Advancing Workforce Well-Being and Resilience to Build Long-Term Change

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Disclosure

• All planners, presenters, and reviewers of this content report no financial relationships relevant to this activity.
Q. Talk to those around you

• Have you ever noticed a co-worker who appears to be burned out? What made you think that?

• Have you ever experienced burn out? What were the signs that made you think that?
Learning Objectives

• Define burnout, well-being, and resilience.
• Explain why clinician burnout is a patient care and healthcare workforce problem.
• Describe the work led by NAM and ASHP.
• Identify strategies for advancing pharmacy workforce well-being and resilience by Eastern States Residency Conference participants.
Engaged Workforce: What it is and what it isn’t

It is
• Emotional commitment to the organization
• Work on behalf of the mission and goals
• Discretionary effort
• ...the key to activating a high performing workforce

It Isn’t
• Employee happiness
• Employee satisfaction
• Zero burdens or stress

Physical health of entering group to support scientific research

Bernadette Mazurek McPhee (Promotion, University C Coordinator), Lisa Millett (Senior Research Coordinator), Online Family Nurse Practitioner, College of Nursing, Ohio State U

Burnout at Work Isn’t Just About Exhaustion. It’s Also About Loneliness.

by Emma S

Addressing Physician Burnout: The Way Forward

The US health care delivery system and the field of medicine have experienced tremendous change over the last decade. At the system level, narrowing of insurance networks, employed physicians, and financial pressures have resulted in greater expectations regarding productivity, increased workload, and reduced physician autonomy. Physicians also have to navigate a rapidly expanding medical knowledge base, more onerous maintenance of certification requirements, increased clerical burden associated with the introduction of electronic health records (EHRs) and patient portals, new regulatory requirements...
What is Burnout?

• **Syndrome of:**
  • Emotional exhaustion
  • Depersonalization (e.g., cynicism)
  • Low personal accomplishment


Image: [Link](https://www.google.com/search?q=match&tbm=isch&source=Int&tbs=sur:fc&sa=X&ved=0ahUKEwi5lLWO2fndAhWMtlkKHfEzAc4QoUIHg&biw=1600&bih=829&dpr=1#imgrc=8VXKgRt03Cr9iM). Accessed 9 October 2018.
A Careful Balance

Social support
Positive Learning Environment
Quality of Work Relationships
Control Over Time Off
Being a Parent

Work Hours/Workload
Night Shifts
Conflicts with Colleagues
Fiscal Debt
Poor Work-life Integration
Clinician Burnout as a Patient Care and Healthcare Workforce Problem
From the Triple Aim to the Quadruple Aim

Patient Experience

Population Health

Reducing Costs

Care Team Well-Being

Decreased Quality of Care Is the Top Reason to Address Physician Burnout

What are the top two most important reasons to address physician burnout?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Decreased quality of care</td>
<td>63%</td>
</tr>
<tr>
<td>Effect on the attitude of the rest of the health care team</td>
<td>38%</td>
</tr>
<tr>
<td>The duty of organizations to care for people</td>
<td>28%</td>
</tr>
<tr>
<td>Turnover</td>
<td>24%</td>
</tr>
<tr>
<td>Decreased patient satisfaction</td>
<td>21%</td>
</tr>
<tr>
<td>Decreased productivity</td>
<td>9%</td>
</tr>
<tr>
<td>Physician suicide</td>
<td>8%</td>
</tr>
</tbody>
</table>

More Clinicians 67% than Executives 57% cite decreased quality of care as the most important reason.

Base = 570 (multiple responses)

Burnout and Patient Safety

- A systematic review of 46 studies found significant correlation between poor well-being in health care professionals and worsening patient safety.

- Multiple studies demonstrate relationship between medical errors and worsening burnout & depressive symptoms (i.e. second victim phenomenon).

