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Scientific Article

Characterizing Wellness Initiatives in Academic Radiation Oncology Departments

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Purpose: Burnout is prevalent in radiation oncology (RO), and an increased focus on promoting physician wellness and formalizing wellness-directed efforts has transpired in recent years. We aimed to characterize current wellness leadership positions and efforts within academic RO departments.

Methods and Materials: Academic RO department chairs were contacted to inquire whether they had a departmental wellness leader with a request for leader contact information, if applicable. Wellness leaders were invited to complete an anonymous survey in January and February 2023 using Qualtrics. Questions assessed leader demographic characteristics, role structure and resources, current initiatives, and impacts to date. Descriptive statistics and summaries of free-text responses are reported.

Results: A total of 120 chairs were contacted. In total, 71 (59%) responded, with 43 (61%) having departmental wellness leaders, of which 17 (39.5%) responded, to the survey. A total of 70.6% were female, and 76.5% were physician faculty. Most respondents were early-career. The most common previously implemented initiatives included offering programming and education (33.3%) and improved access to mental health services (25%). The most common active initiatives include conducting studies to address root causes of burnout (41.7%), developing specific wellness goals (25%), performing a review of policies that encourage prolonged work hours (25%), and offering programming and education (25%). Challenges included limited bandwidth (66.7%), lack of funding (41.7%), and lack of departmental interest in organizing or attending events (33.3%). Leaders highlight the importance of a dedicated individual to tangibly implement changes and the unique opportunity of someone within RO to understand the specific challenges faced by those in our field.

Conclusions: Wellness leadership roles exist in many RO departments. As evidenced by a limited number of fully implemented initiatives, these roles are new and evolving. A focus on wellness has the potential to bring positive change to departments; however, the impact of newly established wellness roles on culture and balance requires longitudinal followup.

Introduction

Burnout, defined by the presence of emotional exhaustion, depersonalization, and decreased sense of personal accomplishment, is prevalent in medicine.[1] Interestingly,

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All data generated and analyzed during this study are included in this published article (and its supplementary information files).

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although matriculating medical students begin their medical training with a higher reported quality of life and lower burnout than same-age peers not in medicine, there is a rapid shift once in medical school with a decline in wellness and an increase in burnout that continues throughout all subsequent stages of the medical career trajectory.[2] The forces behind this are multifactorial but postulated to stem from a combination of balance between work and personal lives, portrayals of physicians in the media and online, job satisfaction, organizational values, departmental leadership, and perceived clinical competence, among others.[3,4]

Aside from the ethical importance of caring for colleagues, addressing the lack of physician well-being is paramount to decreasing the risk of depression and alcohol abuse, the prevalence of medical errors, and physicians leaving medicine. Additionally, physician well-being impacts patient satisfaction and physician relationships with colleagues, family, and friends.[5,6] In a cohort of physicians across all specialties, 44% experienced burnout, and 43% were dissatisfied with work-life integration; specific to radiation oncology (RO), approximately one-third of physicians experienced burnout, and nearly half were dissatisfied with work-life integration.[4] This is not unique to those practicing within the United States, as studies from Italy, New Zealand, and France have demonstrated similar concerns within their workforces.[7-9]

In looking at RO departments more broadly, burnout is well-documented among medical physicists, radiation therapists, and nurses.[7,10-12] All within a RO department, organizational stress, including items like a lack of recognition for one's work and unrealistic expectations, predicted higher rates of emotional exhaustion, which, in turn, predicted lower job satisfaction.[7] A larger focus on burnout within the context of COVID-19 has forced organizational leadership to prioritize workforce well-being. Many hospital systems, often with the expansion of senior leadership to include a chief wellness officer, have expanded wellness offerings in recent years to extend the focus from preventative medicine to a more holistic approach with the inclusion of mental health.[13-16]

Though institutional programs have increased in number and scope, few formal programs have been reported on within RO. Individual residency programs have established increased humanities, grief management, and work-life balance education with demonstrable decreases in burnout, improved awareness of their feelings, and increased professional growth.[17-19] Though these initiatives have demonstrated the potential and possibility of change at the trainee level, little is known about the wellness initiatives within RO departments. This study aims to characterize wellness leadership within academic RO departments and describe perceptions of wellness work and current initiatives.

Methods and Materials

A survey-based analysis was conducted to evaluate the presence of wellness leadership roles and departmental wellness initiatives within RO. This study received approval from the Columbia University Institutional Review Board in 2023.

