

ESMO Resilience Task Force recommendations to manage psychosocial risks, optimise well-being and reduce burnout in oncology

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Highlights (online only):

- Burnout is a significant issue for oncology health care professionals.
- Undesirable consequences of burnout include impact on health services and, ultimately, quality of patient care.
- The ESMO Resilience Task Force was established to support the well-being of oncology professionals globally.
- Recommendations on resilience and well-being in the workplace were developed by experts based on data from a survey series.
- The recommendations aim to support individuals and help institutions promote well-being, to sustain optimal cancer care.

ABSTRACT

Introduction

Burnout in health care professionals (HCPs) results from exposure to psychosocial risks at work. Left unaddressed, burnout can lead to chronic health problems, increased staff turnover, reduced work hours, absenteeism and early retirement from clinical practice, thus impacting patient care. The European Society for Medical Oncology (ESMO) Resilience Task Force (RTF) was established in December 2019 to support the well-being of oncology HCPs globally. This ESMO RTF position paper aims to provide a set of recommendations to optimise well-being and mitigate burnout in oncology, and to help individuals and institutions maintain the delivery of optimal cancer care.

Methodology

Recommendations were developed by a diverse multinational panel of interprofessional experts based on the key findings from three previously reported ESMO RTF surveys. A thematic analysis was also undertaken to evaluate the unpublished qualitative data from the global survey series.

Recommendations

Several recurrent work-related psychosocial risks in oncology were identified; in particular, concerns about workload and professional development. The need for flexible work patterns, continued use of virtual resources, well-being resources, and targeted support for at-risk groups were highlighted as key considerations to safeguard HCPs' health and prevent burnout. In total, eleven recommendations relating to three priority themes were developed: (i) information and training; (ii) resources; (iii) activism and advocacy.

Discussion

Optimising the well-being of oncology HCPs is essential for the provision of high-quality, sustainable care for patients globally. The ESMO RTF will continue its mission and is rolling out several initiatives and activities to support the implementation of these recommendations.

INTRODUCTION

Psychosocial risks can arise from any aspects in the design or management of work that increases work-related stress.¹ Common psychosocial risk factors include long or unsociable hours, lack of control over workload, poor physical working conditions, low remuneration or lack of recognition, job insecurity, poor investment in career development, and a work culture that enables discrimination or abuse.^{1,2} Burnout is a clinical syndrome resulting from exposure to psychosocial risks at work, and has been described in the International Classification of Diseases 11th Revision as an occupational phenomenon which results from chronic workplace stress that has not been successfully managed.³ Manifestations of burnout include physical and/or emotional exhaustion, cynicism, depersonalisation, inefficacy and a low sense of professional accomplishment.^{3,4}

Burnout is a significant issue for health care professionals (HCPs) in oncology, predominantly due to the substantial cognitive, emotional and administrative demands of delivering highly complex cancer care.⁴ Although there is significant variability in studies conducted globally, burnout has been consistently shown to be a serious problem amongst oncologists, with prevalence ranging from 20% to 70%.⁵ Systematic reviews and meta-analyses of studies conducted over the recent decades suggest that at least one in three oncologists are burnout.⁶⁻⁸ Risk factors include single status, younger age, poor psychological well-being, difficulties outside work, and workplace demands and stress.⁷ It has also been observed that there is higher prevalence of burnout amongst female oncologists and those aged ≤ 40 years.^{4,9,10}

The importance of well-being and burnout, and their wider impact on the delivery of quality health care, have been increasingly recognised in recent years.^{11,12} Critically, burnout can lead to chronic health problems including heart disease, stroke, obesity and mental health conditions, which may result in decreased quality of care, loss of professional satisfaction and reduced sense of accomplishment.¹³ Thus, burnout can affect HCPs' ability to make optimal treatment decisions, impacting patient care and clinician-patient relationships.⁴ Burnout is also associated with increased staff turnover, reduced work hours, absenteeism, early retirement from clinical practice and shortened life expectancy.⁴ Collectively, these effects contribute to shortages in the oncology workforce, and inadvertently have an economic impact on individual practices and larger health care systems.⁴ It is therefore clear that protecting the well-

being of oncology HCPs is crucial to ensure that patients with cancer receive the best quality of care.¹⁴

The European Society for Medical Oncology (ESMO) Resilience Task Force (RTF) was established in December 2019 with a mandate to support the well-being of oncology professionals globally.¹⁵ The mission of the ESMO RTF is to: (i) evaluate burnout, resilience and well-being; (ii) understand oncology HCPs' support needs; (iii) develop measures and interventions to reduce burnout, improve well-being and support oncology professionals; (iv) identify how individual and organisational solutions can be combined successfully to reduce burnout and improve well-being.¹⁵