## Other Associations with Burnout

<table>
<thead>
<tr>
<th>Association</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Patient Satisfaction</td>
</tr>
<tr>
<td>Loss of Productivity</td>
</tr>
<tr>
<td>Professional Attrition</td>
</tr>
<tr>
<td>Increased Infections &amp; Mortality Ratios</td>
</tr>
<tr>
<td>Increased Malpractice Claims</td>
</tr>
<tr>
<td>Increased Ordering &amp; Referrals</td>
</tr>
</tbody>
</table>

Q: How have you see burnout impact patient care?
Drivers of Burnout in Healthcare Professionals

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workload</td>
<td>Job demands exceeding human limits; limited time to rest, recover, and restore.</td>
</tr>
<tr>
<td>Control</td>
<td>Role conflict; absence of direction in the workplace</td>
</tr>
<tr>
<td>Reward</td>
<td>Inadequate financial, institutional, or social reward in the workplace; lack of recognition</td>
</tr>
<tr>
<td>Community</td>
<td>Inadequate opportunity for quality social interaction at work; inadequate development of teams</td>
</tr>
<tr>
<td>Fairness</td>
<td>Perception of equity from an organization or leadership</td>
</tr>
<tr>
<td>Values</td>
<td>Organizational values are incongruous with an individual’s personal values or beliefs</td>
</tr>
<tr>
<td>Job-person incongruity</td>
<td>Personality does not fit or is misaligned with job expectations and coping abilities</td>
</tr>
</tbody>
</table>
## Pharmacy Workforce Research

<table>
<thead>
<tr>
<th>Study</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacists’ attitudes toward worklife: results from a national survey of pharmacists (Mott DA JAPhA 2004)</td>
<td>68% report job stress and role overload</td>
</tr>
<tr>
<td>Evaluation of stress experienced by pharmacy residents (Hung ML AJHP 2017)</td>
<td>Pharmacy residents exhibited high levels of perceived stress, especially those working more than 60 hours/week</td>
</tr>
<tr>
<td>Factors associated with burnout among US hospital clinical pharmacy practitioners: results of a nationwide pilot survey. (Jones GM Hosp Pharm 2017)</td>
<td>Too many nonclinical duties, inadequate teaching time, inadequate administration time; difficult pharmacist colleagues; contributions unappreciated led to a 61.2% burnout rate.</td>
</tr>
<tr>
<td>2015 National Pharmacy Technician Workforce Study (Desselle SP AJHP 2017)</td>
<td>Level of stress similar between community and hospital due to volume of work, being short-staffed, and other employees not doing their fair share</td>
</tr>
</tbody>
</table>
Medication Errors and Stress

“Don’t Slip”
- Elizabeth Canterbury, PharmD
  - PGY2 Emergency Medicine
  - SwedishAmerican, A Division of UW Health, Rockford, IL
National Academy of Medicine Action Collaborative Clinician Well-Being and Resilience
NAM Action Collaborative Goals (2017 – 2020)

• Raise visibility of clinician burnout, depression, stress, and suicide

• Improve baseline understanding of challenges to clinician well-being

• Advance evidence-based, multidisciplinary solutions that will improve patient care by caring for the caregiver
“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”

American Society of Health-System Pharmacists

• **Vision**
  • Medication use will be optimal, safe, and effective for all people all of the time

• **Membership Organization**
  • Established 1942
  • 45,000 members
ASHP Vision & Strategic Plan

Strategic Plan

• **Our Patients and Their Care**
  – Goal 4: Improve Patient Care by Enhancing the Well-Being and Resilience of Pharmacists, Student Pharmacists, and Pharmacy Technicians

• **Our Members and Partners**

• **Our People and Performance**

Goal 4: Objectives

• Engage in major national initiatives

• Facilitate the development of education

• Improve the well-being and resilience in postgraduate pharmacy residency training

• Foster research
Factors Affecting Clinician Well-Being and Resilience

Strategies to Impact Well-Being and Resilience
External Factors

**SOCIETY & CULTURE**
- Alignment of societal expectation and clinician’s role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

**RULES & REGULATIONS**
- Accreditation, high-stakes assessments, and publicized quality ratings
- Documentation and reporting requirements
- HR policies and compensation issues
- Initial licensure and certification
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

**ORGANIZATIONAL FACTORS**
- Bureaucracy
- Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and inclusion
- Harassment and discrimination
- Level of support for all healthcare team members

**LEARNING/PRACTICE ENVIRONMENT**
- Autonomy
- Collaborative vs. competitive environment
- Curriculum
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Mentorship program
- Physical learning and practice conditions
- Professional relationships
- Student affairs policies
- Student-centered and patient-centered focus
- Team structures and functionality

**HEALTH CARE RESPONSIBILITIES**
- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/career stage
- Patient population
- Specialty related issues
- Student/trainee responsibilities
- Teaching and research responsibilities

A Vision for A Person-Centered Health Information System

The person-centered health information system of the future leverages information technology enhanced by artificial intelligence to support better, safer, and more affordable health care. This system has less cognitive and administrative burden on clinicians than current systems, and provides seamless usability for patients and the multidisciplinary teams that care for them.

