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Research Article

Examining the Prevalence of Compassion Fatigue and Burnout in Radiation Therapists Caring for Palliative Cancer Patients

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ABSTRACT

Objective: Radiation therapists (RTs) play an important role in caring for patients undergoing radiotherapy for palliative intent. RTs are in a primary position to provide emotional support to their patients and, as a result, compassion fatigue (CF) and burnout can develop. The purpose of this study was to investigate the prevalence of CF and burnout in RTs providing care to palliative cancer patients, the various intrinsic and extrinsic factors that influence how RTs provide care to this specific patient population, and to determine if RTs feel supported through education and resources.

Methods: RTs at a single radiation therapy centre who have direct patient contact comprising greater than 50% of their clinical practice were invited to complete a self-administered electronic questionnaire. The questionnaire consisted of demographic questions; the Professional Quality of Life Compassion Satisfaction and Fatigue Questionnaire to assess for CF and burnout; and additional questions to assess possible factors affecting CF and burnout among subgroups. Descriptive statistics were used for data analysis.

Results: A total of 42 survey responses were received resulting in a 32% response rate. Responses indicated RTs have a high level of compassion satisfaction and low burnout and secondary traumatic stress. However, it was observed that lack of resources to assist dying patients and their family members as well as a fast-paced work environment and the need for education to support staff in coping with CF and burnout were potential stressors.

Conclusion: This study found that RTs do not experience above average levels of CF and burnout. However, intrinsic factors such as high patient load, a fast-paced clinical environment, and patients' age had the most impact emotionally on staff providing care to this specific patient population.

radiothérapeutes sont en bonne position pour fournir un soutien émotionnel à leurs patients, ce qui peut entraîner une usure de la compassion et un épuisement professionnel. Dans cette étude, les auteurs voulaient examiner la prévalence de l'usure de la compassion et de l'épuisement professionnel chez les radiothérapeutes offrant des soins palliatifs aux patients atteints d'un cancer en phase terminale; examiner les différents facteurs intrinsèques et extrinsèques ayant une incidence sur la façon dont les radiothérapeutes offrent des soins à cette population spécifique de patients; et déterminer si les radiothérapeutes se sentent appuyés par de la formation et des ressources.

Méthodologie : Les radiothérapeutes d'un seul centre de radiothérapie et dont les contacts avec les patients représentent plus de 50% de leur pratique clinique ont été invités à remplir un questionnaire électronique autoadministré. Le questionnaire comprenait des questions démographiques, le questionnaire de satisfaction par la compassion et d'usure de la compassion (PROQUOL-V) afin d'évaluer l'usure de la compassion et l'épuisement professionnel; et des questions supplémentaires permettant d'évaluer les facteurs potentiels ayant une incidence sur l'usure de la compassion et l'épuisement professionnel au sein de sous-groupes. La statistique descriptive a été utilisée pour l'analyse des données.

Résultats : Au total, 42 questionnaires remplis ont été reçus, pour un taux de réponse de 32%. Les réponses démontrent que les radiothérapeutes ont un niveau élevé de satisfaction par la compassion et un faible niveau d'épuisement professionnel et de stress traumatique secondaire. Cependant, il a été observé que le manque de ressources pour assister les patients en phase terminale et les membres de leurs familles, le rythme élevé du milieu de travail et le besoin de formation pour aider le personnel à composer avec l'usure de la compassion et l'épuisement professionnel constituaient des facteurs de stress potentiels.

Conclusion : L'étude a démontré que les radiothérapeutes ne présentent pas un niveau d'usure de la compassion et d'épuisement professionnel supérieur à la moyenne. Cependant, des facteurs

RÉSUMÉ

Objectif : Les radiothérapeutes jouent un rôle important dans les soins des patients sous soins palliatifs en radiothérapie. Les

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intrinsèques comme le nombre élevé de patients, l'environnement clinique effréné et l'âge des patients sont ceux qui ont la plus forte

incidence émotionnelle sur les radiothérapeutes offrant des soins à cette population de patients spécifique.

