1976)**

Prevalence varies across professions and specialties:

- **Globally, prevalence is highest in HCWs; between 25% -75% in some clinical specialties** (Martini *et al.,* 2003)
- **In oncology, prevalence is between 25% - 36%** (Trufelli *et al.*, 2008)

In South Africa:

- **Prevalence of 20% & 58% occur across all specialties** (Van der Walt, Scribante, & Perrie, 2015)
- **Prevalence of 24.7% - 32 .9% in oncology workers in Pretoria using the MBI** (De Klerk, 2004)

Burnout and other concepts:

- **Association between burnout and other concepts like resilience** (Rushton, *et al.*, 2015) **and,**
- **Reduced job performance** (Ashtari, Farhady & Khodaee, 2009)

Study Objectives

- To determine the prevalence of burnout in paediatric oncology HCWs at a tertiary institution in Cape Town, South Africa
- To identify coping strategies adopted by HCWs working in the paediatric oncology unit at a tertiary institution in Cape Town
- To evaluate the level of resilience in the HCWs working in the paediatric oncology unit at a tertiary institution in Cape Town
- To make recommendations that may help to reduce burnout in paediatric oncology care and other fields of health care in South Africa

Cross-sectional mixed method

Inclusion criteria:
Employees of a Cape Town tertiary hospital.
POU staff – primary and non-primary

Data Collection:
MBI, BRS, BriefCOPE and researcher developed questions

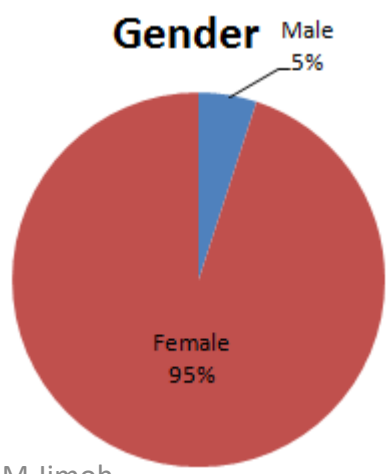
Data Analysis:
Excel 2010, K-Wallis and Pearson correlation test

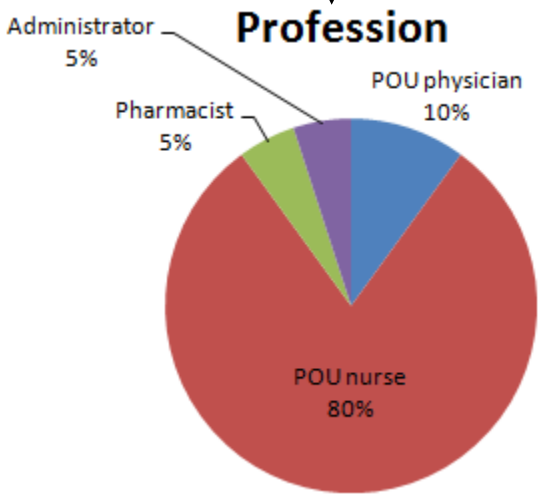
Results Overview

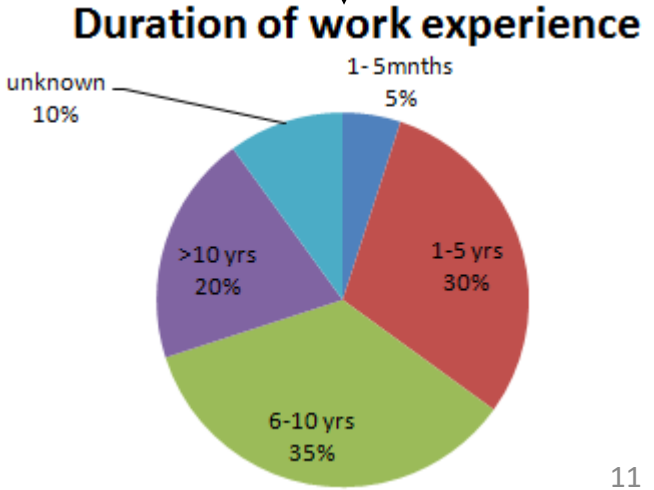
50 questionnaires distributed

25 respondent (50% response rate)

