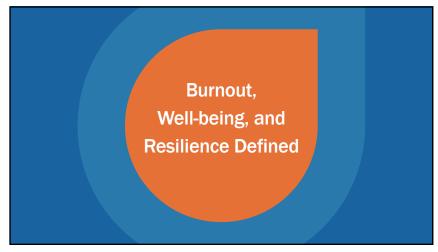




Objectives - Pharmacy Technician

1 Define burnout, well-being, and resilience
2 Explain why clinician burnout is a patient care and healthcare workforce problem
3 Discuss the impact of COVID-19 on well-being and resilience
4 Identify strategies to improve well-being and resilience in the pharmacy technician workforce



Well-being and Resilience

· Well-being

- · The presence of positive emotions and
- The absence of negative emotions
- · Satisfaction with life, fulfillment and positive functioning
- · Physical well-being

Resilience

· Set of individual skills, behaviors, and attitudes that contribute to physical, emotional, and social well-being, including the prevention of burnout



Burnout

Syndrome of:

- Depersonalization
- Emotional exhaustion
- · Low personal accomplishment



Maslach, C., S. E. Jackson, et al. (1996). Maslach Burnout Inventory Manua



5

An Occupational Phenomenon

- World Health Organization International Classification of Diseases
- ICD-11 presented at World Health Assembly in May 2019
 - States "burnout syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed"
 - Specific to the occupational context, not to be applied to describe other areas of life (e.g. medically, home-life)
 - Effective January 1, 2022





National Pharmacist Workforce Study

- Primary objective: collect demographic characteristics, work contributions and quality of work-life of pharmacist workforce in the US during 2019
- New: workplace discrimination and harassment, opioid-related practice issues, and pharmacist retirement during 2019
- New: assessed job burnout and professional fulfillment
 - Fulfillment
 - · High in community independent and hospital settings
 - Work exhaustion
 - · High in community chain, mass merchandiser, and supermarket settings
- Interpersonal disengagement



7

National Pharm	work Exhaustion	Interpersonal
I feel happy at work	• I feel	Disengagement • I feel
I feel worthwhile at workMy work is satisfying	 a sense of dread when I think about work I have to do Physically exhausted at work Lacking in enthusiasm at work Emotionally exhausted at work 	Less empathetic with my patients
I feel in control when dealing with difficult		 Less empathetic with my colleagues
problems at work • My work is meaningful to		 Less sensitive to others' feelings/emotions
me		Less interested in talking with
 I'm contributing professionally in ways I 		my patientsLess connected with my patients
value most 2019 National Pharmacist Workforce Study AACP. American As Colleges of Pharmacy (AACP).	sociation of	Less connected with my colleagues

Pharmacy Workforce Hospitals / Health-systems **Community Practice Clinical Pharmacy** Purpose: Assess levels of and risk Purpose: Characterize level of and Purpose: Assess prevalence and risk factors for burnout in health-system factors for occupational burnout in identify factors associated with pharmacists community pharmacists burnout in clinical pharmacists Methods: Maslach Burnout Methods: Maslach Burnout Methods: prospective, cross-Inventory Human Services Survey Inventory Human Services Survey sectional pilot study utilizing distributed to health-system distributed to community pharmacists pharmacists Results: 974 surveys analyzed; rate Results: 329 surveys analyzed; 175 Results: 411 surveys analyzed; 308 (52.2%) reported scores of a high (74.9%) reported scores of a high of burnout (61.2%), mostly degree of burnout in at least one degree of burnout in at least one emotional exhaustion. Predictors: MBI-HSS subscales; emotional MBI-HSS subscales; emotional too many nonclinical duties, exhaustion (22.9%), exhaustion (68.9%), inadequate teaching/administration depersonalization (6.2%), and depersonalization (50.4%), and time, difficult pharmacist colleagues, reduced personal accomplishment reduced personal accomplishment contributions unappreciated

Burnout: Pharmacy Residents

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- Stress and negative affect levels surveyed in PGY1 & PGY2s
- Those working > 60 hours/week reported higher levels of stress, depression, and hostility
- Perceived stress for pharmacy residents was significantly higher than in comparably aged adults and similar to medical residents
- 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