Figure 1 | Longitudinal Graphic Display for a Patient’s Health Care Over Time

Implementing Optimal Team-Based Care to Reduce Clinician Burnout

**Key Features of High Performing Teams**
- Mutual trust/psychological safety
- Effective communication
- Clear roles
- Shared, measurable goals

**Teamwork and Patient Outcomes**
- Studies in various settings (ambulatory, emergency department, nursing home, and hospital based care)
- Correlation between team-based care and improved health care quality

**Teamwork and Clinician Well-Being**
- Some evidence of an association between high performing teams and improved clinician well-being
- More research is needed to fully understand the relationship between team-based care and clinician well-being

AMA STEPS Forward – Building Infrastructure in Resident/Fellow Program

• **5 steps to create wellness culture**
  – Create a framework
  – Develop a program
  – Foster at the individual level
  – Empower faculty and trainees to confront burnout
  – Create a sustainable culture of wellness, well-being and resilience
### Chief Wellness Officer: Potential Requirements and Responsibilities

#### Reports to
Senior Leadership (CEO, President, or Dean)

#### Minimum Requirements
Resources, including team members, to (i) implement and evaluate evidence-based interventions at the individual, group and system level; and (ii) ensures implementation and continuous feedback.

Coordinates with other executive leaders (e.g. CQO) to ensure well-being is prioritized and integrated into executive leadership activities.

Works closely with marketing and/or communications team to ensure that community-wide messaging is supportive of the well-being for the community served.

#### Specific Responsibilities
- Provides strategic vision, planning, and direction to the development, implementation and evaluation initiatives to improve health and well-being outcomes
- Regularly monitors and reports outcomes, including measures of engagement, professional fulfillment, health and well-being, return on investment, value on investment, and tracks how they change with the introduction of interventions
- Raises awareness and provides education about the impact of professional burnout and the benefit of building resiliency and coping skills in clinicians,
- Implements effective evidence-based individual-level interventions, group-level interventions and system-wide interventions
- Implements system-level interventions on efficiency of practice, participatory management, and empowering of healthcare professionals to develop their voice on culture
- Pursues/advances well-being research efforts where appropriate,
- Coordinates and works with mental health leaders to decrease stigma and improve access to and awareness of mental health services,
- Creates a culture of wellness to improve organizational health and well-being at the system level,
- Conducts evidence-based quality improvement efforts that support clinician well-being,
- Oversees the business plan development for implementation and delivery of programs and services that support clinician well-being.
An ad hoc committee will examine the scientific evidence regarding the causes of clinician burnout as well as the consequences for both clinicians and patients, and interventions to support clinician well-being and resilience. The committee will examine components of the clinical training and work environment that can contribute to clinician burnout in a variety of care settings, as well as potential systems interventions to mitigate those outcomes. The committee will identify promising tools and approaches to support clinician well-being, identify gaps in the evidence base, and propose a research agenda to address areas of uncertainty.

Individual Factors

**PERSONAL FACTORS**
- Access to a personal mentor
- Inclusion and connectivity
- Family dynamics
- Financial stressors/economic vitality
- Flexibility and ability to respond to change
- Level of engagement/connection to meaning and purpose in work
- Personality traits
- Personal values, ethics and morals
- Physical mental, and spiritual well-being
- Relationships and social support
- Sense of meaning
- Work-life integration

**SKILLS AND ABILITIES**
- Clinical Competency level/experience
- Communication skills
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Optimizing workflow
- Organizational skills
- Resilience
- Teamwork skills

Identify Burnout

- Maslach Burnout Inventory – Human Services Survey for Medical Personnel
- Guide to selecting the most appropriate measurement instrument for your organization

