

Journey to a Resilient and Thriving Pharmacy Workforce

Thomas J. Johnson

NYSCHP Residency Research and Practice Forum

April 2018



Disclosure

- All planners, presenters, and reviewers of this content report no financial relationships relevant to this activity.

Poll Everywhere Instructions

- Text **RXRESILIENCE** to **22333** to join the conversation
- All responses will appear to the audience in a “word cloud” after submissions are gathered

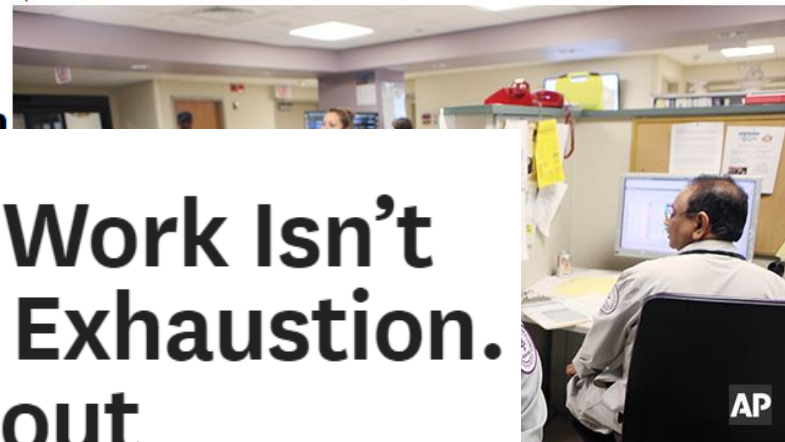
If you were a vegetable, what would you be?

Outline

- Explain why clinician burnout is a patient care and healthcare workforce problem that needs addressing.
- Discuss what is known about burnout in the pharmacy workforce.
- Describe the National Academy of Medicine Clinician Well-Being and Resilience Action Collaborative.
- Identify strategies to impact well-being and resilience in pharmacists, pharmacy residents, student pharmacists and pharmacy technicians.

Make The Clinician Burnout Epidemic A National Priority

Andrew Shin, Tejal Gandhi, and Shoshana Herzig
April 21, 2016



RESEARCH

Physical health, lifestyle beliefs and behaviors, and of entering graduate school to support science Harvard Business Review

Bernadette Mazurek M
Promotion, University C
Coordinator), Lisa Milite
(Senior Research Coordi
Online Family Nurse Pra

College of Nursing, Ohio State U

STRESS

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

by Emma S

JUNE 29, 2017

VIEWPOINT

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

Tait D. Shanafelt, MD
Mayo Clinic, Rochester,
Minnesota.

Lotte N. Dyrbye, MD,
MHPE
Mayo Clinic, Rochester,
Minnesota.

Colin P. West, MD, PhD
Mayo Clinic, Rochester,
Minnesota.



PSNet Search...

Home Topics Issues WebM&M Cases Perspectives

Perspectives on Safety February 2016

Burnout Among Health Professionals: Effect on Patient Safety

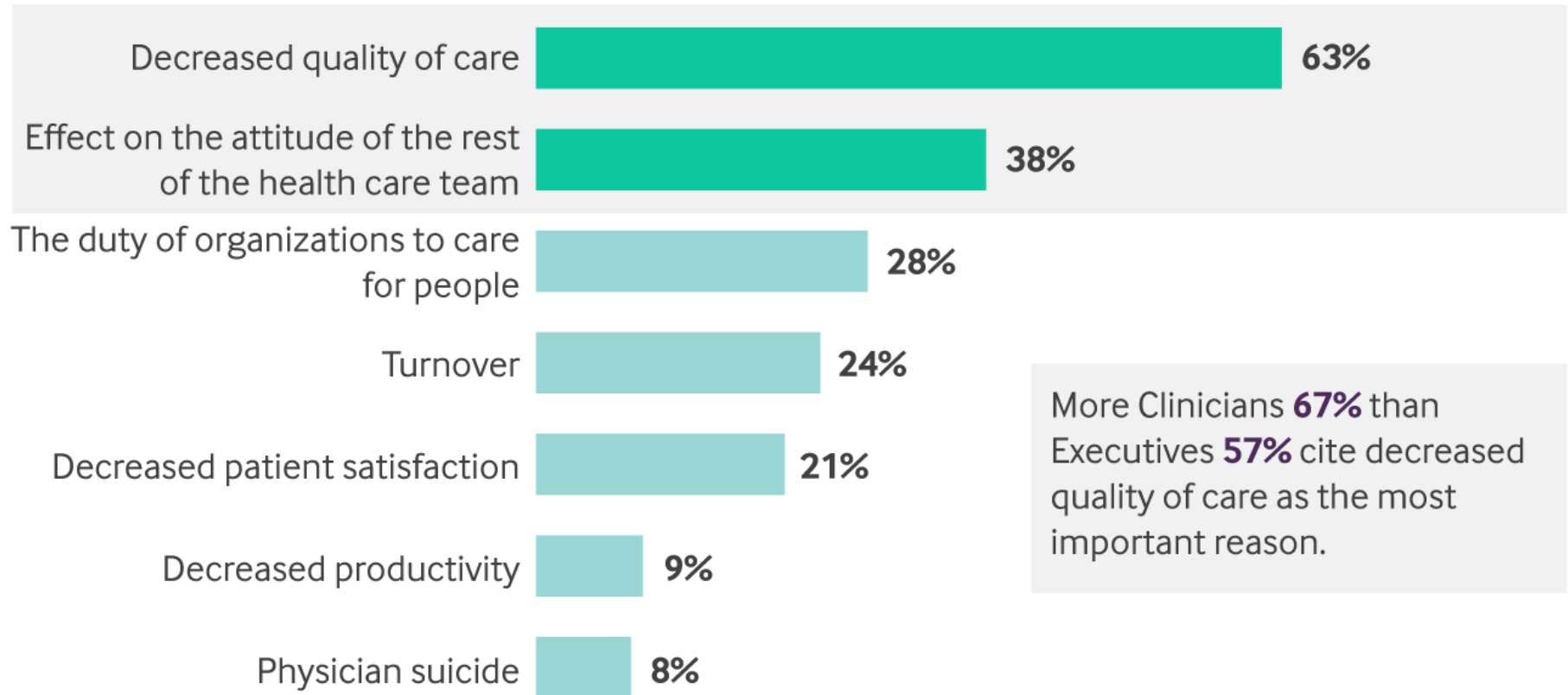
by Audrey Lyndon, PhD

Burnout is a Patient Care Problem



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

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



Base = 570 (multiple responses)

