

EDUCATIONAL OBJECTIVES

After completing the continuing education activity, pharmacists and technicians will be able to

- Describe burnout and its effects in the pharmacy
- Discuss risk factors and possible causes of burnout in the pharmacy
- Differentiate between different burnout sub-scales
- Identify strategies to manage burnout



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The Scoop on Pharmacy Burnout: Description and Management Strategies

ABSTRACT: Burnout is a response to prolonged work-related stress that has not been managed adequately. Although burnout is present in other professions, researchers have found it to be more prevalent in health services professions. In the pharmacy profession, increasing workload, staffing shortages, and hard-to-meet company performance metrics are among the factors that contribute to burnout. The consequences of burnout in the pharmacy are substantial and range from low morale and employee turnover to serious dispensing errors. The onus for addressing burnout lies with employers and companies, although employees have a role to play as well. Several states are enacting new laws to address working conditions in pharmacies. Recently passed laws include mandating breaks for pharmacists, capping shift lengths, and disallowing excessive metrics.

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INTRODUCTION

Burnout is a response to prolonged work-related stress that can impair physical health and psychological wellbeing.^{1,2} Interest in burnout is growing. Employers and employees alike would like to understand burnout and determine a solution that will keep employees engaged and enthusiastic about work. For healthcare professionals and the pharmacy team to carry out their roles in improving the health of the population optimally, they must pay attention to their physical and psychological wellbeing. Consequences of burnout adversely affect both providers and patients in their care.

People who experience burnout feel emotional exhaustion, depersonalization, and reduced personal accomplishment.¹ The Maslach Burnout Inventory (MBI) is the most widely used research measure on burnout.¹ The Maslach Burnout Inventory Human Services Survey (MBI-HSS) is an assessment tool for burnout syn-

PAUSE AND PONDER: How would you describe the working conditions at your workplace?

drome in human services occupations such as healthcare.¹ Christina Maslach, a psychology professor at the University of California, Berkeley, is one of the pioneering researchers on burnout and its definition, predictors, and measurement.³ She is the architect of the Maslach Burnout Inventory and based on her work, the World Health Organization (WHO) included burnout as an occupational phenomenon in the International Classification of Diseases (ICD).³ Maslach and her colleagues' initial research into burnout included surveys, interviews, and field observations of workers in human services professions such as health care, social services, mental health, criminal justice, and education. Their findings indicated that burnout could reduce the quality of care or service provided by the worker.¹ Their findings also found a link between burnout and negative health outcomes for the worker such as headaches, muscle tension, hypertension, sleep disturbances, and cold and flu episodes.² Burnout also seemed to be associated with personal dysfunction such as physical exhaustion, insomnia, increased use of substances, and poor interpersonal relationships.¹

The Agency for Healthcare Research and Quality estimates that 30% to 50% of physicians, nurse practitioners, and physician assistants may be affected by burnout.⁴ Various professional organizations and studies have extensively reported on burnout in physicians. While more research is needed, researchers have conducted some studies to identify occupational burnout's prevalence and risk factors in pharmacists and pharmacy technicians. These studies detail the existence of burnout among pharmacy staff.

Health care providers' well-being impacts patient safety and patient care quality. It is essential that pharmacy team members understand burnout syndrome, and stakeholders in the profession must take steps to improve employee well-being.

Burnout Definition and Description

In the early 1970s, psychologist Herbert Freudenberger was one of the first to describe professional exhaustion and is credited with introducing the concept of burnout.^{4,5} Freudenberger did his burnout research observing staff working in a free medical clinic.^{4,5} After he completed his normal workday, he worked at a free clinic that he had helped organize during the Free Clinic Movement—a movement that involved healthcare providers in work that required almost endless effort and empathy. During these work shifts, he recognized the syndrome. He described burnout as putting a great deal of yourself into your work, with the staff and population you serve demanding this of you, while you also demand it of yourself. He further described it as eventually finding yourself in a state of exhaustion.⁵



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Similar to Freudenberger's description, the WHO defines burnout as a syndrome conceptualized as resulting from chronic workplace stress that has been poorly managed.⁶ Burnout can develop in employees such as healthcare professionals who work with other people in some capacity.¹ Note that burnout is limited to work environments, an occupational hazard, if you will, and the ICD does not classify it as medical condition.⁶

Indicators of Burnout

Burnout has three subscales (scales used to obtain a rating or measurement that contributes to a rating or measurement on a larger scale). The terms that describe burnout's three components may be familiar to pharmacists and technicians, but they have specific meaning when used to describe burnout. If pharmacists and technicians recognize how burnout presents, they will be better prepared to intervene early if they or their colleagues exhibit any of the feelings or attitudes described in the subscales.

The following are burnout's subscales¹:

- Emotional exhaustion: Feelings of energy depletion or exhaustion attributed to one's work. As emotional resources are depleted, workers feel they are no longer able to give more of themselves on a psychological level.¹ Other descriptions of emotional exhaustion are being worn out, having a loss of energy and enthusiasm for work, or feeling drained and fatigued.⁷
- Depersonalization: Increased mental distance from one's job, or feelings of negativity or cynicism related to one's job. Other descriptions of this state are negative and cynical attitudes and feelings about one's clients or negative, inappropriate, and irritable attitude toward clients.¹ This perception of others may lead staff to view clients or patients as somehow deserving of their troubles.¹
- Decreased sense of personal accomplishment: Reduced professional efficacy, or feelings of reduced personal accomplishment. Workers may evaluate themselves negatively regarding their work and may also feel dissatisfied with their accomplishments on the job.¹ Some words used to describe this condition include reduced productivity or capability, and low morale.