In response to the coronavirus disease 2019 (COVID-19) pandemic, the ESMO RTF conducted a series of three global surveys to evaluate the impact of challenges posed by COVID-19 on health care systems worldwide, and its consequences on individual clinical practice, well-being and burnout.¹⁶⁻¹⁸ This collaborative survey series provided the largest and most comprehensive report on the well-being of oncology HCPs in the COVID-19 era, and revealed that a substantial proportion (up to 40%) of participants felt at risk of poor well-being or distress, with up to 57% reporting burnout.¹⁶⁻¹⁸ As health care systems continue to recover from the COVID-19 pandemic, the ESMO RTF aims to report on the lessons learned so far to support the well-being of oncology HCPs now and in the future. Here, we provide recommendations developed using key findings from the ESMO RTF global survey series, which aim to support individuals and help institutions maintain the delivery and development of optimal cancer care.

METHODOLOGY

Recommendations were developed based on key findings from the ESMO RTF global survey series, which have been previously reported.¹⁶⁻¹⁸ In addition, a qualitative thematic analysis was undertaken to evaluate the unpublished responses to the open-ended questions from these surveys. These data were imported into a qualitative data analysis software (NVivo 12, QSR International) and coded using the thematic analysis framework described by Braun and Clarke.¹⁹ Codes were grouped into overall themes for each survey (**Supplementary Tables S1 and S2**).

A diverse multinational panel of 11 experts from the ESMO RTF and the ESMO Public Policy Division, supported by occupational psychologists, policy analysts and administrative staff, was convened to establish the set of recommendations. Levels of implementation (individual HCP, institutional, national society and ESMO) were also assigned for each recommendation in order to identify the relevant key stakeholders and other responsible parties. **Figure 1** provides an overview of the development process for the recommendations.

RECOMMENDATIONS

Eleven recommendations, relating to three priority themes, were developed from key findings from the ESMO RTF global survey series.¹⁶⁻¹⁸ A summary of the recommendations and suggested levels of implementation is provided in **Table 1**.

Theme 1: High quality information and training can help support the practice and development of oncologists and cancer care

Recommendation 1.1: Improve organisational communication [level of implementation: institutional]

Throughout the COVID-19 pandemic, many oncology HCPs have experienced a loss of control or helplessness in meeting the expectations of their patients and colleagues.¹⁷ As the pandemic evolved, there was also an overwhelming increase in workload and working hours.¹⁸ While the majority of survey respondents (69%) felt they received adequate communication to do their job at the beginning of the pandemic,¹⁶ this declined over time (54%).¹⁸ One year after the first wave of COVID-19, less than half of participants felt well supported by management at their workplace.¹⁸ This clearly identified a need for institutional management to communicate more effectively with employees; in particular, to provide regular feedback and ensure employees feel valued in the workplace, as well as opportunities for HCPs to be involved in the planning of their work and feedback mechanisms. Indeed, participation of employees in the planning and management of workplace organisation has been associated with improvements in job satisfaction.²⁰

Recommendation 1.2: Provide individualised career supervision and mentorship [level of implementation: individual HCP, institutional, national society, ESMO]

The need for personalised supervision, including the provision of mentors for trainee oncologists and more opportunities for oncologists from low- and middle-income countries (LMICs), has been highlighted. Accessible and consistent supervisor support for trainees is paramount to ensure ongoing guidance for career development and planning, and for the sourcing of suitable professional opportunities.¹⁷ Mentorship opportunities should be made available to HCPs both within the workplace and externally. Dedicated, protected time for mentors and supervisors is necessary for optimal implementation and sustainability. Young oncologists can access one-to-one mentorship online through the ESMO Virtual Mentorship Programme, which pairs young members with ESMO leaders to promote personalised learning, support career development and guide individual mentoring needs.²¹ Similar programmes are also available from other cancer organisations^{22,23} and all HCPs should be encouraged to investigate the options available in their region. In addition to formal supervision, routine team meetings or debriefs can be beneficial as a mode of informal mentorship for both junior and senior team members.^{17,24}

Recommendation 1.3: Reinforce support in terms of training, career development and job security [level of implementation: institutional, national society, ESMO]

One in three survey participants raised concerns about career development or training¹⁸, and more than half felt a loss of control or helplessness in pursuing their career goals.¹⁷ Notably, a substantial proportion of survey respondents were aged ≤40 years (43%-46% across the three surveys), with trainees representing 20%-22% of participants; an important consideration for the future of the oncology workforce.¹⁶⁻¹⁸

Lack of time for professional development activities has been identified as a frequent concern. The need for access to online educational opportunities and shared learning between countries and oncology specialties was also emphasised. Professional societies, such as ESMO, can facilitate access to education and training through journals, online learning materials, podcasts, webinars, preceptorships, research

methodology training, continuing medical education, and leadership development programmes. ESMO is addressing these needs via the OncologyPRO online portal, which provides educational and scientific resources for HCPs.²⁵ All ESMO Clinical Practice Guidelines remain open access for all readers, and ESMO members also have free access to all ESMO journals.