American Society of Health-System Pharmacists

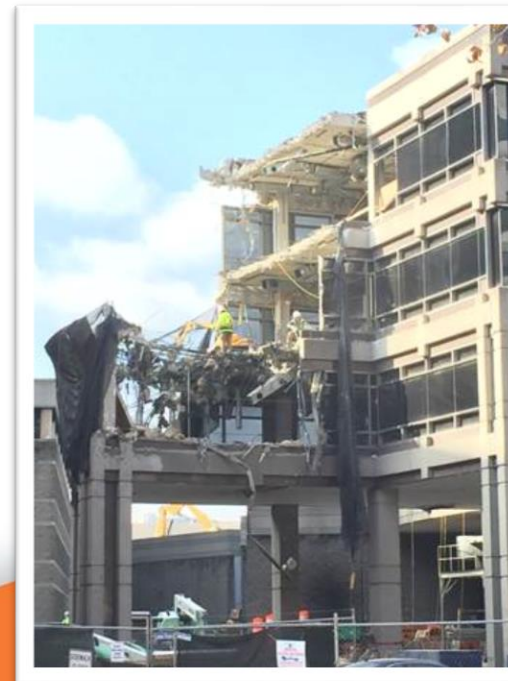
- **Vision**

- 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



- **ASHP’s vision is that medication use will be optimal, safe, and effective for all people all of the time**
- **Strategic Priorities and Goals**
 - 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

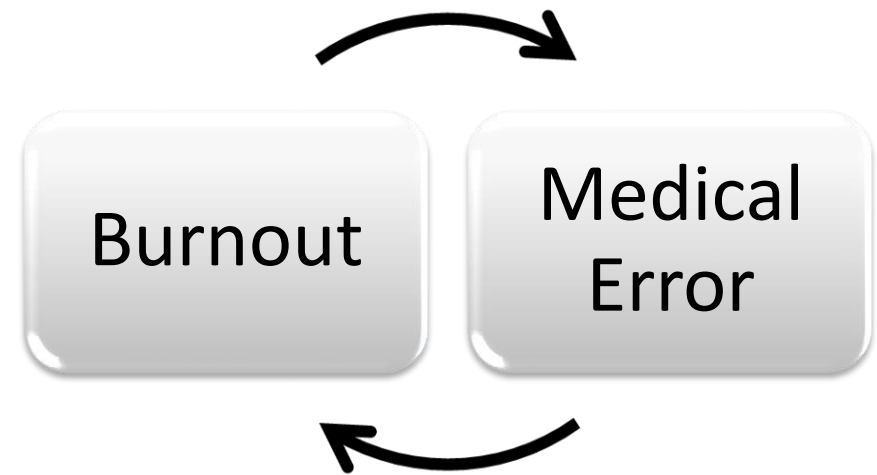
Our Patients and Their Care: Goal 4

- **Key Objectives**

- Engage in major national initiatives on clinician well-being and resilience
- Facilitate the development of education aimed at helping pharmacists, student pharmacists, and pharmacy technicians address and effectively cope with the stress and burnout associated with demanding patient care environments
- Seek opportunities to improve the well-being and resilience of pharmacists participating in postgraduate residency training.
- Foster research that addresses well-being and resilience issues of pharmacists, student pharmacists, and pharmacy technicians

Quality and Safety

- **Medical Error**
 - ~8000 surgeons
- **Medical Malpractice Litigation**
 - ~7000 surgeons
- **Health-care associated infections**
 - Mean burnout hospital nurses independent predictor
- **Patient mortality ratios**
- **Teamwork scores**
 - Mean EE physicians & nurses ICU



Bi-directional relationship

Higher levels of burnout associated with increased odds of reporting a medical error in subsequent 3 months
Self-perceived medical error associated with worsening burnout & depressive symptoms

Health Care Costs

↑ **Medical Errors**

↑ **Malpractice claims**

↑ **Turnover**

- 1.2-1.3 x salary
(\$82-\$88,000 per RN
in 2007)
- \$500,000 to >\$1
million

↑ **Absenteeism**

↓ **Job productivity**

↑ **Referrals**

↑ **Ordering**

What is Stress?

- Stress is a physical, mental, or emotional factor that causes bodily or mental tension.
- Stress can be external or internal



What is causing you stress and/or anxiety today?

What is Burnout?

- **Syndrome of:**
 - depersonalization
 - emotional exhaustion
 - low personal accomplishment
- Leads to decreased effectiveness at work
- Attributed to work-related stress



ashp[®]

Burnout is Not..

