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Burnout among cancer professionals during COVID-19



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Published Online
September 24, 2020

[https://doi.org/10.1016/S1470-2045\(20\)30584-2](https://doi.org/10.1016/S1470-2045(20)30584-2)

For more on the **two online surveys** see <https://www.esmo.org/meetings/esmo-virtual-congress-2020/daily-reporter/daily-reporter-news/covid19-cancer-research>

For more on **burnout rates among oncology physician assistants in the USA** see <https://meetinglibrary.asco.org/record/185959/abstract>

For more on **oncologists' burnout in Russia** see <https://meetinglibrary.asco.org/record/191626/abstract>

For more on **US oncologists' burnout** see *J Clin Oncol* 2014; **32**: 678–86

For more on the **cost of physician burnout in the USA** see <https://www.npr.org/sections/health-shots/2019/05/31/728334635/whats-doctor-burnout-costing-america>

Newly released results from two online surveys done by the European Society for Medical Oncology (ESMO) Resilience Task Force have outlined the extent to which the COVID-19 pandemic has affected burnout, job performance, and wellbeing in the global oncology workforce. The first survey was done from April 16 to May 3, 2020, and 1520 people from 101 countries participated. 38% of respondents stated that they had experienced feelings of burnout and 78% had felt increased concern for their personal safety since the onset of the pandemic.

The follow-up survey, which was done from July 16 to Aug 6, 2020, found that the proportion of respondents reporting feelings of burnout had risen to 49%. The proportion of professionals at risk of distress increased from 25% to 33% between the two surveys. But whereas 66% of respondents in the first survey felt unable to do their job as well as they had done before the pandemic, by the time of the second survey, this proportion had decreased to 49%.

"These results suggest oncology professionals are adapting to the COVID-19 circumstances with a better ability to manage patients with cancer during the pandemic, but a higher risk of distress and burnout", commented Susana Banerjee (Royal Marsden National Health Service Foundation Trust and Institute of Cancer Research, London, UK), lead author of the two surveys.

The investigators found that as national COVID-19 mortality rates increased, wellbeing and job performance decreased. Burnout varied from country to country, but was not correlated with COVID-19 mortality in the first survey. "Feeling burnout can take time to manifest

itself, so I would not expect higher crude COVID-19 mortality rate alone at one timepoint to drive burnout", explained Banerjee. Increased working hours and concerns about training and career adversely affected both burnout and wellbeing. Job performance was worsened by reduced clinical trial activity.

"When the pandemic hit, oncologists were forced to address emergency management measures for our patients fast", said Banerjee. "There was a lot of uncertainty and unpredictability and, at the time, we had very limited knowledge on the risks of COVID-19 for individual patients with cancer." Several research activities came to an abrupt halt. Some patients with cancer died without being permitted to see family members. As health-care systems prioritised patients with COVID-19, referrals for suspected cancer dwindled, increasing the fear of delayed diagnosis and a pending increase in mortality.

"I think there is a sense of failure and helplessness associated with the pandemic that we have never experienced before", said Tara Sanft (Yale School of Medicine, New Haven, CT, USA). "We are trying to manage patients with many more restrictions than we have in the past, and navigate care and communicate with families and teams, all mostly over the phone or video."

Oncologists are already at heightened risk of burnout, because they have to discuss life-changing treatment decisions with patients, deliver bad news, and supervise therapies that can have adverse effects, which is not easy, particularly in an era of constrained resources. A poster presented at the American Society of Clinical Oncology 2020 meeting noted that rates of burnout among oncology

physician assistants in the USA increased from 35% in 2015, to 49% in 2019. A second poster outlined the situation in Russia, where a 2019 survey of 389 oncologists found that 72% reported emotional burnout. A 2014 survey of more than 1100 US oncologists concluded that 45% had at least one symptom of burnout, although interestingly the same survey found that more than 80% of respondents were satisfied with their career and a similar proportion were satisfied with their specialty. Burnout is estimated to cost the US health-care system US\$4-6 billion every year. "Wellbeing of health-care professionals is a priority. We need to act now. There is a real risk of colleagues leaving the profession or early retirement and this impact on the workforce could affect patient care", Banerjee told *The Lancet Oncology*.

The majority of respondents to the ESMO surveys believed that counselling and psychological support services would be helpful. They also endorsed workshops and courses on wellbeing, burnout, and coping strategies, as well as flexible working hours. Banerjee stresses the importance of increasing awareness, particularly in countries and institutions where wellbeing has not always been a priority. Sanft points out that in the USA, burnout is associated with the administrative burden placed on physicians. "COVID-19 has meant that we had to do away with a lot of bureaucracy and hone in on what was important; I hope systems can learn from this reprioritisation", she said. "If we really want to address burnout we have to cut through all the red tape and get back to the business of taking care of the patient."

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