Table 1. Burnout Studies in Different Pharmacy Practice Settings⁸⁻¹²

Target Population	Study Design and Description	Result
Community pharmacists	<ul style="list-style-type: none"> ■ Anonymous electronic surveys including the MBI-HSS and a work-factors-based questionnaire ■ To identify the prevalence and risk factors for occupational burnout in community pharmacists 	74.9% of respondents reported burnout in at least one MBI-HSS subscale, most owing to emotional exhaustion (68.9%).
Health system pharmacists	<ul style="list-style-type: none"> ■ Multi-center cross-sectional cohort survey study ■ Used MBI-HSS ■ To determine levels of, and risk factors for professional burnout among health system pharmacists 	<p>53.2% of study participants reported a high level in at least one MBI-HSS subscale.</p> <p>8.5% of study participants had scores that indicated burnout on all 3 MBI-HSS subscales.</p>
Clinical pharmacists in a hospital inpatient setting	<ul style="list-style-type: none"> ■ Prospective, cross-sectional pilot study ■ Online survey ■ To characterize the level of and identify factors independently associated with burnout among clinical pharmacists practicing in an inpatient hospital setting within the United States 	Low response rate. However, 61.2% of respondents reported burnout, largely driven by high emotional exhaustion.
Pharmacy residents	<ul style="list-style-type: none"> ■ Electronic anonymous survey ■ To quantify burnout status of pharmacy residents and to correlate burnout to professional conduct and career outlook 	74.4% burnout rate was reported among respondents.
Pharmacy technicians	<ul style="list-style-type: none"> ■ Used MBI-HSS ■ To assess burnout among pharmacy technicians working in a hospital or health system setting 	69.1% of respondents were experiencing burnout.

ABBREVIATIONS: MBI-HSS = Maslach Burnout Inventory-Human Services Survey

Table 1 describes studies and research on burnout in different pharmacy practice settings and their findings.

Risk Factors and Causes of Burnout

Across many occupations, common risk factors contribute to burnout. **Table 2** (next page) describes those risk factors.

Although employees in other professions experience burnout, workers in the human services professions such as healthcare, social services, mental health, criminal justice, and education are more prone to burnout.⁴ Workers in human services professions spend considerable amounts of time with other people. Their relationships often involve addressing a patient's or a client's health needs (medical, psychological, physical).¹ Patients and clients have continuous health needs and challenges and frequently require ongoing, lengthy, or chronic support and care. In an effort to make a positive impact on the lives of others, healthcare workers can become overwhelmed.¹ The nature of healthcare work coupled with stressful working conditions can be emotionally draining and lead to burnout.

Pharmacy professionals like other healthcare professionals are prone to burnout due to common risk factors and profession-specific factors.

The following risk factors contribute to burnout among the pharmacy team^{4,10,13}:

- Long professional work hours
- Workload and inability to meet company specified performance metrics
- Staffing shortages
- Incompatibility between skills and actual daily tasks

Because the pharmacy profession is highly regulated, the pharmacy team must remain up to date with regulatory requirements.⁴ Everyone on the team must document extensively with no room for error. Attention to detail is a required skill for the pharmacy team because errors could lead to injury or potentially death.

An increasing workload, long working hours, and day-to-day tasks that may sometimes be incongruent with employees' actual skills may lead to burnout at some point.⁴ A fear of retribution from speaking up about working conditions further exacerbates the risk of burnout.¹⁴

In a March 2021 NBC news story "*Overworked, understaffed: Pharmacists say industry in crisis puts patient safety at risk*" that aired, NBC news interviewed 31 retail pharmacists and technicians from 15 states.¹⁴ These pharmacists and technicians described extremely busy 12-hour shifts during which they were unable to take lunch or bathroom breaks. The interviewees fur-

Table 2. Risk Factors for Burnout²

Risk factor	Description
Workload	<ul style="list-style-type: none">● Job demands exceeds human limits● Workload is unsustainable● No opportunity to recover from, or have a restful period after a particularly demanding event such as meeting a deadline or addressing a crisis, resulting in acute fatigue● Prolonged overload becomes a chronic job condition leading to exhaustion
Control	<ul style="list-style-type: none">● Employees have no personal control in the workplace● Role conflict● Lack of opportunity to contribute to or participate in organizational decision-making
Reward	<ul style="list-style-type: none">● Insufficient reward be it financial, institutional, or social● Lack of recognition from managers, workers, and stakeholders devalues the work and leaves the worker with a sense of inefficacy
Community	<ul style="list-style-type: none">● The overall quality of social interaction at work and the ability to work as a team is inadequate.● Lack of a supportive and positive work environment
Fairness	<ul style="list-style-type: none">● Decisions at work are perceived as unfair or inequitable● Employees perceive an imbalance between their inputs (time, effort, expertise) and outputs (reward, recognition)
Values	<ul style="list-style-type: none">● A conflict exists between individual and organizational values (Values are the ideals or principles that originally draw people to a particular job)● Individual values unaligned with organizational goals could lead to burnout

ther described crying in their cars after work and enduring sleepless nights from worrying about mistakes they may have made while working under such busy and rushed conditions.¹⁴ For a common daily situation in a busy community pharmacy, see the **SIDEBAR**.