- Having a bad day at work
- Feeling overwhelmed for a day or two
- Experiencing a bad mood
- Wanting time-off from work
- Needing a beverage at the end of the day

Maslach Burnout Inventory – Human Services Survey Tool

- **Medical Personnel**

- Emotional exhaustion

- Measures feelings of being emotionally overextended and exhausted by one's work
 - I feel emotionally drained from my work

- Depersonalization

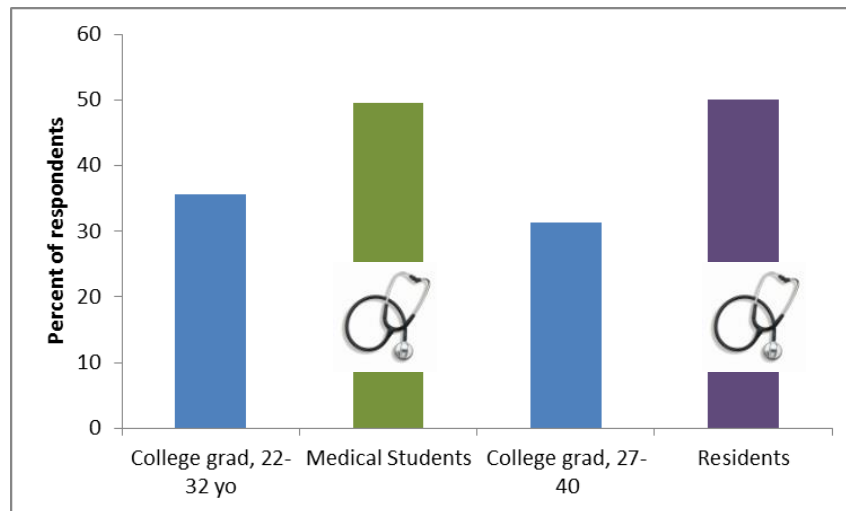
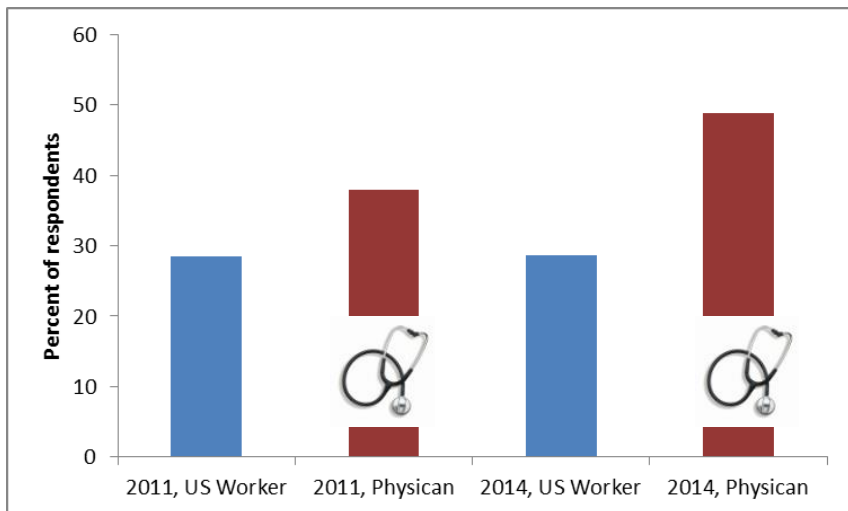
- Measures an unfeeling and impersonal response toward patients
 - I don't really care what happens to some patients

- Personal Accomplishment

- Measures feelings of competence and successful achievement in one's work
 - I have accomplished many worthwhile things in this job

- Response options (frequency): never, a few times a year or less, once a month or less, a few times a month, once a week, a few times a week, every day

High Prevalence of Burnout

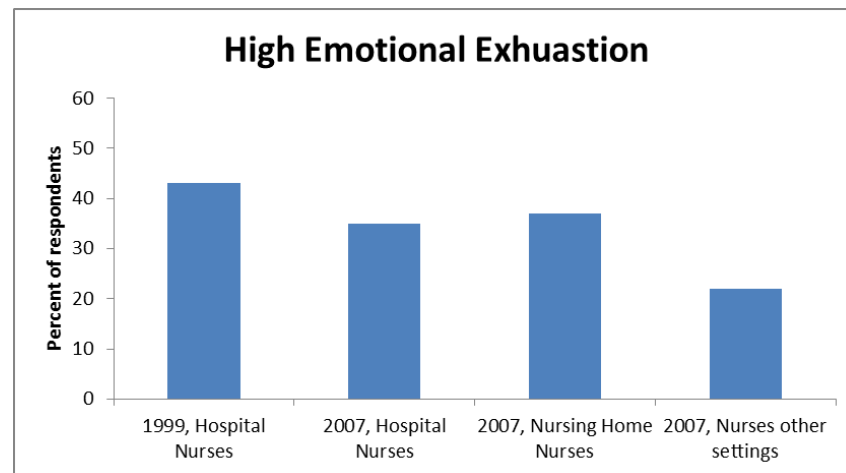


Medicine

- 2014, 6880 physicians, all specialties, all practice types
- 2012, 5521 medical students & residents

Nursing

- 1999, >10,000 inpatient RN
- 2007, 68,000 nurses



Burnout: Pharmacy Residents

Study Overview

- Stress and negative affect levels surveyed in PGY1 & PGY2s (n=524, 27.7% response)
- Those working > 60 hours/week reported higher levels of perceived stress and elevated depression, hostility, and dysphoria
- Perceived stress for pharmacy residents was 19.06 ± 5.9
 - 14.2 ± 6.2 in 18-29 year old health adults
 - 20.3 ± 7.4 in cardiology medical residents

Takeaways

- 10-item Perceived Stress Scale is a free, validated tool to assess stress among pharmacy residents
- Hostility was highest in PGY2
- When pressures of being overworked > resident's ability to cope, well-being is in danger

Burnout: Clinical Pharmacists

- **Jones and colleagues measured clinical pharmacist burnout (n=974)**
 - Nearly $\frac{3}{4}$ included respondents are certified by BPS
 - More than half completed residency training
 - 61.2% overall burnout rate; 52.9% high emotional exhaustion
 - Characteristics of burned out clinical pharmacists:
 - Less likely to have children (p=0.002)
 - More likely to work more median hours (p<0.001)
 - More likely to have attained BPS certification (p=0.005)
 - No difference observed in practice area, hospital setting

Burnout: Clinical Pharmacists, cont.

