

POLICY BRIEF

KEY TERMS

Burnout – a syndrome resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: (1) energy depletion or exhaustion, (2) increased mental distance from one’s job or feelings of negativism or cynicism related to one’s job, and (3) reduced professional efficacy.

Physician Burnout – a long-term stress reaction experienced by physicians which can include the following: emotional exhaustion, a lack of empathy for or negative attitudes toward patients, and feelings of decreased personal achievement, all of which can potentially lead to poor experiences and worse health outcomes for patients and adversely impact the overall wellness of the provider.

Depersonalization – a psychopathological syndrome characterized by loss of identity and feelings of unreality and strangeness about one’s own behavior.

Background

Data suggest that physician burnout, an occupational phenomenon where practitioners suffer from symptoms such as emotional exhaustion, depersonalization or cynicism with work, and a decreased sense of personal accomplishment, has increased in recent years.¹⁻² Burnout is prevalent in the field of medicine and can begin as early as medical school, persisting through residency and beyond.³ In 2020, a Mayo Clinic survey found that roughly 38% of doctors felt they were suffering from at least one symptom of burnout.⁴ When the survey was again administered in late 2021-2022, that number had risen to nearly 63%.⁵

¹ World Health Organization. Burn-out an “occupational phenomenon”: International Classification of Diseases. <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>

² Hodkinson A, Anli Zhou, Johnson J, et al. Associations of physician burnout with career engagement and quality of patient care: systematic review and meta-analysis. *BMJ*. 2022;378:e070442. doi:10.1136/bmj-2022-070442

³ Ishak W, Nikraves R, Lederer S, Perry R, Ogunyemi D, Bernstein C. Burnout in medical students: a systematic review. *Clin Teach*. 2013;10(4):242-245. doi:10.1111/tct.12014

⁴ Shanafelt TD, West CP, Sinsky C, et al. Changes in Burnout and Satisfaction With Work-Life Integration in Physicians and the General US Working Population Between 2011 and 2020. *Mayo Clin Proc*. 2022;97(3):491-506. doi:10.1016/j.mayocp.2021.11.021

⁵ Shanafelt TD, West CP, Dyrbye LN, et al. Changes in Burnout and Satisfaction With Work-Life Integration in Physicians During the First 2 Years of the COVID-19 Pandemic. *Mayo Clinic Proceedings*. 2022;97(12):2248-2258. doi:10.1016/j.mayocp.2022.09.002

The impact and degree of burnout on specialist physicians has been studied less rigorously than in physicians overall, but data on burnout experienced by oncology professionals is increasing, and oncologists have reported heightened levels of burnout going back decades.⁶

In 2019, the ASCO Ethics Committee convened a roundtable titled “Burnout and Moral Distress in Oncology” to better understand the factors behind burnout and distress within the field, prioritize areas which required greater attention, and offer recommendations. This roundtable meeting featured survey data from ASCO member medical oncologists which showed that 45% of respondents reported experiencing emotional exhaustion and/or depersonalization related to burnout.⁷

Due to large patient volume and scant resources available to offer clinicians some measure of relief, the risk factors for burnout within oncology have been on the rise. Since the COVID-19 pandemic, oncologists have been contending with a host of additional challenges on top of their day-to-day patient responsibilities.⁸ These factors in tandem portend a greater risk of future oncology shortages as more practitioners reckon with the growing demands of the specialty and consider working fewer hours or leaving the workforce altogether.⁸⁻⁹⁻¹⁰

A 2014 study¹⁰ on oncology workforce shortages commissioned by ASCO’s Board of Directors warned that by 2025, increasing demands for cancer care will result in a scarcity of oncologists as the U.S. population ages and patients with cancer live longer lives.¹⁰ While widespread shortages have yet to materialize, there are broad areas in the country with few or no oncologists, particularly in rural communities.¹¹ Oncology is also a discipline with an increasingly aging population of physicians.¹² According to an ASCO 2022 oncology workforce snapshot, 22% of oncologists were nearing retirement age while only 14% were under the age of 40.¹² A decrease in the number of medical students pursuing oncology could exacerbate future workforce shortages.