NAM Survey Instruments: https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/
Maslach Burnout Inventory: https://www.mindgarden.com/117-maslach-burnout-inventory
NAM Pragmatic Approach for Organizations: https://nam.edu/a-pragmatic-approach-for-organizations-to-measure-health-care-professional-well-being/
My personal strategy for wellness and resiliency

• Know my personal boundaries
• Strive for consistency
• Invest in myself
  – Physically
  – Spiritually
  – Family
  – Personally
  – Professionally
• Take time to do things I enjoy
• Live in the moment
• Laugh
Mitigating Stress

Self-Care Techniques

• Monitor personal stress indicators (sleep, eating, agitation, etc)
• Decompress with healthy transitions (teatime, yoga, journal, breathwork, music)
• Record three good experiences from the day, savor those positive moments and plan for good experiences tomorrow
• Speak with trusted people, maintain social connections

Resiliency Competencies

• Awareness
  – Noticing the right information
    • Sensations, thoughts, environments

• Regulation
  – Of self and others’ stress reactions and emotions

• Leadership
  – Toward meaningful personal and team actions
Engaging others for wellness and resiliency

• **Talk about it**
  – Reported out vacation time during annual reviews

• **Minimize after hour expectations on others (this includes sending emails to them)**

• **Get to know them**

• **Look into their eyes and ask them how they are doing**

• **Talk to their colleagues / co-residents**

• **Be realistic in expectations**

• **Listen**
Q. What is one strategy that you (individual) are going to employ to advance your well-being?
LOOKING AHEAD
Educate Yourself

• **Webinars (available on ASHP eLearning)**
  – Tame the Flames of Burnout: Tools for Building Resilience in Your Workforce
  – Putting Out the Fire: Beating Burnout in Pharmacy and Healthcare
  – Well-Being and Burnout: Tactics to Ease and Restore Health
  – Breathe In, Breathe Out: How to Manage Emotions in the Workplace
  – And more on issue, solutions, case studies

• **Articles/Blogs**
  – Evidence of burnout in health-system pharmacists (AJHP)
  – Pharmacy and the Art of Resilience (ASHP Intersections)
  – ASHP Continues to Lead on Pharmacy Workforce Well-Being & Resilience (blog)
Educate Yourself & Join the Conversation

Clinician Well-Being and Resilience

We recognize that a healthy and thriving clinician workforce is essential to ensuring optimal patient health outcomes and safety. Therefore, ASHP is committed to fostering and sustaining the well-being, resilience, and professional engagement of pharmacists, pharmacy residents, student pharmacists, and pharmacy technicians.

Latest Discussion Posts

Midyear Clinical Meeting Networking Session: Clinician ...
By Matthew Klein, one month ago
During the 2018 Midyear Clinical Meeting, the first networking session on Clinician Well-Being and Resilience was held on Sunday, December 2nd. The session provided a wonderful opportunity for members to engage in a robust dialogue on the subject with ...

Dealing With Stress
By Sara White, one month ago
Good morning, in case you missed the original posting over the holiday weekend, please check out my blog on Dealing with Stress. This is a timely topic as we prepare for the upcoming Midyear Clinical Meeting in Anaheim and the 2018 holiday season ...

Related Links

Articles
- Coalition seeks solutions for clinician burnout
- Burnout syndrome among healthcare professionals
- Rates of depressive symptoms among pharmacy residents
- Rates of depressive symptoms among pharmacy residents
- Assessment of Burnout and Associated Risk Factors Among Pharmacy Practice Faculty in the US
- A Journey to Construct an All-Encompassing Conceptual Model

Conversations
- ASHP leading the way on well-being and resilience
- Creating a culture of well-being and resilience
- We cannot resilience our way out of this
- Reflections on establishing clinician well-being as a national priority
- How to start the conversation on workforce well-being and resilience
NAM Knowledge Hub

Sharing Knowledge to Combat Clinician Burnout
Find articles, research studies, and other resources

nam.edu/clinicianwellbeing
Conclusions

• Clinician burnout is a patient care and healthcare workforce problem that needs addressing.

• Well-being and resilience needs a combined effort by both the individual and the system.

• Pharmacy has a strong voice at the NAM Action Collaborative discussions.