- **Jones and colleagues measured clinical pharmacist burnout (n=974)**
 - Many objective factors noted as increased in burned out individuals; however, no factors independently predict burnout
 - Strong predictors:
 1. Too many nonclinical duties
 2. Inadequate teaching time
 3. Inadequate administration time
 4. Difficult pharmacist colleagues
 5. Contributions unappreciated

Burnout: COP Faculty

- **El-Ibiary and colleagues measured faculty burnout in US College of Pharmacy (n=758)**
 - 41.3% exhibited high emotional exhaustion scores
 - Women had significantly higher emotion exhaustion and lower personal accomplishment scores than men
 - Faculty who had a **hobby** had significantly lower emotional exhaustion scores, lower depersonalization score, and higher personal accomplishment scores
 - Faculty working in newer Colleges of Pharmacy (est. < 5 years) were associated with lower depersonalization and lower personal accomplishment scores.



Drivers of Burnout in Healthcare Professionals

- Excessive workload
- Inefficient work environment
- Problems with work-life integration
- Loss of autonomy, flexibility and control
- Organizational culture and values
- Reduction of meaning in work
- Lack of social support at work
- Leadership behaviors
- Nurses: Moral distress
- Trainees: Learning environment, Educational debt

Drivers of Burnout in Healthcare Professionals

Risk Factors Associated With Burnout

Am J Health-Syst Pharm. 2017; 74:e576-81

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



National Academy of Medicine

Action Collaborative on
Clinician Well-Being and Resilience

ashp[®]

National Academy of Sciences

- Founded in March, 1863
- Private, nonprofit organization of the country's leading researchers
- National Academy of Medicine
 - Formed in 1970 to advise the nation on medical & health issues
 - Dr. Victor Dzau is President



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”

Dzau VJ, Kirch DG, Nasca TJ. To care is human – collectively confronting the clinician-burnout crisis. NEJM.2018;378(4):312-314.

400

physicians commit suicide each year, a rate more than

2X

that of the general population

Andrew & Brenner, 2015



Physician rates of depression remain alarmingly high at

39%

Shanafelt, 2015

23-31%

Prevalence of emotional exhaustion among primary care nurses

Gomez-Urquiza et al, 2016



24%

of ICU nurses tested positive for symptoms of post-traumatic stress disorder

Mealer et al., 2007

How can we protect the health of the people who protect our own?



National Academy of Medicine

Action Collaborative on
Clinician Well-Being and Resilience

Learn more at nam.edu/ClinicianWellBeing

 @theNAMedicine

Action Collaborative Timeline

July 2016

30+ professional organizations gathered

Sept 2016

Formalize creation of action collaborative

Jan 2017

Launch action collaborative

June 2017

ASHP Joined

July 2017

First national meeting

Sept 2017

ASHP Joint Council Session

May 2018

Second national meeting

Action Collaborative Goals

NAM

- Improve baseline understanding across organizations of challenges to clinician well-being
- Raise visibility of clinician stress and burnout
- Advance evidence-based, multidisciplinary solutions to reverse these trends, leading to improvements in patient care by caring for the caregiver

ASHP

- Improve patient outcomes through optimal medication use
- Identify mechanisms to improve and sustain pharmacy workforce well-being and resilience
- Deploy pharmacy workforce to support multidisciplinary solutions for improving healthcare workforce well-being and resilience

Collaborative Composition & Commitments

- **36 sponsoring organizations, 100 network organizations:**
 - Professional organizations
 - Government
 - Technology and EHR vendors
 - Large health care centers
 - Payors
- **130 commitment statements**
 - To provide an opportunity for organizations across the country discuss and share plans of action to reverse clinician burnout and promote clinician well-being.
 - <https://nam.edu/initiatives/clinician-resilience-and-well-being/commitment-statements-clinician-well-being/>

Creating An All-Encompassing Model

- Broad enough to define the issue across all healthcare professions
- Satisfactorily encompasses multiple environments (education, practice)
- Satisfactorily encompasses multiple stages of development of the health professional
- Satisfactorily encompasses system and individual issues in ways that are helpful toward developing a solution (e.g. defining without stigmatizing)
- Lends itself to being a tool for diagnosis, explanation, treatment
- Serves as a taxonomy for organizing other elements/tools developed as part of this NAM Collaborative

FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

EXTERNAL FACTORS

SOCIO-CULTURAL FACTORS

- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Alignment of societal expectations and clinician's role
- Political and economic climates
- Stigmatization of mental illness
- Social determinants of health

REGULATORY, BUSINESS, & PAYER ENVIRONMENT

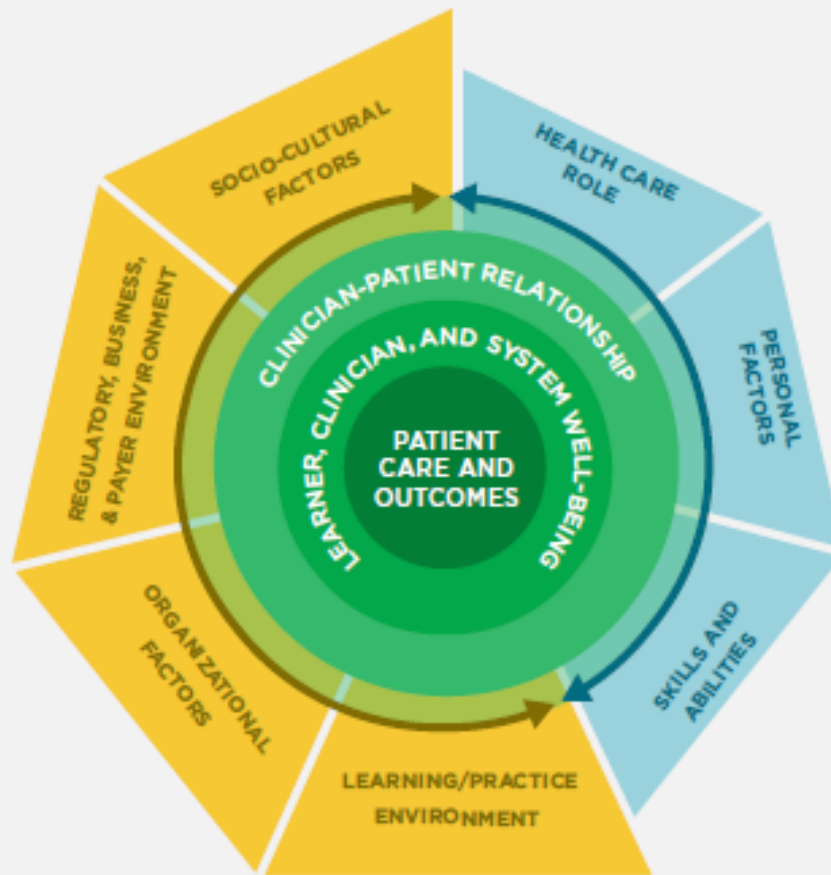
- Accreditation, assessments, and publicized quality ratings
- Documentation and reporting requirements
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