10

ASHP Survey Details

4,090 pharmacist members completed entire survey

36% have at least 20 years of

74% of pharmacists are satisfied

33% clinical pharmacist

professional practice

with their current job

colleagues, particularly by

physicians and nurses

11% residents

Most form part of interprofessional care teams and 86% feel valued by

12

Interprofessional Care Team

- Role on interprofessional care team 85% work as part of an interprofessional care team
- High performing team qualities
 Shared goals (76% good/optimal) and Mutual trust (72% good/optimal)
- Working at fullest potential on team 65% agree or strongly agree
- Meaningful interactions

 Largely with physicians, nurses, and administrative staff
- Alignment with leadership values
 62% agree or strongly agree



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Wave 3 Survey Responses: Pharmacists



"My patient load in ICU went from 16 to 28 daily without additional support when the team split into 2 teams and I still have to cover both teams."

- Pharmacist Survey Respondent

- Over the past 12 months (March 2020 March 2021):
 - 33% rate their mental health as good/very good
 - 27% rate their mental health as not good at all
 - 88% attribute mental health to pandemic either partially or significantly
 - 31% have a renewed sense of meaning/purpose in work
 - 42% are optimistic about the future



Wave 3 Survey Responses: Pharmacists In the next six months: • 19% intend to leave their position; 18% are undecided • 3% intend to leave the pharmacy profession; 10% are undecided Comments from survey respondents: "As a director - too many demands placed upon RX leadership - feel like "Workload exceeds number or "No support from immediate a squashed sandwich - between supervisor for maintaining hours in the day. [There is a] lack keeping Staff satisfied and C-Suite of support/caring from home work life balance." metrics in check with all other financial demands. No one cares about management!" ashp

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ashp

Wave 3 Survey Responses: Pharmacists

- More than half of executive level (51%) and pharmacy department (56%) leadership recognize the risk of burnout
- Yet only a third are prioritizing employee wellbeing to the best extent possible (33% v. 38%)
- More than two thirds of pharmacists (68%) feel a great deal of stress due to their job
- 44% have marginal/poor control over their workload (+5% increase from 2018)
- More than a third (35%) do not feel comfortable telling their supervisor about feelings of burnout

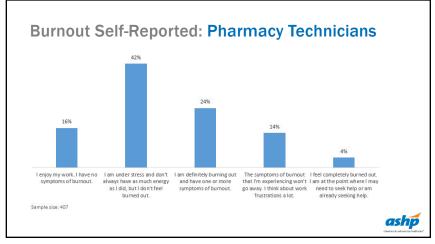
"Providing adequate staffing and workload expectations [would help me with my wellbeing and resilience during the pandemic]."
- Pharmacist Survey Respondent

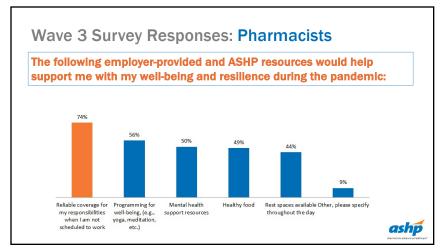


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Sample size: 952





Burnout Self-Reported: Student Pharmacists

I enjoy my studies. I have no I am under stress and don't I am definitely burning out. The symptoms of burnout. I feel completely burned out.

and have one or more

that I'm experiencing won't I am at the point where I may

symptoms of burnout. go away. I think about school need to seek help or am

frustrations a lot.

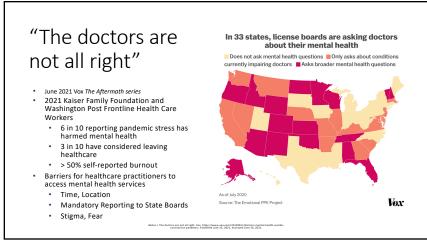
always have as much energy

as I did, but I don't feel

burned out.

