

A comprehensive approach to ensuring the well-being of cancer health care workers is essential, says study

November 24 2023, by Dr Nienke Zomerdijk, Associate Professor
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Three years into the pandemic and as Australia's case numbers rise, health care providers are still working tirelessly to safeguard vulnerable patients, often at a personal cost.

Pandemic pressures have led to an increase in distress and burnout among health care providers, with implications for the entire health care system.

We are facing a dangerous shortage of health care workers, with the World Health Organization predicting a shortfall of 10 million health care providers by 2030. Australia alone faces a critical shortage of over 100,000 nurses and 2,700 doctors within the next three years.

These statistics are alarming but not surprising, especially to those in the blood [cancer](#) community where the pandemic's impact continues to be felt. But awareness of ongoing distress and actions to alleviate this distress remain insufficient.

The ongoing impact on blood cancer patients

In Australia, [blood cancers](#) are the third most commonly diagnosed cancer and the second leading cause of cancer-related deaths, claiming more lives each year than breast or skin cancer.

The challenges [blood cancer patients](#) face have been exacerbated by the pandemic. Their immunocompromised state makes them highly susceptible to COVID-19, however vaccines are less effective. These challenges are impacting their [everyday lives](#), leading some to call them the "Prisoners of the Pandemic."

Although the pandemic's impacts on blood cancer patients have rightly gained attention, there has been little focus on the health care providers responsible for their care.

The impacts on health care providers

As the pandemic gripped the world and the number of infections and deaths rose daily, health care providers faced significant challenges. Australia alone has seen over 11 million COVID-19 cases and a death toll of 23,289. These are not mere statistics; each number represents an individual with a family and life story.

And because the risk of infection and mortality is much greater in [immunocompromised patients](#) than for average COVID-19 patients, the burden of protecting vulnerable individuals from life-threatening infections is acutely experienced by health care providers in the blood cancer space.

Recognizing the impact of COVID-19 on blood cancer care delivery and the workforce, our team conducted in-depth interviews with health care providers across the country.

[The study](#) included 21 Australian nurses, physicians, and allied health care workers. The results, published in the journal *Psycho-Oncology*, shed light on the burdens faced by these providers.

What health care providers said

The initial stages of the pandemic were described as unsettling and providers experienced uncertainty and fear as they had to act quickly with changing guidelines. As one social worker said,

"It did feel at times like somebody was saying, run this way. No, hang on a second. No, we're not going that way. Turn around, go back the other way."

Providers also grappled with [moral dilemmas](#) as they navigated stringent rules and were forced to make decisions on the risks and benefits of potentially immunosuppressive treatment for blood cancer patients.

A hematologist said, "People who were exposed couldn't come for their chemo for, people who, potentially at the most traumatic event could have died ... it was all just the strict rules and no wriggle room."

As the pandemic unfolded, providers reflected on the emotional toll the pandemic had taken on their own well-being, leading to burnout, fatigue and increased tension in the workplace. They spoke of the violation of professional boundaries, as a nurse highlighted:

"People's expectations became more, they thought we were all more readily accessible ... boundaries were crossed a lot in terms of they expected things outside of normal business hours ... even your work colleagues wouldn't respect those boundaries. Today, someone on the switchboard put through a phone call from a different department to my personal mobile."

Existing support initiatives were viewed as inadequate "Band-Aid" solutions. A nurse consultant expressed this frustration:

"Giving me a free cup of coffee ... it didn't mean that much to me."

Another nurse added, "The Employee Assistance Program, and all the broadcasts about staff well-being and online Zumba classes were a load of bollocks."

A hematologist emphasized the need for more staffing, saying, "More recently, every health worker in this hospital is going to get a \$3,000 payment. And that made me really angry too. I don't want that \$3,000 payment, I want admin to actually listen to the fact that we need more

staff."

Providers also expressed concerns about the ongoing isolation and treatment challenges faced by blood cancer patients following the vaccine rollout, adding to their emotional burden. As a hematologist highlighted:

"The cost is, our patients actually being more vulnerable, having to educate them about staying safe, whereas most of the general population are not doing so."

A cycle of reduced staffing and increased workloads pushed some providers to question the personal cost of their dedication. A hematologist said, "I think a lot of health care professionals will just turn around and go and look for work-life balance. I think it does make them stop and think, 'Why am I busting a gut so hard for this?'"

A nurse added, "I think staffing is almost at the worst level we've been through the pandemic now. And it's because I think we've had the mass resignation ... which is putting a lot of load on those of us who haven't been able to."

Why we must act

Our study reveals the unaddressed challenges faced by health care providers of blood cancer patients.

To ensure the well-being of these dedicated professionals, especially with the looming workforce shortage and increasing pressure on cancer care, a comprehensive approach is essential.

Local health care organizations need to look beyond monetary incentives and engage providers in creating workplace cultures that ensure working

in cancer care is not only sustainable for individuals but also appealing to new generations.

Studies also show that health care providers prefer to receive support from their peers rather than mental health practitioners. Peer support is known to improve care and sustain professionals and has also been shown to be beneficial for addressing moral distress.

We encourage organizations to recognize the importance of connection and community and implement health care provider-led peer support programs.

This is a very basic and preliminary step health leaders can start actioning now. Protecting the future of the cancer workforce requires a coordinated effort involving department heads, hospitals and governments.

Investing in cancer health care providers is an investment in patient care and outcomes. It is time to prioritize the well-being of these dedicated professionals who ensure a healthier future.

More information: Nienke Zomerdijs et al, The lived experiences of hematology healthcare providers during and beyond the COVID-19 crisis: A qualitative study, *Psycho-Oncology* (2023). [DOI: 10.1002/pon.6250](https://doi.org/10.1002/pon.6250)

Provided by University of Melbourne

Citation: A comprehensive approach to ensuring the well-being of cancer health care workers is essential, says study (2023, November 24) retrieved 9 May 2024 from <https://medicalxpress.com/news/2023-11-comprehensive-approach-well-being-cancer->

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