

STRESS, BURNOUT OR BOTH? COPING STRATEGIES FOR PHARMACY

A presentation for HealthTrust members
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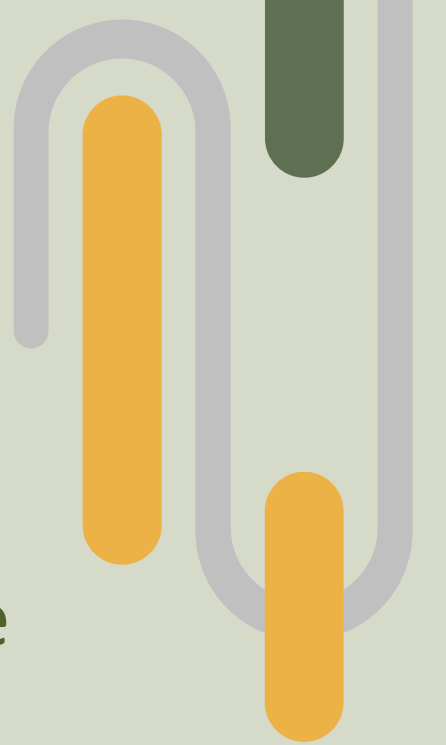
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OBJECTIVES

01

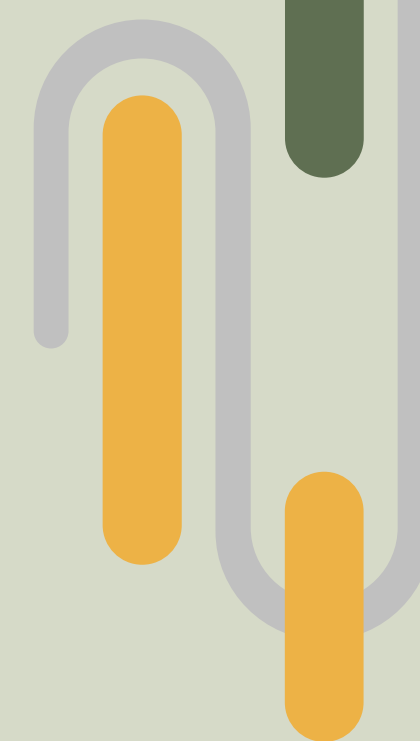
Recall the differences between stress and burnout

02

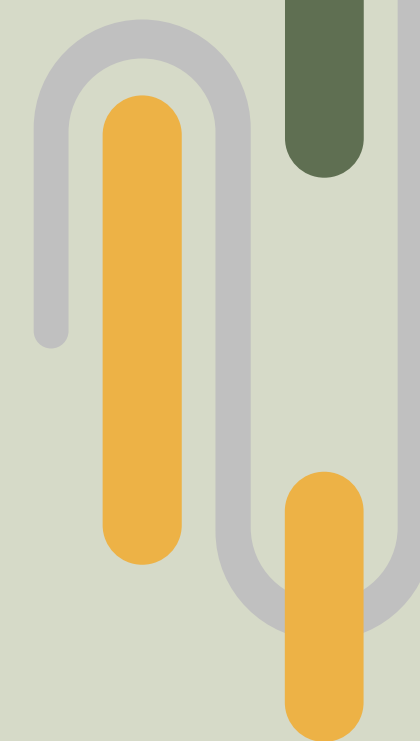
Recognize strategies for self-care to cope with stress

03

Identify tips and strategies that can be used to combat burnout



**HOW WOULD YOU
DEFINE STRESS?**



**HOW WOULD YOU
DEFINE BURNOUT?**

WHAT IS STRESS?

Stress, specifically occupational stress, is defined as “physiological and psychological response to events or conditions in the workplace that is detrimental to health and well-being”

WHAT FACTORS IMPACT STRESS?

- autonomy/independence or the lack thereof
- workload
- level of responsibility
- job security
- relationships
- safety
- pace of work

HOW DOES STRESS PRESENT?

How stress presents:

- compassion fatigue
- headache
- trouble concentrating/ sleeping
- lack of motivation
- anxiety
- depression
- irritability



WHAT IS BURNOUT?

Burnout is defined in ICD-11 as “chronic workplace stress that has not been successfully managed”





HOW DOES BURNOUT PRESENT?

