

OC-0593 Alexithymia, empathy and burn-out amongst RTTs: results from the PRO BONO survey

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Purpose or Objective

Burn-out syndrome (BOS) is a frequent observation amongst oncology professionals. It influences performance at work, as well as physical and mental well-being. Specific personality traits may predispose to BOS. Alexithymia is a psychological dimension characterized by dysfunctional emotion processing and awareness. Empathy is the ability to share and understand another's 'state of mind' or emotion. The PROject on Burn-Out in Radiation Oncology (PRO BONO study) was developed to explore BOS in the field of radiation oncology and to investigate the correlation between alexithymia and empathy and the likelihood to experience BOS.

Material and Methods

An anonymous online survey was distributed to European Society for Radiotherapy and Oncology (ESTRO) members. Each participant was requested to complete 3 validated questionnaires to evaluate alexithymia, empathy and BOS: the Toronto Alexithymia Scale (TAS-20), the Interpersonal Reactivity Index (IRI) and the Professional Quality of Life Scale (ProQoL), respectively. The present analysis focuses on the population of Radiation Therapists (RTTs). Compassion satisfaction (CS), a measure of professional satisfaction, secondary traumatic stress (STS) and BOS (the

3 ProQoL subscales) were evaluated and their correlation with alexithymia and empathy (empathic concern, perspective taking and personal distress) was investigated with generalized linear modelling. Covariates found to be significant on univariate linear regression analysis were included in the multivariate linear regression model. R² and adjusted R² were used to assess model fit.

Results

A total of 399 RTTs, 71.2% female and 28.8% male, completed all requested questionnaires. Mean age was 39.9 years (SD:9.9). Point prevalence of alexithymic trait in this cohort was 10.5%, while borderline alexithymia was observed in 19.8%. With respect to professional quality of life, high levels of STS and BOS were observed with 24.1% and 25.6% of respondents, respectively. On the other hand, up to 30.6% of RTTs scored high in the CS domain of ProQoL. A higher level of alexithymia was associated to significantly decreased CS (β : -0.201; SE: 0.027; $p < 0.001$), increased STS (β : 0.202; SE: 0.028; $p < 0.001$) and BOS (β : 0.275; SE: 0.025; $p = 0.018$). A higher empathic concern was significantly associated to increased CS (β : 2.227; SE: 0.422; $p < 0.001$), STS (β : 1.651; SE: 0.414; $p < 0.001$), with no significant effect on BOS (β : 0.059; SE: 0.298; $p = 0.070$). The final multivariable model included alexithymic traits on TAS-20 as the only independent predictive variable for BOS ($p = 0.018$).

Conclusion

The PRO BONO study provided an overview of BOS, alexithymia and empathy among RTTs. Alexithymic personality trait increased the likelihood to develop BOS, with less professional satisfaction. This finding can be potentially used to screen professionals at risk to implement effective preventive measures.

Symposium: Communication in professional life / how to communicate within the team

SP-0594 Survival in a competitive learning environment: how to communicate better

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Abstract text

Health care is one of society's most fascinating arenas: stakes are high, changes in technology and knowledge are rapid, activity is meaningful, challenging, gratifying, and inspiring. Despite resource constraints, the sector therefore attracts people with high intellectual capacities, ambitions, and working capacity. Historically, the field is hierarchical with clear boundaries between people with different tasks, usually also expressed by uniforms they carry. This means that most conversations in health care are asymmetric, that is, functions of people who talk together are complementary and a power difference is present.

Asymmetric talks are different from everyday colloquial conversations in many ways. Yet most health care workers have not been taught how they are different, and how much this difference influences the process and outcome of talks at work. Hence, many feel a need to know more about how to communicate with superiors or assistants, have efficient team meetings, avoid conflict, deal with annoyed or disappointed colleagues, provide constructive feedback, handle criticisms, and set personal boundaries. This talk will provide some simple principles to come closer to achieving better interaction and collaboration