Journey to a Resilient and Thriving Pharmacy Workforce

Anne Policastri, PharmD, MBA, FASHP, FKSHP
Director, Membership and Affiliate Relations
June 18, 2018
Disclosure

• The presenter for this continuing education activity reports no relevant financial relationships.

• No off-label uses of medications will be described in this presentation.

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

• 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.
Physical health of entering grad school to support scientific research

Bernadette Mazurek McQuillen, M.D. (Promotion, University of Pittsburgh Coordinator), Lisa Milite (Senior Research Coordinator), Ona Family Nurse Practitioner, College of Nursing, Ohio State University.

Burnout at Work Isn’t Just About Exhaustion. It’s Also About Loneliness.

by Emma S... JUNE 29, 2017

Addressing Physician Burnout: The Way Forward

The US health care delivery system and the field of medicine have experienced tremendous change over the last decade. At the system level, narrowing of insurance networks, employed physicians, and financial pressures have resulted in greater expectations regarding productivity, increased workload, and reduced physician autonomy. Physicians also have to navigate a rapidly expanding medical knowledge base, more onerous maintenance of certification requirements, increased clerical burden associated with the introduction of electronic health records (EHRs) and patient portals, new regulatory requirements...
Burnout is a Patient Care Problem

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

What are the top two most important reasons to address physician burnout?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreased quality of care</td>
<td>63%</td>
</tr>
<tr>
<td>Effect on the attitude of the rest of the health care team</td>
<td>38%</td>
</tr>
<tr>
<td>The duty of organizations to care for people</td>
<td>28%</td>
</tr>
<tr>
<td>Turnover</td>
<td>24%</td>
</tr>
<tr>
<td>Decreased patient satisfaction</td>
<td>21%</td>
</tr>
<tr>
<td>Decreased productivity</td>
<td>9%</td>
</tr>
<tr>
<td>Physician suicide</td>
<td>8%</td>
</tr>
</tbody>
</table>

More Clinicians 67% than Executives 57% cite decreased quality of care as the most important reason.

Base = 570 (multiple responses)

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
• ASHP’s vision is that medication use will be optimal, safe, and effective for all people all of the time

• 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
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
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

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 CAUSES YOU DAILY STRESS?
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
Maslach Burnout 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

Aiken JAMA 2002;288; McHugh Health Aff 2011;30; Dyrbye Acad Med 89(3): 443-451; Shanafelt MCP 2015:90:1600
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 healthy 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

Le HM, Young SD. Evaluation of stress experienced by pharmacy residents. AJHP.2017;74:599-604
Depressive Symptoms: Pharmacy Residents

Study Overview

• **Moderate to major depressive symptoms** rose from 34% in September to 39.9% in March (n=625, 20.5% response)

• **Severe depressive symptoms** increased significantly (from 2.9% to 7.3%, p<0.05)

• **High degree of stress** reported by 68.9% in March

Takeaways

• Depressive symptom rates far exceed:
  – Diagnosis for national population
  – Symptom rate in medical residents

• **Overall symptom rate rises as the residency year progresses**

• **Need systems in place to detect and connect with treatment**

Williams E et al. Rates of depressive symptoms among pharmacy residents. AJHP 2018.75:292-7
Burnout: Clinical Pharmacists

- **Online cross-sectional pilot survey (n=974)**
  - 11% response rate
  - Nearly ¾ included respondents certified by BPS
  - More than half completed residency training
  - Median years in practice = 8
  - 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.

- Many objective factors noted as increased in burned out individuals; however, no factors independently predicted 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

- National cross-sectional survey using the Maslach inventory (n=758, reflecting 33% response rate)
  - 41.3% exhibited high emotional exhaustion scores
  - Women, parents of children 1-12 years, and faculty in newer colleges of pharmacy experienced more burnout
  - Having a mentor and having a hobby were associated with less burnout

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>
</tr>
</tbody>
</table>
National Academy of Medicine
Action Collaborative on Clinician Well-Being and Resilience
NAM Collaborative

• **36 sponsoring organizations, 100 network organizations:**
  – Professional organizations
  – Government
  – Technology and EHR vendors
  – Large health care centers
  – Payers

• **130 commitment statements**
  – To provide an opportunity for organizations across the country to discuss and share plans of action to reverse clinician burnout and promote clinician well-being.
To Care Is Human — Collectively Confronting the Clinician-Burnout Crisis

Victor J. Dzau, M.D., Darrell G. Kirch, M.D., and Thomas J. Nasca, M.D.

