From Burnout to Resilience: Creating Supportive Environments for Oncology Advanced Practitioners

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Advanced practitioners (APs) play a critical role in cancer care, but many encounter workforce challenges that contribute to rising burnout rates. These challenges include increased documentation requirements, prior authorization or insurance appeals, staffing shortages, and the overall increasing complexity of cancer care. Advanced practitioners working in academic centers face institutional expectations, such as meeting publication and presentation metrics for merit raises. Those working in community settings must remain current with rapid scientific advances in many different disease states, further increasing their workload. Regardless of workplace setting, many APs are likely experiencing some level of burnout.

Cost reductions and health-care administrative burdens in the past 10 years have led to declining provider numbers, with APs reporting emotional exhaustion as a result (Herd & Moynihan, 2021). Tetzlaff et al. (2022a) reported that a high proportion of oncology physician associates (PAs) exhibited at least one symptom of burnout, with rates increasing from 2015 to 2019 (Tetzlaff et al., 2022b). Similarly, Bourdeanu et al. (2020) found that over 20% of hematology/oncology nurse practitioners (NPs) experienced emotional exhaustion and at some point considered leaving their positions or the profession. Burnout ultimately leads to job turnover, reduced efficiency, absenteeism, and psychological distress; thus, workplace stressors must be identified and addressed.

I have personally observed a marked increase in job demands over the past 5 years, particularly in terms of added documentation requirements, reduced staffing, and the need for prior authorizations for drug coverage. These factors, combined with limited administrative time and, for some, the inability to work flexibly from home, contribute to heightened job-related stress.

STRATEGIES TO COMBAT BURNOUT

In this issue, Tetzlaff et al. outline the importance of and perceived skills of oncology PAs in topics of self-care, clinical care, and professional

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development, and how they relate to burnout rates. They also examine the current use of employee assistance programs as a possible source of support. Also in this issue, Wei explores how inclusive leadership and strong leader-member relationships within teams lead to enhanced psychological safety and thus increased team effectiveness.

DiMarco et al. (2026) identified workforce stressors and a lack of succession planning across many institutions. The authors suggest that implementing a team-based practice model can help address workplace burnout. Fostering team cohesion through informal meetings, huddles, or retreats can help mitigate the effects of high-stress environments. Supporting professional development by allocating time for APs to attend conferences and submit abstracts or manuscripts may also be beneficial.

As an AP who has held the same clinical role since 2004, I am particularly interested in the protective factors that encourage APs to remain in their roles across a variety of practice settings. Despite intermittent staffing and workplace challenges, the support I receive from my disease group and organizational leadership, combined with my passion for patient care, are compelling reasons for me to continue in my current position.

IN THIS ISSUE

In addition to the studies by Tetzlaff and colleagues and Wei on burnout and team-based care, read about how an interdisciplinary clinical pathway for chemotherapy-induced peripheral neuropathy improved APs' understanding of roles and increased referrals to appropriate services. In addition, a Review article provides an overview of CAR T-cell therapy and bispecific antibodies in relapsed/refractory multiple myeloma, highlighting the role of APs in toxicity management, patient education, and expanding access to these novel therapies. Another Review guides APs through the long-term health consequences of testicular cancer and its treatments, emphasizing comprehensive surveillance and survivorship care for a growing population of survivors.

Read about a case of bilateral phrenic nerve palsy following ciltacabtagene autoleucel and considerations for recognizing, diagnosing, and managing this rare toxicity. Learn about fitusiran, a novel antithrombin-targeting therapy for hemophilia A and B, with details on its mechanism, efficacy, dosing, monitoring, and safety. Get a refresher on PD-1 in classical Hodgkin lymphoma, including approved PD-1 inhibitors and their adverse events. Finally, see how an AP-led regional care model brought specialized oncology treatment closer to adolescents and young adults, improving access while supporting coordinated care and reducing travel and financial burdens.

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