Study sample and survey administration

The chairs of academic RO departments were contacted to inquire if they had a wellness leader within their department and, if yes, if they could provide contact information for these individuals. From January to May 2023, 43 identified wellness leaders were subsequently sent an anonymous survey through Columbia University Qualtrics system, a secure, internet-based survey platform.

Survey development and measures

Using existing measures developed to assess departmental diversity, equity, and inclusion leadership and initiatives, a parallel survey was generated assessing wellness leader demographic characteristics, structure of and resources for the leadership role, current and planned initiatives, and overall impacts of wellness programming to date. The authors involved in the survey design are physicians and physicists within RO who actively participate in wellness research, and internal pilot testing was completed with adjustments based on feedback. The full list of questions is located in Appendix E1.

Analysis

Descriptive statistics were developed using data extracted from Qualtrics. Medians and percentages, as needed, were calculated using Microsoft Excel (V16.77.1). The first and senior authors analyzed qualitative descriptions to ensure a robust data description.

Results

Demographic characteristics

Department chairs for 120 academic RO programs were contacted. Seventy-one (59%) responded, and 43 (61%) had a departmental wellness leader. Of these, 17 (39.5%) completed the survey. Most wellness leaders were attending physicians (76.5%) and commonly ranked as assistant professors (64.3%), though 1 dosimetrist, 1 research administrator, and 2 others (radiation biologist and senior nurse manager) held the role within their departments. The median age was 40 years old. Wellness leaders were more often White (72.2%) and women (70.6%). A full demographic characteristics breakdown can be found in Table 1.

Table 1 Demographic characteristics of participants

Demographic Measure	Response
Age (y)	Median (range)
	40 (32-66)
Race/ethnicity	
Asian	2 (11.1%)
Pacific Islander	0 (0.0%)
Hispanic or Latino	0 (0.0%)
Black or African American	1 (5.6%)
White or Caucasian	13 (72.2%)
A race or ethnicity not listed here	1 (5.6%)
Prefer not to answer	1 (5.6%)
Gender identity	
Woman	12 (70.6%)
Man	4 (23.5%)
Nonbinary	0 (0.0%)
Prefer not to say	1 (5.9%)
Professional role	
Attending physician	13 (76.5%)
Physicist	0 (0.0%)
Dosimetrist	1 (5.9%)
Radiation Therapist	0 (0.0%)
Nurse	0 (0.0%)
Advanced practice provider	0 (0.0%)
Medical assistant	0 (0.0%)
Administrator	0 (0.0%)
Research administrator	1 (5.9%)
Information technology professional	0 (0.0%)
Resident physician	0 (0.0%)
Other	2 (11.76%)
Academic rank (if applicable)	
Resident	0 (0.0%)
Assistant professor	9 (64.3%)
Associate professor	5 (35.7%)
Professor	0 (0.0%)

Structure of departmental wellness leadership

A mix of departmental wellness structures existed where wellness leaders functioned alone (n = 2, 11.8%), wellness leaders engaged other team members on an ad hoc basis (n = 6, 35.3%), formal wellness committees had formed within departments (n = 6, 35.3%), wellness work was directed from outside of the department and implemented by wellness leaders (n = 7, 41.2%), and individuals conducted wellness work aside from the wellness leader (n = 1, 5.9%). Leadership roles were primarily established in 2021-2022, though 1 began in 2012. Nine (52.9%) wellness leaders noted that their institutions required the department to have someone in this role, and 3 (23.1%) noted formal connections between departmental and institutional wellness efforts. Examples include participation on an institutional wellness committee and inclusion as a wellness coach for the university in a broader capacity.

Existing committees were established between 2012 and 2021. Many departmental stakeholders participated in committees, and a majority included physicians, physicists, dosimetrists, radiation therapists, nurses, and administrators, and fewer, including advanced practice providers, medical assistants, research administrators, information technology professionals, and residents. No committees included students or patients. Committees met monthly (50.0%) or quarterly (50.0%).

Limited benefits and resources existed for wellness leaders. Two (11.8%) noted protected time for activities, 4 (23.5%) noted administrative support, 4 (23.5%) had department funding, and 2 (11.8%) had institutional funding. One wellness leader had each of the following: an increase in pay, administrative differential, or funding from external entities. One leader stated, "A wellness committee was only recently established with no clear mandate and no funding. It was a means to collect concerns, complaints, and ideas, but with no means or resources to act on this input."

Three wellness leaders used Twitter to promote their work. Facebook, Instagram, and Internal websites were also used by 1 program each.

