Journey to a Resilient & Thriving Pharmacy Workforce

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Sept 7, 2018
Disclosures

I have no conflicts to disclose
Outline

• Explain why clinician burnout is a patient care and healthcare workforce problem that needs addressing.

• 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.
Pre-test Question #1

Which ONE of the following statements is FALSE?

A. Burnout impacts quality of care

B. Burnout is a syndrome that includes depersonalization

C. Stress always contributes to burnout
Pre-test Question #2

Which ONE of the following statements is TRUE?

A. 250 physicians commit suicide each year

B. Burnout includes loneliness

C. Perceived stress for pharmacy residents is about the same as the general public
Pre-test Question #3

The Triple Aim, is a framework proposed by Institute for Healthcare Improvement

A. True
B. False
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Physical health, lifestyle beliefs and behaviors, and safety of entering graduate programs designed to support scrubs are crucial for graduates. 

**Stress**

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

by Emma Sepe

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>

Base = 570 (multiple responses)

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

• 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

Burnout and Patient Safety: Summary of the Evidence

• Introduction: Evaluation of association between healthcare staff wellbeing, burnout, and patient safety

• Methods: Systematic Review

• Results: 46 studies included
  – 16 out of 27 studies that measured wellbeing found a significant correlation between poor wellbeing in health care professionals and worse patient safety
  – 21 out of 30 studies that measured burnout found significant association between burnout and patient safety

• Conclusion: Studies show correlation between burnout and lower patient safety; more studies needed to determine causality

Burnout and Patient Safety: Summary of the Evidence

• Introduction: Evaluate state of science that explores the impact of professional burnout and employee engagement on patient safety culture and safety outcomes

• Methods: Systematic Review

• Results: 20 studies included
  – 10 studies showed a relationship between safety culture and clinical errors with burnout;
  – 2 out of 3 studies reported an association between burnout and patient outcomes; and
  – Limited and inconsistent studies explored engagement and patient outcomes, errors; however, moderately strong association seen between burnout and safety culture

• Conclusion: Engagement/safety literature is immature; however, continued emphasis on extending burnout and engagement into the science of safety outcomes would be meaningful

Mossburg SE, Dennison Himmelfarb C. The association between professional burnout and engagement with patient safety culture and outcomes: A systematic review. J Patient Saf 2018; ePub Ahead of Print
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.

- Eustress is moderate or normal psychological stress considered to be beneficial for the experiencer
  - Motivates, focuses energy, is short-term, perceived as within our coping abilities, feels exciting, & improves performance

- Distress is extreme anxiety, sorrow, or pain
  - Can be short-or long-term, feels unpleasant, considered outside of our coping ability, decreases performance, may lead to mental & physical problems

Caring for Patient
Avoiding Harm
Respecting Patient Autonomy
Striving for Justice

Growing Demands
Burdensome Tasks
Increased Stress
What is Burnout?

- **Syndrome of:**
  - depersonalization
  - emotional exhaustion
  - low personal accomplishment

- Leads to decreased effectiveness at work

- Attributed to work-related stress

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
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

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

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Example</th>
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<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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Outline

• Explain why clinician burnout is a patient care and healthcare workforce problem that needs addressing.

• **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.
National Academy of Sciences

- Founded in March, 1863
- 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
400 physicians commit suicide each year, a rate more than 2X that of the general population.

Physician rates of depression remain alarmingly high at 39%.

24% of ICU nurses tested positive for symptoms of post-traumatic stress disorder.

23–31% prevalence of emotional exhaustion among primary care nurses.

How can we protect the health of the people who protect our own?

National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience

Learn more at nam.edu/ClinicianWellBeing
“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”
Action Collaborative Timeline

- **July 2016**: 30+ professional organizations gathered
- **Sept 2016**: Formalize creation of action collaborative
- **Jan 2017**: Launch action collaborative
- **June 2017**: ASHP joined
- **July 2017**: First national meeting
- **Sept 2017**: ASHP Joint Council Session
- **May 2018**: Second national meeting
ASHP Vision & Strategic Plan

• Vision
  – 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
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.
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.
Clinician Well-being and Resilience

• **Well-being**
  
  – The presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning.
  
  – Physical well-being (e.g., feeling very healthy and full of energy) is also viewed as critical to overall well-being.

• **Resilience**
  
  – The set of individual skills, behaviors, and attitudes that contribute to personal physical, emotional, and social well-being, including the prevention of burnout.
  
  – These can include self-care strategies, safety nets for crises, organizational support, peer support, financial management, life-needs support, and other forms of health promotion.
The diagram illustrates the link between clinician well-being and outcomes for clinicians, patients, and the health system. The model should be used to understand a diagnostic or assessment tool. The model will be revised as the field develops and more information becomes available. Subsequent layers of the version of the model, are in development in conjunction with the Action Collaborative’s other working groups and will be made available shortly.
Resilience & Coping Skills

• Bounce back from adversity, uncertainty, risk or failure, and adapt to changing and stressful life demands

• Hope, optimism, self-efficacy

• Perseverance and passion for long term goals (Grit)
**Ready**
- Good to go
- Adapting/flexible
- Excelling at job
- “I am at the top of my game and adapting well to all pressures”

**Reacting**
- Mild distress
- Temporary symptoms
- Still getting work done
- “Stress is affecting me but I can still get the job done”

**Injured**
- Noticeable symptoms
- Personality change
- Erratic functioning
- “I have changed to the point that I am not in total control of my behavior or reactions”

**Ill**
- Severe impairment
- Extremely overwhelmed
- Possible danger to self/others
- “This worsening condition requires full attention before getting back to work”