How burnout presents:

- chronic exhaustion
- depersonalization
- decreased efficiency
- reduced sense of personal accomplishment
- mental health issues



THREE DIMENSIONS OF BURNOUT

- feelings of energy depletion or exhaustion
- increased mental distance from one's job
 - or negativism/cynicism
- reduced professional efficacy



ASSESSING BURNOUT

- The Maslach Burnout Inventory Human Services Survey (MBI-HSS):
gold standard
 - 22-item assessment tool
 - Analyzes:
 - emotional exhaustion
 - personal accomplishment
 - depolarization to identity





BURNOUT IN PHARMACISTS

- **Hospital pharmacists:** ranged from 5-70%. Increased to 55% or higher.
- Number one cause of burnout:
 - too many nonclinical duties
 - uncertainty of healthcare reform
 - inadequate time to teach
- Significant levels associated with those that:
 - were unmarried/ not in a stable relationship
 - are without children
 - worked more than 40 hours per week



BURNOUT IN PHARMACISTS

- **Community pharmacists:** rates mirror hospital pharmacists
- Causes of burnout:
 - time constraints
 - performance metrics
 - lack of control
- Significant levels associated with those that:
 - were unmarried/ not in a stable relationship
 - are without children
 - worked more than 40 hours per week



BURNOUT IN RESIDENTS

- 74% of pharmacy residents experience burnout
 - increased from 53-62%
- 40% of residents also suffer from depression and 22% with suicidal thoughts
- Causes of burnout:
 - Financial/personal stressors
 - Fear of making a mistake
 - Stress (evaluations, responsibilities)
 - Lack of support system
 - Preceptors

ASSESSMENT 1: FROM THE OPTIONS PROVIDED, WHICH ONE(S) APPLY TO BURNOUT

- A. Irritability
- B. Mental health issues
- C. Both A and B
- D. None of the above

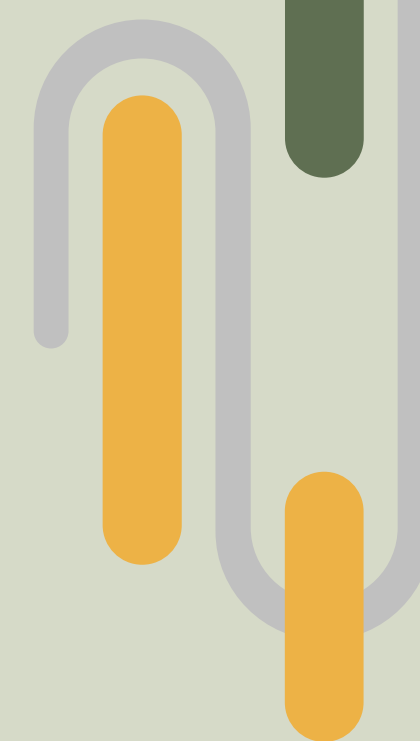
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STRATEGIES FOR PHARMACISTS, RESIDENTS & TECHNICIANS



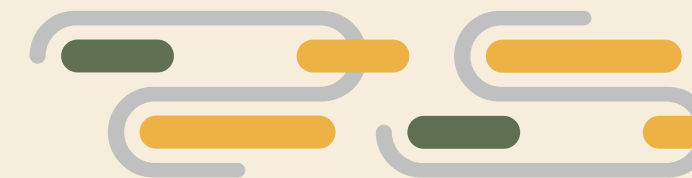
COPING STRATEGIES - STRESS

- Prioritizing self-care
 - hobbies, exercising, sleep
- Set realistic goals and prioritize
- Delegate activities
- Set clear boundaries
 - personal and work
- Take frequent breaks/ time off
- Discuss challenges with manager/supervisor



NABP

Report of the Task Force on Pharmacist & Pharmacy Personnel Mental Health & Well-being

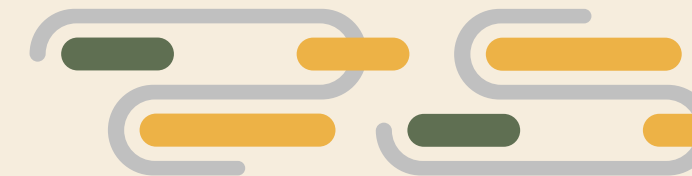


Observing Opportunities for Intervention

- new graduates have underdeveloped “soft skills” which is crucial in combating stress levels
 - empathy, emotional intelligence, coping strategies
- newer pharmacists are leaving practice at a faster rate than their older colleagues
 - implement in pharmacy school curriculum