The story described working conditions in community pharmacies where pharmacists were being “pushed to do more with less.”¹⁴ Pharmacists described working faster to fill more orders, while juggling a wider range of tasks with fewer staff members at a rate that compromised patient safety.

A 2019 national pharmacist workforce study found two-thirds of pharmacists had experienced increased workload in the previous year. A high percentage of retail chain pharmacists in this survey rated their workloads as high or excessively high.¹⁵

Burnout rates among pharmacy employees may differ depending on practice setting.⁴ Community pharmacists report higher rates of burnout than employees in other practice settings like hospitals and independent pharmacies.⁹

BURNOUT ASSESSMENT

Assessing burnout in the pharmacy profession is necessary for research and most importantly for interventions. With the MBI-HSS specifically, employers can design interventions to address the specific burnout subscale that their employees may report.¹ Interventions addressing emotional exhaustion will differ from those addressing a reduced sense of personal accomplishment. Organizations or employers can focus strategies to address employee burnout.¹ Finally, the assessment of burnout and the sub-

Pause and Ponder: Do you dread your upcoming shift and live for your day off? Why or why not?

SIDEBAR: Does this busy community pharmacy sound familiar?¹⁴

- Long lines while short-staffed
- Ringing phones
- Busy drive-through
- Weekly order that still needs to be put away on shelves
- Patients waiting for vaccines

sequent awareness that a problem exists can be the initial step in preventing or alleviating full blown job burnout.

The Maslach Burnout Inventory

The MBI is an assessment tool for the three components of burnout syndrome: emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment.¹ Although other measurements for burnout exist, the MBI is largely considered the gold standard for assessing burnout in a group of workers in a profession. The MBI is *not* an individual diagnostic instrument.¹ This assessment tool was designed originally to measure burnout in human services professions such as health-care, social work, and criminal justice.¹ Maslach has since developed alternate forms of the MBI: the MBI-Educators Survey (MBI-ES) for the teaching profession, and the MBI-General Survey (MBI-GS) for other occupational groups.¹ The MBI-HSS distin-

guishes burnout in health services occupations from burnout in other professions.¹ This questionnaire is a self-administered tool and takes approximately 15 minutes to complete.¹

The MBI is copyrighted.¹ Researchers and individuals can purchase and administer it either as an online survey or as a paper and pencil survey.¹⁶ For the online surveys, score reports are generated online.¹⁶

The MBI is divided into three components, each of which includes personal statements that the respondent must rank.¹ Examples of such personal statements are “I feel burned out from my work” and “I don’t really care what happens to some recipients.” MBI-HSS administrators score the items on the questionnaire on a seven-point scale. The scale ranges from a 0 response for “never,” to a 6 response for “every day.” Below are the three components¹:

- Emotional exhaustion – nine statements on this subscale assess “feelings of being emotionally overextended and exhausted by one’s work.”
- Depersonalization – five statements on this subscale assess an unfeeling and impersonal response the employee has towards their patients or clients.
- Personal accomplishments – eight statements on this subscale assess “feelings of competence and achievements in one’s work with people.”

Each subscale is scored separately as low, average, or high using directions from the scoring key. There is not a total combined score. Respondents receive three separate scores—one score for each subscale. Receiving a score for each subscale is beneficial because interventions to reduce burnout can be designed based on the specific component of burnout that needs to be addressed.¹

For the emotional exhaustion and depersonalization subscales, a higher score corresponds to a higher degree of burnout. For the personal accomplishment subscale, however, a lower scale corresponds to a higher degree of burnout.¹

The MBI has several drawbacks. Everyone has a different view of burnout and because the questionnaire is self-administered, respondents’ answers may be influenced by talking to other people such as friends and coworkers. For this reason, respondents should complete the MBI privately without knowing how other respondents are answering. The survey has also been labeled “MBI Human Services Survey” rather than “Maslach Burnout Inventory.” This reduces the chances of respondents linking the survey specifically to burnout; rather, the questionnaire’s title suggests it measures job-related attitudes and issues.¹ Once all respondents have completed the survey, an open discussion of burnout is then appropriate. MBI administrators need no special qualifications. However, as a best practice, managers or supervisors should not administer the survey since this would affect

how employees respond, i.e., employees may not be candid about their feelings.¹

Although the MBI cannot be used as an individual diagnostic tool, it can be used as a self-assessment tool.¹ Employees can compare their scores to those of others in their occupational group so they can recognize potential problems.¹

ICD-11 Codes for Burnout

The ICD is the international standard for reporting diseases and health conditions and is the diagnostic classification standard for all clinical and research purposes.¹⁷ ICD-11 is the global standard for health data, clinical documentation, and statistical aggregation. It is scientifically up to date with multiple uses including use in primary care. The ICD defines diseases, disorders, injuries, and other related health conditions.¹⁷ The WHO maintains the ICD.¹⁷