Major concerns were also raised regarding international fellowship opportunities,¹⁷ as global mobility and inter-institutional learning have been the cornerstone of oncology training. ESMO reaffirms its support for the career development of young oncologists through short- and long-term fellowship opportunities,²⁶ providing dedicated time for the development of clinical and/or laboratory research skills. In addition, educational programmes in the form of preceptorships and advanced courses continue to be available from ESMO,²⁷ providing oncologists with a thorough understanding of specific topics in oncology.

A critical learning arising from travel restrictions during the pandemic was the ability to improve access to major ESMO congresses and events by providing online (live) participation opportunities. Indeed, ESMO has committed to ensuring that most congresses adopt a hybrid format, with congress webcasts available to members post-event. ESMO membership fees are now waived for oncology HCPs from LMICs. In addition, the International Cancer Foundation offers registration scholarships for ESMO members in LMICs to provide virtual access to ESMO meetings.

More than one-third (37%) of oncology HCPs surveyed during the pandemic were concerned about their job security.¹⁸ While research around job security in the oncology workforce is limited, a lack of permanent employment contracts has been shown to contribute to perceived job instability.²⁸ Temporary or short-term contracts may also be linked to financial insecurity, and there is some evidence to suggest that financial insecurity is linked to burnout.^{28,29} Poor job security can lead to job dissatisfaction and lack of employee commitment, potentially resulting in workforce attrition.²⁸ Further investigation into concerns around job security and salary is needed in order to identify possible solutions.

Recommendation 1.4: Promote the ongoing use of virtual strategies and other innovative solutions to improve access to flexible work arrangements and professional development opportunities [level of implementation: individual HCP, institutional, national society, ESMO]

The COVID-19 pandemic necessitated a marked change in oncology working practices, with the majority of survey respondents working more hours from home.¹⁷ One year on from the first wave of the pandemic, when travel restrictions were still limiting movement, >80% of survey participants continued to use remote or virtual meetings and consultations.¹⁸ Many of the virtual strategies employed during the pandemic have proven beneficial. For example, access to clinical trials has been made more equitable by the implementation of telehealth opportunities, particularly benefitting patients in rural settings who previously faced transport difficulties and financial barriers to access novel therapies through trials.^{18,30}

Other examples of positive transformation trialled by institutions and societies include the introduction of virtual oncology fellowships³¹ and dedicated educational webinars, as well as increased availability of virtual conferences and virtual mentorship programmes.¹⁸ In the post-pandemic era, these initiatives may allow more staff to participate in professional development activities while balancing other commitments. Virtual strategies can also mitigate financial costs, thus providing more equitable access to professional development opportunities.¹⁸ Furthermore, the provision of virtual opportunities can support sustainability efforts and minimise the impact on climate change, with online participation dramatically reducing the carbon footprint of meetings.³² HCPs are becoming increasingly proficient in virtual conferencing tools, which has reduced reliance on in-person networking for professional development.³²

The majority of survey participants were in favour of continued flexible working hours and the ability to work from home.¹⁷ In the thematic analysis, participants suggested that ESMO could create more opportunities for virtual events such as online networking, socialising, education and training. In response, ESMO has implemented various online opportunities, such as the Young Oncologists for Young Oncologists (YO4YO) Virtual Session Series, which comprises online roundtable discussions on career and professional development issues.³³ The Virtual Train to ESMO is an annual networking opportunity that allows young oncologists to connect with leaders in their

field to access guidance on career paths in oncology, discuss challenging cases and receive advice on practical aspects related to career development.³⁴

It is also important to note the limitations of virtual strategies, which may include suboptimal networking, increased isolation and erosion of the boundaries between HCPs' private and professional lives.³⁵ Nonetheless, institutions should continue to support flexible working hours and the ability to work from home in order to maximise productivity.