Wellness initiatives

Of the 12 participants who completed questions about wellness initiatives, the most common initiatives that were already implemented include offering programming and education (n = 4, 33.3%), improving access to mental health services (n = 3, 25%), and improved support for caregivers, including leave policies and childcare resources (n = 3, 25%). Active initiatives included conducting studies to address root causes of burnout (n = 5, 41.7%), developing specific wellness goals (n = 3, 25%), performing a review of policies that encourage prolonged work hours (n = 3, 25%), and offering programming and education (n = 3, 25%). Future plans often included publishing research on the results of initiatives (n = 5, 41.7%), increasing administrative and clinical support staff to improve workflow (n = 5, 41.7%), improving support for caregivers, including leave policies and childcare resources (n = 4, 33.3%), and initiating programming related to physical health such as meal preparation services, gym memberships, or others (n = 4, 33.3%). Initiatives where

most respondents had no future plans included using quantitative metrics to chart departmental progress in wellness (n = 7, 58.3%), creating a peer support network (n = 7, 58.3%), reviewing benefits including salaries and promotional structure to ensure they promote staff wellness (n = 8, 66.7%), and hiring a physician coaching service (n = 10, 83.3%). A complete breakdown of responses can be found in Fig. 1 along with free-text descriptions of related programming in Table 2.

Twenty-five percent (n = 3) of respondents noted that wellness programming was sometimes mandatory, while 75% never had mandatory programming. A majority (58.3%) noted that wellness efforts were not considered for faculty or staff promotion. Only 1 respondent noted that wellness work counted toward meeting residency research requirements, though another 3 were unsure.

Only one respondent noted formal written wellness goals with measurable outcomes used in their department. Similarly, only 1 respondent used benchmarks for determining the impact of wellness efforts. Examples of those with current or future plans include using the Maslach Burnout Inventory at set intervals to monitor changes over time and using pretests and posttests for physician coaching programs.

Barriers to creating successful programming included lack of bandwidth (n = 8, 66.7%), lack of funding (n = 5, 41.7%), lack of departmental interest in organizing or attending events (n = 4, 33.3%), lack of support from organizational leadership (n = 3, 25%), difficulty ensuring equitable access to wellness programming and resources (n = 2, 16.7%), and lack of departmental support (n = 1, 8.3%). Additionally, 1 leader noted that their work is not seen as "academic," which threatens their ability to complete it.

Table 2 Sample initiatives from participant free responses.

Sample Initiatives
Monthly lectures on wellness topics
Wellness happy hours
Development of a wellness coaching program
Bi-weekly email with resources and articles
Series of breathing exercises
Animations (about 2 minutes long) covering different aspects of improving lifestyle sent on a weekly basis
Improved access to mental health services
Establishment of a resident wellness committee
Review organizational initiatives in morning huddles and encourage participation
Complimentary gym memberships
Use of wellness app to track progress
Listening sessions
Departmental internal audit
Identification of stressors within the residency program
Email charter to outline rules of email practice
Meet with other departments to improve electronic medical record workflows
Formation of an employee engagement committee to increase social events in the department

Perceptions of wellness

One-third of respondents noted that their departmental wellness initiatives are impactful and meaningful to other department members, and department members are more aware of the importance of balance and wellness. Only 25% noted that they had seen quantifiable changes in their department as a direct result of departmental wellness initiatives, felt a culture of wellness and balance was fostered within their departments, and noted members of their departments are more aware of strategies to promote balance and wellness. Figure 2 contains a complete breakdown of responses.