20 responses analysed





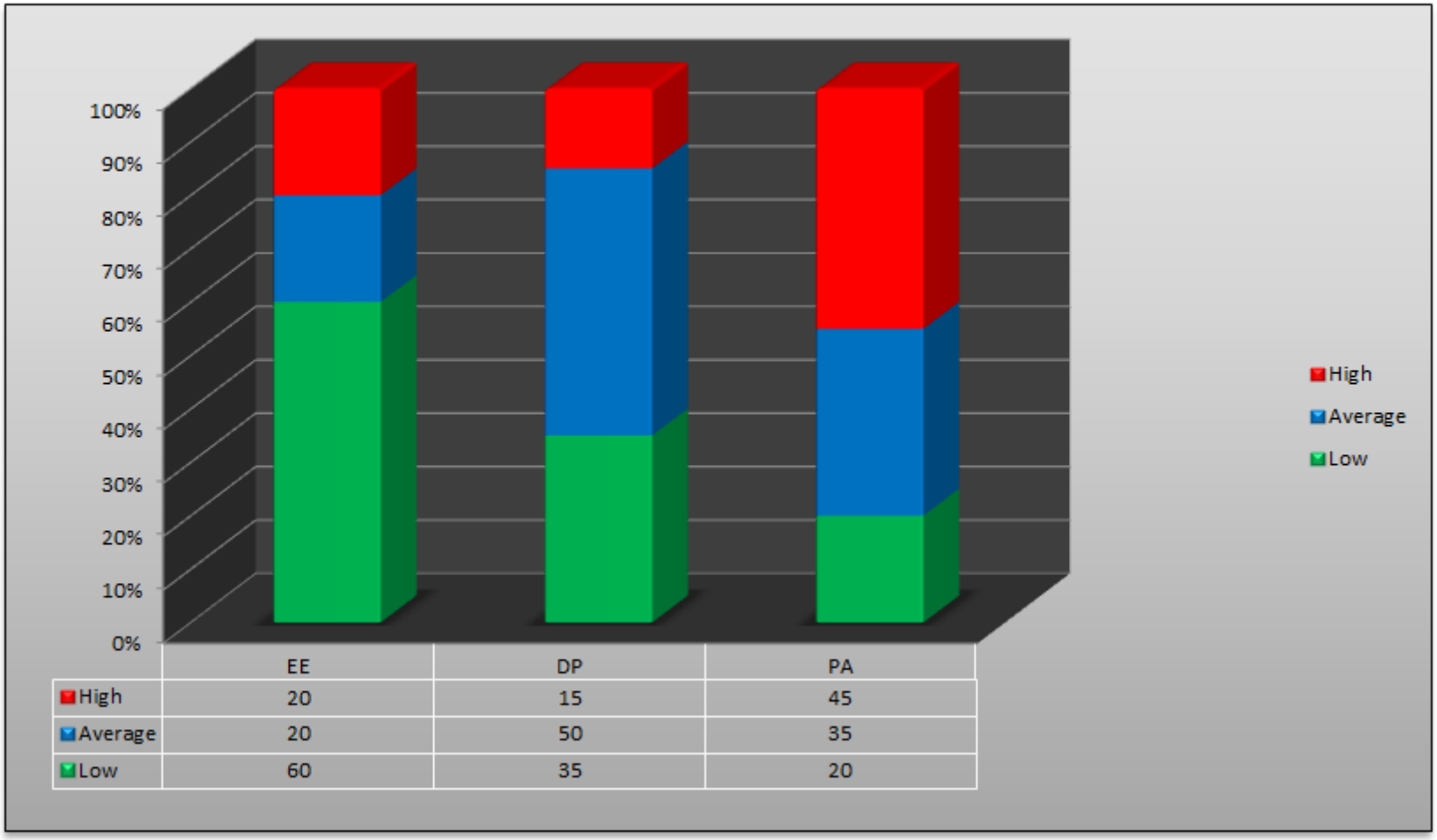


Results – *burnout MBI*

- High burnout: high EE & DP scores, Low PA score
- Average burnout: Average scores on EE, DP & PA
- Low burnout: Low EE & DP scores, high PA score

Results - *Rurnout prevalence*

Figure 1: Burnout prevalence in POU HCWs (15 – 45 %)