Theme 2: Dedicated strategies and resources should be developed to safeguard the psychological and physical health of staff

Recommendation 2.1: Ensure manageable workloads, including appropriate work hours and leave provision [level of implementation: individual HCP, institutional, national society, ESMO]

In recent years, there has been a progressive increase in job demands amongst oncology HCPs.¹⁸ These are largely due to increasing patient numbers, more therapy options and complexity, and better survival outcomes, which leads to further health care resource needs to manage long-term toxicities and survivorship issues. For example, diagnostic delays during the COVID-19 pandemic led to an increase in the proportion of patients with advanced disease at presentation and a backlog of cases, many of which require more intense and complex treatments due to delayed diagnosis.³⁶⁻⁴³

There is a need for more staff across the entire spectrum of oncology health care, including doctors, nurses, allied health professionals, and management and administrative staff. Indeed, the thematic analysis highlighted that staff shortages have resulted in more work, longer working hours and overwhelming numbers of patients. This finding is consistent with the quantitative analysis, which showed that the proportion of participants feeling overwhelmed with workload increased from 29% at the beginning of the pandemic to 45% a year later.¹⁸ At this point, 45% of respondents felt they had inadequate time for personal and family life, and 60% had not been able to take time off for annual leave or holidays.¹⁸

Participants identified control over their workload, sufficient staffing levels and less overtime as factors that contribute to a pleasant working environment. Even before the pandemic, workload was known to be associated with burnout in oncology settings.⁴⁴ Respondents also emphasised the importance of flexible working patterns (both in the hours worked and location of work) and adequate breaks for refreshment and socialising with colleagues. Most survey respondents reported a change in their attitude to work-life balance as a result of the pandemic, calling for flexible working hours and the possibility of working from home.¹⁷ Reflection on personal and professional values are a positive outcome of the pandemic and should be encouraged. Managers should strive to develop workplace arrangements that promote flexibility and work-life balance.¹⁸

It is crucial that time off and work-life boundaries are respected to allow individuals to enjoy their leisure and family time without being contacted by colleagues or worrying about work. There is a potential role for national and international medical societies in engaging with institutions and governments to provide guidance on the implementation of appropriate working hours, workload and professional needs. The European Union (EU) Work-Life Balance Directive provides minimum standards for leave entitlements and outlines the right to request flexible working arrangements for parents and carers.⁴⁵ The concept of 'right to disconnect' refers to the right to disengage from work and refrain from work-related electronic communications during non-working hours. There is currently no legal framework in the EU directly defining and regulating the right to disconnect, but the European Parliament has called for a directive and there is legislation at national level in France.⁴⁶

Recommendation 2.2: Provide a pleasant working environment with adequate well-being resources [level of implementation: institutional]

Relationships with colleagues, managers and institutions were identified as important elements of a pleasant working environment. Participants highlighted the value of time and space to socialise with colleagues to debrief, discuss clinical matters and share experiences. This can foster team working, combat loneliness and help reduce stress. Feeling supported, respected and listened to by those in leadership positions also contributed to a pleasant working environment.

Many respondents felt that their working environment could be improved with access to better equipment and furniture. It is important to note, however, that the resources available for such improvements vary widely between different centres and regions. Suggested priorities for an effective working environment included improved IT systems, sufficient IT support, reliable Wi-Fi and access to laptops and teleconferencing software, as well as ergonomic furniture to prevent injury. In addition to these essential improvements, participants also expressed a desire for changes to the physical environment of their workplaces, including access to outdoor spaces and well-designed indoor spaces with ventilation, fresh air, natural light, artwork and adjustable temperature control. Several respondents requested calm, clean, quiet spaces that could be used for relaxation, sleep and work without distractions. Provision of refreshments and healthy meal choices, as well as group activities such as yoga, aerobics and gym classes were also suggested. Nevertheless, many centres (particularly those in LMICs) will only have the resources available to implement the most essential workplace improvements in the short term.

Recommendation 2.3: Provide resilience training and invest in well-being support services [level of implementation: institutional, national society, ESMO]

Burnout is significantly associated with low levels of psychological resilience.¹⁶ Reassuringly, there were sustained levels of resilience amongst the survey participants throughout the pandemic^{16,17}; however, while overall levels remain high, support is needed for those individuals who experience low psychological resilience. Provision of psychological resilience training is a key aspect in safeguarding the well-being of the workforce and should be considered in conjunction with the other recommendations. Incorporating such resilience training early in a clinician's career, possibly as early as medical school, may be useful. It is important to note, however, that whilst individual psychological resilience training may be helpful, there are wider psychosocial risks within the oncology working environment that contribute to stress and burnout; these must be acknowledged and addressed appropriately. A holistic and multilevel approach is required.

Alarmingly, a substantial proportion of respondents did not feel supported by global and/or national societies and groups; only 42%-57% reported support from these

sources across the three surveys.¹⁸ This is a cause for concern and highlights a role for ESMO in implementing well-being support programmes for its members. Respondents suggested that ESMO could help by providing information on how to manage burnout, deal with stress and implement relaxation strategies, as well as promoting positive and motivational messages, psychological and emotional support, access to counselling, mindfulness programmes, self-care strategies and online support groups. Participants also proposed that sharing their experiences and coping methods with colleagues would be a helpful way to support each other. It is essential that strategies are in place to monitor the well-being of staff, and the institutional culture around well-being and burnout should be regularly appraised – this will help to create a system that places staff welfare at the centre of quality health care provision.

