Journey to a Resilient and Thriving Pharmacy Workforce

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Disclosure

• All planners, presenters, and reviewers of this content report no financial relationships relevant to this activity.

Poll Everywhere Instructions

• Text RXRESILIENCE to 22333 to join the conversation

• All responses will appear to the audience in a “word cloud” after submissions are gathered

Outline

• Explain why clinician burnout is a patient care and healthcare workforce problem that needs addressing.
• Discuss what is known about burnout in the pharmacy workforce.
• Describe the National Academy of Medicine Clinician Well-Being and Resilience Action Collaborative.
• Identify strategies to impact well-being and resilience in pharmacists, pharmacy residents, student pharmacists and pharmacy technicians.
Burnout is a Patient Care Problem

American Society of Health-System Pharmacists

- **Vision**
  - Medication use will be optimal, safe, and effective for all people all of the time

- **Membership Organization**
  - Established 1942
  - 45,000 members

Our Patients and Their Care: Goal 4

- **Key Objectives**
  - Engage in major national initiatives on clinician well-being and resilience
  - Facilitate the development of education aimed at helping pharmacists, student pharmacists, and pharmacy technicians address and effectively cope with the stress and burnout associated with demanding patient care environments
  - Seek opportunities to improve the well-being and resilience of pharmacists participating in postgraduate residency training
  - Foster research that addresses well-being and resilience issues of pharmacists, student pharmacists, and pharmacy technicians

Decreased Quality of Care Is the Top Reason to Address Physician Burnout

- **What are the top two most important reasons to address physician burnout?**
  - Decreased quality of care: 63%
  - Effect on the attitude of the rest of the health care team: 28%
  - The duty of organizations to care for people: 21%
  - Turnover: 24%
  - More Clinicians: 67%

ASHP Vision & Strategic Plan

- **Strategic Priorities and Goals**
  - **Our Patients and Their Care**
    - Goal 4: Improve Patient Care by Enhancing the Well-Being and Resilience of Pharmacists, Student Pharmacists, and Pharmacy Technicians
  - **Our Members and Partners**
  - **Our People and Performance**

Quality and Safety

- **Medical Error**
  - ~8000 surgeons
- **Medical Malpractice Litigation**
  - ~7000 surgeons
- **Health-care associated infections**
  - Mean burnout hospital nurses independent predictor
- **Patient mortality ratios**
- **Teamwork scores**
  - Mean EE physicians & nurses ICU

Burnout • Medical Error

Bi-directional relationship

Higher levels of burnout associated with increased odds of reporting a medical error in subsequent 3 months. Self-perceived medical error associated with worsening burnout & depressive symptoms
Health Care Costs

↑ Medical Errors
↑ Malpractice claims
↑ Turnover
  - 1.2-1.3 x salary ($82-$88,000 per RN in 2007)
  - $500,000 to >$1 million

↑ Absenteeism
↓ Job productivity
↑ Referrals
↑ Ordering

What is Stress?

- Stress is a physical, mental, or emotional factor that causes bodily or mental tension.
- Stress can be external or internal

What is Burnout?

- Syndrome of:
  - depersonalization
  - emotional exhaustion
  - low personal accomplishment
- Leads to decreased effectiveness at work
- Attributed to work-related stress

Burnout is Not..

- Having a bad day at work
- Feeling overwhelmed for a day or two
- Experiencing a bad mood
- Wanting time-off from work
- Needing a beverage at the end of the day

MaslachBurnout Inventory – Human Services Survey Tool

- Medical Personnel
  - Emotional exhaustion
    - Measures feelings of being emotionally overextended and exhausted by one's work
      - I feel emotionally drained from my work
  - Depersonalization
    - Measures an unfeeling and impersonal response toward patients
      - I don’t really care what happens to some patients
  - Personal Accomplishment
    - Measures feelings of competence and successful achievement in one's work
      - I have accomplished many worthwhile things in this job
- Response options (frequency): never, a few times a year or less, once a month or less, a few times a month, once a week, a few times a week, every day
High Prevalence of Burnout