Keywords: Compassion fatigue; burnout; palliative; radiation therapy

Introduction

The World Health Organization defines palliative care as “an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual” [1]. In the field of radiation oncology, this includes treating patients with radiotherapy to relieve pain and other disease-related symptoms. Radiation therapists (RTs) play an important role in caring for patients with cancer. They affect the patient's experience physically and emotionally since they see patients on a daily basis, compared to other health care professionals (HCPs) involved in their care [2]. Due to the frequency and duration of radiotherapy treatments, RTs are in a position to develop strong, trusting relationships with patients and their families. This allows patients and their families to develop close bonds and become dependent on RTs to provide both physical and emotional support. However, caring for patients with life-threatening illness or those receiving palliative care can also impact the well-being of HCPs, including RTs. A daily exercise of empathy and exposure to the grief and trauma of palliative patients, such as those undergoing palliative radiotherapy, can lead HCPs to experience physical, psychological, and emotional exhaustion, resulting in the development of compassion fatigue (CF) and burnout [3–5]. CF is often referred to as the “emotional cost of caring” in a helping profession caused by repetitive exposure to traumatic, emotional events without the chance of recuperation between stressors [6]. Burnout results from a poorly adaptive response to stress in any profession and is comprised of three main components: emotional exhaustion, depersonalisation, and decreased perception of personal accomplishment [5, 6]. Both CF and burnout can adversely impact HCPs' personal health, their interactions with others, and the quality of care provided, emphasizing the importance of caring for those who provide care to patients and their families [3–5, 7].

In North America, approximately 50% of patients are prescribed radiotherapy for palliative intent [8]. Interacting with patients being treated with palliative radiotherapy on a regular basis can be emotionally burdensome on RTs and can lead to emotional exhaustion, depersonalisation, and burnout [9]. As a result, this can lead to decreased job satisfaction, emotional detachment, and an increase in number of sick days, which can ultimately compromise the quality of care and attention provided to patients [10]. Research has shown that the strain and responsibility that results from caring for cancer patients can come from HCPs' inability to cope with their own

emotions and the high demands of the workplace [11]. The majority of the research available regarding CF and burnout has focused on all cancer sites. However, caring for palliative patients is becoming increasingly part of the daily routine of RTs.

This study investigated the prevalence of CF and burnout among RTs caring for palliative cancer patients at a single urban radiation therapy centre as well as the role various intrinsic and extrinsic factors can play. Intrinsic factors that were explored include availability of educational resources and counselling, time constraints, patient load, and complexities in palliative treatment techniques. Extrinsic factors pertain to RTs' personal lives, such as personal attitudes and beliefs about palliative care, previous personal experiences with palliative care, and patient demographics.

Methods

Study Design and Sample

This study used a cross-sectional descriptive questionnaire study design, in which data were collected from a nonrandom convenience sample of RTs at a single urban radiation therapy centre who had an overall workload where direct patient contact, for both radical and palliative treatment intent, comprised greater than 50% of their clinical practice (treatment delivery, review clinics, simulation).

To be eligible to participate in this study, participants were also required to have computer and Internet access, be able to understand and read instructions in English, provide written responses in English, and provide informed consent. The study questionnaire was distributed to 130 RTs who had an overall workload with direct patient contact that comprised greater than 50% of their clinical practice. The study aimed for a 50% response rate [12, 13].

Questionnaire Development

The study questionnaire was developed by incorporating several validated tools from similar studies in other health care fields [11, 14–17]. Permission was obtained from the authors to use questions from these questionnaires but were modified to be applicable to the field of radiation therapy. Face validity was established by three radiation therapy experts in palliative care. The questionnaire was piloted with six RTs for feasibility, overall layout, completion time, and clarity. Minor modifications to the online questionnaire format and question sequencing were made before use.

All questions were quantitative in nature. The survey consisted of multiple choice, multiple select, and 5-point Likert-scale questions ranging from 0 (“never”) to 5 (“very often”).

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