Report of the Task Force on Pharmacist & Pharmacy Personnel Mental Health & Well-being



Educational Resources

-HeartMath

- breathing exercises with pulse-rate monitoring to naturally control stress

-Crucial Conversations: Tools for Talking When Stakes Are High

- improve patient care and communication along with teaching coping mechanism

SAMHSA

Substance Abuse and Mental Health
Services Administration



COPING STRATEGIES - BURNOUT

- Physical activity, multiple times a week
- Eating and sleeping well: at least 7-9 hours of sleep, being hydrated, and eating nutritious food
- Avoid alcohol and illicit drugs
- Connect with family, friends, and/or colleagues
- Progressive muscle relaxation
- Yoga/ tai chi, meditation
- 4-7-8 breathing technique
- Talking to a counselor
- Religion



Review

The Use of Yoga to Manage Stress and Burnout in Healthcare Workers: A Systematic Review

Rosario Andrea Cocchiara ¹, Margherita Peruzzo ², Alice Mannocci ¹, Livia Ottolenghi ², Paolo Villari ¹, Antonella Polimeni ², Fabrizio Guerra ² and Giuseppe La Torre ^{1,*}

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ASSESSMENT 2: WHICH OF THE FOLLOWING IS NOT A STRATEGY THAT PHARMACISTS OR PHARMACY TECHS CAN IMPLEMENT FOR STRESS?

- A. Delegating tasks to colleagues when feeling stressed or overwhelmed.
- B. Ensuring that 15-minute breaks and a 30-minute lunch are utilized throughout the day.
- C. Not answering work emails or phone calls while at home.
- D. Coming into work early and staying late to complete tasks so workload is minimized.

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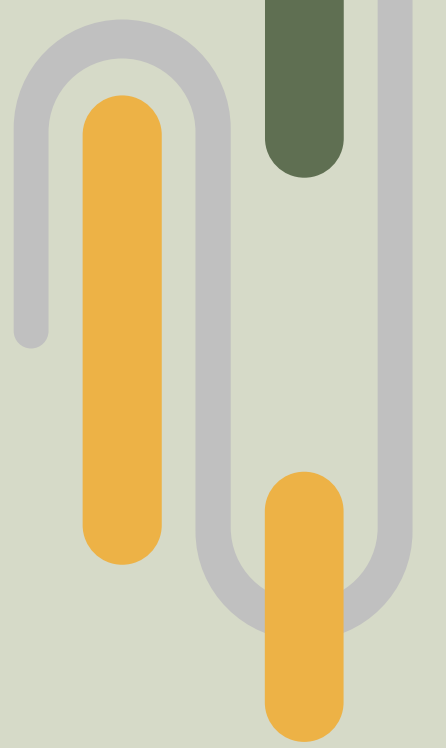
ASSESSMENT 3: WHICH OF THE FOLLOWING IS A STRATEGY THAT PHARMACISTS OR PHARMACY TECHS CAN IMPLEMENT FOR BURNOUT?

- A. Prioritizing exercise throughout the week.
- B. Talking with a mental health professional.
- C. Avoiding alcohol.
- D. All of the above.
- E. None of the above.

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STRATEGIES FOR EXECUTIVES/MANAGERS