Medicine
- 2014, 6880 physicians, all specialties, all practice types
- 2012, 5521 medical students & residents

Nursing
- 1999, >10,000 inpatient RN
- 2007, 68,000 nurses

Burnout: Pharmacy Residents

Study Overview
- Stress and negative affect levels surveyed in PGY1 & PGY2s (n=524, 27.7% response)
- Those working > 60 hours/week reported higher levels of perceived stress and elevated depression, hostility, and dysphoria
- Perceived stress for pharmacy residents was 19.06±5.9
  - 14.2±6.2 in 18-29 year old health adults
  - 20.3±7.4 in cardiology medical residents

Takeaways
- 10-item Perceived Stress Scale is a free, validated tool to assess stress among pharmacy residents
- Hostility was highest in PGY2
- When pressures of being overworked > resident’s ability to cope, well-being is in danger

Burnout: Clinical Pharmacists

- Jones and colleagues measured clinical pharmacist burnout (n=974)
  - Nearly ¾ included respondents are certified by BPS
  - More than half completed residency training
  - 61.2% overall burnout rate; 52.9% high emotional exhaustion
  - Characteristics of burned out clinical pharmacists:
    - Less likely to have children (p=0.002)
    - More likely to work more median hours (p<0.001)
    - More likely to have attained BPS certification (p=0.005)
  - No difference observed in practice area, hospital setting

Burnout: Clinical Pharmacists, cont.

- Jones and colleagues measured clinical pharmacist burnout (n=974)
  - Many objective factors noted as increased in burned out individuals; however, no factors independently predict burnout
  - Strong predictors:
    1. Too many nonclinical duties
    2. Inadequate teaching time
    3. Inadequate administration time
    4. Difficult pharmacist colleagues
    5. Contributions unappreciated

Burnout: COP Faculty

- El-Ibiary and colleagues measured faculty burnout in US College of Pharmacy (n=758)
  - 41.3% exhibited high emotional exhaustion scores
  - Women had significantly higher emotion exhaustion and lower personal accomplishment scores than men
  - Faculty who had a hobby had significantly lower emotional exhaustion scores, lower depersonalization score, and higher personal accomplishment scores
  - Faculty working in newer Colleges of Pharmacy (est. < 5 years) were associated with lower depersonalization and lower personal accomplishment scores.

Drivers of Burnout in Healthcare Professionals

- Excessive workload
- Inefficient work environment
- Problems with work-life integration
- Loss of autonomy, flexibility and control
- Organizational culture and values
- Reduction of meaning in work
- Lack of social support at work
- Leadership behaviors
- Nurses: Moral distress
- Trainees: Learning environment, Educational debt
Drivers of Burnout in Healthcare Professionals

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workload</td>
<td>Job demands exceeding human limits; limited time to rest, recover, and restore.</td>
</tr>
<tr>
<td>Control</td>
<td>Role conflict; absence of direction in the workplace</td>
</tr>
<tr>
<td>Reward</td>
<td>Inadequate financial, institutional, or social reward in the workplace; lack of recognition</td>
</tr>
<tr>
<td>Community</td>
<td>Inadequate opportunity for quality social interaction at work; inadequate development of teams</td>
</tr>
<tr>
<td>Fairness</td>
<td>Perception of equity from an organization or leadership</td>
</tr>
<tr>
<td>Values</td>
<td>Organizational values are incongruous with an individual’s personal values or beliefs</td>
</tr>
<tr>
<td>Job-person incongruity</td>
<td>Personality does not fit or is misaligned with job expectations and coping abilities</td>
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- Private, nonprofit organization of the country's leading researchers
- National Academy of Medicine
  - Formed in 1970 to advise the nation on medical & health issues
  - Dr. Victor Dzau is President

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**Action Collaborative Goals**

**NAM**
- Improve baseline understanding across organizations of challenges to clinician well-being
- Raise visibility of clinician stress and burnout
- Advance evidence-based, multidisciplinary solutions to reverse these trends, leading to improvements in patient care by caring for the caregiver