ORGANIZATIONAL FACTORS

- Bureaucracy
- Culture and leadership
- Congruent organizational mission and values
- Data collection requirements
- Level of support for all healthcare team members
- Professional development opportunities
- Scope of practice
- Workload and value attributed to work elements

LEARNING/PRACTICE ENVIRONMENT

- Autonomy
- Collaborative vs. competitive environment
- Curriculum and student affairs policies
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Physical learning and practice conditions
- Professional relationships
- Safe learning and practice environments
- Student-centered and patient-centered focus
- Team structures and functionality



INDIVIDUAL FACTORS

HEALTH CARE ROLE

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

PERSONAL FACTORS

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

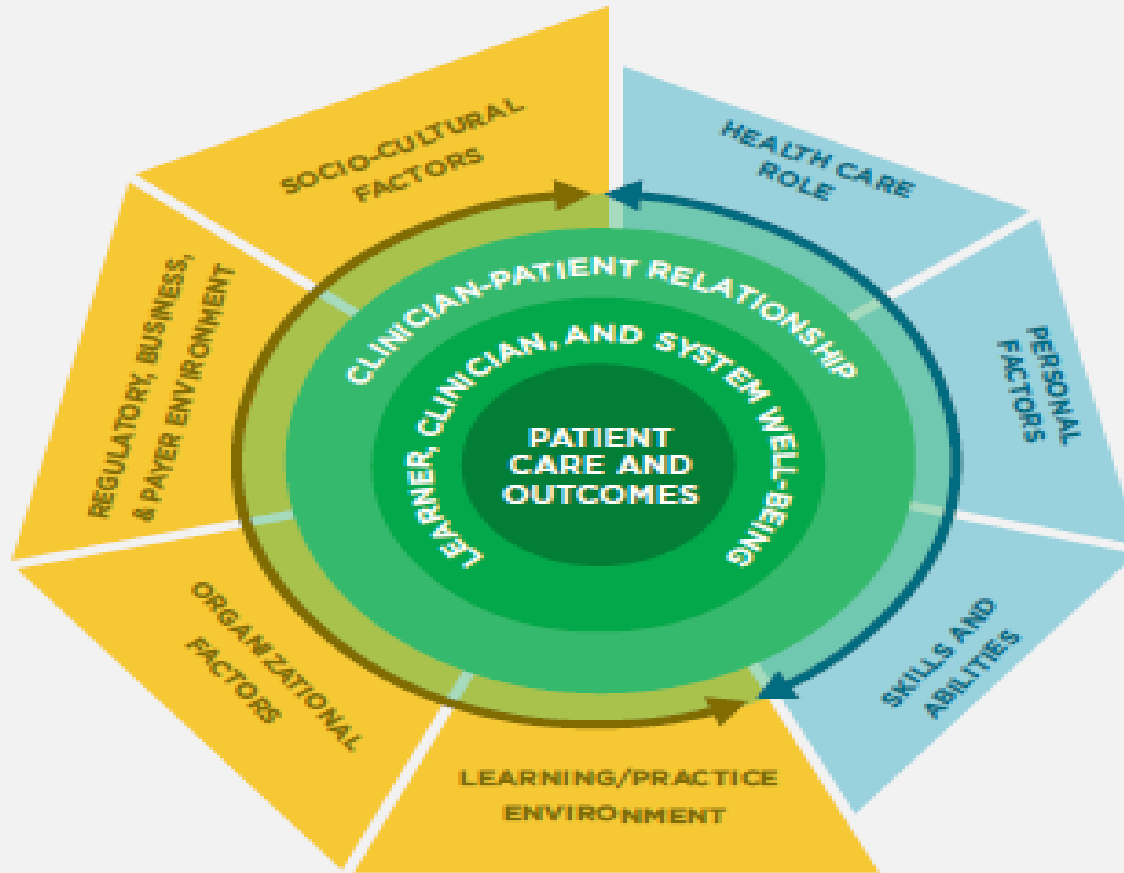
SKILLS AND ABILITIES

- Communication skills
- Competency level/experience
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Optimizing work flow
- Organizational skills
- Resilience
- Teamwork skills

Brigham T, Barden C, Legreid Dopp, A, Hengerer A. et al. A journey to Construct an all-encompassing conceptual model of factors affecting clinician well-being and resilience. National Academy of Medicine, 2018.

STRATEGIES

FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE



INDIVIDUAL FACTORS

HEALTH CARE ROLE

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

PERSONAL FACTORS

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

SKILLS AND ABILITIES

- Communication skills
- Competency level/experience
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Optimizing work flow
- Organizational skills
- Resilience
- Teamwork skills

Identify Burnout



National Academy of Medicine
Action Collaborative on
Clinician Well-Being and Resilience

Valid and Reliable Survey Instruments to Measure Burnout

A key organizational strategy to improving clinician well-being is to measure it, develop and implement interventions, and then re-measure it. A variety of dimensions of clinician well-being can be measured including burnout, engagement, and professional satisfaction. Below is a summary of established tools to measure burnout. Each tool has advantages and disadvantages and some are more appropriate for specific populations or settings. This information is being provided by the [Research, Data, and Metrics Working Group](#) of the National Academy of Medicine [Action Collaborative on Clinician Well-Being and Resilience](#).