“Through collective action and targeted investment, we can not only reduce burnout and promote well-being, but also help clinicians carry out the sacred mission that drew them to the healing professions – providing the very best care to patients”

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
FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

INDIVIDUAL FACTORS

HEALTH CARE ROLE
- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/career stage
- Patient population
- Specialty related issues
- Student/trainee responsibilities
- Teaching and research responsibilities

PERSONAL FACTORS
- Family dynamics
- Financial stressors/economic vitality
- Flexibility and ability to respond to change
- Level of engagement/connection to meaning and purpose in work
- Personal values, ethics and morals
- Physical, mental, and spiritual well-being
- Personality traits
- Relationships and social support
- Work-life Integration

SKILLS AND ABILITIES
- Communication skills
- Competency level/experience
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Optimizing work flow
- Organizational skills
- Resilience
- Teamwork skills
EXTERNAL FACTORS

SOCIO-CULTURAL FACTORS
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Alignment of societal expectations and clinician's role
- Political and economic climates
- Stigmatization of mental illness
- Social determinants of health

REGULATORY, BUSINESS, & PAYER ENVIRONMENT
- Accreditation, assessments, and publicized quality ratings
- Documentation and reporting requirements
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

ORGANIZATIONAL FACTORS
- Bureaucracy
- Culture and leadership
- Congruent organizational mission and values
- Data collection requirements
- Level of support for all healthcare team members
- Professional development opportunities
- Scope of practice
- Workload and value attributed to work elements

LEARNING/PRACTICE ENVIRONMENT
- Autonomy
- Collaborative vs. competitive environment
- Curriculum and student affairs policies
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Physical learning and practice conditions
- Professional relationships
- Safe learning and practice environments
- Student-centered and patient-centered focus
- Team structures and functionality
Indicators of High Burnout Culture

• **Excessive collaboration**
  – Decision-makers, decision points, meetings, email

• **Weak time-management discipline**
  – Rushing, tardy, poorly defined goals

• **Overloading the most productive employees**
  – Increased work demands, resentment

Garton E. Employee burnout is a problem with the company, not the person. hbr.org/2017/04...
Resilience Re-boot

• **People value freedom, creativity, independence, input**

• **Cultivate trust**
  – Embrace safe debate
  – Freedom to fail
  – Learn and share amongst the group
  – Leaders are open and vulnerable
  – Treat others consistently

• **Growth mentality**

Fairall S. How to create a learning environment at work.
## Risk Mitigation Strategies

### Risk Factors Associated With Burnout


<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Strategy to Alleviate Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workload</td>
<td>Permitting time at the workplace to recover from a stressful event</td>
</tr>
<tr>
<td>Control</td>
<td>Clearly defined roles and expectations from organizational leadership</td>
</tr>
<tr>
<td>Reward</td>
<td>Identify suitable rewards to recognize achievements, provide 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 incongruity</td>
<td>Evaluate and align job responsibilities with personal and professional expectations</td>
</tr>
</tbody>
</table>
IHI Framework for Improving Joy in Work

- Organizational approach to improving the workplace
- Rooted in improvement science

What Matters to Me?

- Physical Safety
- Psychological Safety
- Meaning & Purpose
- Choice & Autonomy
- Recognition & Rewards
- Participative Management
- Camaraderie & Teamwork
- Daily Improvement
- Wellness & Resilience
- Real-Time Measurement

-----Fairness & Equity-----

http://www.ihi.org/Topics/Joy-In-Work
Valid and Reliable Survey Instruments to Measure Burnout

A key organizational strategy to improving clinician well-being is to measure it, develop and implement interventions, and then re-measure it. A variety of dimensions of clinician well-being can be measured including burnout, engagement, and professional satisfaction. Below is a summary of established tools to measure burnout. Each tool has advantages and disadvantages and some are more appropriate for specific populations or settings. This information is being provided by the Research, Data, and Metrics Working Group of the National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience.

Click or scroll below for an overview of each valid and reliable instrument to measure burnout, well-being, and other work-related dimensions.