**ASHP**
- Improve patient outcomes through optimal medication use
- Identify mechanisms to improve and sustain pharmacy workforce well-being and resilience
- Deploy pharmacy workforce to support multidisciplinary solutions for improving healthcare workforce well-being and resilience

**Collaborative Composition & Commitments**

- 36 sponsoring organizations, 100 network organizations:
  - Professional organizations
  - Government
  - Technology and EHR vendors
  - Large health care centers
  - Payors
- 130 commitment statements
  - To provide an opportunity for organizations across the country discuss and share plans of action to reverse clinician burnout and promote clinician well-being.

**Creating An All-Encompassing Model**

- Broad enough to define the issue across all healthcare professions
- Satisfactorily encompasses multiple environments (education, practice)
- Satisfactorily encompasses multiple stages of development of the health professional
- Satisfactorily encompasses system and individual issues in ways that are helpful toward developing a solution (e.g. defining without stigmatizing)
- Lends itself to being a tool for diagnosis, explanation, treatment
- Serves as a taxonomy for organizing other elements/tools developed as part of this NAM Collaborative

STRATEGIES

Identify Burnout
valid and reliable survey instruments to measure burnout

Strategies to Alleviate Burnout in Healthcare Professionals

<table>
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<tr>
<th>Risk Factor</th>
<th>Strategy to Alleviate Risk</th>
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</thead>
<tbody>
<tr>
<td>Workload</td>
<td>Permitting time at the workplace to recover from a stressful</td>
</tr>
<tr>
<td></td>
<td>event</td>
</tr>
<tr>
<td>Control</td>
<td>Clearly defined roles and expectations from organizational</td>
</tr>
<tr>
<td></td>
<td>leadership</td>
</tr>
<tr>
<td>Reward</td>
<td>Identify suitable rewards to recognize achievements, provide</td>
</tr>
<tr>
<td></td>
<td>opportunities to teach or mentor trainees</td>
</tr>
<tr>
<td>Community</td>
<td>Promote participation in professional organizations</td>
</tr>
<tr>
<td>Fairness</td>
<td>Transparency in decision-making</td>
</tr>
<tr>
<td>Values</td>
<td>Align personal expectations with organizational goals</td>
</tr>
<tr>
<td>Job-person congruity</td>
<td>Evaluate and align job responsibilities with personal and</td>
</tr>
<tr>
<td></td>
<td>professional expectations</td>
</tr>
</tbody>
</table>

What is one strategy that you (individual) are going to employ to prevent burnout?

What is one strategy that you think your supervisor/institution employ to prevent burnout of the pharmacy workforce?

AJHP

AJHP Article Types
- Research Reports
- Special Features
- Clinical Reviews
- Therapy Updates
- Clinical Frontiers
- Clinical Consultation
- Case Reports
- Primers
- Notes
- Case Studies
- Columns
- Letters to the Editor
Engage in a hobby

- Hob·by (noun) – a pursuit outside one’s regular occupation engaged in especially for relaxation
  - Family
  - Faith
  - Fitness
  - Food
  - Fun

https://www.merriam-webster.com/dictionary/hobby; accessed 18 Jan 2018
https://www.wikihow.com/Encourage-a-Teenager-to-Take-Up-a-Hobby

Precepting

- “Those involved with the education and training of healthcare professionals [preceptors] need to be aware of an upcoming generation of professionals [students and residents] who may be more vulnerable than previous generations when facing criticism and challenges.”

Am J Health Syst Pharm. 2017; 74:e576-81

Precepting Strategies

- Keep your workload organized
- Schedule time with learners and time for them to work independently
- Delegate patient care activities to learners
- Don’t let a difficult situation get away from you
- Share precepting responsibilities with a colleague
- If possible, request a couple months off from precepting
- Schedule exercise and personal time into your calendar (and protect it)
- Eat right
- Sleep

LOOKING AHEAD

What is one strategy that ASHP could consider to promote a healthy and resilient pharmacy workforce?