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.
Learning Objectives - Pharmacist

• Define burnout, well-being, and resilience.
• Explain why clinician burnout is a patient care and healthcare workforce problem.
• Report the recent work led by NAM and ASHP.
• Identify strategies for advancing pharmacy workforce well-being and resilience.

Learning Objectives - Technician

• Define burnout, well-being, and resilience.
• Explain why clinician burnout is a patient care and healthcare workforce problem.
• Report the recent work led by NAM and ASHP.
• Identify strategies for advancing pharmacy technician well-being and resilience.
Pre-Assessment: Question One

- According to the survey evaluating stress experienced by pharmacy residents, which of the following was associated with higher levels of stress, depression, and hostility?
  
  A. Staffing weekend shifts
  B. Working > 60 hours/week
  C. Holding a second job outside of residency
  D. Working in the inpatient setting

Pre-Assessment: Question Two

- Which of the following is the reason most frequently cited by Healthcare Executives to address clinician burnout?
  
  A. Turnover
  B. Decreased patient satisfaction
  C. Decreased quality of care
  D. Decreased productivity
Pre-Assessment: Question Three

• Which of the following would be considered an **external** factor affecting clinician well-being and resilience?
  A. Communication skills
  B. Rules and Regulations
  C. Clinical competency level
  D. Family dynamics

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

Burnout, Well-being, and Resilience Defined
What is Burnout?

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


Stress & Performance

Yerks RM, Dodson JD. Journal of Comparative Neurology and Psychology. 1908;18:459-482.
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

**Quadruple Aim**

- Patient Experience
- Population Health
- Reducing Costs
- Care Team Well-Being

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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<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)

Swensen S, Shanafelt, Mohr N. Leadership survey: Why physician burnout is endemic, and how health care must respond. NEJM Catalyst. December 8, 2016. Available at: https://catalyst.nejm.org/physician‐burnout‐endemic‐healthcare‐respond/
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

- Lower Patient Satisfaction
- Loss of Productivity
- Professional Attrition
- Increased Infections & Mortality Ratios
- Increased Malpractice Claims
- Increased Ordering & Referrals
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
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”


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

Towards Well-Being and Resilience

• Well-Being
  – Presence of positive emotions & moods
  – Absence of negative emotions
  – Satisfaction with life, fulfillment and positive functioning
  – Physical well-being also crucial

• Resilience
  – Skills, behaviors, and attitudes that contribute to personal physical, emotional, and social well-being
  – Includes prevention of burnout
External Factors

SOCIETY & CULTURE
• Alignment of societal expectation and ODFCAN’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
• Remuneration structure
• Shifting systems of care and administrative requirements

ORGANIZATIONAL FACTORS
• Power dynamics
• Professional development opportunities
• Scope of practice
• Workload, performance, compensation, and value attributed to work elements

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.

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

Making the Case for a Chief Wellness Officer: Call to Action (Health Affairs – 10.26.18)

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., CCO) 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, participation 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.

Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being
A consensus study from the National Academy of Medicine

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.

Project website:
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

NAM Survey Instruments: https://nam.edu/valid-reliable-survey-instruments-measure-burnout-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/

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

Ready
- Good to go
- Adapting/flexible
- Excelling at job
- “I am at the top of my game and adapting well to all pressures”

Reacting
- Mild distress
- Temporary symptoms
- Still getting work done
- “Stress is affecting me but I can still get the job done”

Injured
- Noticeable symptoms
- Personality changes
- Erratic functioning
- “I have changed to the point that I am not in total control of my behavior or reactions”

III
- Severe impairment
- Extremely overwhelmed
- Possible danger to self/others
- “This worsening condition requires full attention before getting back to work”

Mean interventions
- Social support
- Professional care
- Most needed
Refactoring Burnout Domains

<table>
<thead>
<tr>
<th>Burnout Domain</th>
<th>Positive Value</th>
<th>Negative Value</th>
<th>Reframing Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion Fatigue</td>
<td>Service</td>
<td>Deprivation</td>
<td>Appreciation &amp; Gratitude</td>
</tr>
<tr>
<td>Emotional Exhaustion</td>
<td>Vigor, enthusiasm</td>
<td>Invincibility</td>
<td>Self-compassion</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>Connection</td>
<td>Cynicism, Isolation</td>
<td>Connection and community</td>
</tr>
<tr>
<td>Low Sense of Accomplishment</td>
<td>Achievement, meaning</td>
<td>Imposter syndrome</td>
<td>Inner critic awareness</td>
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Executive Leadership Strategies

- Acknowledge & assess the issue
- Identify impediments
- Harness the power of leadership
- Implement system approaches
- Cultivate community
- Use rewards & incentives wisely
- Align values & strengthen culture
- Promote flexibility and work-life integration
- Provide resources to promote self-care
- Use improvement science to test

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)

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Educate Yourself & Join the Conversation
Educate Yourself & Take Action

State Affiliate Toolkit

State Affiliate Toolkit Well-Being and Resilience

Actions
- Educate
- Engage
- Prepare
- Discuss
- Promote
- Expand
- Share

NAM Knowledge Hub

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

nam.edu/clinicianwellbeing
Post-Assessment: Question One Answer

- According to the survey evaluating stress experienced by pharmacy residents, which of the following was associated with higher levels of stress, depression, and hostility?
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Post-Assessment: Question Two Answer

- Which of the following is the reason most frequently cited by Healthcare Executives to address clinician burnout?
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Post-Assessment: Question Three Answer

• Which of the following would be considered an external factor affecting clinician well-being and resilience?
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  B. Rules and Regulations
  C. Clinical competency level
  D. Family dynamics

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.