Moving Forward Mindfully
Nurturing a Resilient Pharmacy Community

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Learning Objectives

1. State the prevalence of pharmacy professional burnout.
2. Outline factors (systems-based and individual-based) that impact pharmacy professional well-being.
3. Design an evidence-based plan to prevent burnout and promote resiliency.
4. Access resources for pharmacy professional resilience and well-being (both general and COVID-related).

Audience response & handout access information

All participants audience response
Please direct a web browser to pollev.com/wwspa555
In-person participant handout
A paper handout is available
Online participant handout
Please access the handout using the following QR code

We have no financial conflicts of interest to disclose
Burnout and well-being concerns are not new, and not only because of COVID-19

Pharmacy personnel are stressed and stretched

- Increased Demands
- Changing Processes
- Scared
- Sick Calls
- Stressed Patients

Pharmacy Workplace & Well-being Reporting (PWWR) elucidates trends

Positive experiences had a lasting effect on well-being
Harassment is real, and patients were primary offenders
71% offered recommendations that were not taken

Negative experiences nearly always identified similar characteristics

- Stress
- Increased Burnout
- Weakened Relationships
- Lessened Happiness
The Pharmacy Well-being Index measures mental distress and well-being

Overall pharmacy distress is 32%

Highly distressed individuals have:
- 3 fold increased risk of lower quality of life
- 8 fold increased risk of burnout
- 2.5 fold higher risk of high fatigue
- 2.5 fold higher risk of intent to leave their job
- 2 fold higher risk of medication error

Even prior to the COVID-19 pandemic, healthcare professionals were not thriving

**DESIRED SITUATION**
Healthcare professionals want to:
1. Help those in need and ease suffering.
2. Establish career sustainability that is professionally fulfilling
3. Maintain personal and professional well-being.

**ACTUAL SITUATION**
Healthcare professionals are:
1. Unsure if they are making a positive impact.
2. Experiencing emotional exhaustion, depersonalization, and burnout.
3. Resigning or contemplating leaving their jobs.

It is morally imperative to support well-being of current & future healthcare professionals

**Evidence-based and -informed strategies**

Resilience can be supported, nurtured, & learned using evidence-based and -informed strategies

- Resilience, burnout, and moral injury
  - Resilience building
- Systems-based strategies
  - Support through systems
- Team-based strategies
  - Nurturing through teams
- Individual strategies
  - Learning through personal actions
Burnout is a syndrome resulting from chronic workplace stress

Stress has not been successfully managed

Characterized by 3 dimensions

1.) Feelings of energy depletion or exhaustion
2.) Increased mental distance from one's job, or feelings of negativism or cynicism related to one’s job
3.) Reduced professional efficacy

West CR, et al

Study of US healthcare professionals

Association between burnout and resilience

Burnout was assessed using the Maslach Burnout Inventory (MBI)

Resilience was assessed using the 10-point Connor-Davidson Resilience Scale score

Higher the score, the more resilient the individual

Overall Burnout Proportion of Healthcare Professionals

Have you or a close colleague experienced burnout?

Yes
No
Unsure

Describe the results of this study in one sentence.
Resilience & burnout are inversely related

Study of US healthcare professionals
Association between burnout and resilience
Burnout was assessed using the Maslach Burnout Inventory (MBI)
Resilience was assessed using the 10-point Connor-Davidson Resilience Scale score
Higher the score, the more resilient the individual

Resilience is a capacity that can be enhanced or taught
Resilience is the capacity and dynamic process of adaptively overcoming stress and adversity while maintaining normal psychological and physical functioning
Previously thought as static trait or cluster of traits
Actually a dynamic process
Individual's environmental factors
May provide protection against the impact of challenge
Encountering difficulty and hardship
Adaptive and learned resilience

Moral distress occurs when there is misalignment between espoused & revealed values