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**Self Interventions**

**Social Support**

**Professional Care**

**Rest Needed**

*Adapted from US Navy’s COSC Doctrine*
Mitigating Stress

Self-Care Techniques

• Monitor personal stress indicators (sleep, eating, agitation, etc)
• Decompress with healthy transitions (teatime, yoga, journal, breathwork, music)
• Record three good experiences from the day, savor those positive moments and plan for good experiences tomorrow
• Speak with trusted people, maintain social connections

Resiliency Competencies

• Awareness
  – Noticing the right information
    • Sensations, thoughts, environments

• Regulation
  – Of self and others’ stress reactions and emotions

• Leadership
  – Toward meaningful personal and team actions
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** [https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/](https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/)

- **Physician Work-Life Study’s Single-Item**

- **Copenhagen Burnout Inventory**
Educate Yourself & Team on Burnout

• Webinars
  – Extinguishing the Burnout: Yourself and Your Team
  – Tame the Flames of Burnout: Tools for Building Resilience in Your Workforce
  – Leadership Burnout and Strategies for Burnout Prevention

• More Resilience sessions planned for:
  – 2018 National Pharmacy Preceptors Conference
    • Creating a Culture of Resident Well-Being
    • Building Resilience in Residency Training It Takes a Village
    • Fueling Your Fire Identifying and Managing Preceptor Burnout
  – 2018 Conference for Pharmacy Leaders
    • Workforce Resilience Developing an Open and Successful Environment
  – 2018 Midyear Clinical Meeting
Educate Yourself & Join the Conversation

Clinic Well-Being and Resilience

We recognize that a healthy and thriving clinician workforce is essential to ensuring optimal patient health outcomes and safety. Therefore, ASHP is committed to fostering and sustaining the well-being, resilience, and professional engagement of pharmacists, pharmacy residents, student pharmacists, and pharmacy technicians.

Related Links

Articles
- Call for Solutions for Clinician Burnout
- Burnout Syndrome Among Healthcare Professionals
- Rates of Depressive Symptoms Among Pharmacy Residents
- Rates of Depressive Symptoms Among Pharmacy Residents
- Assessment of Burnout and Associated Risk Factors Among Pharmacy Practice Faculty in the US

Conversations
- ASHP Leading the Way on Well-Being and Resilience
- Creating a Culture of Well-Being and Resilience
- We Cannot Resilience Our Way Out of This
- Reflections on Establishing Clinician Well-Being as a National Priority
- How to Start the Conversation on Workforce Well-being and Resilience

Latest Discussion Posts
- "Calling All Artists - Expressions of Clinician Well-Being"
- "We Can't Resilience Our Way Out of This"
- "Creating a Culture of Well-Being and Resilience"
EXTERNAL FACTORS

SOCIO-CULTURAL FACTORS

REGULATORY, BUSINESS, & PAYER ENVIRONMENT

ORGANIZATIONAL FACTORS

LEARNING/PRACTICE ENVIRONMENT

The model emphasizes the link between clinician well-being and outcomes for clinicians, patients, and the health system. The model shows well-being, rather than as a diagnostic or assessment tool. The model will be revised as the field develops and more information becomes available. An interactive version of the model is in development in conjunction with the Action Collaborative’s other working groups and with.
Strategies to Promote Well-being

• Acknowledge and assess the problem
• Harness the power of leadership
• Develop and implement targeted interventions
• Cultivate community at work
• Use rewards and incentives wisely
• Align values and strengthen culture
• Promote flexibility and work-life integration
• Provide resources to promote resilience and self care
• Facilitate and fund organization science (evidence-based strategies)

# Strategies to Alleviate Burnout in Healthcare Professionals

## Risk Factors Associated With Burnout

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

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<th>Risk Factor</th>
<th>Strategy to Alleviate Risk</th>
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<tr>
<td>Workload</td>
<td>Permitting time at the workplace to recover from a stressful event</td>
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<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>
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<tr>
<td>Community</td>
<td>Promote participation in professional organizations</td>
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<td>Transparency in decision-making</td>
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Joy In Work

• Focus on joy at work – not burnout or low levels of staff engagement
  – Caring and healing should be naturally joyful activities

• Joy has connection with meaning and purpose
  – Design innovative solutions by looking at issues

• Management’s overall aim should be to create a system in which everybody may take joy in [their] work
  – Remove barriers that rob the worker of his/her right to pride in workmanship

National Collaborative for Improving the Clinical Learning Environment (NCICLE)

- Recognize stress in the CLE can result in negative outcomes
  - Poor well-being, substance abuse, depression, & suicide

- Provides a forum for a national discussion among organizations committed to advancing the quality of educational outcomes and patient care within CLEs in healthcare settings
  - Medicine, pharmacy, nursing are pioneer members

- Promote programs to educate residents, faculty, preceptors to recognize and effectively manage fatigue, stress, and depersonalization

- Conduct research to better understand fatigue, stress, and depression

- Identify prevention strategies such as surveillance, counseling, support groups

- Requires culture of respect, understanding, and support for seeking help
Post-test Question #1

Which ONE of the following statements is FALSE?

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C. Stress always contributes to burnout
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Which ONE of the following statements is TRUE?

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B. Burnout includes loneliness

C. Perceived stress for pharmacy residents is about the same as the general public
Post-test Question #3

The Triple Aim, is a framework proposed by Institute for Healthcare Improvement

A. True
B. False
Looking ahead
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 consequences for patients and the health system as a whole.
NAM Knowledge Hub

Sharing Knowledge to Combat Clinician Burnout
Find articles, research studies, and other resources

nam.edu/clinicianwellbeing
Questions?
Ideas?
Considerations?

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