How Did We Get Here?
Pharmacy Burnout, Etiology, Consequences, and Solutions

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Faculty Disclosure

• Alex Barker declares no existence of a financial interest in any amount related to the content of this activity.

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Learning Objectives

At the conclusion of this activity, participants should be better able to:
1. Recognize job-related stress, burnout, and other psychological issues and trends in pharmacy
2. Identify burnout symptoms, consequences, and causes
3. Determine personal and organizational factors that lead to burnout
4. Specify personal and organizational burnout interventions
Burnout Defined

• Coined in the 1970s by American psychologist Herbert Freudenberger. He used it to describe the consequences of severe stress and high ideals in “helping” professions.

• “The erosion of the soul”
  – Christina Maslach, PhD

• The index of the dislocation between what people are and what they have to do.


Burnout Defined

• Moral Injury
  • Moral injury is present when there is a betrayal of what is right, either by the self or by someone in legitimate authority, in a high stakes situation.

Burnout Symptoms

Characterized by 3 Dimensions:

• Emotional exhaustion
• Depersonalization
• Reduced personal accomplishments

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Characterized by 3 Dimensions:

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• Emotional exhaustion –
  • People affected feel drained and emotionally exhausted, unable to cope, tired and down, and do not have enough energy.
  • Physical symptoms include things like pain and stomach or bowel problems.
Burnout Symptoms

Characterized by 3 Dimensions:

• Depersonalization –
  • Find job increasingly stressful and frustrating
  • May start being cynical about working conditions and colleagues
  • May increasingly distance themselves emotionally and start feeling numb about their work

• Reduced personal accomplishments –
  • Affects everyday tasks at work, at home or when caring for family members.
  • People with burnout are very negative about their tasks,
  • Find it hard to concentrate,
  • Tasks feel listless and lack creativity.
Burnout Symptoms

Physical and behavioral symptoms:

- Increasing anger
- Easily frustrated
- Suspicion and paranoia regarding colleagues’ influences on one’s own personal career ambitions
- Excessive rigidity and inflexibility in practice
- The appearance of characteristics of one who suffers from depression

Burnout Diagnosis

- No well-studied methods with which to diagnose burnout.
- Various questionnaires for self-assessment exist but isn’t clear whether can “measure” burnout and distinguish it from other illnesses.
- The most common questionnaire is the “Maslach Burnout Inventory” (MBI), which is available for different professional groups but developed for research purposes, not diagnostic
Burnout Diagnosis

Is burnout a medical condition?

- Officially recognized by the World Health Organization (WHO)
- ICD-11 under “Problems associated with employment or unemployment.”
- Categorized by symptoms: feelings of energy depletion or exhaustion; increased mental distance from one’s job; or feelings of negativism or cynicism related to one’s job; reduced professional efficacy
- “Burn-out refers specifically to phenomena in the occupational context,” said WHO, “and should not be applied to describe experiences in other areas of life.”

Burnout Prevalence

40% of 2,000 U.S. adult workers surveyed in 2018 report burnout

Burnout Prevalence in Pharmacy

- 2004 – 70% national survey of pharmacists reported “job stress and role overload”
- 2017 – 61.2% of 974 Hospital Clinical Pharmacists burnout rate
- 2018 – 53.2% of 371 health system pharmacists “high degree of burnout”
- 2019 – 64% of 193 respondents met high burnout criteria
- 2020 - 64% of 123 critical care pharmacists reported at least one symptom of burnout

- Kate Traynor, Pharmacists examine risks, remedies for burnout, American Journal of Health-System Pharmacy, Volume 76, Issue 9, 1 May 2019, Pages 571–573

2019 National Pharmacist Workforce Study

4,443 Participants

- Table 4.4.1 Professional Fulfillment and Job Burnout Ratings Reported by Practicing Pharmacists by Practice Setting
- N (%) reporting very true or completely true
  - I feel happy at work = 27.8%
  - My work is satisfying to me = 37.5%
- N (%) reporting feeling a lot or totally
  - Emotionally exhausted at work = 33.5%
  - A sense of dread when I think about work I have to do = 28.1%
  - Physically exhausted at work = 34.3%

Burnout Consequences

- Patient Care
- Physical
- Financial
- Spiritual
Burnout Consequences – Patient Care

• Burnout is linked with higher 30-day risk adjusted mortality rates, length of stay, medication error rate, and hospital infection rates.

• “In this large national study, physician burnout (54.3%), fatigue, and work unit safety grades were independently associated with major medical errors.”
  • This study suggested that emotionally exhausted clinicians reduce performance to focus on only the most necessary and pressing tasks.