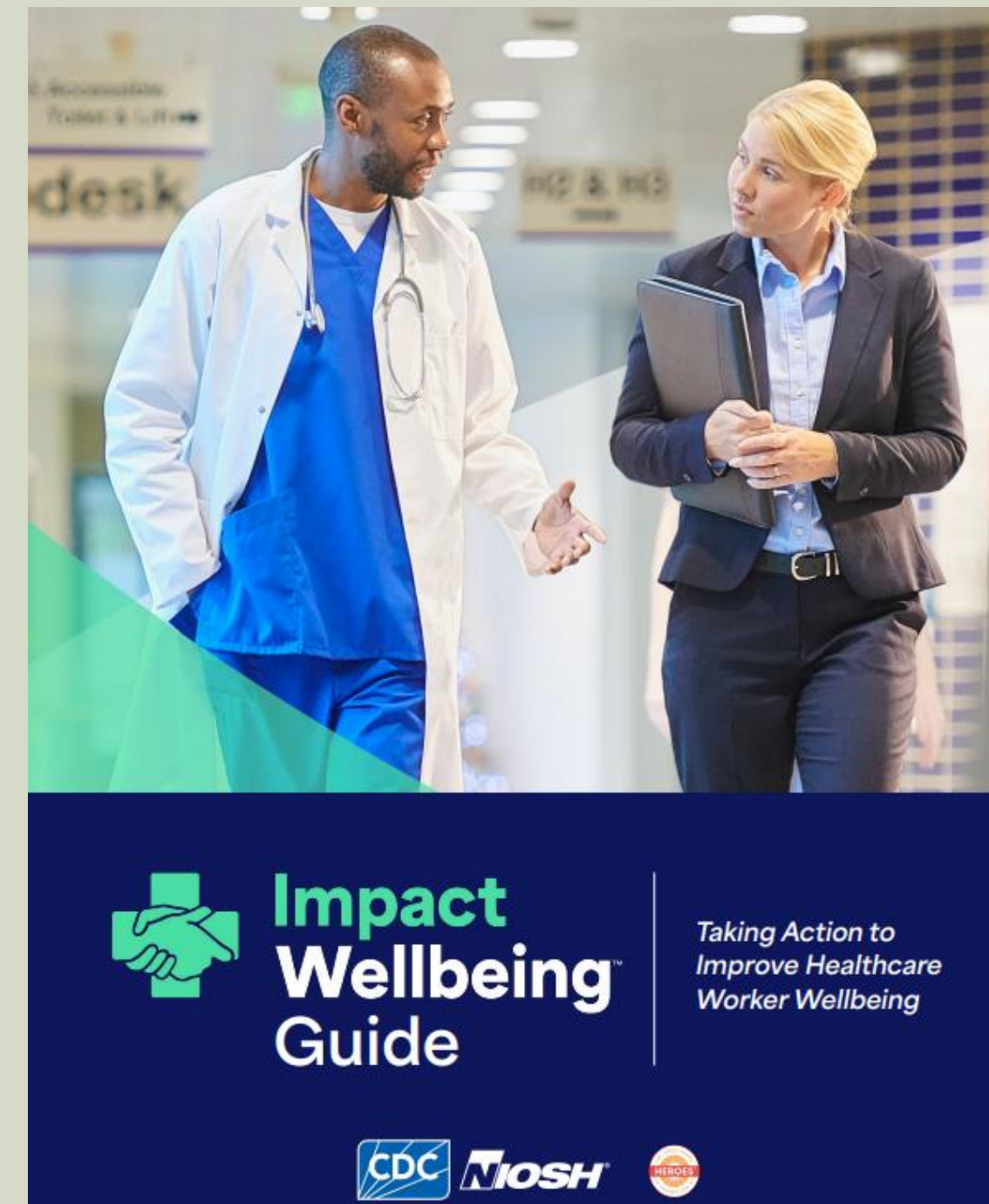


SAMHSA STRATEGIES

- Scheduling
 - ensure enough time for staff to rest and recover prior to next shift
 - rotating staff between high stress and low stress shifts
- Recognizing the employee's hardwork
- Offering support
- Structure a safe, comfortable work environment

NIOSH STRATEGIES

- Step-by-step approach to improve worker's wellbeing
- Builds trust among leaders and workers
- 6 action plans





ACTION 1: REVIEW YOUR OPERATIONS

- Purpose:
 - Connect with colleagues
 - ex: department leaders, quality improvement
 - Gather information about wellbeing practices
 - Build on existing work
 - Avoid duplication
- Utilize the hospital review worksheet
 - Helpful in analyzing where you are in the process



HOSPITAL REVIEW WORKSHEET

1. Does your hospital's highest level of leadership have a stated commitment to protecting healthcare worker's wellbeing?
2. Does your hospital already have a team of people working to develop and implement operational changes that support healthcare workers' wellbeing? This team may also work on operations and system elements not necessarily identified as direct wellbeing activities, but that influence wellbeing, nonetheless.
3. Does your hospital have a defined list of professional wellbeing improvement goals?