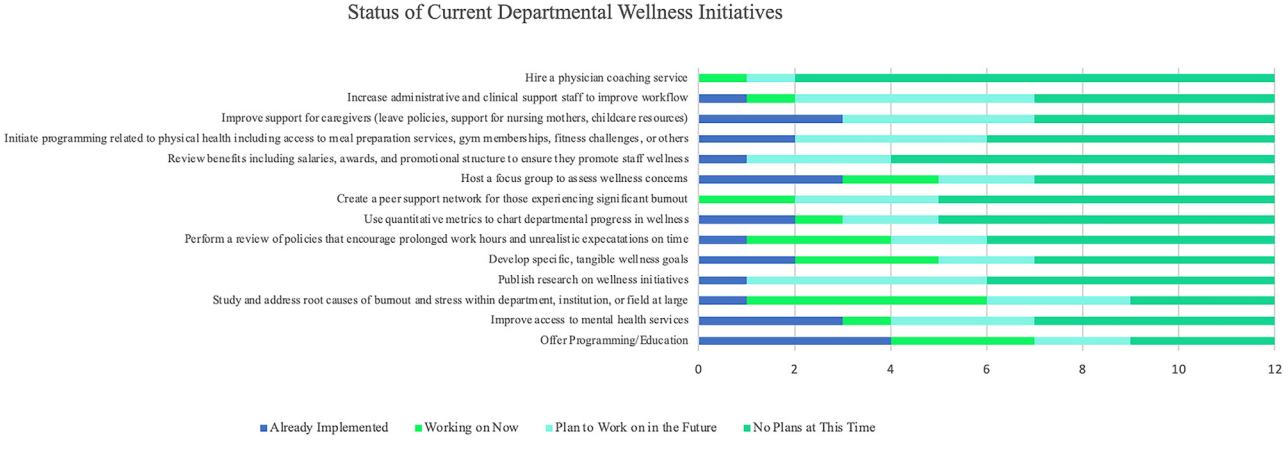

Figure 1 Current status of initiatives within departments with appointed wellness leaders.

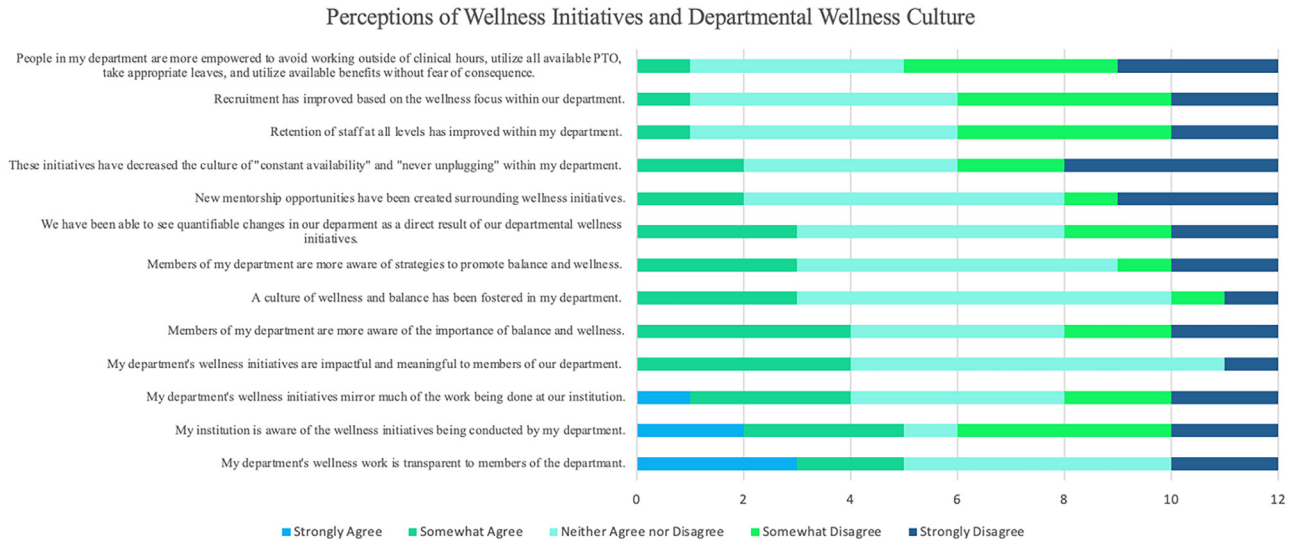

Figure 2 Perceptions of wellness leaders on wellness initiative and departmental wellness culture.

Departmental leaders recognized a need for department-specific wellness leadership to demonstrate a commitment to wellness and allow for specificity in efforts beyond what is possible from an institution. Respondents felt that department-specific initiatives were more likely to lead to a change in culture, more flexibility to adapt throughout initiatives, and a personalized approach to participants. Lastly, a strong sentiment was noted regarding the absolute need for wellness-focused work within RO. One respondent stated, "I suspect all my colleagues are too afraid to seek help because they do not want to be singled out for not being "enough."

Discussion

Physician burnout has become a prominent topic in recent years, and strategies to decrease burnout and promote wellness are needed. Health care providers have identified an open, authentic leader who identifies with their values as a key to decreasing burnout, and, perhaps, a dedicated leader to focus on wellness initiatives drives this even further.[20] This study is the first, to our knowledge, to characterize wellness leadership and initiatives within academic RO programs. Over half of the responding department chairs had an appointed wellness leader, demonstrating the importance of wellness within the field, as well as hospital-based prioritization of this issue, similar to that of diversity, equity, and inclusion.[21] Many of these roles were recently established and just beginning to build a structure and goals for initiatives within their departments.

