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

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Director, Membership Forums

April 13, 2019

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pharmacists advancing healthcare®

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.**

- **Describe the work led by NAM and by ASHP.**

- **Identify strategies for advancing pharmacist 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.**

- **Describe the work led by NAM and by ASHP.**

- **Identify strategies for advancing pharmacy technician well-being and resilience.**

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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**
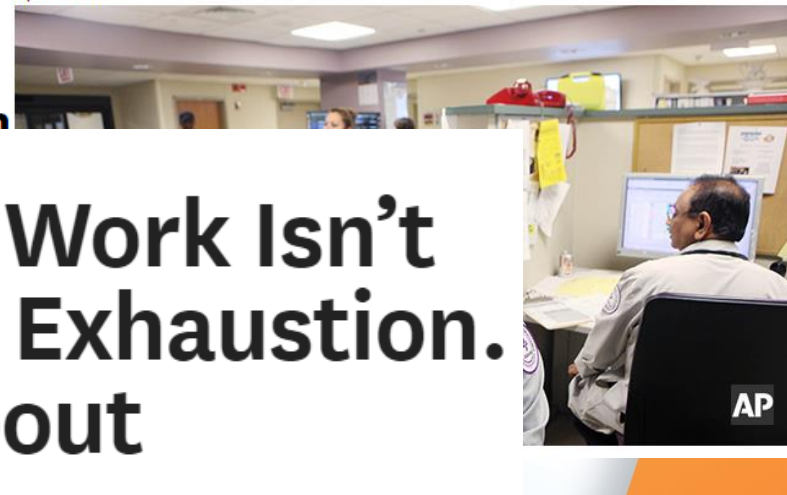- **Employee satisfaction**
- **Zero burdens or stress**

Forbes. What is employee engagement? Available at: https://www.forbes.com/sites/kevinkruse/2012/06/22/employee-engagement-what-and-why/#2f96ddd37f37. Accessed August 14, 2018.

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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, an[d] of entering gr[aduate students] to support sc[...]

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

College of Nursing, Ohio State U[...]

Harvard Business Review

STRESS

Burnout at Work Isn't Just About Exhaustion. It's Also About Lon[eliness]

by Emma S[...]

JUNE 29, 2017

VIEWPOINT

Addressing Physician Burn[out] The Way Forward

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.

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

AHRQ — Agency for Healthcare Research and Qual[ity]
Advancing Excellence in Health Care

PSNet
PATIENT SAFETY NETWORK

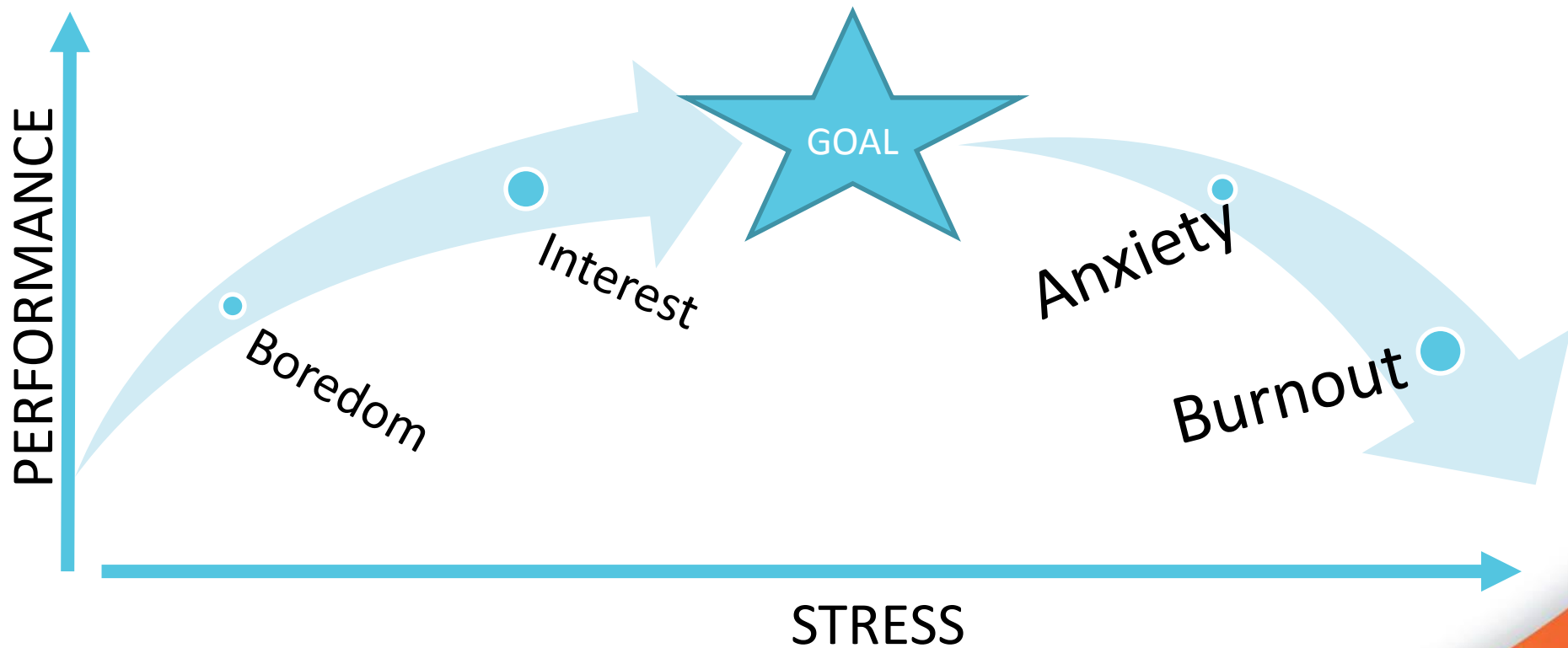PSNet ▾   Search...

