The Health of Healthcare Professionals in Oncology

Subjects: Public, Environmental & Occupational Health

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From the analysis of the scientific literature relating to the health of oncological patients, the need to consider the global dimension of health of individuals emerges, which subsumes the bodily dimension and involves all the actors who offer their contribution to it in different ways. In this direction, the state of the art of the health construct offered by healthcare professionals highlights a lack of scientific contributions to the specific subject although these professionals are fundamental figures in oncological diagnosis setups. A in the oncological field studied the competencies of patients and caregivers in the management of the implications of surgery: it emerged that oncological treatments have effects on all aspects of life; thus, the roles in an oncological situation need to develop new competencies in order to preserve life quality.

healthcare professional | oncology | health | burnout | psycho-oncology | interaction | discourse analysis | health promotion | dialogic science | cancer | M.A.D.I.T. methodology

1. Introduction

Studies on the world effect of cancer diagnosis [1] affirm that one person out of five will develop cancer during his/her life, and that cancer is the first or second cause of death in 112 countries out of 183. The annual report of the American Cancer Society (ACS) and the International Agency for Research on Cancer (IARC) stated that in 2020, cancer deaths totaled around 10 million, while the number of new cases was calculated at about 19.3 million [1]. This is a datum growing fast throughout the world: it has been estimated that in 2040, there will be an increase in cancer cases by nearly 50%, thus reaching 28.4 million cases [1]. Such data offer a picture of the health status of the world population concerning the spread of neoplastic syndromes considering the bodily dimension, but what will be the impact of this disease on global patient wellbeing?

In order to deepen the “health” construct, pivotal in this research, a philological deepening is useful. During the development of the current socio-cultural context, the usage value of the “health” construct has coincided with the “soundness” construct, and thus body integrity [2][3]. Despite that, as declared by the WHO (World Health Organization), health is a state of complete wellness that goes beyond the mere lack of disease/disorder [4]: it is a fundamental human right, whose achievement is the most important social aim at a global level, and “whose realization requires the action of many other economic and social sectors as well as the health one” [5]. In this regard, the scientific community continues to discuss the health notion: it provides a dynamic perspective of health that keeps in mind the social and relational aspects of citizens’ lives [6], who are in constant interaction with other

members of the community to which they belong [7]. Thus, health is considered a construct that also involves the biological level, where the illness is considered within the person's biography and managed through the support of the other roles involved [8]. Actually, a recent study in the oncological field [9] studied the competencies of patients and caregivers in the management of the implications of surgery: it emerged that oncological treatments have effects on all aspects of life; thus, the roles in an oncological situation need to develop new competencies in order to preserve life quality [10]. Moreover, discussing one's own health implies interacting with people who listen, who in turn will talk about the health of other people (then, he/she will generate a specific narration about it) [11]. Considering the repercussions generated by a cancer diagnosis in the various areas of a patient's life, the interactive framework will necessarily involve other roles (suffice to say how the patient will have to manage work issues, or family ones). Using the above-mentioned aspects within the present issue, Willing [12] described how the cancer experience is bound to the definition of it by others, and how this can either limit the biography or open other possibilities. Thereby, in order to speak about health, to consider the interactive network that generates is necessary, so that the various roles that participate in it can contribute to its generation and management [13][14].

Considering the cancer patient as part of an interactive framework is useful: the professional roles with which the patient and his/her caregivers interact to manage the health sphere are part of this framework, as well as family members and friends [15]. As they play roles that can be entrusted both with the health situation and the interactive repercussions, healthcare workers can intercept a critical situation and manage it, in order to promote the health of the patient [16]. Moreover, they configure themselves as playing a fundamental role in offering support to the caregivers of these patients [17][18], who are considered important parts in the management of the patient and of his/her new life, both at the physical and interactive levels, and, thus, in health [19][20]. Thus, if researchers consider health as a framework belonging to the interactive level, the health offered by healthcare professionals becomes a factor that influences the oncological situation of patients, and vice versa

2. The Health Offered by Healthcare Professionals Who Work with Cancer Patients

The literature shows little contribution concerning the health of healthcare workers in the oncological field. The analyzed studies focus on the burnout degree of these practitioners, linked to the relational dimension of the job environment [21][22][23][24]. Burnout syndrome is considered the consequence of a chronic stress related to work, which is the last stage of a defensive and reactive process to demanding work conditions at the emotional level [25]. In general, it is defined as a defensive reaction incurred by those whose job is characterized by intense and frustrating interpersonal relations and professional responsibilities (in environments with ambivalent, conflictual and disappointing relations, and poor pay in particular [26]). Consistent with this definition, the Maslach Burnout Inventory (MBI) is the main tool to ascertain the presence of burnout, and it consists of three subscales: "emotional exhaustion", "depersonalization" and "lack of personal accomplishment" (or "professional accomplishment") [27]. Moreover, the World Health Organization has categorized burnout as "Problems related to life-management difficulty" and described it as a "state of vital exhaustion" in the International Classification of Diseases (ICD-10) [28]. Despite that, the lack of diagnostic criteria stresses the difficulty in defining the construct in a unique and common

way. In order to make such a construct less vague, further details were presented at the 72nd Session of the World Health Organization's (WHO) World Health Assembly held in 2019, which could be inserted in the ICD-11 (whose adoption by the member states will come into force from January 2022), in the chapter "Factors influencing health status or contact with health services". Therefore, burnout could be considered a syndrome originating from chronic stress in the workplace which is not managed successfully. Within the manual, burnout is defined by three dimensions: feeling overwhelmed and without energy; increase in the mental distance from one's own work, or feelings of negativism or cynicism about one's own job; and reduced professional efficacy [29].

As already reported, within healthcare, the oncological sector is one of the most vulnerable to burnout syndrome development. Some international studies [30][31] have estimated that the presence of burnout among medical doctors and nurses in oncology wards runs at around 32%. A more recent study highlighted that 1 oncologist out of 10 shows significant symptoms. In a study by Allegra and colleagues [32], the presence of burnout signs in more than 60% of the sample, composed of 1740 oncologists of the U.S. medical community, was determined. With a multi-factor view, the authors found a direct proportion between the syndrome, the working hours needed for taking care of patients and administrative tasks.

Moreover, the most recent studies in health psychology stressed how the emergency pandemic situation, linked to the COVID-19 virus spread, has also had negative repercussions on the degree of burnout. Some studies [33][34][35] have shown that a greater workload (most of all, in environments with high risks of contagion) and the reduced availability of family members and colleagues to offer support in light of the health restrictions result in being significant in the burnout explanation, as well as the poor human and material resources (for instance, the initial lack of suitable PPE—personal protective equipments).

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