ESMO is investing in a number of initiatives to support oncology HCPs' psychological resilience and well-being, including plans to roll out virtual workshops and encourage wider local participation via well-being champions (see **Table 2**).

Recommendation 2.4: Invest in workforce retention and strategies to attract new colleagues [level of implementation: institutional, national society, ESMO]

A major concern raised in the final survey in 2021 was the level of attrition in the oncology workforce, with 25% of respondents reporting that they had thought about changing their careers.¹⁸ Of these, 38% were considering leaving the oncology profession and 28% were considering a move to industry.¹⁸ The backlog of people requiring screening, diagnosis, treatment and care related to cancer, coupled with the shortfall in oncology HCPs, has amplified demands on an already depleted workforce.

The challenge of workforce recruitment and retention is not unique to oncology. This has led to a landmark meeting in March 2023 organised by the World Health Organization (WHO) and the Romanian Ministry of Health, resulting in 50 member states of the WHO European Region adopting the Bucharest Declaration, urging political action and a commitment to protect, support and invest in health and care workers across Europe and central Asia.⁴⁷ The declaration seeks to: (i) improve the recruitment and retention of health and care workers; (ii) improve health workforce supply mechanisms; (iii) optimise the performance of the health and care workforce; (iv) better plan the health and care workforce; (v) increase public investment in

workforce education, development and protection.⁴⁷ At a global level, the Fifth Global Forum on Human Resources for Health (April 2023) focused on the theme of ‘Protecting, safeguarding, and investing in the health and care workforce’⁴⁸ and the 76th World Health Assembly Strategic Roundtable (May 2023) provided an action-oriented agenda to protect and invest in the health and care workforce.⁴⁹

Ensuring the oncology profession meets HCPs’ expectations is crucial for attracting and retaining high-quality staff, particularly in locations where there are competing professional alternatives, such as industry. There is a need for decisive, long-term and coordinated action by governments, national and professional organisations, and employers to address the ongoing issues of recruitment and retention.⁵⁰ In some countries, the problem is compounded by limits on the number of oncologists permitted to graduate each year. Increasing the attractiveness of the oncology profession should begin at a local level, with international societies providing guidance to national groups. Early engagement with medical students is key; high-quality oncology education at undergraduate, Masters and MD-PhD level can help to direct students into oncology. One such example is the ESMO Course on Medical Oncology for Medical Students, which is an annual summer residential school that provides students with insight into the field of medical oncology, with the aim of promoting a career in the field.⁵¹

Theme 3: Activism and advocacy for the discipline of oncology and the well-being of the workforce

Recommendation 3.1: Establish tailored support measures to address the needs of different groups [level of implementation: individual HCP, institutional, national society, ESMO]

Throughout the COVID-19 pandemic, a persistently higher proportion of women were at risk of poor well-being and burnout.^{16,18} There is now growing evidence that the pandemic has had a greater impact on female HCPs, who typically bear a greater burden of domestic responsibilities than their male counterparts, thus exacerbating the pressures of professional life.⁵² Younger oncology professionals (aged ≤40 years)

were also at higher risk of poor well-being and burnout.¹⁶ A pre-pandemic ESMO survey of young oncologists reported evidence of burnout in 71% of participants.⁹ Further needs assessments are required to understand the specific circumstances regarding burnout, so that appropriate well-being support can be provided.

Nevertheless, ESMO has established several initiatives to support specific groups of colleagues that are at elevated risk of poor well-being, including the ESMO Women for Oncology Committee⁵³ and the ESMO Young Oncologists Committee.⁵⁴ Through the activities of both committees, ESMO can connect with and provide resources for colleagues who may need a greater level of support. The RTF also recognises the importance of identifying and supporting other at-risk groups and seeks to collaborate with all at-risk colleagues through targeted initiatives.

Recommendation 3.2: Provide support for the management of personal well-being and resilience [level of implementation: individual HCP, institutional, national society, ESMO]

Oncology HCPs can take positive steps to maintain their personal well-being. A personal well-being toolkit, in the form of coping techniques, may help HCPs support their own well-being and resilience both inside and outside the workplace. For example, mindfulness can increase HCPs' understanding of stress and their own emotions and needs, promoting self-regulation and facilitating self-reflection on their behaviour.⁵⁵ Mindfulness may also help HCPs to become more aware of stress, proactively set priorities and limits, and develop a healthier relationship with work.⁵⁵ Meanwhile, virtual digital health resources or social media-based interventions can support personal well-being, with the aim of normalising emotion and destigmatising the need for support.⁵⁶ Ultimately, harnessing self-regulation including goal-setting and fostering emotional resilience may impact one's ability to thrive in their work environment.⁵⁷