Home   Topics   Issues   WebM&M Cases   Perspectives

👁 Perspectives on Safety   February 2016

Burnout Among Health Profession[als and the] Effect on Patient Safety

by Audrey Lyndon, PhD

Stress & Performance

What is Burnout?

- **Syndrome of:**
  - **Emotional exhaustion**

  - **Depersonalization (e.g., cynicism)**

  - **Low personal accomplishment**

Maslach, C., S. E. Jackson, et al. (1996). Maslach Burnout Inventory Manual.
Palo Alto, CA, Consulting Psychologists Press

Image:https://www.google.com/search?q=match&tbm=isch&source=lnt&tbs=sur:fc&sa=X&ved=0ahUKEwi5lLWO2fndAhWMtlkKHfEzAc4QpwUIHg&biw=1600&bih=829&dpr=1#imgrc=8VXKgRt03Cr9iM.
Accessed 9 October 2018.

A Careful Balance

Social support

Positive Learning Environment

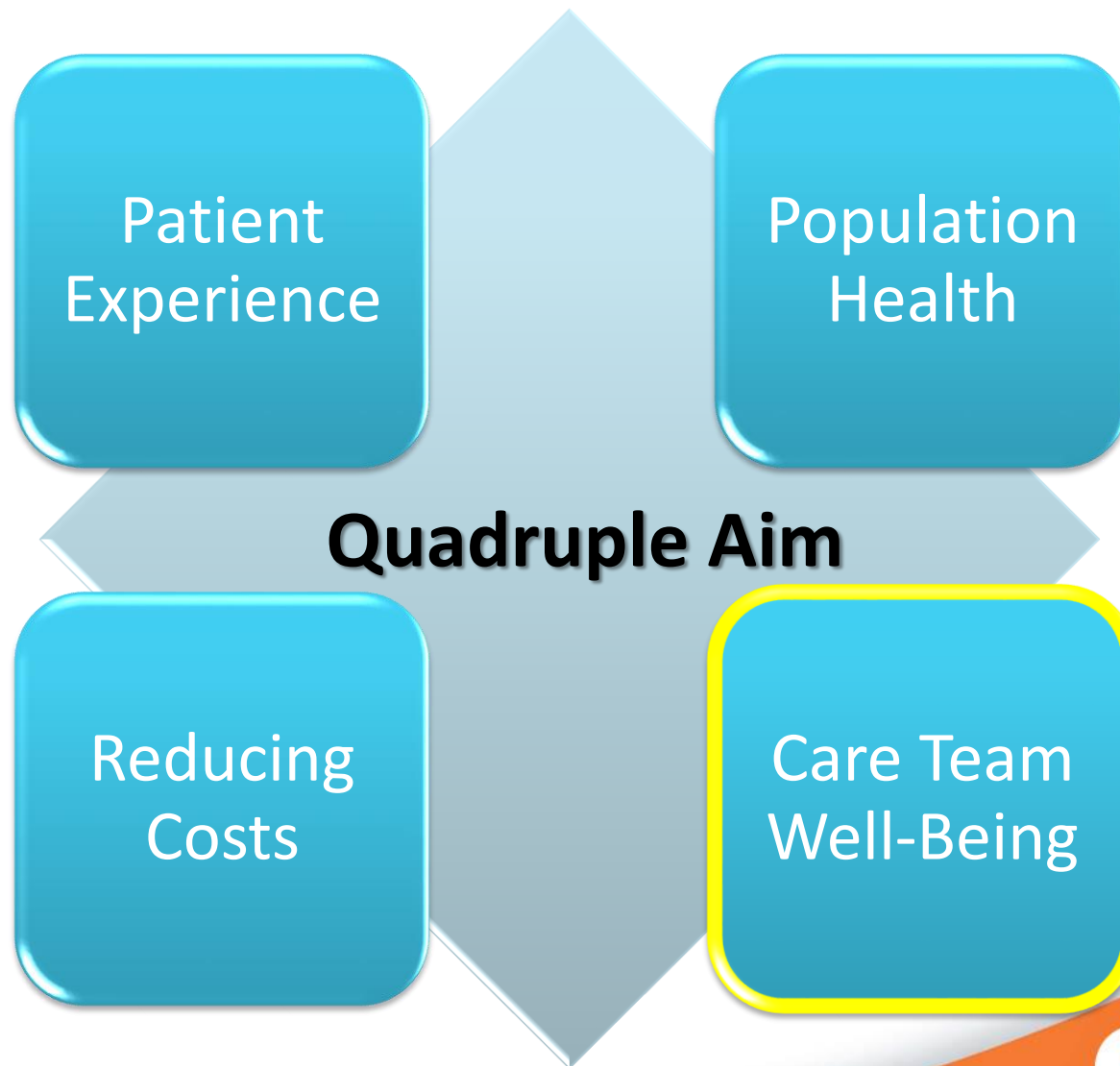Quality of Work Relationships

Control Over Time Off

Being a Parent

Work Hours/Workload

Night Shifts

Conflicts with Colleagues

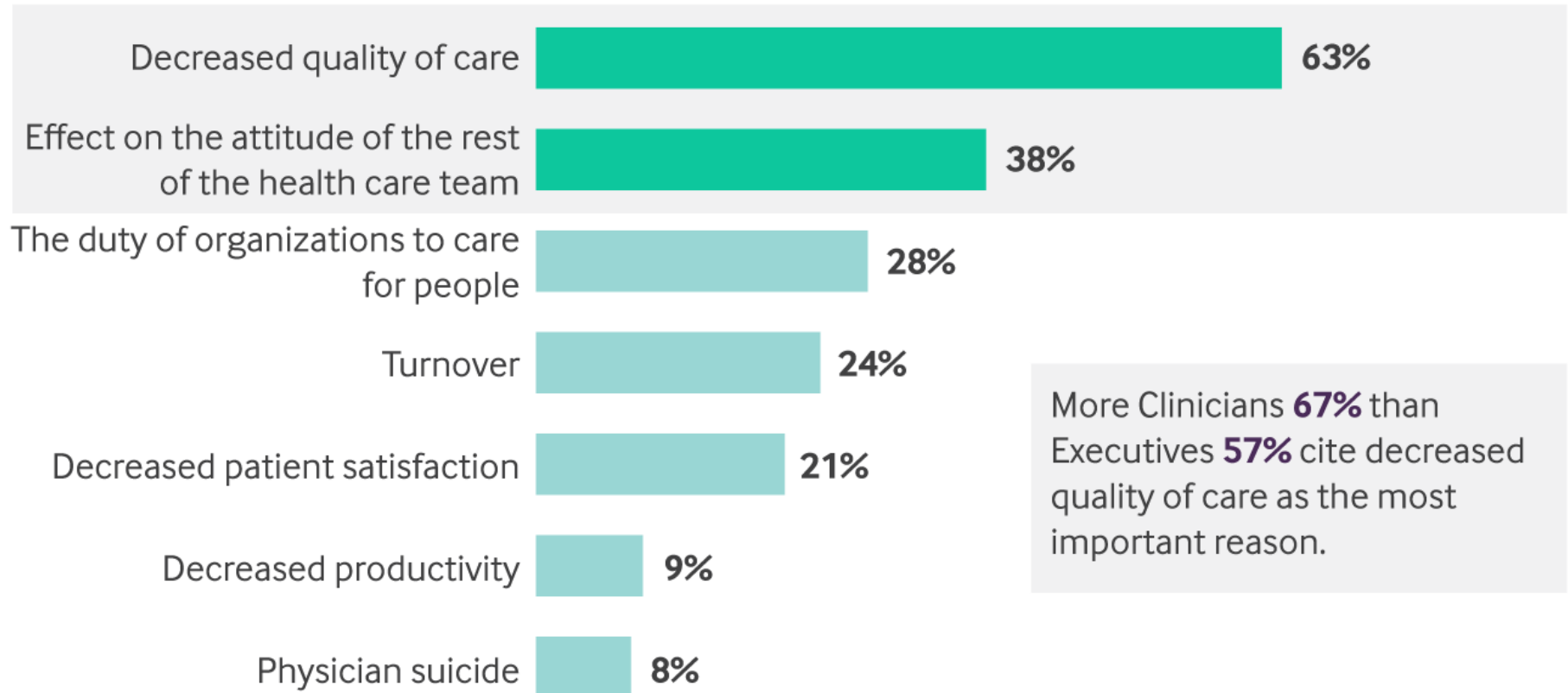Fiscal Debt

Poor Work-life Integration

From the Triple Aim to the Quadruple Aim

Patient Experience

Population Health

Quadruple Aim

Reducing Costs

Care Team Well-Being

Bodenheimer T, Sinsky C. From triple aim to quadruple aim: care of the patient requires care of the provider. Ann Fam Med. 2014;12(6):573-6.
