

Workplace strategies to reduce pharmacy leadership burnout

As the focus of healthcare shifts toward providing higher-quality outcomes-based care, reducing hospital readmissions, and improving the overall health of the population, the roles of healthcare professionals have expanded to meet this need. It is well documented that continued pressure on healthcare professionals to meet increased demands leads to exhaustion and diminished employee engagement. Over time, this can lead to a psychological syndrome defined as burnout.^{1,2}

Burnout has been described as a high level of emotional exhaustion and depersonalization concurrent with minimal feelings of personal achievement from work.¹ This can manifest in many different ways, affecting the individual's performance, and may subsequently hinder patient care.³ On an individual level, burnout can be identified by frequent physical illness, feelings of hopelessness, frustration, exhaustion, apathy, and impatience.^{1,2} Burnout has been linked to costly consequences, including a decline in the quality of patient care, increased medical errors, and high employee turnover rates.¹⁻⁵ The results of one analysis showed that burnout among physicians could cost upwards of \$7.75 million each year as a result of high turnover rates and the financial burden of recruitment. Physicians who were experiencing burnout were more than twice as likely to leave the organization compared to those not experiencing burnout.⁶

Factors associated with burnout. Burnout can be difficult to recognize, as it develops over an extended period of time and is due to a culmination of the overwhelming effects of both the work environment and professional responsibilities.⁷ Underlying factors frequently associated with burnout are largely subjective in nature. Driving factors include employees with multiple competing demands and limited time to meet those demands, scheduling challenges, feelings of contributions being underappreciated, and limited time to rest and restore.^{3-5,7,8} Studies have shown a clear link between heavy work demand, regarded as work overload, and the development of emotional exhaustion related to burnout.^{4,8}

The increased use of communication technologies such as e-mail, mobile telephones, and laptops have shown to be advantageous in making work-related communication more accessible and efficient. However, the unintended consequences of increased accessibility include regular

work interruptions, task accumulation, and unpredictability of work demands. Many studies conducted in healthcare employees have demonstrated that characteristics of the work environment, such as electronic health record (EHR) documentation requirements, are major drivers of burnout. Recent literature has established this paradoxical relationship associated with communication technologies and burnout. This research demonstrated that employee well-being is negatively impacted by communication technologies as a result of increased demands and stress associated with the expectation of continuous connectivity and responsiveness.⁹ The rapid growth in the use of communication technologies in healthcare settings is staggering. In a short period of time, the use of EHRs has skyrocketed from 15% in 2008 to greater than 70% in 2012. In addition, healthcare professionals have reported that they spend greater than 50% of their time using EHRs as a main job function and communication platform. With more than half of all healthcare professionals experiencing burnout, it is critical for employers to recognize the driving factors and generate strategies to mitigate them.⁷

The well-being and effectiveness of supervisors of those in direct or indirect patient care roles is frequently overlooked but has shown to be a major factor influencing burnout among employees. One study showed that direct reports of supervisors who demonstrated positive leadership skills had higher satisfaction and decreased risk of burnout.¹⁰

Strategies employed within one institution. Within our department of pharmacy, the pharmacy leadership conducted a group bonding exercise, during which pharmacy managers were self-reporting symptoms consistent with burnout, such as feelings of depersonalization, apathy, and exhaustion. This revelation sparked the initial conversation around burnout among pharmacy leadership and led to the development of a leadership task force that strategized efforts aimed at minimizing factors that may contribute to burnout.

The task force included an equal number of men and women whose work experience ranged from 1 year out of residency to more than 20 years of service. The task force initially consisted of pharmacy department managers who developed recommendations targeted at reducing work overload based on their combined experiences. The finalized recommendations were presented to senior pharmacy lead-

The Management Consultation column gives readers an opportunity to obtain advice on common management problems from pharmacists practicing in health systems. The assistance of ASHP's Section of Pharmacy Practice Managers in soliciting Management Consultation submissions is acknowledged. Unsolicited

submissions are also welcome. Readers are invited to submit topics for this column to ajhp@ashp.org or ASHP c/o David Chen, Director, Pharmacy Practice Sections, 4500 East-West Highway, Suite 900, Bethesda, MD 20814 (dchen@ashp.org).

ership and revised to account for feasibility and community standards. This article provides an overview of the initiatives implemented by department of pharmacy leadership at our institution to help mitigate and prevent known and potential factors contributing to burnout.