Burnout Consequences – Spiritual

• “My job has turned me into someone I and my family hates.”
  - Pharmacist, Retail, 8 years of experience

• “I wake up and think, ‘Wow, I don’t know if I can do this another day.’ I just try to get thru the week, but the next week is the same as the last…”
  - Pharmacist, Retail, 10 years experience

• “I took off 5 weeks of administrative leave to get away from the stress. But the whole time, I was consumed with the fear of returning to work.”
  - Pharmacist, Hospital, 6 years experience
$4.6 Billion “related to physician turnover and reduced clinical hours is attributable to burnout each year in the United States”

- Cost to organizations
  - Poor quality of care
  - Medical errors
  - Higher turnover (increased expenses)
  - Decreased productivity

- “One estimate suggests that burnout can lead to a 15% decrease in productivity for faculty who are involved in academic work writing grants and authoring publications.”


- Malpractice Suits
  - Burnout was an independent predictor of reporting malpractice

- Absenteeism

- New disability pension

- Job dissatisfaction

Burnout Consequences – Physical

- Burnout was a significant predictor of diseases:
  - Obesity
  - Hyperlipidemia
  - T2DM
  - CHD
  - Hospitalization for CV disease
  - Hospitalization for musculoskeletal disorder
  - Prolonged fatigue
  - Headaches
  - GI problems
  - Respiratory infections

Job Stress

• Definition of job stress -
  • relations to satisfaction, mental health

• National Pharmacist Workforce Study (2019)
  • In terms of job stress, full-time pharmacists reported on experiences or aspects of their jobs that are “highly stressful.”
  • The three most common “highly stressful” job experiences or aspects were
    • “having so much work to do that everything cannot be done well” (43% reporting “highly stressful”),
    • “working at current staffing levels” (37% reporting “highly stressful”), and
    • “fearing that a patient will be harmed by a medication error” (35% reporting “highly stressful”).
Overstressed vs. Burnout

<table>
<thead>
<tr>
<th>OVERSTRESSED</th>
<th>BURNOUT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over-engaged</td>
<td>Disengaged</td>
</tr>
<tr>
<td>Hyper-emotions</td>
<td>Blunted emotions</td>
</tr>
<tr>
<td>Leads to anxiety</td>
<td>Leads to depression</td>
</tr>
<tr>
<td>Produces urgency</td>
<td>Produces helplessness</td>
</tr>
<tr>
<td>Damage is physical</td>
<td>Damage is emotional</td>
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Mental Health in Pharmacy

- Depression
  - TN Residents
  - 50 residents,
    - 19 self-reported feeling depressed during residency.
    - 11 residents reported having suicidal thoughts.
    - 13 residents voiced they would benefit from mental health resources.
    - During your residency, have you ever considered yourself depressed?
      - 84% (41) said yes,
The positive relationship between internal task-related demands and burnout suggests pharmacists may become frustrated if they are unable to focus or concentrate while performing drug profile reviews.

As may be expected, pharmacists reporting high levels of burnout also reported lower job satisfaction; this in turn led to decreased perceived performance on drug profile review and patient consultation.


doi:10.1371/journal.pone.0185781

Burnout Consequences – Mental

- Lower quality of work life
- ‘The positive relationship between internal task-related demands and burnout suggests pharmacists may become frustrated if they are unable to focus or concentrate while performing drug profile reviews.’
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Burnout Consequences – Mental

- Unstable relationships
- Insomnia
- Depressive symptoms
- Psychotropic and antidepressant treatment
- Hospitalization for mental disorders

doi:10.1176/appi.ajp.144.5.567

doi:10.1371/journal.pone.0185781
Burnout Consequences – Mental

• Suicide
  • ‘[medical students] burnout (depersonalization and a low sense of personal accomplishment) was a predictor of suicidal intention over the following one year, whereas recovery from burnout reduced the risk of this outcome’
  • The ‘risk of suicides as a cause of death in pharmacists is twice (PMR: 198 p<0.01; CI: 159-244) the general population of workers.’
  • ‘Out of 482 list occupations in the USA, pharmacists have the 14th highest intentional self-harm PMR (PMR = 198, p <0.01; CI: 159-244)’

Burnout:

Typical causes in pharmacists

Burnout Causes

• **Work overload** - Too much to do in too little time with too few resources.
• **Lack of control** - The inability to make choices, to use problem-solving skills, and have personal input on how to achieve goals.
• **Insufficient reward** - The lack of recognition creates a devalued self.
• **Breakdown of community** - A work environment that does not create supportive work relationships.
• **Absence of fairness** - Fairness implies respect “and their self-worth is confirmed.”
• **Conflicting values** - A mismatch between the requirements of the job and our personal principles

Burnout Causes

A UK qualitative interview-based study suggests that pharmacists perceived that skill mix initiatives were not currently helping pharmacists deal with rising workload demands.