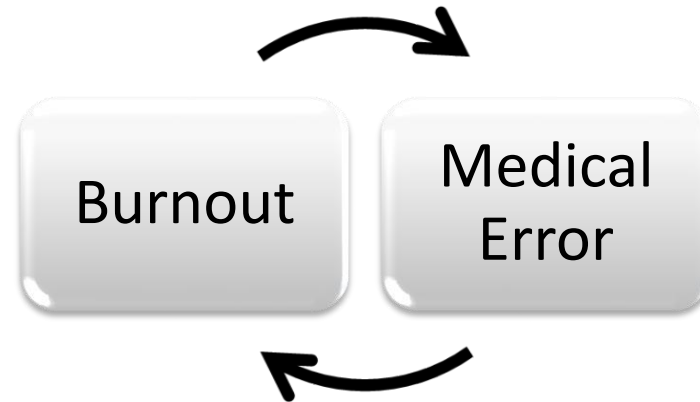
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Decreased Quality of Care Is the Top Reason to Address Physician Burnout

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

Reason	Percentage
Decreased quality of care	63%
Effect on the attitude of the rest of the health care team	38%
The duty of organizations to care for people	28%
Turnover	24%
Decreased patient satisfaction	21%
Decreased productivity	9%
Physician suicide	8%

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

Base = 570 (multiple responses)

Swensen S, Shanafelt, Mohta NS. 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)**

Hall LH, Johnson J, Watt I, et al. Healthcare staff wellbeing, burnout, and patient safety: A systematic review. PLoS ONE. 2016; 11(7): e0159015.; Shanafelt TD, Balch CM, Bechamps G, et al. Burnout and medical errors among American surgeons. Ann Surg. 2009;251(6):995-1000.; Wu AW. Medical error: the second victim. The doctor who makes the mistake needs help too. BMJ. 2000;320:726-727.; Balch CM, Oreskovich MR, Dyrbye LN, et al. Personal consequences of malpractice lawsuits on American surgeons. J Am Coll Surg. 2011;213(5):657-667.; Newman M. The emotional impact of mistakes on family physicians. Arch Fam Med. 1996;5:71-75.

Other Associations with Burnout

Lower Patient Satisfaction

Loss of Productivity

Professional Attrition

Increased Infections & Mortality Ratios

Increased Malpractice Claims

Increased Ordering & Referrals

Jones J Nurs Am 2008; Fibuch Physician Leadersh J 2015; Buchbinder Am J Manag Care 1999; Kushnir, Fam Pract 2014; Bachman Soc Sci Med 1999; Parker J Behav Med 1995, Toppinen-Tanner Behav Med 2005, Hilton J Occup Environ Med 2009

Q: How have you see burnout impact patient care?

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

Pharmacy Workforce Research

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

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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

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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**

NATIONAL ACADEMY OF MEDICINE

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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.

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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's headquarters,
4500 East-West Highway, Bethesda, Md.

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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