**Burnout**

- Maslach Burnout Inventory – Human Services Survey for Medical Personnel
- Oldenburg Inventory
- Physician Work-Life Study’s Single-Item
- Copenhagen Burnout Inventory

**Composite Well-Being**

- Well-Being Index

Contribute to Research!

Clinician Well-Being and Resilience

Latest Discussion Posts

Just Launched: NAM Clinician Well-Being Knowledge ...
By: Anna Doppe, 12 days ago
Today, the National Academy of Medicine launched the Clinician Well-Being Knowledge Hub, a comprehensive repository for clinicians and health system leaders to access resources that address clinician burnout and promote well-being and resilience. ...

Tame the Flames of Burnout: Tools for Building Resilience ...
By: Christina Martin, 22 days ago
Workforce burnout and resilience has become a central theme of organizations across industries. Healthcare is faced with unique factors that increase the threat and concern of burnout: decreased productivity, risk for medical errors, job disengagement ...

Community Blogs

Misconception of Burnout
By: Amanda Welk, 8 days ago
“I’m burnt-out” is not an unfamiliar saying to me; I have heard co-workers, family, and friends say it often. Despite the frequent use of the word, I never really understood the true meaning of burnout. I first heard the mention of burnout and pharmacy ...

Latest Shared Files

ASHP Organizational Commitment Statement to the NAM ...
By: Christina Martin, 5 months ago
Action Collaborative on Clinician Well-Being and Resilience

Every year in the United States, about 400 physicians take their own lives — a rate more than double that of the general population. Physicians experience high rates of depression, burnout, and poor work-life balance. This phenomenon cuts across all ages, stages, and career paths — from trainees to senior practitioners. And these challenges are not unique to physicians. Nurses and other clinicians experience similar effects on performance, health, and well-being.

Bottom line: The people we rely on to keep us healthy may not be healthy themselves. This fact is not only worrying in and of itself — it also has serious implications for patients. Clinician burnout has been linked to increased medical errors and patient dissatisfaction. How can we ensure that our care workforce is healthy, resilient, and functioning at its highest capacity?
What Is Clinician Burnout?

NAM Knowledge Hub

Causes

Effects

Solutions
Individually – find your happy place and engage in activities that you enjoy.
Burnout can be classified as a syndrome including:

a) Emotional exhaustion
b) Experiencing a bad mood
c) Feeling overwhelmed
d) Needing a beverage at the end of the day
Burnout can be classified as a syndrome including:

a) Emotional exhaustion
b) Experiencing a bad mood
c) Feeling overwhelmed
d) Needing a beverage at the end of the day
Which of the following has been shown to be an adverse consequence of burnout?

a) Decreased medical malpractice claims
b) Decreased quality of care
c) Increased patient satisfaction
d) Increased productivity
Which of the following has been shown to be an adverse consequence of burnout?

a) Decreased medical malpractice claims

b) Decreased quality of care

c) Increased patient satisfaction

d) Increased productivity
According to survey by GM Jones on burnout of clinical pharmacy practitioners, which of the following is **NOT** a strong predictor of clinical pharmacist burnout?

a) Contributions unappreciated  
b) Difficult pharmacist colleagues  
c) Lack of advanced training or certification  
d) Too many nonclinical duties
According to survey by GM Jones on burnout of clinical pharmacy practitioners, which of the following is **NOT** a strong predictor of clinical pharmacist burnout?

a) Contributions unappreciated  
b) Difficult pharmacist colleagues  
c) Lack of advanced training or certification  
d) Too many nonclinical duties
The National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience developed a Conceptual Model of Factors Affecting Clinician Well-Being and Resilience. The Conceptual Model identifies individual factors and external factors that contribute to burnout.

a) True

b) False
The National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience developed a Conceptual Model of Factors Affecting Clinician Well-Being and Resilience. The Conceptual Model identifies individual factors and external factors that contribute to burnout.

a) True

b) False
Special Acknowledgement and Thanks to Christina Martin and Anna Dopp for Their work with NAM

Christina Martin  
cmartin@ashp.org

Anna Legreid Dopp  
adopp@ashp.org
THANK YOU

Anne Policastri, PharmD, MBA, FASHP, FKSHP
Director, Membership and Affiliate Relations
apolicastri@ashp.org