Recommendation 3.3: Influence policy makers and stakeholders [level of implementation: institutional, national society, ESMO]

The number of patients with cancer will continue to increase worldwide, and there is a clear need for an increasing supply of oncology HCPs to provide the appropriate care.⁵⁸ Professional societies have a role to play in raising awareness about burnout and workforce retention, as well as educating on potential ways to mitigate these issues and discourage HCPs from leaving the oncology profession. International societies should engage with national groups to facilitate discussions at the local level with institutions and policy makers to drive positive change; for example, limits on working hours, protected time for breaks during day shifts and longer parental leave. Media engagement may also be useful to increase awareness of the issues facing the oncology profession. ESMO Public Policy supports ESMO members by engaging with national, EU and global authorities on issues related to the practice and profession of medical oncology.⁵⁹ As a non-State actor in official relations with the WHO, ESMO can contribute to WHO governing body meetings and collaborate on WHO projects, including optimisation of the cancer workforce. Through its special consultative status with the United Nations (UN) Economic and Social Council, ESMO participates in the work and meetings of the UN, including those related to the aim of universal health coverage, of which an adequate, well-trained and well-equipped workforce is a key element.

DISCUSSION

The recommendations developed by the ESMO RTF aim to enhance well-being support for oncology HCPs, in order to facilitate the sustained provision of high-quality care for patients with cancer. This has been informed by a large ESMO survey series of oncology HCPs, which included >3,700 unique responses from participants across >100 countries between 2020 and 2021.¹⁶⁻¹⁸ The surveys consistently highlighted several important psychosocial risks, including the pressures that oncology HCPs experienced in terms of workload and concerns about their professional development. Although the surveys were designed and carried out during the COVID-19 pandemic, the insights gained should be utilised to strengthen and shape oncology practices moving forward.

There is a clear advocacy for more flexible work patterns and the continued use of virtual resources. There is also a need for targeted support for at-risk groups, including women and young oncologists. The ESMO RTF recommendations emphasise the need to address these specific sub-themes, many of which were also recently highlighted by the American Society of Clinical Oncology (ASCO) Clinician Well-Being Task Force.⁵⁶ To this end, the ESMO RTF recommendations also take into consideration important viewpoints and lived experiences of participants from outside Europe (33% in the first and second surveys, and 42% in the final survey¹⁶⁻¹⁸), providing confidence that the recommendations are relevant and applicable for health care settings beyond Europe.

The RTF recommendations are already being addressed and supported by ESMO through several planned initiatives and activities (**Table 2**). A series of well-being and resilience workshops are being implemented, in which oncology HCPs will share their experiences and advice for a healthy career, improved work-life balance and impactful leadership. A programme to train leaders and individuals to become well-being champions and empower them to promote good practices within their own institutions will be launched shortly, as well as a resource portal addressing well-being, resilience and burnout, including personal care toolkits and useful articles curated for ESMO members. The ESMO RTF will continue to develop a variety of resources, including both online materials and face-to-face activities, to support all oncology HCPs. A priority recognised by the ESMO RTF is to establish partnerships with national or regional oncology societies to fully understand the unique challenges faced by each network and learn which regional groups are best placed to develop future strategies.

These initiatives should be supplemented by improved communication to raise awareness of the ESMO resources that are already available. It is the norm that topics of well-being and resilience are featured during major congresses organised by ESMO, ASCO and other oncology societies. Potential barriers to implementation of the planned initiatives include socioeconomic challenges in increasing the workforce, educational barriers due to unequal access to resources, differences in geographical practicalities and the need for regional adaptations. Nonetheless, the ESMO RTF recommendations also reflect the recently-published policy on doctors' well-being from the Standing Committee of European Doctors in terms of recommendations on working environment, staffing levels, well-being support, flexible working and

mentorship programmes,⁶⁰ and align with the priorities of the forthcoming EU Presidencies.^{61,62}

Finally, it is important for leading oncology societies to conduct regular global reviews (in the form of focused follow-up surveys, focus groups or other activities) to gather contemporaneous insights into the well-being, resilience and burnout levels amongst oncology HCPs. At a local level, it may also be useful for employers to consider undertaking regular 'stress assessment', which is currently lacking or inadequate. The creation and implementation of a routine assessment protocol aligning to relevant guidelines, e.g. Health and Safety Executive (HSE) Management Standards in the UK,^{63,64} would ensure that the health and well-being of HCPs are appropriately monitored and attended to.