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.
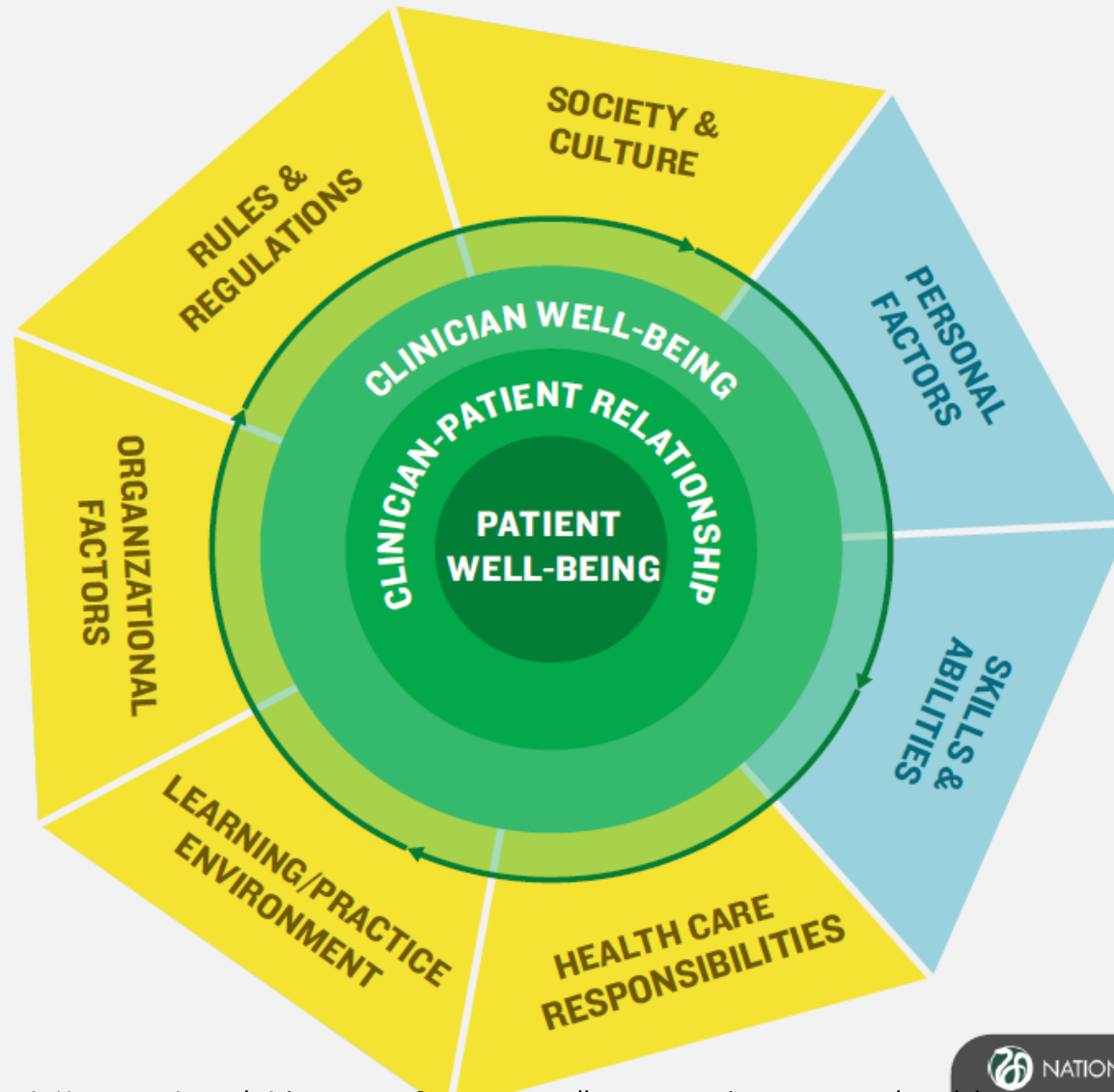
External Factors

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

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

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.

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A Vision for A Person-Centered Health Information System

Figure 1 | Longitudinal Graphic Display for a Patient's Health Care Over Time
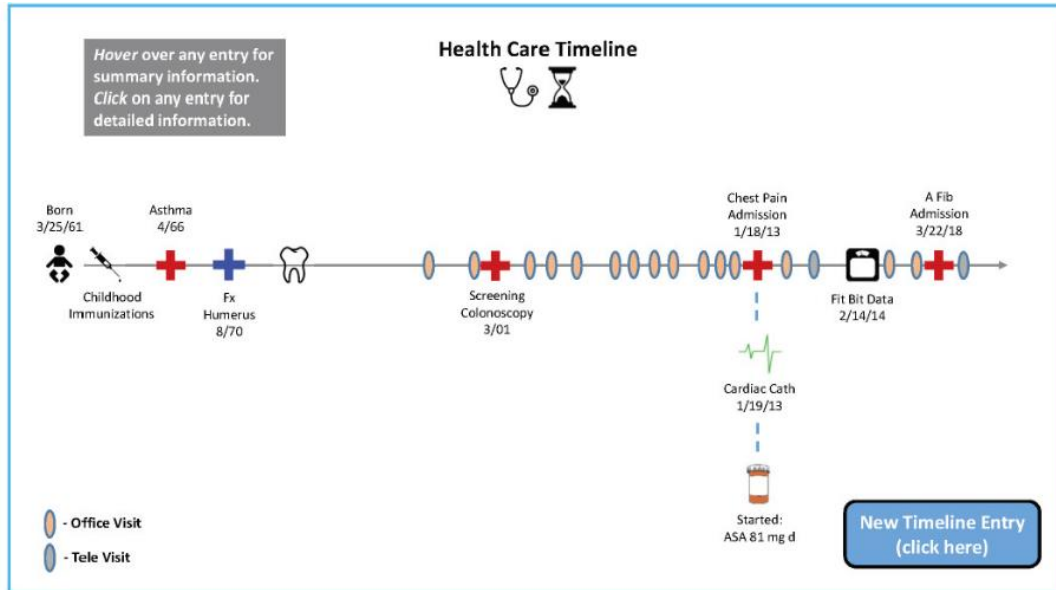
The person-centered health information system of the future leverages information technology **enhanced by artificial intelligence to support better, safer, and more affordable health care.** This system has less cognitive and administrative burden on clinicians than current systems, and provides **seamless usability for patients and the multidisciplinary teams that care for them.**