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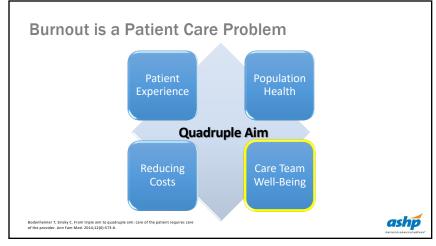
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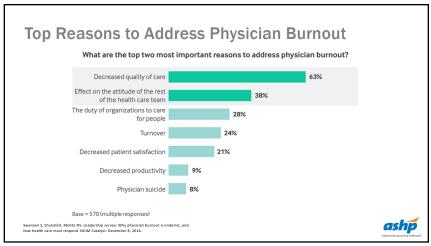
Key Drivers of Burnout in Healthcare Professionals Risk Factor Example Job demands exceeding human limits; limited time to rest, recover, and Workload Control Role conflict; absence of direction in the workplace Inadequate financial, institutional, or social reward in the Reward workplace; lack of recognition Inadequate opportunity for quality social interaction at work; inadequate Community development of teams Fairness Perception of inequity from an organization or leadership Organizational values are incongruous with an individual's personal values or Values Job-person Personality does not fit or is misaligned with job expectations and coping incongruity ashp

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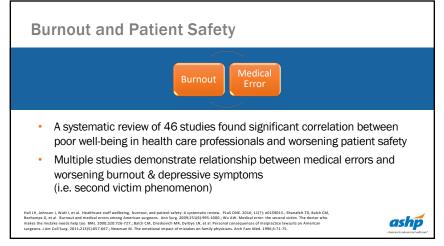


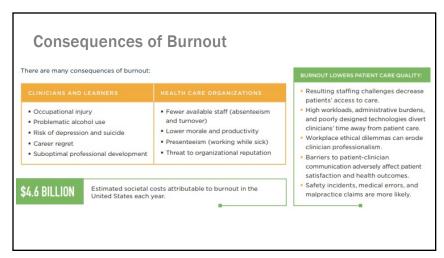
Decreased Quality of Care is a Top Reason to Address Burnout – According to Patients

Survey says: Patients Workied ABOUT CLINICIAN BURNOUT

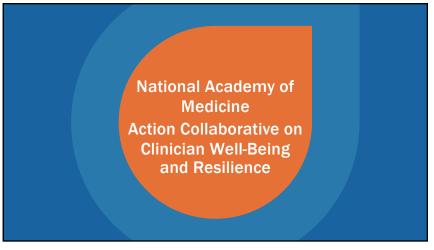
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To Care Is Human — Collectively Confronting the Clinician-Burnout Crisis
Victor J. Dzau, M.D., Darrell G. Kirch, M.D., and Thomas J. Nasca, M.D.

"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"

Dzau VI, Kirch DG, Nasca TI. To care is human - collectively confronting the clinician burnout

29

Collaborative Composition and Commitments

- 36 sponsoring organizations, 100 network organizations
 - · Professional organizations
 - Government
 - · Technology and EHR vendors
 - · Large health care centers
 - Payors
- 190 commitment statements
 - A venue for sponsors & network organizations to share plans on addressing and promoting clinician well-being and resilience.
 - https://nam.edu/initiatives/clinician-resilience-and-well-being/commitment-statements-clinician-well-being/



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

Phase I-II (2017 to 2020): Building a Community around Clinician Well-Being

- · Improve baseline understanding of challenges to clinician well-being
- Raise visibility of clinician stress and burnout
- Elevate evidence-based, multidisciplinary solutions that will improve patient care by caring for the caregiver

Resources from the Clinician Well-Being Collaboration









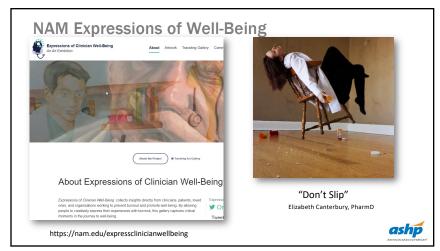


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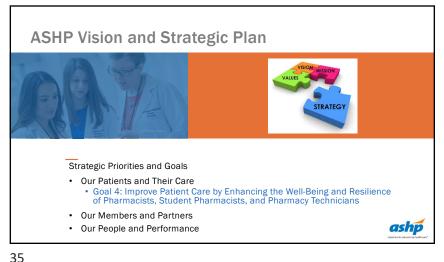
National Academy of Medicine Action Collaborative on Clinician Well-Being & Resilience