	EE	DP	PA
High	20	15	45
Average	20	50	35
Low	60	35	20

Results - *Resilience*

Figure 2: Level of resilience in study respondents

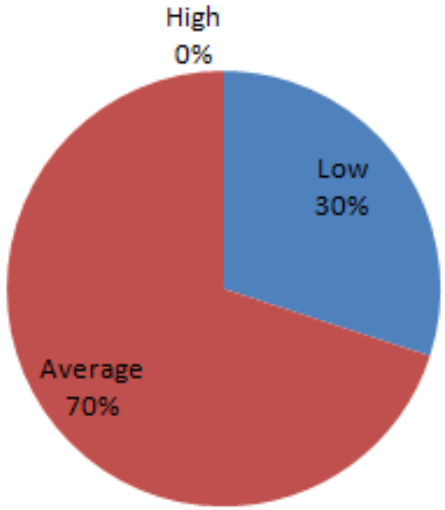


Table 1: Association between burnout and resilience (Kruskal Wallis)

			EE			DP		
		N	M	SD	*P* value	M	SD	*P* value
Level of resilience	low	6	25.8	13.07	*0.038769	12	5.786	*0.030842
	Average	14	14.3	7.869		6.2	5.466	
	High	0	0	0		0	0	

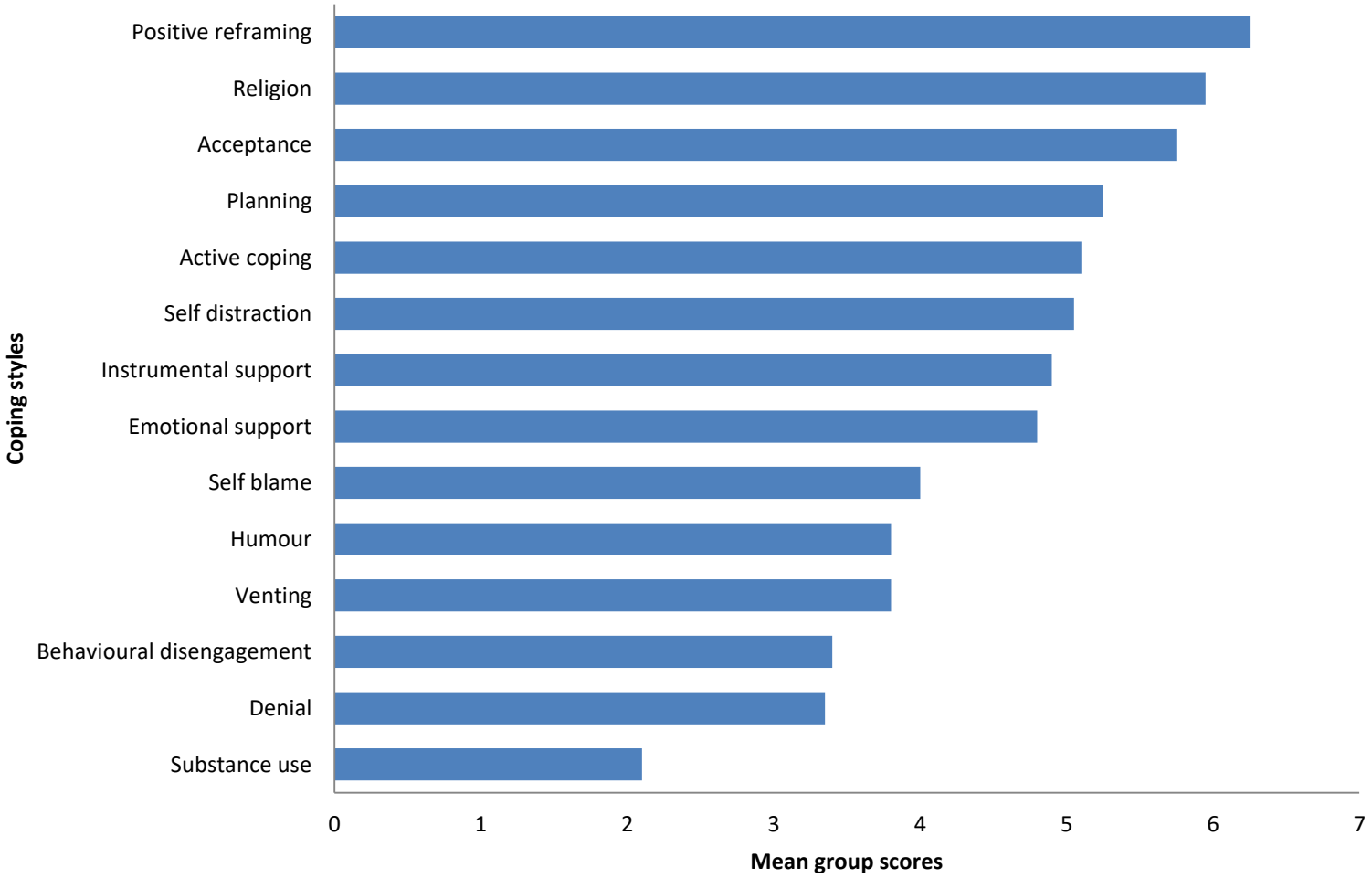
key: Low, Average

Significant association between EE, DP and Resilience ($p<0.05$).

