

A cross sectional survey of U.S. hospital pharmacy leaders on the implementation of department initiatives to address burnout

Purpose

This survey study sought to detect what measures United States (U.S). hospital pharmacy departments have undertaken to minimize or prevent burnout in their work place and identify the rate of hospitals that have initiated interventions to minimize burnout.

Methods

A customized, 19 question descriptive survey was open for two, one-month periods. The survey was developed by a collaborative group of clinical pharmacists from eight institutions and addressed questions towards U.S. hospital pharmacy department leaders regarding leadership demographics, perception of burnout as a problem and steps taken to address burnout. Participants were requested to limit one survey per institution. The possible interventions to combat burnout were categorized as communication improvements, workflow modifications and quality improvement initiatives. The first period in March 2019 was sent to directors of pharmacy in the Vizient purchasing network. The second survey period occurred in May 2019 when a link to the survey was posted on three American Society of Health-System Pharmacist's (ASHP) Connect Communities (Section of Practice Managers, Pharmacy Leadership Connect Group, and Section Advisory Group on Clinical Leadership). Participants were directed to complete the survey on the Research Electronic Data Capture (REDCap©) website and incentivized with a weekly drawing of two \$50 online gift cards. A reminder email was sent two weeks after survey opening in each study period. Descriptive statistics were used to report the results.

Results

Two-hundred thirty-four surveys were completed. Half of participants were pharmacy directors (n=116, 49.6%), having worked less than 5 years at their position (n=118, 50.4%). Eighty-two percent believed their departments were negatively affected by burnout, however, only 53.4% formally assessed their employees for burnout. Thirty percent of participants reported interventions to combat burnout have already been instituted, while 44.8% had plans to initiate measures. The most frequent interventions implemented in each category were as: communication (regular department meetings [27.3%], informal surveys or department wish lists [17.1%], personal management style changes [16.2]), workflow (changes to scheduling processes [23.1%], new or updated technologies [20.9%], and changes to the dispensing and verification process [20.9%], and quality improvement (stress reduction presentations or seminars [13.2%] and new break/meal time protections [12.8%]). Funding for interventions was either obtained from the annual budget (10.6%) or absent (10.6%). Employee participation in reduction strategies was most frequently estimated that 25 – 50% of employees participated (23.3%). Twenty percent of participants that reassessed the intervention(s) effectiveness considered the changes as beneficial, Most do not plan to reassess (37.3%). More than half of participants consider staffing resources (64.5%), time commitment (56.4%), and scheduling requirements (53%) as barriers to addressing burnout.

Conclusion

The majority of pharmacy leadership of U.S. hospitals acknowledge burnout may negatively impact their departments. Communication, workflow, and quality improvement initiatives have been implemented however despite the acknowledgement of burnout as a problem, incorporation of strategies to combat burnout does not appear widespread at this time. The

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effectiveness of instituted improvements is not frequently reassessed. Perceived barriers to reducing burnout were identified such as not having enough time, staffing resources, and scheduling flexibility. As enthusiasm for combating burnout grows, further study is warranted to continue developing methods to combat burnout, enhance participation, and facilitate the continual assessment of implemented measures.