Phase III (2021-2022): Creating a National Strategy and Social Movement

- · Working Group on A National Strategy for Clinician Well-Being
- · Working Group on Implementing Tools to Improve Clinician Well-
- Working Group on Navigating the Impacts of COVID-19 on Clinician Well-Being



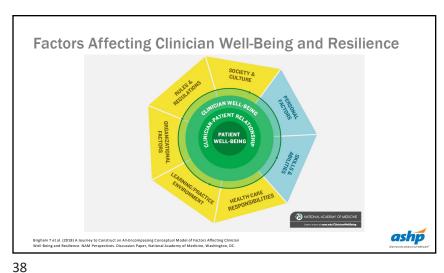
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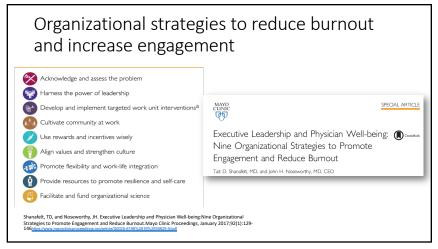
^{*}Learn more https://nam.edu/initiatives/clinician-resilience-and-well-being/

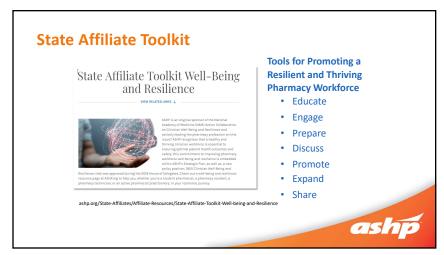


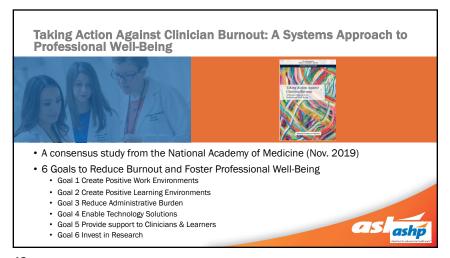


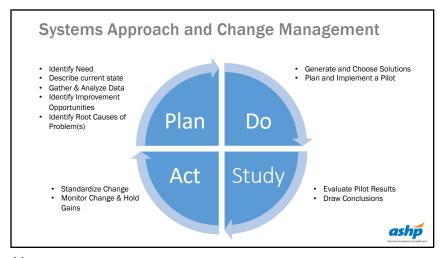




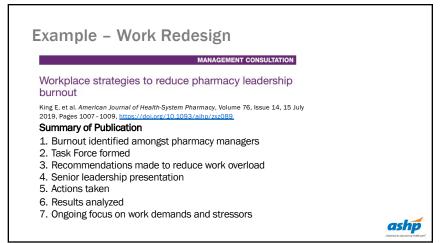








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Addressing Burnout During a Pandemic

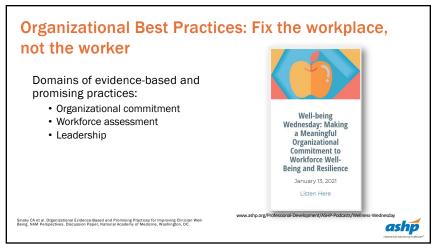
Preventing a Parallel Pandemic: Workforce Well-Being and Resiliency

Preventing a Parallel Pandemic — A National Strategy to Protect Clinicians' Well-Being