Appropriate use of e-mail. E-mail has been the primary form of communication used broadly for everything from informational purposes, to urgent requests and simple questions. This led to a large volume of e-mail that was not prioritized, was difficult to sift through, and was frequently managed while handling daily operational issues or during meetings. The task force discovered a number of examples of inappropriate e-mail use. A common example occurred when users generated ongoing conversations among groups that could have been communicated in a more effective and timely manner by scheduling a meeting or conducting a face-to-face conversation. Furthermore, e-mail exchanges consistently occurred around the clock, including outside of work hours.

In addition to the issues associated with communication technologies discussed previously, extensive literature shows that the majority of e-mails are unnecessary, decrease productivity and engagement, and increase exhaustion.^{9,11,12} To address this issue, pharmacy leadership developed a step-wise approach that included the establishment of e-mail etiquette guidelines. These guidelines were designed to reduce e-mails, especially after normal business hours, and leverage additional communication platforms and resources. The recommendations included the following:

- Identifying who to include as the primary recipient of e-mails, when to copy individuals on an e-mail, and expectations around responses when someone is copied on an e-mail;
- Including a subject line summarizing the e-mail's content and noting when an action was required or a due date was associated with the request;
- Using bolded text and bullet points to increase readability and drive the main points;
- Using a professional tone and indicating the specific intentions of the e-mail (to either inform or make a request); and
- Restructuring meetings to allow synchronous communications and decrease e-mail chains of extreme length.

Most individuals felt they had to respond to all e-mails, even if they were copied on the message. As a result, it was clarified that the person copied on an e-mail was not expected to respond to the message. For example, if an assistant director is copied on an e-mail that is sent to the manager, the response is expected from the manager. If it is time sensitive, the assistant director can let the manager know to respond quickly, but still give the manager the opportunity to respond.

In addition, specific expectations were set around e-mail availability hours. An Administrator On-Call (AOC) program that rotates through the leadership team was already

in place. The AOC is expected to handle all "off hour" calls and emergent situations and was encouraged to be further used as part of the overall strategy. E-mail availability expectations were defined as follows:

- Monday through Friday during normal business hours (8 AM–6 PM);
- No expectation to check or respond to e-mail on the weekends;
- No expectation to check or respond to e-mail while on paid time off; and
- In the event an emergent need were to arise outside of normal business hours, a phone call should be made to the specific leader responsible for that area if it could not be handled by the AOC.

All managers attended a standing Pharmacy Operations Council (POC) meeting every week where operational decisions were discussed. Although the POC meeting existed before the pharmacy department began to address the issue of burnout, it was not used to guide operational changes. To allow for synchronous communication and decrease lengthy e-mails, the POC meeting was restructured to drive all operational needs and communications.

Instant messaging for short communications. The use of Cisco Jabber (11.8.x, Cisco Systems, Inc., San Jose, CA) was recommended for one-on-one conversations and short communications in place of back and forth e-mails. Cisco Jabber is a secure communication platform available for employees that integrates the office phone, voice mail, Outlook calendar, WebEx, and institutional directory. With the integration to Outlook calendar, Jabber will automatically display an availability status for each contact, including available, away, do not disturb, and in a meeting. This feature helps drive communication to those who are available and decreases interruptions for those who are busy or in a meeting.

No-meeting zone. Another issue identified was the lack of daily protected time. Meetings were routinely scheduled between 8 AM and 5 PM, with minimal breaks or unscheduled time. Managers noted difficulty completing tasks during normal business hours, which further worsened e-mail responsiveness and extended the workday outside of the hospital. Managers and assistant directors agreed that 8 AM to 9 AM would be the designated "no meeting" time, and the leadership team was instructed to reserve this time on their personal calendars to prevent meetings from being scheduled at that time. The implementation of protected time allowed for dedicated time toward planning their day, working on larger projects, speaking with other leaders who were normally tied up in meetings, or rounding in their areas.

Summary

As the use of technology continues to rise alongside the increased demands on healthcare organizations to provide

high-quality affordable care, the need to combat factors related to burnout among healthcare professionals is more important than ever. The strategies discussed in this article were formally implemented by the department of pharmacy leadership team with the intent of reducing burnout by allowing for protected and productive time, improving efficiency of communication throughout the work day, and setting expectations regarding e-mail use. Members of the leadership team who implemented these recommendations verbally reported improved efficiency in their work day with a reduction in perceived stress. Future directions this year include an initiative to begin strategies to reduce burnout among the pharmacy staff.

The various strategies implemented within our institutions are revisited and discussed at the leadership meeting every 6 months. Although the strategies are institution specific, the approach to identifying specific needs is generalizable. The pharmacy workforce will continue to experience increased work demands and stressors. As we hire new managers, it is imperative to facilitate ongoing and open discussions, keep each other accountable, and continually promote these strategies as part of the workplace culture to prevent the devastating effects of burnout.