Additionally, this study found some evidence that work intensification resulted in decreased health and well-being and prompted concerns about patient safety.

“Community pharmacists are more vulnerable to work intensification than other health care professions.”


Predictive Factors of Burnout

Predictive Demographic Factors
Systematic Review of 47 burnout research studies

• Younger age
• Female
• Negative marital status
• Long working hours
• Low reported job satisfaction

E. Amofo, N. Hanbali, A. Patel, P. Singh. What are the significant factors associated with burnout in doctors?, Occupational Medicine, Volume 65, Issue 2, March 2015, Pages 117-121.
Predictive Factors of Burnout

Predictors
Which predictors contribute the most to the prediction of the three facets of burnout in this population?

• Individual
  • interpersonal variables, challenging behaviour was the only significant predictor across all three facets of burnout

• Interpersonal
  • role ambiguity was the only significant predictor across all three facets of burnout and across the three facets, it was the best predictor overall (in terms of unique variance)

• Organizational
  • Low job status and role conflict were significant predictors of Emotional Exhaustion and Depersonalization

• Demographic
  • Work hours (being a full-time) was a significant predictor of EE and Dp, and gender (being male) was a significant predictor of Dp
Strategies Match Burnout Causes

- Work overload - Too much to do in too little time with too few resources.
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Treating Burnout

Emotional Resilience

- Resiliency is the process of adapting well in the face of significant sources of stress (e.g., workplace stressors), adversity, and threats.

- Self-Care: Proactive and emotionally positive self-care strategies, such as reducing workload, receiving supervision, and socializing with colleagues, have been associated with lower reported work stress.
Emotional Resilience

• APhA initiative
  • In 2018, the APhA House of Delegates passed a New Business Item supporting the development of educational programming and professional resources to support resiliency and address burnout.
  • Special Interest Group currently working on webinar programming for preceptors to support students’ and residents’ well-being.

• ASHP initiative
  • ASHP is an original sponsor of the National Academy of Medicine (NAM) Action Collaborative on Clinician Well-Being and Resilience
  • Toolkit Well-Being and Resilience


NAM’s 2019 Report:
Taking Action Against Clinician Burnout

“The committee is aware that, to combat the factors driving burnout, many HCO leaders are seeking action-able solutions that have proven effectiveness against burnout and detailed specifications rendering them ready for implementation. Unfortunately, the committee found few interventions that meet these expectations.”
NAM’s 2019 Report: Taking Action Against Clinician Burnout

NAM’s 6 Point Plan

• Create Positive Work Environments
• Reduce Stress Starting in Training
• Improve Usability and Relevance of Health IT
• Reduce Administrative Tasks That Don't Help Patients
• Reduce Stigma and Improve Burnout Recovery Services
• Create a National Research Agenda on Well-Being

Organizational Interventions

• “Of the few systematic reviews and meta-analyses conducted to date, the evidence suggests that organization-focused interventions are more effective at reducing overall burnout than individual-focused interventions.”

• Concluded that organizational interventions were more effective at influencing provider burnout vs. individual interventions.
Burnout Organizational Interventions

• “Mayo Clinic’s physician burnout] is currently approximately two-thirds the rate nationally (32.9% vs 48.8%)”

Organizational Changes

Mayo 2011-2017 Review of Changes in Burnout

• Maslach Burnout Inventory - Physicians with at least one symptom of burnout
  • 45.5% (3310 of 7227) in 2011 (P=.04)
  • 54.4% (3680 of 6767) in 2014 (P<.001)
  • 43.9% (2147 of 4893) in 2017

• Work-Life integration satisfaction
  • 48.5% [3512 of 7244]; P<.001) in 2011
  • 40.9% [2718 of 6651]; P<.001) in 2014
  • 42.7% [2056 of 4809]) in 2017

• Conclusions: “Despite the modest improvement, our results indicate that burnout among US physicians remains a major problem for the health care delivery system.”
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Mayo Clinic’s 9 Strategies

1. Acknowledge and Assess the Problem
2. Harness the Power of Leadership
3. Develop and Implement Targeted Interventions
4. Cultivate Community at Work
5. Use Rewards and Incentives Wisely
6. Align Values and Strengthen Culture
7. Promote Flexibility and Work-Life Integration
8. Provide Resources to Promote Resilience and Self-care
9. Facilitate and Fund Organizational Science


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Key Takeaways

• What should you do?
  • Patient care is the highest priority

• Remove the Trigger
  • New job or career

Sources Cited

• InformedHealth.org [Internet]. Cologne, Germany: Institute for Quality and Efficiency in Health Care (IQWiG); 2006-. Depression: What is burnout? 2012 Dec 5 [Updated 2017 Jan 12].
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Thank You