NAM.EDU/PERSPECTIVES
#ClinicianWellBeing

Horvath K, Sengstack P, Opelka F, Borondy Kitts A, et. al. A Vision for a Person-Centered Health Information System. National Academy of Medicine, 2018.

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

Smith CD, Balatbat C, Corbridge S, et. al. Implementing Optimal Team-Based Care to Reduce Clinician Burnout. National Academy of Medicine, 2018.

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

AMA. STEPSforward. https://edhub.ama-assn.org/steps-forward. Accessed 12 Feb 2019.

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. 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.

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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:
https://www8.nationalacademies.org/pa/projectview.aspx?key=HMD-HCS-17-09
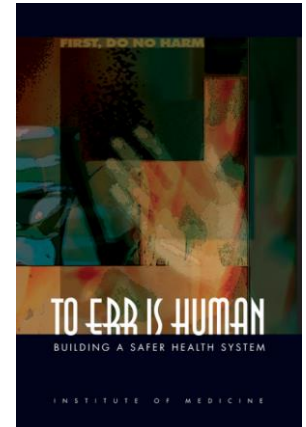
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Individual Factors
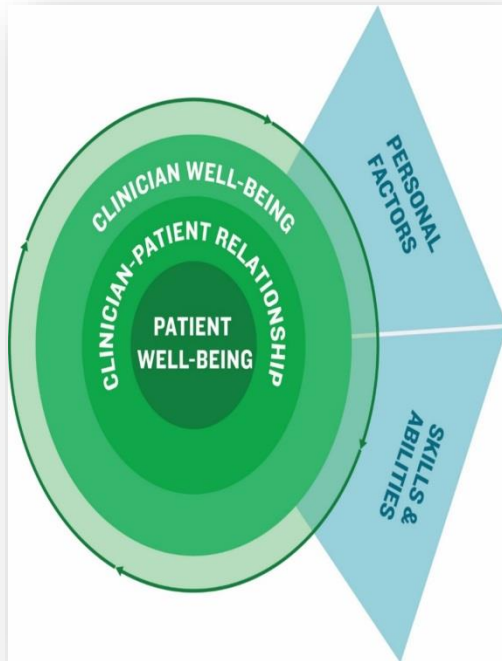
PERSONAL FACTORS
- Access to a personal mentor
- Inclusion and connectivity
- Family dynamics
- Financial stressors/economic vitality
- Flexibility and ability to respond to change
- Level of engagement/connection to meaning and purpose in work
- Personality traits
- Personal values, ethics and morals
- 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

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.

Identify Burnout

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

*Validated Instruments to Assess
Work-Related Dimensions of Well-Being*

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

A Pragmatic Approach for Organizations to Measure Health Care Professional Well-Being

- Guide to selecting the most appropriate measurement instrument for *your* organization