The WHO’s 11th revision of the International Classification of Diseases (ICD-11) includes burnout, defining it as “a syndrome conceptualized as resulting from workplace stress that has not been successfully managed.”⁶ The previous revision, ICD-10, also included burnout. The definition in the 11th revision is now more detailed. According to this classification, burnout is work-related and does not apply to experiences in other areas of life.⁶

Alternative Measures to Assess Burnout

While experts consider the MBI to be the gold standard for burnout assessment, other measures exist that are not copyrighted, require no payment to use, and are publicly available.¹⁸

- The Oldenburg Burnout Inventory – developed in Germany, this 16-item survey measures burnout in any occupational group. It covers two areas: exhaustion (physical, cognitive, and affective aspects) and disengagement from work (negative attitudes toward work objects, work content, or work in general). It treats each burnout dimension separately.¹⁸
- Single Item Burnout Measure – developed in the U.S., it measures burnout in any occupational group. The single question on the measure asks users to rate their burnout level based on their own definition of burnout. Users pick from five response options and receive scores that suggest no burnout symptoms, or one or more burnout symptoms.¹⁸
- Copenhagen Burnout Inventory – developed in Denmark, this 19-item survey measures burnout in any occupational group and covers personal-, work-, and client-related burnout. It treats each burnout dimension separately.¹⁸

PAUSE AND PONDER: Do you feel rushed daily at work? How might that contribute to dispensing errors?

Recognizing Burnout's Effects

Burnout influences quality of life and the team's ability to perform optimally in their personal and professional capacities. In addition to negative health outcomes for employees such as muscle tension, headaches, sleep disturbances, hypertension, and cold and flu episodes,² burnout's consequences in the workplace include^{1,13,14,19}

- A decline in the quality of patient care
- Dispensing errors
- Low morale
- Employee turnover
- Missed days

Dispensing Errors

We have described how an unsustainable workload is a risk factor for burnout (see **Table 2**). The costly effects of burnout include dispensing errors. Staff shortages, increasing workload, and long professional work hours contribute to dispensing errors in pharmacies.^{14,19} Community pharmacists and technicians, for example, work to fill prescriptions, give vaccinations, counsel patients, answer phones, tend to the drive-through and the register, and call insurance companies. They do all this while trying to meet their company's specified performance metrics. The likelihood of a dispensing error is increased when working conditions in the pharmacy are rushed and chaotic.^{14,19}

In 2006, in a comprehensive study of medication errors, the Institute of Medicine estimated that medication errors harmed at least 1.5 million Americans annually.²⁰ Indirect costs of such errors include loss of productivity, emotional stress and suffering, and additional healthcare costs.²⁰ A recent *New York Times* article tells the story of working conditions in pharmacies and metrics set by companies that pharmacists find hard to meet.¹⁹ The article reports several examples of dispensing errors. In one instance, an 85-year-old woman died after receiving the chemotherapy drug methotrexate instead of an antidepressant refill. Another patient went to the emergency room after receiving ear drops instead of eye drops, which caused eye swelling and burning. In another medication mix up, a patient received a blood pressure medication instead of her asthma medication, resulting in a pounding headache, nausea, and dizziness.¹⁹

Some states including Illinois and California are trying to change pharmacy practice. In Illinois, a new law requires pharmacists to have scheduled breaks. The state could also impose penalties on companies that do not provide safe working environments.¹⁴ California's new law requires that pharmacists not work alone.¹⁴ Changes from state boards of pharmacy could improve working conditions in pharmacies.

Employee Turnover

Employee turnover is the voluntary or involuntary loss of employees and the act of replacing them. Employees may leave

their jobs voluntarily for many reasons including retirement or moving on to other opportunities. Others may leave due to lack of growth opportunities in their current roles, a hostile work environment, or a feeling of not fitting the company culture. Job-seekers and applicants view an unusually high turnover negatively, making turnover costly for employers. Companies must then put great efforts into recruiting, training, and onboarding. It also takes time for employers to train new employees adequately. Others may also view the company as having problems with their working conditions. Most importantly, high turnover diminishes productivity and the chance to build a cohesive team is lost.²¹

In 2004 in the U.S., researchers conducted a study to examine the relationship between organizational and individual factors, and pharmacists' future work plans.¹³ The study sought to determine factors that contributed to pharmacists either leaving or staying with their current employer.¹³ Researchers in this cross-sectional study mailed surveys to licensed U.S. pharmacists. Respondents were asked to state whether they would leave or stay with their current employers during the next year. The researchers also asked respondents to rate their top five reasons for leaving or staying from a predetermined list. "Leavers" were those planning to leave their employer, and "stayers" were those planning to stay.

For leavers, 35% cited high stress levels as their exit reason, 31.1% cited excessive workload, and 25% cited poor salary or insufficient staffing.¹³

Stayers' top reasons were good salary (50%), relationships with coworkers (46.6%), and good benefits (42%).¹³

Researchers also asked respondents to identify one main factor that influenced their decision to leave or to stay. A majority of these factors were under the employer's control. Flexible schedules, ability to use skills, and salary/benefits influenced the stayers, while insufficient or unqualified staffing, poor scheduling and salary, and workload influenced the leavers.¹³



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COVID-19 and Burnout in Healthcare Workers

In March 2020, the WHO declared the novel coronavirus disease (COVID-19) a global pandemic. COVID-19 is a highly contagious respiratory illness. As of January 4, 2022, COVID-19 had affected more than 54 million Americans and claimed the lives of more than 820,000.²² Factors such as preparedness for a pandemic, political leadership, availability of personal protective equipment (PPE), and the fear of infection and infecting others have played a role in the nation’s response to the pandemic. At the forefront of these crises were healthcare workers. The pandemic increased the levels of burnout among healthcare workers who have additionally had to witness patient suffering.