⁶ Allegra CJ, Hall R, Yothers G. Prevalence of Burnout in the U.S. Oncology Community: Results of a 2003 Survey. *JOP*. 2005;1(4):140-147. doi:10.1200/jop.2005.1.4.140

⁷ Hlubocky FJ, Taylor LP, Marron JM, et al. A Call to Action: Ethics Committee Roundtable Recommendations for Addressing Burnout and Moral Distress in Oncology. *JCO Oncology Practice*. 2020;16(4):191-199. doi:10.1200/JOP.19.00806

⁸ Hlubocky FJ, Symington BE, McFarland DC, et al. Impact of the COVID-19 Pandemic on Oncologist Burnout, Emotional Well-Being, and Moral Distress: Considerations for the Cancer Organization’s Response for Readiness, Mitigation, and Resilience. *JCO Oncology Practice*. 2021;17(7):365-374. doi:10.1200/OP.20.00937

⁹ ASCO. Oncology Workforce Shortages: Policy Brief. Published 2023. <https://old-prod.asco.org/sites/new-www.asco.org/files/content-files/news-initiatives/documents/2023-workforce-brief.pdf>

¹⁰ Yang W, Williams JH, Hogan PF, et al. Projected Supply of and Demand for Oncologists and Radiation Oncologists Through 2025: An Aging, Better-Insured Population Will Result in Shortage. *JOP*. 2014;10(1):39-45. doi:10.1200/JOP.2013.001319

¹¹ Levit LA, Byatt L, Lyss AP, et al. Closing the Rural Cancer Care Gap: Three Institutional Approaches. *JCO Oncol Pract*. 2020;16(7):422-430. doi:10.1200/OP.20.00174

¹² ASCO. 2022 Snapshot: State of the Oncology Workforce in America. *JCO Oncol Pract*. 2022;18(5):396-396. doi:10.1200/OP.22.00168

Concerns for ASCO Members & the Cancer Community

In early 2023, ASCO's Well-Being Taskforce surveyed oncologists about their professional well-being and the level of burnout they have experienced. Survey results showed burnout was on the rise, and some oncologists reported they intend to reduce clinical care hours or leave practice entirely. Nearly 60% of oncologists surveyed demonstrated high burnout, with more oncologists under the age of 50 suffering from burnout than their older counterparts (64.3% compared to 51.2%).¹³

Compared to more senior oncologists, several in this younger cohort reported facing administrative difficulties working in the field upon completing an oncology fellowship and entering the workforce as fully licensed clinicians. This group also found their burnout was compounded with caregiving responsibilities such as raising children or taking care of other family members.¹³ Providers identifying as caregivers reported a burnout rate of nearly 65% compared to 47% for those who did not.¹³ Insufficient staffing levels, the use of electronic health records (EHR) and payer policies such as prior authorizations were identified as the most significant stressors in their work across all age groups.¹³

Burnout within oncology not only impacts oncologists and their patients but also the broader cancer care team. The National Cancer Policy Forum hosted a workshop in 2008 that emphasized that other physicians, nurses, and advanced practice providers would be affected by workforce shortages stemming from burnout-induced resignations.¹⁴ Overwhelmed and underprepared younger practitioners, coupled with middle-aged clinicians opting to retire from the field by age 60, threaten the capacity to provide cancer care to a growing population of aging individuals.¹³

Where ASCO Stands on Oncologist Burnout

ASCO has long voiced support for initiatives that would streamline cancer care delivery. This includes greater integration of telemedicine, which offers relief to patients in rural areas in the form of removing the burden of travel. Telemedicine has the added benefit of improving clinician work-life balance for physicians who benefit from the flexibility that telemedicine offers.¹⁵

ASCO also has pushed against policies that foist unnecessary, and often costly, administrative roadblocks onto oncology care teams. In 2022, ASCO developed a position statement on the challenges caused by prior authorization requirements within oncology and highlighted the greater administrative burden that excessive prior authorization requests place on oncology care teams.¹⁶ ASCO has voiced opposition to copay accumulators and other utilization management practices that not only impose undue

¹³ Schenkel C, Levit L, Kirkwood K, et al. The State of Professional Well-being, Satisfaction, and Career Plans Among U.S. Oncologists in 2023.