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**

Employ positive psychology

Introducing a New Theory of Well–Being

P E R M A

Positive Emotions
Engagement
Positive Relationships
Meaning
Accomplishment

Positive Psychology Theory. https://www.authentichappiness.sas.upenn.edu/learn accessed 9 April 2019.
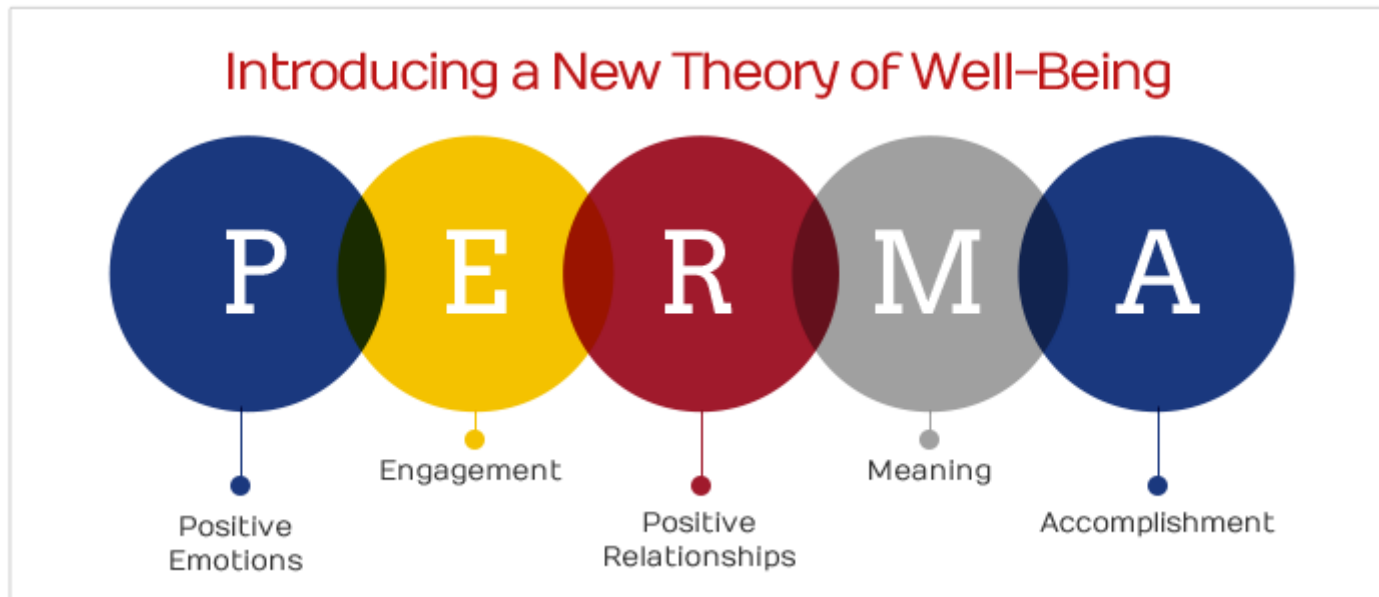
Executive Leadership Strategies

- **Acknowledge & assess the issue**
- **Identify impediments**
- **Harness the power of leadership**
- **Implement system approaches**
- **Cultivate community**
- **Use rewards & incentives wisely**
- **Align values & strengthen culture**
- **Use improvement science to test**

Decrease Toxicity

↓

Decrease Stress

↓

Establish Meaning

1. Shanafelt TD, Noseworthy JH. Executive leadership and physician well-being: Nine Organizational Strategies to promote engagement and reduce burnout. Mayo Clin Proc. 2017;92(1):129-146. 2. Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. *IHI Framework for Improving Joy in Work.* IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017.

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Q. What is one strategy that you (individual) are going to employ to advance your well-being?

LOOKING AHEAD

Educate Yourself and Team on Burnout – ASHP Webinars

Learning Module	ACPE #	Credit Hours
Are You Smart Using Emotional Intelligence for Professional Advancement	0204-0000-18-212-H04-P	1.5
Breathe In, Breathe Out – How to Manage Emotions in the Workplace	0204-0000-18-210-H04-P 0204-0000-18-210-H04-T	1.5
BURN: Build Your Resilience Now — Strategies and Tactics to Prevent Burnout	0204-0000-18-246-H04-P 0204-0000-18-246-H04-T	1.25
Cultivating Joy in Pharmacy Practice Through Leadership: A Primer for Pharmacy Leaders	0204-0000-18-208-H04-P 0204-0000-18-208-H04-T	1.5
Extinguishing the Burnout: Yourself and Your Team	0204-0000-18-011-H04-P 0204-0000-18-011-H04-T	1.0
Healing Our Healers: When Mental Health Interferes with Performance	0204-0000-18-295-H04-P 0204-0000-18-295-H04-T	1.0
Leadership Burnout and Strategies for Burnout Prevention	0204-0000-18-018-H04-P 0204-0000-18-018-H04-T	1.0
Mindfulness and Meditation for Pharmacists and Pharmacy Technicians	0204-0000-18-035-H04-P 0204-0000-18-035-H04-T	1.0
Putting Out the Fire: Beating Burnout in Pharmacy and Healthcare	0204-0000-18-209-H04-P 0204-0000-18-209-H04-T	1.5
Solution-Driven Strategies: Promoting Clinician Well-Being	0204-0000-18-211-H04-P	1.5
Tame the Flames of Burnout: Tools for Building Resilience in Your Workforce	0204-0000-18-003-H04-P	1.0
Waste Not, Want Not! Writing Meaningful Letters of Recommendation	0204-0000-18-242-H04-P 0204-0000-18-242-H04-T	1.0
Well-Being and Burnout: Tactics to Ease and Restore Health	0204-0000-18-230-H04-P 0204-0000-18-230-H04-T	1.5

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Join the Conversation

Educate Yourself & Take Action

State Affiliate Toolkit

State Affiliate Toolkit Well–Being and Resilience

VIEW RELATED LINKS ↓

ASHP is an original sponsor of the National Academy of Medicine (NAM) Action Collaborative on Clinician Well-Being and Resilience and actively leading the pharmacy profession on this issue? ASHP recognizes that a healthy and thriving clinician workforce is essential to ensuring optimal patient health outcomes and safety; this commitment to improving pharmacy workforce well-being and resilience is embedded within ASHP's Strategic Plan, as well as, a new policy position, 1825 Clinician Well-Being and Resilience, that was approved during the 2018 House of Delegates. Check out a well-being and resilience resource page at ASHP.org to help you, whether you're a student pharmacist, a pharmacy resident, a pharmacy technician, or an active pharmacist practitioners, in your resilience journey.