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





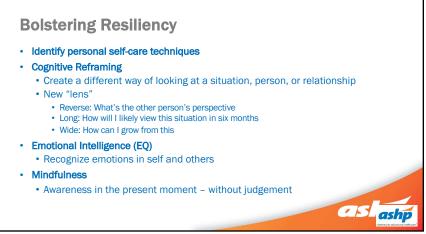


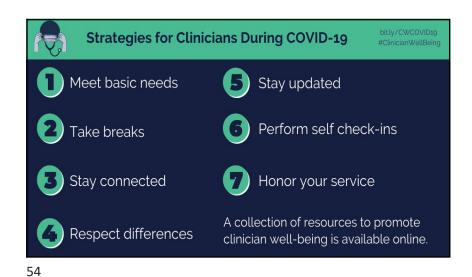






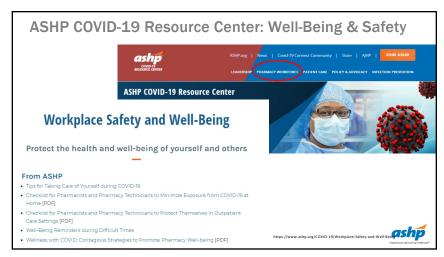
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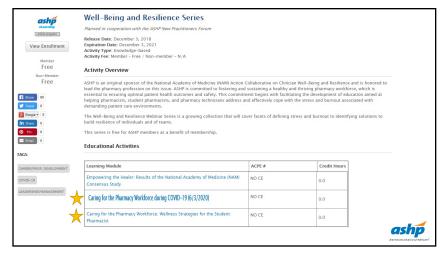


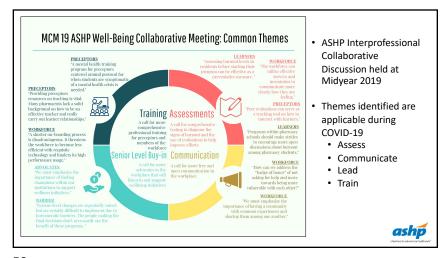


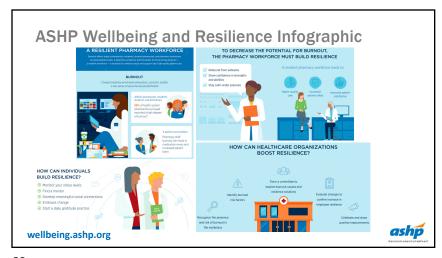




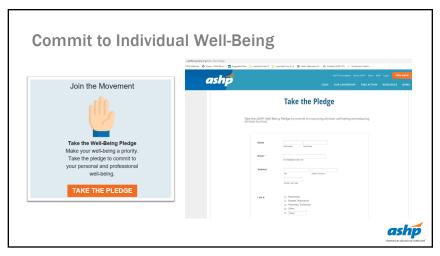


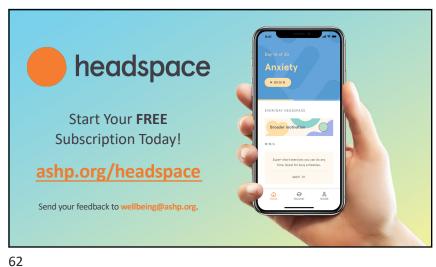


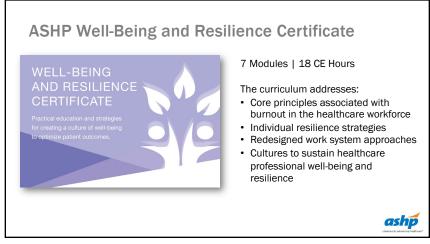


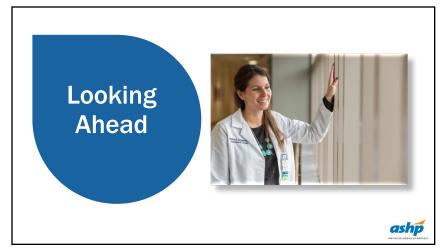


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ASHP Extends Commitment to NAM Action Collaborative on Clinician Well-Being and Resilience

- Two-year extension through 2022
- New working groups
 - National Strategy for Well-being and Resilience
 - COVID-19 Response
 - Implementation

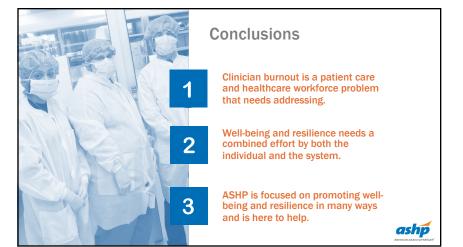


National Academy of Medicine

Action Collaborative on 9 Clinician Well-Being and Resilience







Thank You

Contact:

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- 1. What successful personal and health system resiliency strategies have been implemented at your institution?
- 2. Were you surprised by the survey results?
- 3. What challenges and gaps exist around wellbeing and resilience?





wellbeing@ashp.org 68