The higher the level of resilience the lower the experience of EE and DP

Results – *Coping styles*

Figure 3: Coping styles Vs Mean group scores



Results - *Burnout and coping*

Table 2: Pearson Correlation Coefficients (r) between MBI-HSS and Brief COPE

	MBI		
Brief COPE dimensions	**EE scores**	**DP scores**	**rPA scores**
Self-distraction	0.0856	0.17567	-0.012894
Active coping	0.01295	0.25219	***-0.442278**
Denial	***0.46372**	***0.60639**	0.062709
Substance use	***0.37024**	0.13146	0.096303
Emotional support	-0.2077	-0.1667	***0.458674**
Instrumental support	-0.02911	0.22272	0.088251
Behavioural disengagement	***0.65521**	***0.62153**	-0.113825
Venting	***0.36217**	0.12845	0.195828
Positive reframing	0.04296	0.21297	***0.435879**
Planning	-0.03684	0.01785	0.101565
Humour	-0.10798	-0.1849	0.013939
Acceptance	-0.1984	-0.1755	-0.183151
Religion	-0.02538	0.28344	***0.361943**
Self-blame	***0.51572**	0.2731	0.139326

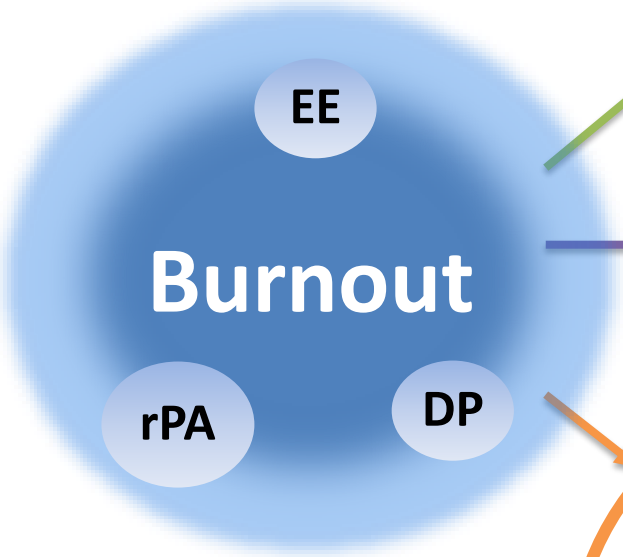
*Correlation is significant $r > 0.30$ (medium effect)

Results - *Qualitative data*

Suggested strategies to promote personal-work life balance:

1. **Goal-oriented teamwork**
2. **Fairness** (everyone is heard)
3. **Easily accessible professional support**
4. **Occasional 'time-out'/break time to recoup**
   (socialise, discuss non-work related issues, problem-solution sharing)

Conclusion



Burnout prevalence in POU HCWs in Cape Town is 15-45%

High prevalence of rPA (45%) cut across most demographic features. ?situation specific factors

The predominant use of EFC & PFC and the moderate level of resilience appear to be protective against burnout

Recommendations

- *Individual HCWs*
- *Departments and Institutions*
- *Future research*

Recommendations - *Individual HCWs:*

- ❑Self care; observe signs and symptoms
- ❑Understand capabilities and limitations
- ❑Add meaning to personal and professional relationships

Recommendations - *Departments and Institutions:*

- ❑Be proactive; be aware; identify situational factors.
- ❑Self management skills in undergraduate curriculum.
- ❑Debriefing and skills building programmes
- ❑Implementation and evaluation of intervention strategies - *availability, awareness and accessibility*
- ❑Orientation/mentorship programmes for newly appointed staff

Recommendations - *Future research*

- Focus on large scale researches - evidence for policy makers and stakeholders
- Evaluate intervention strategies
- Investigate barriers of programme implementation

Thank you!

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Any questions?