Actions

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

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NAM Knowledge Hub
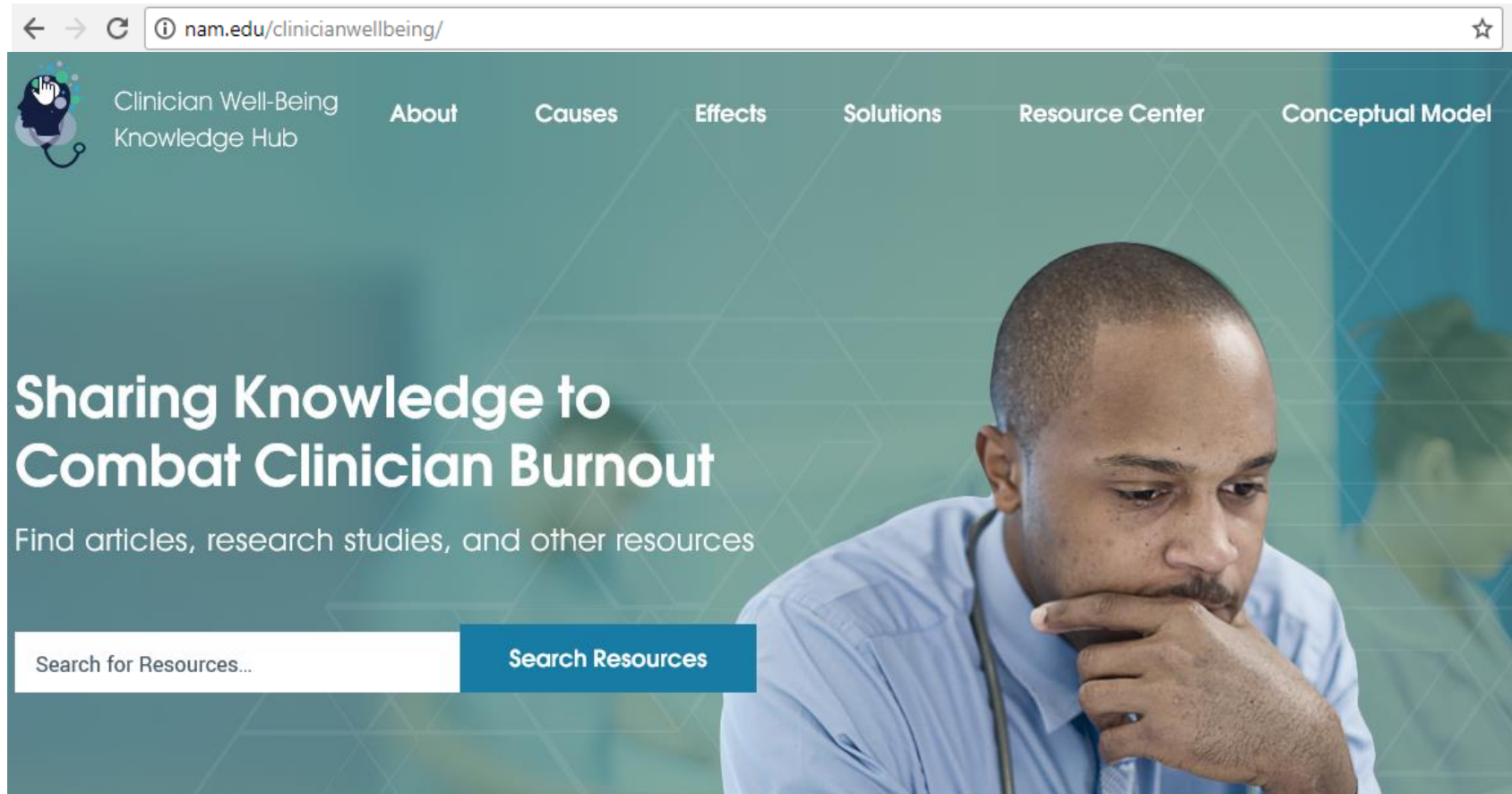
nam.edu/clinicianwellbeing

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.**