Before the pandemic, several studies across various pharmacy practice settings reported burnout among pharmacists. The 2019 national pharmacists’ workforce study reported 71% of practicing pharmacists characterizing their workload as either high or excessively high.¹⁵ During the COVID-19 pandemic however, studies showed that burnout has increased among healthcare workers, pharmacists included.^{23,24} Healthcare visits to hospitals and doctors’ offices are sometimes limited during the pandemic, however, community pharmacists are available for face-to-face consults. While this is beneficial for patients, pharmacists and technicians face an increased risk of exposure to the virus. Additionally, pharmacists have had to take on new roles and responsibilities during the pandemic.²⁵ The U.S. Department of Health and Human Services (DHS) authorized pharmacists to procure, dispense, and administer COVID-19 vaccines when they became available.²⁵ DHS also authorized pharmacists to order and administer COVID-19 tests to aid in testing expansion in response to the COVID-19 pandemic.²⁶

In the U.S., researchers studied the impact of COVID-19 on pharmacist workload, employment status, feelings of burnout, and overall emotional health.²³ The Wisconsin Pharmacist Workforce Study was a cross-sectional study conducted before the COVID-19 vaccine was available but after the DHS made the decision to permit pharmacists to administer it.²³ Researchers focused on questions related to burnout domains and emotional health. For the reward domain, questions focused on changes in personal employment, while questions for the workload domain focused on exhaustion. Researchers used questions to measure depersonalization for the social interaction domain and developed questions about pharmacists’ social and emotional health. The study focused on the two largest pharmacist populations – community and hospital pharmacists – and had a 33% response rate. Study results are shown in [Table 3](#).

The Wisconsin Pharmacist Workforce Study had limitations. Researchers only studied Wisconsin pharmacists, which makes generalization difficult. A non-response bias was also present; pharmacists with the highest workload would have had the least amount of time to respond to the survey. Despite these limitations, the study suggested that although pharmacists rose to the

Table 3. The Wisconsin Pharmacist Workforce Study Results²³

Domain Questions	% Community Pharmacists Reporting	% Hospital Pharmacists Reporting
Hours Reduced	13	36
Hours Increased	19	8
Reduction in Wages	1	6
Temporary Furloughs	2	6
Concern About Being Furloughed or Losing Job	26	14
Increase in Workload or Work-Related responsibilities	41	42
Reduced interest in talking with patients	26	22
Social/emotional health	~ 40% reported ↑ anxiety. ~ 25% experienced ↑ sadness or depression.	

challenge during the pandemic, they experienced increased burnout as a result of COVID-19.²³

Another study conducted across pharmacy practice settings in Australia to measure burnout in pharmacists during the coronavirus pandemic showed that burnout had increased.²⁴ The study, an online survey, consisted of three parts. Researchers collected demographic information such as age, sex, primary practice area, and years of practice. They also used the MBI-HSS to measure burnout, and then asked questions pertaining to psychosocial issues. The questions focused on the pharmacists’ degree of concern for personal and family health, whether duties such as working overtime and workloads changed, and if precautionary measures in the workplace (e.g., PPE and infection control) were appropriate.²⁴

Although only 17.8% of respondents reported caring for COVID-positive patients, an overwhelming 96.3% of pharmacists reported a change in their roles during the pandemic. These changes included increased workload (35.9%) and working overtime (52.2%). The pharmacists reported challenges they faced during the pandemic ranging from medication supply (40.9%) to patient incivility (24%). Regarding precautionary measures however, 71.1% of pharmacists reported that their workplace had sufficient precautionary measures.²⁴

With regards to psychosocial factors, 36% of pharmacists were “very to extremely concerned” about their family’s health and 87.2% reported that their lives had been affected most by isolation from friends and family.²⁴

With the arrival of the COVID-19 pandemic, pharmacy teams have been stretched even further with additional duties such as

COVID-19 testing, deep cleaning, and giving COVID vaccinations. COVID-19 has compounded burnout among the pharmacy team. The federal government in the U.S. has not yet comprehensively tracked data on healthcare worker deaths, but according to “Lost on the Frontline,” a 12-month investigation by *The Guardian*, a British newspaper, and Kaiser Health News, more than 3600 healthcare workers in the U.S. died from the coronavirus disease in the pandemic’s first year.²⁷

BURNOUT MANAGEMENT

The responsibility of addressing burnout among the pharmacy team does not only lie with employers but also with employees. In a study to assess burnout among pharmacy technicians working in a hospital or health-system settings in North Carolina, employees’ awareness of burnout resources at their institution was associated with lower odds of burnout, whether employees used those resources or not.¹¹

Employers

The pharmacy profession as a whole must address burnout, and employers’ goals should be to identify and address factors that contribute to burnout.