<table>
<thead>
<tr>
<th>Espoused Values (what we say)</th>
<th>Artifacts (our behavior)</th>
<th>Revealed Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>High quality care is our top priority</td>
<td>A delivery system that drives fatigue and burnout which erodes quality of care</td>
<td>Economic priorities are more important than quality</td>
</tr>
<tr>
<td>We value patient autonomy, shared decision making, and tailoring care to individual needs</td>
<td>Visit lengths and limited staff support preclude shared decision making and tailoring care to individual patient needs</td>
<td>Economic priorities are more important than patient agency</td>
</tr>
<tr>
<td>We believe in social justice and fair distribution of resources for our patients and communities</td>
<td>Organizational tactics that tailor access to optimize payer mix and care for highly reimbursed medical conditions rather than patient need</td>
<td>Economic priorities are more important than social justice assumptions</td>
</tr>
</tbody>
</table>

Have you experienced moral distress?

Yes  No
Repeated & long-lasting moral distress becomes moral injury

Moral injury occurs when one perpetrates, bears witness to, or fails to prevent an act that transgresses deeply held moral beliefs.

- Put patients’ needs first
- Challenge of simultaneously knowing what patients need, but unable to provide it due to constraints beyond one’s control

Terminology change may reframe solution direction

- Burnout may suggest the problem resides within the individual (solutions are directed at the individual)
- Moral injury may suggest the problem resides within a broken system (solutions directed at the system)

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Rachel Naomi Remen

Resilience can be supported, nurtured, & learned using evidence-based & -informed strategies

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  Resilience building

- Systems-based strategies
  Support through systems

- Team-based strategies
  Nurturing through teams

- Individual strategies
  Learning through personal actions

Healthcare professional well-being & resilience depends on multiple factors.

National Academy of Medicine
Approximately 80% of burnout contributors are systems-based

- Excessive workload
- Time pressure
- Role conflict
- Role ambiguity
- Absence of job resources (especially supervisory and coworker social support)
- Limited job feedback
- Lack of autonomy
- Unfairness or inequity in the workplace
- Limited participation in decision-making (affecting the employee)
- Insufficient rewards (including social recognition)

Several systems-based resilience interventions have been proposed

- Augment institutional success metrics
  Healthcare professional satisfaction
  Healthcare professional well-being
- Measure predictors of burnout longitudinally
  Emotional exhaustion, depersonalization
- Link administrator compensation to healthcare professional well-being
  Burnout, emotional exhaustion, depersonalization

Pharmacists have fundamental responsibilities & rights

- Based on Oath of Pharmacists and Pharmacist Code of Ethics
- Certain expectations of the workplace are needed
- It can be used to start conversations at workplaces, boards, etc.
- National Association of Boards of Pharmacy (NABP) support
Potential solutions

Unions?
Payment reform?
Payment for services?
Legislation against quotas?
Boards of Pharmacy?

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Team function & structure can improve resilience

- Enhancing communication with team huddles
- Developing and nurturing Communities of Practice
- Creating flexible schedules
- Engaging senior leadership
- Institutionalizing a Wellness Committee & its infrastructure
- Participating in Balint Groups

Higher leadership scores are correlated with decreased burnout & increased satisfaction

Dyrbye LN, et al.
Higher leadership scores are correlated with decreased burnout & increased satisfaction

For each 1-point increase in composite leadership score
Odds of burnout decreased by 7% (OR; 0.93; 95% CI 0.92-0.93; P<0.001)
Odds of satisfaction with the organization increased by 11% (OR, 1.11; 95% CI, 1.10-1.11; P<.001)

There are a variety of ways the pharmacy profession can help

- Address systems
  - Blaming the individual and yoga alone won’t work
- Best management processes
- Is the patient or customer always right?
  - Address harassment, teach de-escalation
- Enforce existing laws
  - L&I break and workplace laws

There are ways to build pharmacy staffing

- Technicians
  - On the job technician training programs
  - Technician vaccine administration
  - Other advanced technician roles

- Pharmacists
  - Peer to peer support is essential

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Individual interventions can improve resilience

