# Burnout in Clinical Research Coordinators in the United States

Clement K. Gwede, PhD, MPH, RN, Darlene J. Johnson, MBA, CCRA, Cleora Roberts, PhD, and Alan B. Cantor, PhD



**Purpose/Objectives:** To assess burnout among clinical research coordinators (CRCs) and to determine which personal and job-related factors are associated with burnout.

**Design:** Random, stratified, cross-sectional mail survey.

**Setting:** CRCs from membership lists of clinical research organizations.

**Sample:** 252 CRCs in the United States. To be included in the study, participants must have been in their current position longer than six months and involved in clinical trial coordination or data management. Of 2,770 records, 900 CRCs were mailed questionnaires; 35% (316) responded, and 252 of those were eligible for analysis. Eligible respondents were Caucasian (86%), female (94%), and employed full-time (92%) in an oncology setting (71%).

**Methods:** Respondents completed mailed self-administered questionnaires measuring burnout, job satisfaction, personality characteristics, perceived work overload, and selected personal- and employment-related data. Data analyses included descriptive, univariate, and multivariate statistics.

**Main Research Variable:** Burnout.

**Findings:** About 70% of respondents were satisfied with their job, and 74% would still choose the clinical research profession. Approximately 44% reported high emotional exhaustion, a component of burnout. Factors independently associated with high emotional exhaustion burnout were low satisfaction with job ($p < 0.0001$), high perceived daily workload ($p < 0.0001$), and low endurance personality ($p = 0.002$).

**Conclusions:** Burnout is prevalent in CRCs. Job dissatisfaction, perceived daily work overload, low endurance, and nurturance personality traits were associated with high burnout.

**Implications for Nursing:** Nurses are involved significantly in clinical trial coordination. High burnout rates have potentially negative implications for data quality and productivity in clinical trial data management—important values for nursing and the clinical research profession.

## Key Points . . .

- Burnout among clinical research coordinators (CRCs)—many of whom are nurses—is not well documented.
- Oncology and nononcology CRCs report significant burnout, especially among those who report high dissatisfaction with their jobs, work overload, and low endurance or nurturance personality traits.
- Burnout in CRCs is comparable to levels reported by other healthcare professionals, and most CRCs are satisfied with their jobs and motivated to remain in the profession.

Although healthcare work settings can be highly stimulating and rewarding environments, certain work-related stressors have been documented. Previous research has shown that job-related stress and burnout are associated with high levels of demand placed on healthcare workers, especially in situations where a worker's influence is low (van Servellen & Leake, 1993). In addition to the overall emphasis on cost containment and the underlying demand for quality, healthcare occupations are faced with chronic shortages of staff and the expectation "to do more with less." Several factors may contribute to the development or amelioration of occupational stress and burnout among clinical research coordinators (CRCs). CRCs, many of whom are nurses, are responsible for coordinating, managing, and implementing diverse and challeenging clinical trial activities such as regulatory processing of the clinical trial protocol; identifying, recruiting, and enrolling patients; monitoring and assessing patients during active treatment and follow-up; and data collection and submission (completion of case report forms) at investigative sites. Recognizing the complexity and challenges of this position, some institutions have undertaken additional structural and role delineation initiatives to create specialty functions such as regulatory specialist, clinical trial nursing ladder, and data manager positions (data collection function only) to simplify the complex CRC role. However, many CRCs still do it all and continue to be faced with the potential distress associated with a broadly defined and overwhelming position. Futhermore, the role of CRCs often is not well understood by other healthcare workers, thus leading to ineffective interactions with other well-established disciplines and providers, such as nurses, physicians, pharmacists, or laboratory personnel. Other distressful factors may include having various personal characteristics, working with patients with acute or life-threatening conditions, dealing with heavy daily workload, and experiencing a variety of stressors in the work environment or the uncertainty of the job itself (e.g., organizational restructure and the associated fear of job loss) as reported in other healthcare occupations (Beaudoin & Edgar,

*Clement K. Gwede, PhD, MPH, RN, is an assistant professor and Darlene J. Johnson, MBA, CCRA, is a programs/research administrator, both in the Department of Interdisciplinary Oncology at the H. Lee Moffitt Cancer Center and Research Institute in Tampa, FL; Cleora Roberts, PhD, is a professor in the School of Social Work and Alan B. Cantor, PhD, is a professor in Interdisciplinary Oncology, both at the University of South Florida in Tampa.* *(Submitted December 2004. Accepted for publication February 21, 2005.)*

Digital Object Identifier: 10.1188/05.ONF.1123-1130