This ESMO RTF position paper is informed by recurrent observations, and feedback and suggestions from respondents to our global survey series.¹⁶⁻¹⁸ Therefore, an intrinsic limitation is the lack of ample evidence behind proposed recommendations or strategies, which will be a focus for ongoing research and policy analyses. Additionally, we acknowledge that recommendations have been predominantly addressed to oncologists due to the demographics of the survey responders. Oncology is a multidisciplinary field involving interprofessional teams, and allied health professionals (AHPs) and other human resources in the form of administrative support are critical to the delivery of services. Future work should ensure that the well-being of AHPs and administrative colleagues is addressed equally,⁶⁵ as this can have a knock-on effect on clinical staff and patient care.

ESMO is committed to addressing the issues raised by its members and the broader oncology community, and hopes that the RTF recommendations will be implemented by workplaces, societies and HCPs worldwide in order to enhance the health and well-being of oncology professionals, thus facilitating quality cancer care. Ultimately, ESMO aims to help secure a sustainable oncology workforce now and for the future, by ensuring oncology remains an attractive specialty and by investing in efforts for workforce retention and growth.

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EE has received personal honoraria from Amgen, Bayer, BMS, Boehringer Ingelheim, Cure Teq AG, Hoffman La – Roche, Janssen, Lilly, Medscape, Merck Serono, MSD, Novartis, Organon, Pfizer, Pierre Fabre, Repare Therapeutics Inc., RIN Institute Inc., Sanofi, Seagen International, GmbH, Servier, and Takeda.

JBAGH serves on advisory board for Achilles Therapeutics, AstraZeneca, BioNTech, Bristol Myers Squibb, CureVac, Eisai, Imcyse, Immunocore, Instil Bio, Iovance Biotherapeutics, Ipsen, Merck Serono, Merck Sharpe & Dohme, Molecular Partners, Neogene Therapeutics, Novartis, Pfizer, PokeAcel, Roche, Sanofi, Scenic, T-Knife, and Third Rock Venture. Research grants from Amgen, Asher Bio, BioNTech US, Bristol Myers Squibb, Merck Sharpe & Dohme, Novartis, and Sastra Cell Therapy.

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CH reports being Director of a private company Hardy People Ltd, outside the submitted work; Speaker honoraria from Pfizer; Research grants funded by Sport England, the National Institute of Health Research, Wellbeing of Woman charity, the Economic and Social Research Council, and the Royal Marsden Cancer Charity.

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JYB has received speaker honoraria from MSD and Pharmamar; funding from MSD, BMS, and Deciphera; served on advisory boards for Bayer, Deciphera, GSK, and Roche; research grants from AstraZeneca, Roche, Bayer, GSK, Novartis, and OSE pharma. He is a member of the board of directors at Transgene and member of the supervisory board at Innate-Pharma. JYB is the ESMO Director of Public Policy 2023-2024.

SB reports research grant (institution) from AstraZeneca and GSK; Stocks/Shares from PerciHealth; honoraria for advisory boards or lectures from Amgen, AstraZeneca, Eisai, Epsilogen, GSK, Immunogen Mersana, MSD, Novartis, and Oncxerna; Personal – Regeneron, Roche, Seagen Shattuck Labs Verastem, Clovis, Medscape, Novacure, Peerview, Pfizer, Research to Practice, and Takeda, outside the submitted work. SB is the Chair of the ESMO Resilience Task Force.

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TABLES

Table 1. Summary of ESMO RTF recommendations

Recommendation	Level of implementation			
	Individual HCP	Institutional	National society	ESMO
<i>Theme 1: High quality information and training can help support the practice and development of oncologists and cancer care</i>				
1.1: Improve organisational communication		✓		
1.2: Provide individualised career supervision and mentorship	✓	✓	✓	✓
1.3: Reinforce support in terms of training, career development and job security		✓	✓	✓
1.4: Promote the ongoing use of virtual strategies and other innovative solutions to improve access to flexible work arrangements and professional development opportunities	✓	✓	✓	✓
<i>Theme 2: Dedicated strategies and resources should be developed to safeguard the psychological and physical health of staff</i>				
2.1: Ensure manageable workloads, including appropriate work hours and leave provision	✓	✓	✓	✓
2.2: Provide a pleasant working environment with adequate well-being resources		✓		
2.3: Provide resilience training and invest in well-being support services		✓	✓	✓
2.4: Invest in workforce retention and strategies to attract new colleagues		✓	✓	✓
<i>Theme 3: Activism and advocacy for the discipline of oncology and the well-being of the workforce</i>				

3.1: Establish tailored support measures to address the needs of different groups	✓	✓	✓	✓
3.2: Provide support for the management of personal well-being and resilience	✓	✓	✓	✓
3.3. Influence policy makers and stakeholders		✓	✓	✓

ESMO, European Society for Medical Oncology; HCP, health care professional; RTF, Resilience Task Force.