Healthy Lifestyle | Meditation & Mindfulness | Reappraisal & Coping

Connect to Meaning & Purpose | Engage in Meaningful Activities | Counter Unhelpful Thinking

Create a Caring Community | Spirituality or Centeredness | Positive Psychology

Stress decreases brain volume in areas central to decision-making & emotional regulation

Meditation increases volume in brain areas central to decision-making & emotional regulation

Abbreviation Key
PFC = prefrontal cortex
PAG = periaqueductal gray (central gray)
IC = internal capsule

Meditation associated with increased cortical thickness in
1 = insula
2 = Brodmann area
3 = somatosensory cortex
4 = auditory cortex
Meditation increases volume in brain areas central to decision-making & emotional regulation.

Short-term (<30 days) meditation associated with increased posterior cingulate cortex (PCC) volume and gray matter. PCC associated with self-awareness, emotion, cognition, and aging.


Meditation associated with increased cortical thickness in
1 = insula
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Less working time spent on “most meaningful activity” increases odds of burnout.

Spending <20% time on self-identified most meaningful activity was associated with 2.75 increased odds of burnout (p=0.001).

Shanafelt T, et al

% of Individuals Who Experience Burnout

% of Time Spent on Most Meaningful Activity

Individual interventions can improve resilience

Healthy Lifestyle
Meditation & Mindfulness
Reappraisal & Coping
Connect to Meaning & Purpose
Engage in Meaningful Activities
Counter Unhelpful Thinking
Create a Caring Community
Spirituality or Centeredness
Positive Psychology

Which individual intervention to improve resilience are you most interested in?
Resilience can be supported, nurtured, & learned using evidence-based & -informed strategies

Resources exist to support healthcare professional resilience & well-being

**General**
- Podcast - Finding Joy: The health care professional’s journey to wellness and resiliency, produced by WSU Health Sciences Spokane
- National Academy of Medicine Clinical Well-Being & Resilience
- American Association of Colleges of Pharmacy’s Wellness and Resilience in Pharmacy Education
- American Pharmacists Association Pharmacy Well-Being
- Pharmacy Well-being Index
- Pharmacy Workplace And Well-Being Reporting (PWWR)
- Pharmacist’s Fundamental Responsibilities and Rights

**Systems-based strategies**
- Book - Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being
- National Alliance of Boards of Pharmacy Report of the Task Force on Workplace Safety and Wellbeing
- Technician class/on the job training - North Seattle Technician Training Apprenticeship Program
- Pharmacy train your own technician program - WSPA Technician On the Job Training Program
- Pharmacy technician immunization training - WSPA Technician Immunization Administration Program

**Team-based strategies**
- Balint Groups - Learn more or sign up for virtual or in-person Balint groups for Washington healthcare professionals (CME provided at no charge)
- Leadership Article - Relationship Between Organizational Leadership and Health Care Employee Burnout and Satisfaction
- Team Building - How to Build Communities of Practice
Resources exist to support healthcare professional resilience & well-being

Individual strategies

- Meditation Apps - Ten Percent Happier, Calm, Buddhify, Insight, Simply Being, Muse
- Meditation Starting Guide - University of Wisconsin School of Medicine and Public Health
- Gratitude - Introduction and 10 Ways to Practice
- Positive Psychology - VA Strengths Finder

COVID-19

- Centers for Disease Control Support for Health Professionals
- National Academy of Medicine COVID-19 Pandemic Resources for Health Professionals
- Penn Arts & Sciences Positive Psychology Coronavirus Pandemic Resources

Pharmacy resilience is possible through evidence-based & -informed strategies

System-Based Strategies

- The majority of burnout inputs are systems-based
- System inventions can be enacted to prioritize healthcare professional well-being

Team-Based Strategies

- Improving team function and communication
- Leadership abilities of direct supervisors

Individual Strategies

- Meditation and mindfulness
- Engaging in “most meaningful activities”

References


References


