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)

Reduced Personal Accomplishment (rPA)

Feelings of incompetence and lack of accomplishment and efficiency at work.

Depersonalization/cynicism (DP)

Extreme detached response to various aspects of one’s job

Burnout is a condition

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Burnout Process

Prolonged relationship (therapeutic or service); continuous & intense physical and emotional contact

Provider

Beneficiary

Situational factors

Individual factors

Burnout

Individual

Collective

Quality of care

Financial loses
Responses to Burnout

Coping

Emotional focused coping
Use of emotional support, positive reframing, religion

Problem focused coping
Active coping, planning, use of instrumental support

Adaptive coping
Acceptance, humour

Maladaptive coping
Venting, behavioural disengagement, self-distraction, self-blame, substance use, denial

Resilience
Ability to return to a previous functioning capacity after experiencing significant challenges; that is to 'bounce back'

Burnout
Responses which are intended to diminish the physical, emotional, and psychological burdens that are related to stressful life events and daily hassles
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)
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 respondents (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 - *Burnout prevalence*

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

<table>
<thead>
<tr>
<th></th>
<th>EE</th>
<th>DP</th>
<th>PA</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>20</td>
<td>15</td>
<td>45</td>
</tr>
<tr>
<td>Average</td>
<td>20</td>
<td>50</td>
<td>35</td>
</tr>
<tr>
<td>Low</td>
<td>60</td>
<td>35</td>
<td>20</td>
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</tbody>
</table>
Results - *Resilience*

Figure 2: Level of resilience in study respondents

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

<table>
<thead>
<tr>
<th>Level of resilience</th>
<th>EE</th>
<th></th>
<th></th>
<th></th>
<th>DP</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>M</td>
<td>SD</td>
<td>P value</td>
<td>M</td>
<td>SD</td>
<td>P value</td>
<td></td>
</tr>
<tr>
<td>low</td>
<td>6</td>
<td>25.8</td>
<td>13.07</td>
<td><em>0.038</em></td>
<td>12</td>
<td>5.786</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average</td>
<td>14</td>
<td>14.3</td>
<td>7.869</td>
<td>769</td>
<td>6.2</td>
<td>5.466</td>
<td><em>0.030842</em></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

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**

- Positive reframing
- Religion
- Acceptance
- Planning
- Active coping
- Self distraction
- Instrumental support
- Emotional support
- Self blame
- Humour
- Venting
- Behavioural disengagement
- Denial
- Substance use

Mean group scores

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## Results - *Burnout and coping*

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

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

*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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Selected references


Any questions?