Prevention strategies for burnout include²

- Ensuring a sustainable workload at the workplace, while allowing for periods of rest and recovery
- Encouraging active participation in organizational decision making
- Providing appropriate rewards for employee achievement
- Fostering a positive and supportive environment at the workplace
- Promoting fairness, impartiality, or equity in decisions at work
- Aligning employees’ personal expectations with the organization’s

Federal and State Legislation

Payment Reform. Pharmacists are generally only paid for filling prescriptions and do not bill for clinical services such as counseling and giving vaccinations. A proposed federal bill if passed, would grant pharmacists “provider status.” The Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 2759/S.1362) was introduced in both the U.S. House of Representatives and the U.S. Senate in April 2021. This bill proposes pharmacist recognition as health care providers and allows compensation for their services to Medicare patients in medically underserved areas.^{28,29} With this status, pharmacists could bill insurers for clinical services for Medicare patients under Medicare Part B.²⁸

At the state level, several states already assign some form of provider status to pharmacists. The National Alliance of State Pharmacy Associations (NASPA) identifies state provider status-

related bills as those that apply to pharmacist scope of practice, payment for pharmacist provided patient care services, and/or the designation of pharmacists as providers. NASPA’s 2021 mid-year update on state provider status reports that in 18 states, 32 such bills have been signed into law. These laws include pharmacist immunization authority, broad prescriptive authority, contraceptive prescribing authority, and payment for services among others.³⁰ In response to the NBC news story “Overworked, understaffed: Pharmacists say industry in crisis puts patient safety at risk,” the American Pharmacists Association (APhA), called for payment reform in pharmacy in a press release.³¹ The APhA went on to say that the broken model of paying for the filling of prescriptions has led to a proliferation of productivity and efficiency metrics that have created a situation that compromises patient safety. The press release further stated that the APhA continues to fight for payment reform at both the federal and state levels.³¹

Burnout can occur when an incompatibility exists between employees’ skills and actual daily tasks. Giving pharmacists the opportunity to consult, provide, and bill for clinical services while spending less time in dispensing activities could be a remedy.^{13,31}

Legislation. States like California, Illinois, and Virginia have passed new laws that will cap shift lengths for pharmacists. These laws also seek to ensure safe staffing levels and prohibit excessive metrics.¹⁴ According to the National Association of Boards of Pharmacy, about a third of all states now have some regulation that address working conditions in the pharmacy.¹⁴

Assessing Well-Being

Employees in other human services professions experience burnout as well, and it could be beneficial to look to other professions to see what initiatives they have in place to address burnout. The American Medical Association (AMA) for example, has a STEPS Forward program that seeks to prevent provider burnout.³² The program has interactive online educational modules with strategies to confront common challenges in a busy medical practice. The program is physician-developed and physicians can earn continuing medical education credit while learning about practice efficiency and patient care, patient health, physician health, and technology and innovation.³² Programs that improve resilience and well-being among employees might be beneficial to the pharmacy profession.

In an effort to address well-being, the APhA has launched the Well-Being Index, a validated screening tool invented by the Mayo Clinic, to help pharmacists assess their well-being.³³ Respondents to the anonymous online survey that evaluates fatigue, depression, burnout, anxiety/stress, and mental/physical quality of life, receive immediate individualized feedback. This allows pharmacists to compare their well-being with their professional peers’ and directs them to tools and resources that can help promote well-being. Participants can also track their scores

over time so they can be proactive in making self-care adjustments.³³

Authors of a commentary on burnout syndrome among health-care professionals suggest actions that pharmacy organizations can take to recognize and reduce burnout among their employees. These include⁴

- Establishing a panel to evaluate burnout in the profession of pharmacy
- Conducting further research into the prevalence, prevention, and effectiveness of treatment strategies of burnout across all practice settings of pharmacy
- Incorporating strategies that promote mental health wellness and resiliency into pharmacists' training.

Employees

"You can't pour from an empty cup" - Unknown

Employees can adopt strategies to guard against burnout. The following strategies guard against burnout and promote well-being in the employee.

- Continue to speak up about workplace conditions that affect patient safety and employee well-being.
- Adopt self-care habits and foster hobbies outside of work. Ensure adequate sleep, nutrition, and exercise.

- Be sure to take your vacation time or paid time off to recharge.
- Foster a supportive and positive work environment by communicating and collaborating with teammates.
- Keep up with continuing education and join a professional pharmacy organization. This enhances self-esteem and promotes a sense of purpose.

CONCLUSION

The importance of high-quality healthcare cannot be stressed enough. Healthcare professionals including pharmacists and pharmacy technicians play an important role in improving the overall population's health. Clearly, burnout's consequences among pharmacy workers could be detrimental for employees, patients, organizations, and society as a whole. It is important to recognize the indicators and risk factors for burnout to be able to address them and improve health care provider well-being. Employers and institutions must implement strategies to combat burnout in their employees. Some state boards of pharmacy are beginning to make changes and institute new laws that will cater to appropriate work environments and employee well-being.

Figure 1 summarizes key points to remember!