Click or scroll below for an overview of each valid and reliable instrument to measure burnout, well-being, and other work-related dimensions.

Burnout

»» **Maslach Burnout Inventory – Human Services Survey for Medical Personnel**

»» **Oldenburg Inventory** <https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/>

»» **Physician Work-Life Study's Single-Item**

What is one strategy that you (individual) are going to employ to prevent burnout?

EXTERNAL FACTORS

SOCIO-CULTURAL FACTORS

- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Alignment of societal expectations and clinician's role
- Political and economic climates
- Stigmatization of mental illness
- Social determinants of health

REGULATORY, BUSINESS, & PAYER ENVIRONMENT

- Accreditation, assessments, and publicized quality ratings
- Documentation and reporting requirements
- 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

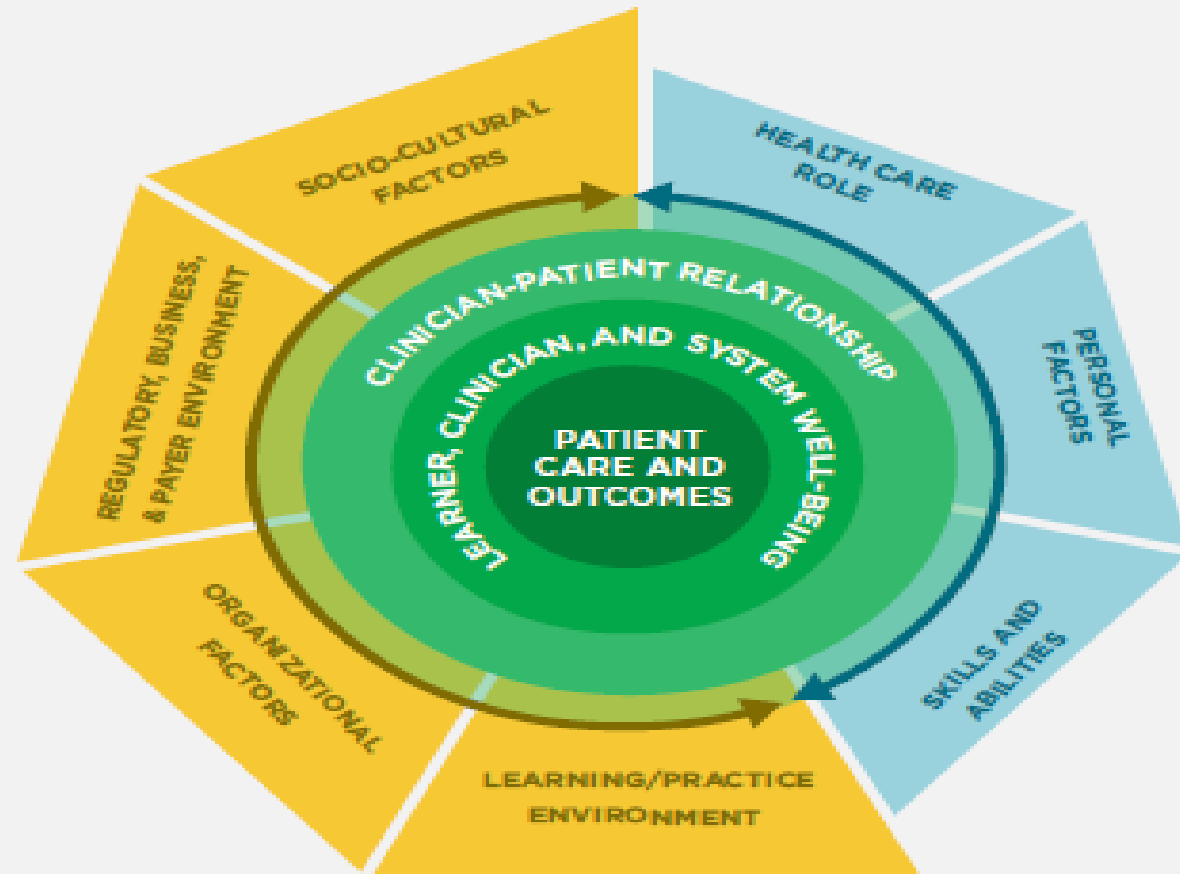
ORGANIZATIONAL FACTORS

- Bureaucracy
- Culture and leadership
- Congruent organizational mission and values
- Data collection requirements
- Level of support for all healthcare team members
- Professional development opportunities
- Scope of practice
- Workload and value attributed to work elements

LEARNING/PRACTICE ENVIRONMENT

- Autonomy
- Collaborative vs. competitive environment
- Curriculum and student affairs policies
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Physical learning and practice conditions
- Professional relationships
- Safe learning and practice environments
- Student-centered and patient-centered focus
- Team structures and functionality

FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE



Strategies to Alleviate Burnout in Healthcare Professionals

Risk Factors Associated With Burnout

Am J Health-Syst Pharm. 2017; 74:e576-81

Risk Factor	Strategy to Alleviate Risk
Workload	Permitting time at the workplace to recover from a stressful event
Control	Clearly defined roles and expectations from organizational leadership
Reward	Identify suitable rewards to recognize achievements, provide opportunities to teach or mentor trainees
Community	Promote participation in professional organizations
Fairness	Transparency in decision-making
Values	Align personal expectations with organizational goals
Job-person incongruity	Evaluate and align job responsibilities with personal and professional expectations

What is one strategy that you think your supervisor/institution employ to prevent burnout of the pharmacy workforce?

Contribute to Research

[Cureus](#). 2017 Jul 28;9(7):e1524. doi: 10.7759/cureus.1524.

Increasing Resident Wellness Through a Novel Retreat Curriculum.

[Cornelius A](#)¹, [Cornelius BG](#)², [Edens MA](#)¹.

