

# “Helping the Helpers”: The Impact of COVID-19 on Work and Home Stress for Oncology Professionals

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## Background

- Healthcare professionals, particularly oncologists, are at high risk of experiencing work-related challenges like burnout and compassion fatigue.
- The serious consequences of the COVID-19 pandemic have significantly disrupted work and homelife, with some of the greatest impacts felt by healthcare professionals, however research in this area is limited.
- In October 2020 CSC disseminated an anonymous online survey to a range of oncology healthcare professionals throughout its affiliate network, healthcare partners, and to the larger oncology community.

## Aims

- This study aims to analyze the impact of COVID-19 on professional quality of life as well as work and home stress experienced by oncology healthcare professionals.

## Methods

- A total of eighty-four individuals participated in this survey, which utilized a mixed methods approach.
- Professional quality of life was evaluated using the Professional Quality of Life Scale (ProQOL), 5<sup>th</sup> Edition. It consists of 30 items with a Likert scale, and is composed of three subscales: Compassion Satisfaction, Burnout, and Secondary Traumatic Stress. Stress was also captured via two open-ended questions about work and home stressors due to COVID-19.
- Independent sample *t*-tests and one-way ANOVAs were used to detect statistically significant differences in the three subscales of the ProQoL based on demographic and work characteristics. Qualitative data was analyzed using grounded theory to analyze emergent themes and patterns derived directly from the data itself.

## Participants

N= 84	n (%)
<b>Gender</b>	
Male	1 (1)
Female	83 (99)
<b>Race</b>	
White	72 (92)
Asian	3 (4)
Black	2 (3)
Multiracial	1 (1)
<b>Work setting</b>	
Non-profit organization	34 (41)
Community hospital or community care center	27 (32)
Academic hospital or comprehensive care center	13 (15)
Private oncology practice	7 (8)
Other/none of the options listed	3 (4)
<b>Professional role</b>	
Social worker/counselor/psychologist/mental health	58 (69)
Nurse	10 (12)
Physician	3 (4)
Navigator	3 (4)
Advanced practice provider (e.g., PA, NP)	2 (2)
Other	8 (9)

## Acknowledgments

Support for the Helping the Helpers project was provided by Merck and Takeda Oncology.

## Results

### Professional Quality of Life Scale (ProQOL) 5<sup>th</sup> Edition

	Mean (SD)	Score
Compassion satisfaction scale	40.4 (5.9)	Moderate
Burnout scale	23.7 (6.7)	Moderate
Secondary trauma scale	22.9 (6.4)	Moderate

Note: n/s vary due to missing data; SD = standard deviation; Higher scores indicate greater compassion satisfaction, greater burnout, and greater secondary trauma (Stamm, 2010).

- Results indicate moderate levels of compassion satisfaction, burnout, and secondary traumatic stress among respondents.

### Bivariate tests for scores on the Compassion Satisfaction, Burnout, and Secondary Trauma subscales of the ProQOL

	Compassion Satisfaction		Burnout		Secondary trauma	
	M (SD)	F/t-test statistic	M (SD)	F/t-test statistic	M (SD)	F/t-test statistic
Race		2.35*		-1.95		-1.29
White providers	40.5 (5.3)		23.7 (6.2)		23.0 (6.0)	
Providers of Color	34.4 (9.0)		30.0 (7.9)		27.0 (7.8)	
Work setting		1.78		3.52*		2.07
Non-profit organization	40.8 (5.4)		23.4 (6.7)		21.8 (6.2)	
Hospital	39.3 (6.4)		25.4 (6.6)		24.6 (6.9)	
Private oncology practice/other	43.2 (4.7)		18.9 (4.8)		21.0 (3.5)	
Professional role		-1.21		-0.29		0.05
Mental health professional (e.g., social worker, counselor)	39.9 (6.1)		23.5 (6.6)		22.9 (7.0)	
Nurse	41.7 (5.1)		24.0 (7.1)		22.9 (4.6)	
Part-time	40.7 (4.5)		22.2 (4.4)		21.5 (4.8)	

Note: n/s vary due to missing data; SD = standard deviation; \* *p* < .05, \*\* *p* < .01, *p* < .001; Higher scores indicate greater compassion satisfaction, greater burnout, and greater secondary trauma.