Figure 1. Dealing with Potential and Actual Burnout in the Pharmacy

Best

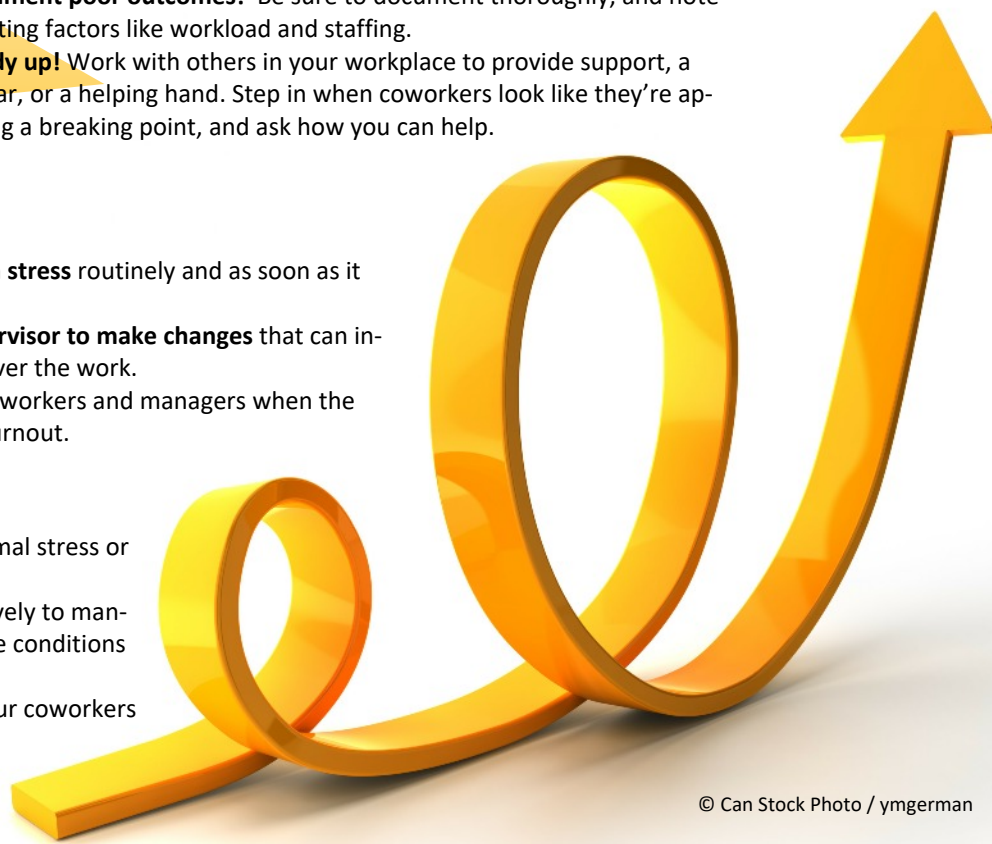
- 1 **BE COMMUNITY CHAMPIONS.** Be an advocate for good workplace practices and engage regulatory personnel to make state-wide changes!
- 2 **Document poor outcomes!** Be sure to document thoroughly, and note contributing factors like workload and staffing.
- 3 **Buddy up!** Work with others in your workplace to provide support, a willing ear, or a helping hand. Step in when coworkers look like they're approaching a breaking point, and ask how you can help.

Better

- 1 **Find ways to cope with stress** routinely and as soon as it begins to build.
- 2 **Make or ask your supervisor to make changes** that can increase employee control over the work.
- 3 **Provide feedback** to coworkers and managers when the team is showing signs of burnout.

Good

- 1 **Know the difference** between normal stress or fatigue and real burnout.
- 2 **Communicate** concerns constructively to management when workloads or workplace conditions are stressful.
- 3 **Monitor for signs of burnout** in your coworkers and in yourself.