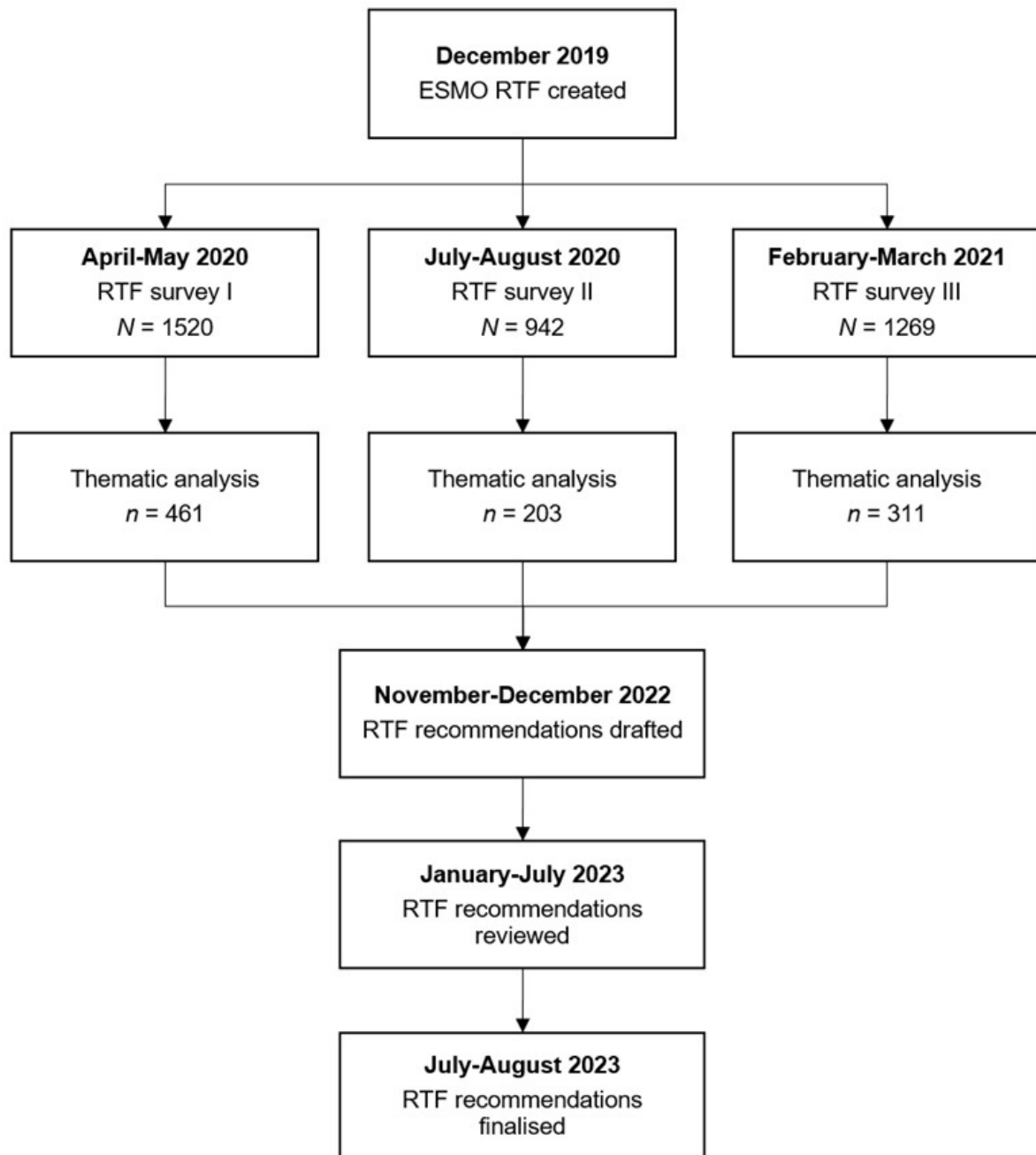
Table 2. Proposed ESMO RTF initiatives

Initiative	Description
Virtual well-being and resilience sessions	Sessions to share advice for a healthy career, good work-life balance and impactful leadership
Workshops for well-being champions	Training programme for well-being champions to promote good practice at the institutional level
Well-being resources portal	Resource bank to help HCPs cope with daily personal and professional pressures
Special sessions at ESMO annual congresses	Interactive sessions to maintain professional well-being in the thematic agenda of the congress
Global stakeholders meeting	Proposed initiative to bring global stakeholders together to create and monitor well-being activities and maintain links with well-being champions
Personal well-being toolkit	A proposed short directory of suggestions and coping mechanisms that individual HCPs can easily access to support their own well-being and resilience in everyday life

ESMO, European Society for Medical Oncology; HCP, health care provider; RTF, Resilience Task Force.

FIGURES

Figure 1. Development of ESMO RTF recommendations



ESMO, European Society for Medical Oncology; RTF, Resilience Task Force.