¹⁴ Patlak M, Levit L. *Ensuring Quality Cancer Care Through the Oncology Workforce: Sustaining Care in the 21st Century: Workshop Summary*. National Academies Press; 2009. doi:[10.17226/12613](https://doi.org/10.17226/12613)

¹⁵ ASCO. ASCO Interim Position Statement: Telemedicine in Cancer Care. Published 2020.

<https://society.asco.org/sites/new-www.asco.org/files/content-files/advocacy-and-policy/documents/2020-ASCO-Interim-Position-Statement-Telemedicine-FINAL.pdf>

¹⁶ ASCO Position Statement: Prior Authorization. Published 2022. <https://society.asco.org/sites/new-www.asco.org/files/content-files/advocacy-and-policy/documents/Prior-Auth-Position-Statement.pdf>

administrative impediments on providers and their teams, but also can jeopardize patient outcomes in cancer care.¹⁷⁻¹⁸

In addition to attacking causes of burnout, ASCO has participated in direct strategies to mitigate burnout where it exists. The Society's Call to Action on Burnout and Moral Distress in Oncology⁷ roundtable outlined interventions currently in place to address burnout and elicited further recommendations for improving well-being at both the individual and organizational levels. This includes increasing clinician education resources that guide improvement in oncology-specific professional satisfaction, establishing quality metrics for physician well-being and burnout, and furthering research on the root causes of emotional distress and compassion fatigue in oncology.⁷ ASCO has developed educational materials that describe burnout symptoms and suggest strategies to address them in the oncology community.¹⁹ In addition, ASCO has focused on team based care—including greater integration of primary care physicians, nurse practitioners, and physician assistants on the care team—to mitigate workforce shortages that contribute to burnout.²⁰ ASCO will continue to work with oncology stakeholders to address burnout in oncology so that cancer care professionals can experience satisfaction, growth, and fulfillment with their clinical work.

For More Information

[Recognizing Burnout & Promoting Well-Being | ASCO](#)

[A Call to Action: Ethics Committee Roundtable Recommendations for Addressing Burnout and Moral Distress in Oncology](#)

[From Burnout to Resilience: An Update for Oncologists | ASCO](#)

[Addressing Burnout in Oncology: Why Cancer Care Clinicians Are At Risk, What Individuals Can Do, and How Organizations Can Respond](#)

[Addressing Depression, Burnout, and Suicide in Oncology Physicians | ASCO](#)

[Impact of the COVID-19 Pandemic on Oncologist Burnout, Emotional Well-Being, and Moral Distress: Considerations for the Cancer Organization's Response for Readiness, Mitigation, and Resilience](#)

[Oncology Workforce Shortages | ASCO](#)

[ASCO Position Statement: Prior Authorization](#)

¹⁷ ASCO Position Statement: Copay Accumulators. Published 2021. <https://society.asco.org/sites/new-www.asco.org/files/content-files/advocacy-and-policy/documents/2021-CopayAccumulatorsStatement.pdf>

¹⁸ ASCO Policy Statement: Utilization Management. Published 2017. <https://society.asco.org/sites/new-www.asco.org/files/content-files/advocacy-and-policy/documents/2017-ASCO-Utilization-Management-Statement.pdf>

¹⁹ Murali K, Makker V, Lynch J, Banerjee S. From Burnout to Resilience: An Update for Oncologists. *Am Soc Clin Oncol Educ Book*. 2018;(38):862-872. doi:[10.1200/EDBK_201023](https://doi.org/10.1200/EDBK_201023)

²⁰ Vogel WH. Oncology Advanced Practitioners Bring Advanced Community Oncology Care. *American Society of Clinical Oncology Educational Book*. 2016;(36):e97-e100. doi:[10.1200/EDBK_158751](https://doi.org/10.1200/EDBK_158751)