- Working in a hospital setting was correlated with higher levels of burnout among respondents.
- Identifying as a provider of color was correlated with lower levels of compassion satisfaction among respondents.

### Stressors at Work and Home due to COVID-19

Stressors at Work		
Primary Themes	Sub-Themes	n (%)
Workplace Issues	Less in-person contact with colleagues/patients, fewer meaningful connections	15 (21)
	Lack of available/needed resources at work and/or for patients	14 (20)
	Increased workload	13 (18)
	Work technology	12 (17)
	Working remotely	10 (14)
	Concerns about work/personal finances	9 (13)
	Short- staffed	8 (11)
	Uncertainty/changes in work protocols and/or procedures	8 (11)
	Lack of workplace support	7 (10)
	Job insecurity	5 (7)
Patient Care	Increased patient needs/distress	10 (14)
	Patients having to receive treatment alone	4 (6)
Health	Concern for personal or family health/fear of COVID	15 (21)
	Concern for patient health	6 (8)

## References

- Glaser, B. G., & Strauss, A. (1967). The discovery of grounded theory: Strategies for qualitative research. *Chicago: Aldine.*
- Murali, K., Makker, V., Lynch, J., & Banerjee, S. (2018). From burnout TO Resilience: An update for Oncologists. *American Society of Clinical Oncology Educational Book*, (38), 862–872. [https://doi.org/10.1200/edbk\\_201023](https://doi.org/10.1200/edbk_201023)
- Stamm, B. H. (2010). The ProQOL (Professional Quality of Life Scale: Compassion Satisfaction and Compassion Fatigue). Pocatello, ID: ProQOL.org. Retrieved [insert date] from [www.proqol.org](http://www.proqol.org).

### Stressors at Work and at Home due to COVID-19

Stressors at Home		
Primary Themes	Sub-Themes	n (%)
Health	Isolation/loneliness/limited social interaction	21 (30)
	Diagnosed with COVID-19, fear of COVID-19 and/or exposing family due to work/concern for family and overall safety	14 (20)
	Inadequate work-life balance	10 (14)
	Lack of opportunities for self-care/limited emotional support	6 (8)
Family & Children		
	Online school/homeschooling/educational challenges and decisions for children	12 (16)
	Caring/concern for family members and/or friends	9 (12)
	Childcare issues	6 (8)
Financial		
	Job insecurity (personal or spouse)	5 (7)
	Financial insecurity	5 (7)

- Qualitative analysis revealed several types of stressors related to work and homelife.
- These two areas overlapped to create stressors particularly unique to the COVID-19 pandemic and the transition to working from home for many participants.
- Health concerns, including fear of contracting COVID and/or exposing others to the virus, was a significant area of stress in both work and homelife.
- Compared to patient care and physical health, workplace issues produced a greater number of unique stressors.
- Participants with children experienced additional stressors at home related to education and childcare compared to participants without children.

## Conclusions and Implications

- Oncology healthcare providers face tremendous stress as a result of and exacerbated by the COVID-19 pandemic. It is essential to pay attention to the psychological wellbeing of these professionals.
- The nature of the COVID-19 pandemic, including social distancing, quarantine protocols, and lockdowns, produced disconnection from family, colleagues, and patients/clients and limited opportunities for self-care.
- Mitigating the risk of COVID exposure is not sufficient in addressing professional quality of life implications and work and home stressors faced by oncology healthcare providers during the pandemic.
- Programs and policies to prevent burnout should consider the differences between hospital oncology providers’ needs versus those of non-hospital oncology providers.
- Given the significant finding that providers of color experienced lower levels of compassion satisfaction and the limited scholarship in this area, further research must investigate the unique challenges experienced by these providers.
- Moderate levels on the three ProQOL subscales indicate protective factors at work against burnout and secondary trauma; future research should prioritize the identification and facilitation of protective factors, especially those unique to the circumstances of the pandemic.