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REFERENCES

1. Maslach C, Jackson S, Leiter M. Maslach burnout inventory manual. 3rd ed. Consulting Psychologists Press; 1996.
2. Maslach C, Leiter MP. Early predictors of job burnout and engagement. *J Appl Psychol*. 2008;93:498-512.
3. Berkeley University of California. Psychology. Christina Maslach. Accessed January 3, 2022. <https://psychology.berkeley.edu/people/christina-maslach>
4. Bridgeman PJ, Bridgeman MB, Barone, J. Burnout syndrome among healthcare professionals. *Am J Health-Syst Pharm*. 2018;75:147-152.
5. Fontes, F. Herbert J. Freudenberger and the making of burnout as a psychopathological syndrome. Accessed January 3, 2022. <https://www.researchgate.net/publication/346586006>
6. World Health Organization. Burn-out an “occupational phenomenon”: International classification of diseases. May 28, 2019. Accessed January 3, 2022. <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>
7. Shrijver I. Pathology in the medical profession? Taking the pulse of physician wellness and burnout. *Arch Pathol Lab Med*. 2016;140:976-982.
8. Durham ME, Bush PW, Ball AM. Evidence of burnout in health-system pharmacists. *Am J Health-Syst Pharm*. 2018;75:S93-S100.
9. Patel SK, Kelm MJ, Lee HJ, et al. Prevalence and risk factors of burnout in community pharmacists. *J Am Pharm Assoc*. 2021;61:145-150.
10. Jones GM, Roe NA, Loudon L, Tubbs C. Factors associated with burnout among US hospital clinical practitioners: Results of a nationwide pilot study. *Hosp Pharm*. 2017;52:742-751.
11. Kang K, Absher R, Granko RP. Evaluation of burnout among hospital and health-system pharmacy technicians in North Carolina. *Am J Health Syst Pharm*. 2020;77(24):2041-2042.
12. Gonzalez J, Brunetti L. Assessment of burnout among postgraduate pharmacy residents: A pilot study. *Curr Pharm Teach Learn*. 2021;13(1):42-48.
13. Gaither CA, Nadkarni A, Mott DA, et al. Should I stay or should I go? The influence of individual and organizational factors on pharmacists’ future work plans. *J Am Pharm Assoc*. 2007;47:165-173.
14. Kaplan A, Nguyen V, Godie M. Overworked, understaffed: Pharmacists say industry in crisis puts patient safety at risk. NBC News. March 16, 2021. Accessed January 3, 2022. <https://www.nbcnews.com/health/health-care/overworked-understaffed-pharmacists-say-industry-crisis-puts-patient-safety-risk-n1261151>
15. American Association of Colleges of Pharmacy. National pharmacist workforce studies. Accessed January 3, 2022. <https://www.aacp.org/article/national-pharmacist-workforce-studies>
16. Mind Garden. MBI: Human Services Survey. Accessed January 3, 2022. <https://www.mindgarden.com/314-mbi-human-services-survey>
17. World Health Organization. International Statistical Classification of Diseases and Related Health Problems (ICD). Accessed at <https://www.who.int/standards/classifications/classification-of-diseases>, January 3, 2022.
18. National Academy of Medicine. Valid and reliable survey instruments to measure burnout, well-being, and other work-related dimensions. Accessed January 3, 2022. <https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/>
19. Gabler E. How chaos at chain pharmacies is putting patients at risk. New York Times. January 31, 2020. Accessed January 3, 2022. <https://www.nytimes.com/2020/01/31/health/pharmacists-medication-errors.html>
20. Eastman, P. IOM Report. Medication errors injure millions. *Emergency Medicine News*. 2006;28(9):44-46.
21. Dik, B. Staff attrition vs staff turnover: What’s the difference? March 28, 2018. Accessed January 2, 2022. <https://jobzology.com/staff-attrition-vs-staff-turnover-whats-the-difference/1>.
22. Centers for Disease Control and Prevention. Covid data tracker. Accessed January 3, 2022. <https://COVID.cdc.gov/COVID-data-tracker/#datatracker-home>
23. Bakken BK, Winn AN. Clinician burnout during the COVID-19 pandemic before vaccine administration. *J Am Pharm Assoc*. 2021;S1544-3191(21)00164-3. doi:10.1016/j.japh.2021.04.009
24. Johnston K, O’Reilly CL, Scholz B, et al. Burnout and the challenges facing pharmacists during COVID-19: results of a national survey. *Int J Clin Pharm*. 2021;1-10.
25. U.S. Department of Health and Human Services. Trump administration takes action to expand access to COVID-19 vaccines. Accessed June 20, 2021. <https://www.hhs.gov/about/news/2020/09/09trump-administration-takes-action-to-expand-access-to-COVID-19-vaccines.html>
26. U.S. Department of Health and Human Services. Guidance for licensed pharmacists, COVID-19 testing, and immunity under the PREP Act. April 8, 2020. Accessed January 3, 2022. <https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/authorizing-licensed-pharmacists-to-order-and-administer-covid-19-tests.pdf>
27. Spencer J. KHN. Lost on the frontline. 12 months of trauma: More than 3600 US health workers died in Covid’s first year. April 8, 2021. Accessed January 3, 2022. <https://khn.org/news/article/us-health-workers-deaths-COVID-lost-on-the-frontline/>
28. ASHP. Press Release. Pharmacy associations applaud introduction of bill expanding Medicare patients’ access to pharmacist services. April 21, 2021. Accessed at Accessed January 3, 2022. <https://www.ashp.org/News/2021/04/22/ASHP-APHA-Applaud-Introduction-of-Bill-Expanding-Medicare-Patients-Access-to-Pharmacist-Services>
29. APhA Action Center. Provider status for pharmacists. Accessed January 3, 2022. <https://actioncenter.pharmacist.com/campaign/provider-status-for-pharmacists/>.
30. NASPA. News. 2021 State provider status mid-year legislative update. June 7, 2021. Accessed January 3, 2022. <https://naspa.us/2021/06/2021-state-provider-status-mid-year-legislative-update/>
31. Chinthamalla K. APhA: NBC news story illustrates the need for fundamental pharmacy payment reform. APhA Press Releases. March 17, 2021. Accessed January 3, 2022. <https://www.pharmacist.com/About/Newsroom/apha-nbc-news-story-illustrates-the-need-for-fundamental-pharmacy-payment-reform>
32. Mills, RJ. AMA launches Steps Forward to address physician burnout. AMA Press Releases. June 8, 2015. Accessed January 3, 2022. <https://www.ama-assn.org/press-center/press-releases/ama-launches-steps-forward-address-physician-burnout>
33. Well-Being Index. Pharmacist Well-Being Index. Accessed January 3, 2022. <https://www.mywellbeingindex.org/versions/pharmacist-well-being-index>