HOSPITAL REVIEW WORKSHEET

4. Do your hospital's quality improvement initiatives include measures related to healthcare workers' professional wellbeing? Examples include, but are not limited to, existing initiatives to address staffing, violence prevention, and harassment prevention.
5. Has your organization reviewed and revised your credentialing applications and other policies to remove questions or language that deter healthcare workers from seeking appropriate mental health care?
6. Does your organization ensure that healthcare workers have access to free, accessible, high-quality, confidential mental health care?





HOSPITAL REVIEW WORKSHEET

7. Does your hospital offer peer support programs or other community-building programs to mitigate burnout and feelings of loneliness?
8. Does your hospital have discrete programs in place to promote healthcare worker diversity, equity, inclusion, and accessibility in the workplace?
9. Does your hospital have a process for healthcare workers to voice concerns about the societal and environmental factors that impact the health and safety of themselves or their patients?
10. Does your hospital have a Professional Wellbeing Plan, including implementation strategies and approaches for professional wellbeing, over the next year and beyond?





ACTION 2: BUILD YOUR TEAM

- Purpose:
 - Assemble a team that will lead implementation of wellbeing practices
- Cross-department, multi-disciplinary team
 - Executive leadership
 - Human resources, patient safety/quality, employee health and safety
 - Diversity, equity, and inclusion
 - Representatives from: medical executive committee, nursing council, and workers



ACTION 3: BREAKDOWN BARRIERS

- Purpose:
 - Review and update credentialing application questions
 - Identify confidential ways for workers to seek support
- Three Options:
 1. Ask one question that addresses mental and physical health conditions as one. Avoid lengthy explanations, asterisks, or fine print.
 2. Refrain from probing questions about an applicant's health altogether.
 3. Implement an attestation model.



ACTION 4: COMMUNICATE COMMITMENT

- Purpose:
 - Two-way communication with staff about wellbeing work
 - Builds trust, promotes willingness to participate, and allows an opportunity for feedback
- Determine the best way to disseminate the information
 - Written Communication:
 - emails, newsletters, screen savers, signs/posters
 - In-Person Events:
 - department meetings, grand rounds, nursing council



ACTION 5: INTEGRATE

- Purpose:
 - Integrate professional wellbeing measures into an on-going quality improvement project
- Quadruple Aim Quality Improvement
 - Ensures professional well-being is not compromised
 - Measures the impact of projects on the workforce





ACTION 6: DEVELOP LONG-TERM PLAN

- Purpose:
 - Develop a plan that sustains commitment to professional wellbeing
- Executive will gather the team and lead the implementation
 - Objectives:
 - Develop the plan
 - Identify partners and assign responsibilities
 - Ensure support throughout
 - Eliminate barriers

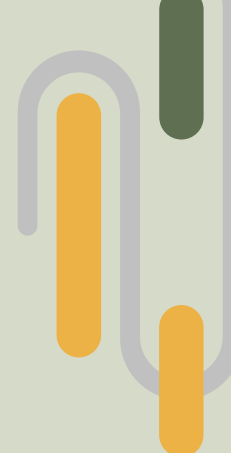





ACTION 6: DEVELOP LONG-TERM PLAN


Goal	Month 3	Month 6	Month 12
Individual Support Goal: Build a Peer Support Network	By the end of month 3, department chairs on the Professional Wellbeing Team will have each identified 5 healthcare workers to become peer support leaders. These department chairs will have met and identified a training resource.	By the end of month 6, department chairs on the Professional Wellbeing Team will have fully trained the identified peer support leaders using the training resource identified by month 3.	By the end of month 12, the peer support leaders will be active across departments and have provided support to at least 3 peers each.






ASSESSMENT 4: WHICH OF THE FOLLOWING IS A STRATEGY THAT EXECUTIVES OR MANAGERS CAN IMPLEMENT TO MINIMIZE STRESS AND SUBSEQUENT BURNOUT?

- A. Allowing staff to pickup multiple, additional shifts during the week.
 - B. Discussing how staff are performing/doing personally only when issues arise.
 - C. Not interfering in workplace discord since it will self-resolve.
 - D. Acknowledge the hard work staff put into their shifts.
- 



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CONCLUSIONS

- Occupation stress can have detrimental impacts to health and well-being. If left unaddressed, it can lead to burnout
- Burnout is prevalent within pharmacists, pharmacy residents, and pharmacy technicians
- Appropriate preventative strategies should be implemented by managers/executives to address occupational stress and avoid burnout

RESOURCES

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THANK YOU!

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