Most leaders were women and junior faculty. This is similar to a recent publication on departmental leadership in diversity, equity, and inclusion in RO, suggesting that many non-traditional leadership roles are given to those early in their careers and minorities within the field.[21] More pessimistically, there is the possibility that these roles are given to individuals who traditionally would not say no to more obligations. In both scenarios, a barrier to success within their appointed role was the lack of appreciation of this as "academic" work, limiting the ability to use these initiatives and related research for promotion.[21] Without increased protected time, pay, or administrative support, it is difficult to divert time away from agenda items that are required for career advancement to invest in wellness initiatives.

The lack of funding and other support for these leaders demonstrates that, while wellness serves as a popular topic at present, the formation of a wellness leader or committee is more performative in nature. Though abundant research has shown high rates of burnout in medicine, including among varying radiation professionals, including RO, without a clear investment of time and financial resources, significant change cannot and will not occur.[4,7,10-12] Additionally, unsupportive departments and leadership impact the ability to push forth wellness work. Supportive cultures improve wellness, and transparent leaders who operate by exemplifying mental health and well-being within their own lives can translate to a similar prioritization in the workplace.[22-24]

Despite barriers, many wellness leaders have begun establishing curriculums within their departments that feature initiatives like email policies and management strategies, improved electronic health record training to decrease documentation time, breathing exercises, gym memberships, and resident wellness committees, demonstrating a variety of wellness interests throughout the field and the possible benefits of multifactorial strategies to improve overall well-being. Published literature highlights improved well-being using humanities exercises, grief counseling, group physical activity, and palliative care

rounds with social workers for trainees. However, there are fewer reports of faculty or whole department-level initiatives within medicine or RO in particular, and a need for consistent metrics on how wellness is measured within the field.[18,19,25,26] Because more wellness-focused metrics are established throughout RO, a unified organization is needed to share ideas, collaborate on testing novel wellness strategies, publish successful initiatives, and promote positive changes within their departments. A collective voice can ensure that assessment tools are robust, encompass the factors important to all radiation oncologists, and are easily accessible to both departments wishing to assess the current state of their initiatives and those seeking to conduct research in the area.

An established network would also aid those seeking to start programming within their departments. As evidenced by the number of projects that leaders are "working on now" or "plan to implement in the future" compared with those "already implemented," most roles are new and only beginning to develop goals and frameworks for their department. This has also likely decreased the overall impact of projects, leading to a relatively minimal improvement in recruitment, retention, use of paid time off, and other metrics, as appropriate time to measure these outcomes has not passed. Though wellness initiatives have demonstrated decreased burnout over a few months, broader culture and systematic changes require more significant lengths of time than what has passed for most, if not all, leaders completing this survey.[18]

Departmental initiatives may benefit from complimentary focuses on wellness by specialty societies more broadly. The American College of Radiation Oncology sponsored physical wellness initiatives leading up to their annual meetings in 2022 and 2023 with positive results from the initial cohort, suggesting an ability to seek improved wellness within the profession collectively.[27] The American Society for Radiation Oncology has long since hosted a 5K in parallel with its conference and has selected provider wellness as the key theme of the 2024 Annual Meeting. In addition to a 5K, the American Association of Physicists in Medicine provides participants a wellness and reflection room to step away from the meeting and recharge. These undertakings demonstrate a baseline understanding of the need for wellness-focused initiatives within the field; however, there are no initiatives, to our knowledge, that extend beyond meetings and begin to tackle broad challenges with well-being in the day-to-day operations of RO clinics.

Limitations of this study include selection bias based on those interested in wellness work and a small sample size because of the limited number of individuals within these roles. Though a smaller cohort, this serves as a baseline study for the status of wellness leadership and initiatives in academic RO and, thus, is a foundational data point because this topic is further explored in the coming years.

In conclusion, this is the first documentation of the current state of wellness leadership in academic RO and demonstrates that, although many RO departments have established leadership roles, they continue to be novel, underfunded, and lack global support from departments and leadership. Future initiatives should be targeted at increasing resources for wellness work, highlighting novel approaches to wellness in the literature with assessments of their impact, and creating a unified space for those completing this work within our field.

Disclosures

Sara Beltrán Ponce discloses an advisory role within the Society for Women in Radiation Oncology. Idalid Franco discloses research funding from the NIH/NCI, Career Development Award from the Center for Diversity and Inclusion of the Brigham and Women's Hospital, and an NRG Oncology Health Equity Fellowship, meeting support for the American College of Radiation Oncology Summit and Biennial Advancing the Science of Cancer in Latinos conference, and serves as Vice Chair for the Health Equity Education Committee of the HEDI Council of ASTRO. Other authors do not have anything to disclose.

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