Burnout in Young Family Physicians: Variation Across States.



[Fam Syst Health](#). 2017 Dec;35(4):513-514. doi: 10.1037/fsh0000319.

[LE](#)², [Fang B](#)¹, [Phillips RL Jr](#)¹.

"Joy" in practice requires workforce well-being.

[Runyan CN](#)¹.

Professional Satisfaction and the Career Plans of US Physicians

Christine A. Sinsky, MD  , Lotte N. Dyrbye, MD, MHPE, Colin P. West, MD, PhD, Daniel Satele, MS, Michael Tuttle, PhD, Tait D. Shanafelt, MD

Nearly 1 in 5 US physicians intend to reduce clinical work hours in the next year, and roughly 1 in 50 intend to leave medicine altogether in the next 2 years to pursue a different career. If physicians follow through on these intentions, it could profoundly worsen the projected shortage of US physicians.

Contribute to Research

[Hosp Pharm](#). 2017 Dec;52(11):742-751. doi: 10.1177/0018578717732339. Epub 2017 Sep 27.

Factors Associated With Burnout Among US Hospital Clinical Pharmacy Practitioners: Results of a Nationwide Pilot Survey.

[Jones GM](#)^{1,2,3}, [Roe NA](#)³, [Louden L](#)⁴, [Tubbs CR](#)⁵.

[A cross-sectional study of psychological distress, burnout, and the associated risk factors in hospital pharmacists in Japan.](#)

Higuchi Y, Inagaki M, Koyama T, Kitamura Y, Sendo T, Fujimori M, Uchitomi Y, Yamada N.

BMC Public Health. 2016 Jul 8;16:534. doi: 10.1186/s12889-016-3208-5.

PMID: 27392676 [Free PMC Article](#)

[Int J Pharm Pract](#). 2014 Apr;22(2):135-45. doi: 10.1111/ijpp.12040. Epub 2013 May 17.

British pharmacists' work-life balance - is it a problem?

[Seston E](#)¹, [Hassell K](#).

PubMed.gov

US National Library of Medicine
National Institutes of Health

PubMed



pharmacist burnout |

[Create RSS](#)

[Create alert](#)

[Advanced](#)

Search results

Items: 1 to 20 of 46

- **AJHP Article Types**
 - Research Reports
 - Special Features
 - Clinical Reviews
 - Therapy Updates
 - Clinical Frontiers
 - Clinical Consultation
 - Case Reports
 - Primers
 - Notes
 - Case Studies
 - Columns
 - Letters to the Editor

Burnout syndrome among healthcare professionals

Am J Health-Syst Pharm. 2017; 74:e576-81

Patrick J. Bridgeman, Pharm.D., BCPS, Ernest Mario School of Pharmacy, Rutgers, State University of New Jersey, Piscataway, NJ, and Robert Wood Johnson University Hospital, New Brunswick, NJ.

Mary Barna Bridgeman, Pharm.D., BCPS, Ernest Mario School of Pharmacy, Rutgers, State University of New Jersey, Piscataway, NJ, and Robert Wood Johnson University Hospital, New Brunswick, NJ.

Joseph Barone, Pharm.D., FCCP, Ernest Mario School of Pharmacy, Rutgers, State University of New Jersey, Piscataway, NJ.

Address correspondence to Dr. Bridgeman (patrick.bridgeman@pharmacy.rutgers.edu).

This article will appear in the February 1, 2018, issue of *AJHP*.

Keywords: burnout, professional; job satisfaction; stress

Copyright © 2017, American Society of Health-System Pharmacists, Inc. All rights reserved. 1079-2082/17/0000-e576.

DOI 10.2146/ajhp170460

The well-being of healthcare providers and the influence of healthcare provider mental health and wellness on patient safety have garnered national interest and attention, though the concept of burnout among health-

care professionals may vary according to practice setting, with community pharmacists likely experiencing lower job satisfaction and, consequently, higher rates of burnout, compared with pharmacists practicing in other settings.^{3,4} Results of the 2016 Pharmacist Salary Survey, which examined the views of 3,085 pharmacists practicing in a variety of settings across the United States, revealed that 72.5% of pharmacists are satisfied with their jobs, with 63.4% of respondents reporting increased job stress over the previous year.⁵

Frontline healthcare professionals, who prioritize the care of patients each day, may not realize the effect and burden that working in these professions places on one's own health and cognition.⁶ For example, poor provider well-being and moderate-to-high levels of burnout are associated with poorer patient safety outcomes and increased medical errors.^{1,7-12} In a recent survey evaluating junior doctors (medical residents) in Ireland, levels of burnout correlated with an increase in medical errors; 64% of the residents who experienced symptoms of burnout also reported making a medical error compared with 22% of those who did not experience burnout symptoms.¹³

Burnout syndrome has been reported by healthcare professionals across all stages of their careers.³⁻¹⁶

medical trainees to burnout, depression, and the stigma of seeking treatment for depression from medical professionals.¹⁶

It is imperative that pharmacy practitioners and trainees are aware of work practices that can contribute to burnout, recognize burnout syndrome, and understand the influence it has on patient safety and healthcare quality.

Burnout: What is it?

Occupational burnout from unresolvable, long-standing job stress was first described in 1974 by Freudenberg¹⁷ in his research on staff burnout from volunteers in a free medical clinic. Freudenberg is credited with coining the term *burnout* and described the characteristics of professional burnout in the context of physical and behavioral symptoms as follows: increasing anger, frustration, suspicion and paranoia regarding colleagues' influences on one's own personal career ambitions, excessive rigidity and inflexibility in practice, and the appearance of characteristics of one who suffers from depression. The influence of burnout on mental health will be described later in this commentary.

