

Ensuring well-being and resilience in Health System Pharmacy. An Editorial Ibero Latin American Journal of Health System Pharmacy

LEGREID DOPP A¹, MARTIN C.Y²

1 Pharm.D. Director, Clinical Guidelines & Quality Improvement, American Society of Health-System Pharmacists

2 Pharm.D., M.S. Director, Membership Forums, American Society of Health-System Pharmacists

Fecha de recepción: 08/04/2019 - Fecha de aceptación: 08/04/2019

INTRODUCTION

The United States healthcare workforce is reporting alarming rates of depression, post-traumatic stress disorder, and poor work-life balance contributing to clinician burnout. At the individual clinician level, it presents as emotional exhaustion (e.g. compassion fatigue), depersonalization (e.g. cynicism), and a low sense of accomplishment. At the healthcare system level, it is associated with medical errors and loss of productivity.

Burnout Explained

The focus on clinician burnout as a public health problem is gaining significant momentum¹⁻³. Burnout impacts patient care and disrupts the healthcare workforce. Studies demonstrate associations between clinician burnout and lower patient satisfaction, increased health care-associated infections, and increased malpractice claims⁴⁻⁷. As a consequence, it is believed that there is a bi-directional relationship between burnout and medical errors. Burnout is associated with a loss of productivity in the health care workforce ranging from work absenteeism to professional attrition.

A growing body of evidence demonstrates workforce burnout amongst physicians, nurses, and social workers. While it is no doubt experienced by pharmacists, residents, and student pharmacists, robust evidence highlighting the issue in the pharmacy profession is still in its infancy. In the pharmacy profession, burnout has been evaluated in dispensing roles, pharmacy faculty and students, and limited specialty areas. Most recently a publication revealed that 53.2% of health-system pharmacists reported at least one burnout domain⁸. Therefore, based on formal and anecdotal evidence, burnout is believed to be a profession-wide dilemma and one that needs addressing.

The drivers of burnout are multifactorial. When contextualizing the causes, experts consider both individual and external factors as risk factors that compromise well-being and resilience and may contribute to burnout. For example, lack of social support at home or poor work-life integration are considered individual factors, whereas regulatory burden and lack of autonomy in the workplace are considered external factors. Research indicates that external factors contribute to burnout to a greater extent than individual factors, though what is felt by individual practitioners could be caused by a combination of factors, and the contributors may evolve over one's professional journey.

Towards Well-being and Resilience

The immediate response after learning about burnout and its risk factors is how can it be prevented and more importantly, how can a resilient pharmacy workforce be cultivated and sustained? The answer to this question is still evolving; however, just as the issue itself is complex, so too will be the solutions required to address it. An important realization is that burnout is a local issue that requires local solutions and a genuine commitment from leadership to address it. Next, it requires shared accountability between individuals and organizations to identify meaningful and effective actions.

Resources are available that outline an approach and a framework for executive leadership to apply in their organizations when seeking to understand and improve well-being and resilience. An important first step is to acknowledge and assess the presence of burnout. There are several tools and instruments available to measure burnout or distress⁹. Additional resources have been developed to address external factors that impact well-being and resilience, such as burdensome clinical documentation requirements and optimization of the care team^{10,11}. Other system and organization-based interventions are being researched to support well-being and resilience and will be added to the body of evidence over the next few years.

At the individual level, various approaches can be applied to monitor stress levels and bolster resilience and coping skills. Individual resilience is a skill that can be refined and improved with intentional self-care techniques, frequent self-reflection and burnout mitigating strategies. One evidence-based exercise that builds resilience and improves well-being is recording three positive events each day to re-frame a negative outlook and increase positive emotions. The path to improving individual resilience and well-being must be supported by the individual and the workplace.

At ASHP, we have prioritized well-being and resilience as a patient care priority in our strategic plan. To date, we have committed resources to engaging in major national initiatives, develop formal policy, conduct research, and provide education and resources. We are a formal sponsor of the National Academy of Medicine Action Collaborative on Clinician Well-Being & Resilience. The anticipated impact of the Action Collaborative has been likened to that of the 1999 Error is Human: Building a Safer Health System Institute of Medicine (now NAM) report, which highlighted me-

dical errors and their consequences, and the solution-based follow up report released in 2001, *Crossing the Quality Chasm: A New Health System for the 21st Century*. In-progress is a consensus study to examine components of the clinical training and work environment that can contribute to burnout, as well as potential systems interventions to mitigate those outcomes. We look forward to learning more when the study concludes at the end of 2019.

In summary, burnout among healthcare providers not only impacts themselves, but also impacts patients and the workforce. Solutions that build resilience and promote well-being are critical to patient health and a thriving workforce. Individuals and organizations must work collectively to prevent burnout and promote well-being and resilience in healthcare. By acknowledging the risk of burnout in the pharmacy profession, leaders and pharmacy personnel can take steps to ensure a thriving and engaged workforce.

BIBLIOGRAPHY

1. Dzau VJ, Kirch DG, Nasca TJ. To care is human - collectively confronting the clinician-burnout crisis. *N Engl J Med*. 2018;378(4):312-314.
2. Bodenheimer T, Sinsky C. From triple to quadruple aim: Care of the patient requires care of the provider. *Ann Fam Med*. 2014;12(6):573-576.
3. Dyrbye LN, Shanafelt TD, Sinsky CA, et al. Burnout among health care professionals. A call to explore and address this underrecognized threat to safe, high-quality care. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC. <https://nam.edu/burnout-among-health-care-professionals-a-call-to-explore-and-address-this-underrecognized-threat-to-safe-high-quality-care>.
4. Leiter MP, Harvie P, Frizzell C. The correspondence of patient satisfaction and nurse burnout. *Soc Sci Med*. 1998;47:1611-7.
5. Haas JS, Cook EF, Puopolo AL, Burstin HR, Cleary PD, Brennan TA. Is the professional satisfaction of general internists associated with patient satisfaction? *J Gen Intern Med*. 2000;15:122-8.
6. Cimiotti JP, Aiken LH, Sloane DM, Wu ES. Nurse staffing, burnout, and health care-associated infection. *Am J Infect Control*. 2012;40(6):486-490.
7. Jones JW, Barge BN, Steffy BD, Fay LM, Kunz LK, Wuebker LJ. Stress and medical malpractice: Organizational risk assessment and intervention. *J Appl Psychol*. 1988;73:727-35.
8. Durham ME, Bush PW, Ball AM. Evidence of burnout in health-system pharmacists. *Am J Health-Syst Pharm*. 2018;75(suppl4):e801-8.
9. Dyrbye LN, Meyers D, Ripp J, et al. 2018 A pragmatic approach for organizations to measure health care professional well-being. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/201810b>.
10. Ommaya AK, Cipriano PF, Hoyt DB, et al. 2018. Care-Centered Clinical Documentation in the Digital Environment: Solutions to Alleviate Burnout. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC. doi: 10.31478/201801c.
11. Smith, CD, Balatbat C, Corbridge S, et al. 2018. Implementing optimal team-based care to reduce clinician burnout. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC. <https://nam.edu/implementing-optimal-team-based-care-to-reduce-clinician-burnout>. doi:10.31478/201809c.