- Maslach C, Leiter M. Maslach burnout inventory manual. 3rd ed. Palo Alto, CA: Consulting Psychologists Press; 1996.
- Dyrbye LN, Shanafelt TD, Sinsky CA, et al. Burnout among healthcare professionals: a call to explore and address this underrecognized threat to safe, high-quality care (July 5, 2018). <https://nam.edu/burnout-among-health-care-professionals-a-call-to-explore-and-address-this-underrecognized-threat-to-safe-high-quality-care/> (accessed 2018 Nov 6).
- Wright AA, Katz IT. Beyond burnout - redesigning care to restore meaning and sanity for physicians. *N Engl J Med*. 2018; 378:309-11.
- Maslach C, Leiter MP. Early predictors of job burnout and engagement. *J Appl Psychol*. 2008; 93:498-512.
- Chui MA, Look KA, Mott DA. The association of subjective workload dimensions on quality of care and pharmacist quality of work life. *Res Social Adm Pharm*. 2014; 10:328-40.
- Berg S. At Stanford, physician burnout costs at least \$7.75 million a year (November 2017). American Medical Association. <https://wire.ama-assn.org/life-career/stanford-physician-burnout-costs-least-775-million-year> (accessed 2018 Nov 6).
- Bridgeman PJ, Bridgeman MB, Barone J. Burnout syndrome among healthcare professionals. *Am J Health-Syst Pharm*. 2017; 74:e576-81.
- Jones GM, Roe NA, Loudon L, Tubbs CR. Factors associated with burnout among US hospital clinical pharmacy practitioners: results of a nationwide pilot survey. *Hosp Pharm*. 2017; 52:742-51.
- Ter Hoeven CL, van Zoonen W, Fonner KL. The practical paradox of technology: the influence of communication technology use on employee burnout and engagement. *Commun Monogr*. 2016; 83:239-63.
- Shanafelt TD, Gorringer G, Menaker R et al. Impact of organizational leadership on physician burnout and satisfaction. *Mayo Clin Proc*. 2015; 90:432-40.
- Barber LK, Santuzzi AM. Please respond ASAP: workplace telepressure and employee recovery. *J Occup Health Psychol*. 2015; 20:172-89.
- The Grossman Group and LCWA Research Group. Work-related e-mail perception study (2012). <http://cdn2.hubspot.net/hub/83405/file-15742690-pdf/pdf/e-mail-whitepaper>.

[pdf?submissionGuid=b725d516-16b5-4c12-8ec7-857e047c6a59](https://doi.org/10.1093/ajhp/zxz089) (accessed 2018 Jun 13).

Elissa King, Pharm.D., M.S., BCPS

Department of Pharmacy
University of NC Medical Center
Chapel Hill, NC

Jami Mann, Pharm.D., M.B.A., M.S., BCPS

Department of Pharmacy
University of NC Medical Center
Chapel Hill, NC

Kevin Hansen, Pharm.D., M.S., BCPS

Department of Pharmacy
Moses H. Cone Memorial Hospital Cone Health
Greensboro, NC

Ian Willoughby, Pharm.D., M.S., BCPS

Lifespan Pharmacy
Providence, RI

Suzanne Francart, Pharm.D., BCPS

Department of Pharmacy
University of NC Medical Center
Chapel Hill, NC

Kayla Waldron, Pharm.D., M.S., BCPS

Department of Pharmacy
University of NC Medical Center
Chapel Hill, NC

Ashley Pappas, Pharm.D., M.H.A.

Department of Pharmacy
University of NC Medical Center
Chapel Hill, NC

Matthew Lamm, Pharm.D., M.S., BCPS

Department of Pharmacy
University of NC Medical Center
Hillsborough, NC

Scott Savage, Pharm.D., M.S.

Department of Pharmacy
University of NC Healthcare System – Chapel Hill Region
UNC Eshelman School of Pharmacy
Chapel Hill, NC

Lindsey Amerine, Pharm.D., M.S., BCPS

Department of Pharmacy
University of NC Medical Center
Division of Practice Advancement and Clinical Education
UNC Eshelman School of Pharmacy
Chapel Hill, NC
Lindsey.Amerine@unchealth.unc.edu

The authors do not have any relevant conflicts of interest to disclose.

Keywords: burnout, electronic mail, health personnel, leadership, pharmacy, psychological, work engagement

© American Society of Health-System Pharmacists 2019. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.

DOI 10.1093/ajhp/zxz089