Freudenberg¹⁷ described those individuals susceptible to burnout as being dedicated and committed, but it

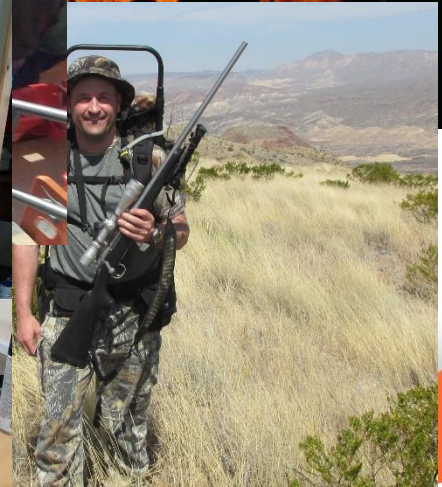
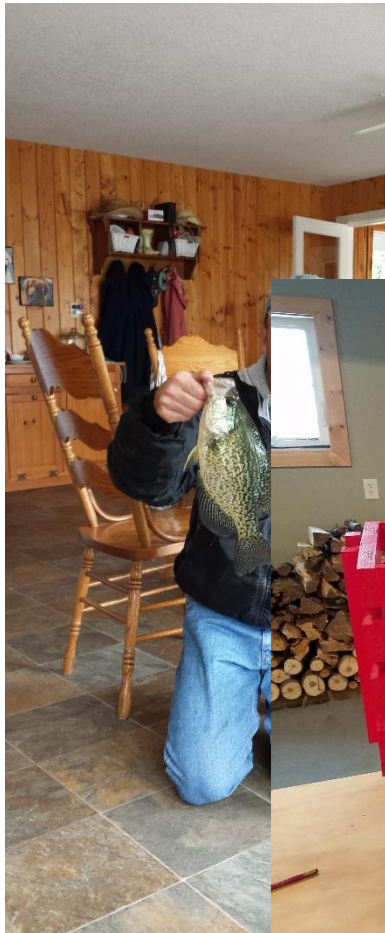
Engage in a hobby

- **Hobby (noun)** – a pursuit outside one's regular occupation engaged in especially for relaxation
 - Family
 - Faith
 - Fitness
 - Food
 - **Fun**



Engage in a hobby

- My examples:



Precepting

- “Those involved with the education and training of healthcare professionals [preceptors] need to be aware of an upcoming generation of professionals [students and residents] who may be more vulnerable than previous generations when facing criticism and challenges.”

Precepting Strategies

- Remember that students don't want to say no, so you as the preceptor need to ask if they understand the task clearly
- Provide time limits for projects
 - Example: "If this takes you more than an hour, you're doing it wrong."
- Ask them how many hours they have spent doing something other than "pharmacy" this week
- Talk about your own personal interests

LOOKING AHEAD



What is one strategy that ASHP could consider to promote a healthy and resilient pharmacy workforce?

Follow the conversation: nam.edu/ClinicianWellBeing #ClinicianWellBeing

NATIONAL ACADEMY OF MEDICINE

ABOUT THE NAM | PROGRAMS | INITIATIVES | PERSPECTIVES | NEWS | SUPPORT | MEMBER RESOURCES

Action Collaborative on Clinician Well-Being and Resilience

Every year in the United States, about 400 physicians take their own lives — a rate more than double that of the general population. Physicians experience high rates of depression, burnout, and poor work-life balance. This phenomenon cuts across all ages, stages, and career paths — from trainees to senior practitioners. And these challenges are not unique to physicians. Nurses and other clinicians experience similar effects on performance, health, and well-being.

Bottom line: The people we rely on to keep us healthy may not be healthy themselves. This fact is not only worrying in and of itself — it also has serious

400 physicians commit suicide each year, a rate more than **2X** that of the general population (Ludwig & Brown, 2016)

24% of ICU nurses tested positive for symptoms of post-traumatic stress disorder (Wheeler et al., 2001)

Physician rates of depression remain alarmingly high at **39%** (Rosenberg, 2015)

23-31% Prevalence of emotional exhaustion among primary care nurses (Gander-Whipps et al., 2016)

How can we protect the health of the people who protect our own?

National Academy of Medicine
Action Collaborative on Clinician Well-Being and Resilience

Learn more at nam.edu/ClinicianWellBeing @theNAMedicine

Subscribe to our mailing list and receive the latest updates on this initiative

Share your thoughts using **#ClinicianWellBeing** @theNAMedicine



NAM Knowledge Hub



Join the conversation:



Home Communities Network Engage Learn Browse Events Help search

Clinician Well-Being and Resilience Settings

Community Home Discussion 4 Library 2 Events 0 Members 128

Latest Discussion Posts Add

Calling All Artists - Expressions of Clinician Well-Being: ...
By: [Christina Martin](#), 29 days ago

Clinician burnout affects all of us. It can lead to reduced job performance, high turnover, and, in the worst cases, clinician depression and suicide. Clinician well-being is essential for safe, high-quality patient care. Supporting the investment in ...

"We Can't Resilience Our Way Out of This"
By: [Anna Depp](#), one month ago

That's a line borrowed from staff at the National Academy of Medicine supporting the Action Collaborative on Clinician Well-Being and Resilience . It means that pure grit and personal conviction aren't the only factors needed to improve clinician ...

[2 people](#) recommend this.

Creating a Culture of Well-Being and Resilience
By: [Jason Wong](#), one month ago

Dear Colleagues, I had the privilege of participating in the 2017 Policy Week alongside pharmacy leaders across the nation. One session that particularly sparked my interest was the Joint Council and Commission Meeting on Clinician Well-Being and ...

Latest Shared Files Add

ASHP Organizational Commitment Statement to the NAM ...
By: [Christina Martin](#) 2 months ago

The purpose for the organizational commitment statement is for ASHP, a formal sponsor of the NAM Action ...

2017 Policy Week Presentations_Clinician Well-Being ...
By: [Christina Martin](#) 2 months ago

Presentation Order: 1. Action Collaborative on Clinician Well-Being and Resilience (Charlee Alexander ...

More



**Questions?
Ideas?
Considerations?**



Christina Martin
cmartin@ashp.org



Anna Legreid Dopp
adopp@ashp.org