

# Firing Up Instead of Burning Out: Tales from the front line of the Cake Committee

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## Abstract

This presentation will focus on an underutilized model of supportive care that can help bring back some of the human moments that can often be lost in delivering supportive oncology care. Handling the often complicated issues that arise in oncology care can take a toll on social workers and our oncology co-workers in other disciplines. In oncology care, especially in an outpatient setting, social workers often fulfill the role of emotional support not just for our patients but also for other oncology professionals. Though we are not employed to act as such, we dually assume the position of therapist and co-worker and are left to bear not only our own burdens, but the emotional burdens of our co-workers. Which leaves the question that we often ask the family members of our patients: Who is caring for the caregiver? The literature that looks at collective supportive care for social workers is extremely scarce and focuses largely on models of self-care and supervision. The narrative seemingly articulated by this dearth of research is “help others, and on top of taking care of others, don’t forget to help yourself.” For oncology social workers, a statement easier said than done.

How do we sustain ourselves and continue to support our patients and our co-workers? Simply avoiding burn-out is not adequate. It’s critical that social workers have an opportunity to be supported, to celebrate accomplishments, to grieve our losses, and equally important, to laugh at ourselves and some of the situations we find ourselves in on any given day. In short, find ways to be “fired up” about ourselves and the important, and at times, excruciating work we do. In our setting, we have developed, and are continually amending, a supportive care model to address these needs. This model first requires the admission that we, as caregivers, have needs ourselves. Strategies include more formal “rituals” of celebrating staff members’ birthdays, special occasions and accomplishments and incorporating time in staff meetings to discuss what inspires us, to more fluid approaches including acknowledging the value of different clinical approaches and recognizing the value of humor and laughter. In this interactive workshop, we will discuss what motivated our team to recognize how our work was affecting us and our own needs for support. We will share how small changes can lead to big improvements in morale. Whether new to oncology social work or a seasoned oncology social worker, attendees of this workshop will learn and practice strategies to keep the fire of “job love” burning.

## Introduction

- Oncology work can prove to be mentally and emotionally taxing. Staff support is integral to staff and patient satisfaction and workplace retention of workers (Gesme, Towle, & Wiseman, 2010).
- Self care has become a focal term in transforming the way oncology support staff engage with their work (Psych, 2015). Other supportive models exist but fail to encompass the humanity of the supportive care worker.
- We started to notice a trend within the Oncology Services Department. We found that staff will regularly come to one of the social work offices to seek support. Even though this is not a provided resource within our department, our services were beginning to be viewed as such.
- This ultimately prompted us to begin to evaluate our roles as social workers within the cancer center and the kind of support oncology staff had access to.
- Key questions we asked ourselves included: How are our roles being defined within the cancer center as a whole? What are some of the chief concerns amongst Oncology staff? How best can we as fellow Oncology staff persons support each other? And how best can we provide and institutionalize staff support?
- The Cake Committee is a team of social workers who have taken the responsibility of making sure our supportive services staff continue to feel recognized and valued through celebration of their birthdays and other important life events.
- Implementation of the Cake Committee has also paved the way for more programming around staff support in our cancer center.
- We took a qualitative approach to evaluating the impact the Cake Committee and other staff supportive programming has had on staff in the cancer center.

## Methods

- Available supportive resources:
  - Social work room
    - Candy, chair, Himalayan salt lamp
    - People have shown their investment and contributed to the room, i.e. photo frames, candy, decorating the door
  - Staff in-services and conference opportunities (i.e. distress screening, yoga,...)
  - Cake Committee
    - Calendar of birthdays and special events (i.e. job or student transitions, baby showers, life achievements, etc...)
- Intermittently conducted qualitative reviews of the workplace environment:
  - Supportive services poll
    - Feedback is typically taken during meetings but we chose to document the responses we were receiving
    - A means to check in and evaluate staff satisfaction
    - Staff were asked to write one thing they liked about their job and one thing that they would like to see changed
    - People had the choice to share their responses or submit them anonymously
    - Classified the responses and ranked them
  - Survey from interdisciplinary staff in-service
    - Surveyed 8 oncology support staff members
    - Nurses, nurse practitioner, social workers, and clinical research coordinator about their experiences
    - Documented self reported feedback
  - Cancer center-wide burnout survey
    - Social work students conducted a burnout survey
    - 36 respondents, oncology staff that included financial counselor, front desk staff, medical assistants, registered nurses, nurse practitioner, supportive staff members, and social workers



## Data and Results

- Burnout survey
  - Moderate “diminished personal achievement”
  - Low, “depersonalization”
  - Moderate, “emotional exhaustion”
- Supportive services survey
  - Top two reported themes:
    - “Supportive co-workers” within the department
    - “I wish that we had more support around helping staff in other areas cope with their stress and job satisfaction.”
  - Need for resources to assist with transportation
- Feedback from interdisciplinary staff in-service
  - Appreciation for the work of other disciplines
  - Felt they got to know their coworkers better
  - Building professional relationships while also learning beneficial information to their work in oncology
  - More staff expressed interest in participating in upcoming conferences and trainings



## Conclusions

- Acknowledgement does not need to come from professional achievement
  - A work environment where staff feel valued as individuals
  - Humanizing practice
- Supportive care model has empowered others to engage and participate in the activities
  - Administrative buy-in
- Creating access to these resources is key
  - Providing spaces for oncology staff to be heard or give feedback for institutional improvement
- Next Steps:
  - Assessing other ways of institutionalizing staff support
  - Continuing to obtain feedback from staff
  - Cater future programming around specified needs or concerns



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