Journey to a Resilient & Thriving Pharmacy Workforce

Kimberlee Berry, CAE

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;

Engaged Workforce: What it is and what it isn’t

It is

• Emotional commitment to the organization
• Work on behalf of the mission and goals
• Discretionary effort
• …the key to activating a high performing workforce

It isn’t

• Employee happiness
• Employee satisfaction
• Zero burdens or stress


Engagement: a Workforce Goal

“To win the marketplace you must first win the workplace”
~ Doug Conant, Former Campbell’s Soup CEO

• Statistics:
  • 70% of U.S. employees report feeling unengaged
  • In a study of engagement & burnout (n=1000)
    • Optimally engaged (40%): high engagement & low burnout
      – High resources (support, recognition), self-efficacy, low demands (low cumbersome bureaucracy), recovery from stress
    • Engaged-exhausted (20%): high engagement & high burnout
      – Simultaneous experiences of high engagement & burnout risk higher frustration and employee turnover

• Outcomes:
  • Greater productivity, higher quality of work, increased safety, employee retention

Healthcare Workforce Burnout as a Patient Care Problem
Burnout is a Patient Care Problem

Addressing Physician Burnout: The Way Forward

The US health care delivery system and the field of medicine have experienced monumental change over the last decade. As the system has expanded, incursions into medicine networks, entangled physicians, and financial pressures have resulted in greater expectations regarding productivity, increased weight, and reduced physician autonomy. Physicians and their colleagues have become increasingly anxious, more prone to maintenance of critical requirements, increased work/life balance, and increased burnout.

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
  - Significant correlation between poor wellbeing in healthcare professional and worse patient safety (n=16)
  - Significant association between burnout and patient safety (n=21)
- Conclusion: Studies show correlation between burnout and lower patient safety; more studies needed to determine causality

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

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

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

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

- Decreased quality of care
- Effect on the attitude of the healthcare team
- The duty of organizations to care for people
- Turnover
- Decreased patient satisfaction
- Decreased productivity
- Physician suicide

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
Poll Everywhere Question

• How have you seen burnout impact patient care?

Burnout in the Pharmacy Workforce

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

What is Burnout?

• Syndrome of:
  - Emotional exhaustion
  - Depersonalization (e.g., cynicism)
  - Low personal accomplishment

Identify Burnout

Valid and Reliable Survey Instruments to Measure Burnout

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

References:
**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 strained 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, 6,880 physicians, all specialties, all practice types
  - 2012, 5,521 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 & PGY2 (n=524, 27.7% response)
- Those working > 60 hours/week reported higher levels of perceived stress and elevating depression, hostility, and dysphoria
- Perceived stress for pharmacy residents was 19.06 ± 5.9
  - 14.2 ± 2.1 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

**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>

**Burnout: Clinical Pharmacists**

- Jones and colleagues measured clinical pharmacist burnout (n=974)
  - Nearly ½ 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

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

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

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

"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"

10/4/18

**ASHP Vision & Strategic Plan**

**Strategic Plan**
- 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

**Goal 4: Objectives**
- Engage in major national initiatives
- Facilitate the development of education
- Improve the well-being and resilience in postgraduate pharmacy residency training
- Foster research

---

**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 to 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


---

**Factors Affecting Clinician Well-Being and Resilience**

**Strategies to Impact Well-Being and Resilience**
Clinician Well-being and Resilience

• **Well-being**
  - The presence of positive emotions and moods.
  - The absence of negative emotions.
  - Satisfaction with life, fulfillment and positive functioning.
  - Physical well-being is also viewed as critical to overall well-being.

• **Resilience**
  - Set of individual skills, behaviors, and attitudes that contribute to personal physical, emotional, and social well-being, including the prevention of burnout.

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)**

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

*Adapted from US Navy’s COSC Doctrine

*Adapted from US Navy’s COSC Doctrine

*Adapted from US Navy’s COSC Doctrine

*Adapted from US Navy’s COSC Doctrine
Strategies to Alleviate Burnout in Healthcare Professionals

<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>

Executive Leadership Strategies

- Acknowledge & assess the issue
- Identify impediments
- Harness the power of leadership
- Implement system approaches
- Cultivate community
- Use rewards & incentives wisely
- Align values & strengthen culture
- Promote flexibility and work-life integration
- Provide resources to promote self-care
- Use improvement science to test

Decrease Toxicity
Decrease Stress
Establish Meaning

Educate Yourself 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

Follow the conversation:
nam.edu/ClinicianWellBeing
#ClinicianWellBeing
NAM Knowledge Hub

nam.edu/clinicianwellbeing

Questions?
Ideas?
Considerations?

Christina Martin
cmartin@ashp.org

Anna Legreid Dopp
adopp@ashp.org