



## Wellness Wednesdays: Clinician Well-Being and Resilience *Episode Transcription*

Speaker 1: Welcome to the ASHP Official podcast, your guide to issues related to medication use, public health, and the profession of pharmacy.

**Christina Martin:** Thank you for joining us for Wellness Wednesday Podcast. This podcast is the place where you can listen in as ASHP members share successful strategies on wellness and resiliency in both their personal lives and professional endeavors. My name is Dr. Martin and I will be your host for today's ASHP Wellness Wednesday Podcast. With me today is my colleague, Dr. Anna Legreid Dopp. Hello Dr. Dopp, how are you today?

**Anna Legreid Dopp:** Hi Christina. I'm doing well, how are you?

**Christina Martin:** I'm doing well. Thanks for joining us for this conversation to kick off the Wellness Wednesday series. I think before we get started, it's really important to talk about ASHP's role in the [Workforce, Wellbeing and Resilience Initiative](#), and so to kick off the conversation, can you share with us how ASHP first got involved in this space?

**Anna Legreid Dopp:** Sure. Well, ASHP is a [member organization](#) and the best part of being a member organization is learning from our members. And so two and a half years ago, three years ago, we started hearing from members that burnout was an issue in the pharmacy workplace and our members expressed concern for our profession. They expressed concern for their patients. And so this caught the ear of our President at the time, our Board of Directors and our senior leadership within ASHP. And in very short order they made commitments to address burnout and promote wellbeing and resiliency within our membership. And so as a result, we revised our strategic plan and we joined as a formal sponsor of the [National Academy of Medicine Action Collaborative on Clinician Wellbeing and Resilience](#).

**Anna Legreid Dopp:** And since then we've been working in parallel efforts to support the work of the National Academy of Medicine in that interdisciplinary effort to prevent burnout and promote wellbeing and resilience across the entire healthcare workforce. But then also in parallel to support our membership. And our goals closely align with that of the Action Collaborative where we are seeking to raise visibility of clinician burnout, depression, stress and suicide, improve our understanding of what those challenges are to clinician wellbeing, and to cut to the plot, we know that there are individual factors that are challenges, but then to a greater extent, there are system barriers that are preventing healthcare providers and pharmacists and pharmacy technicians from feeling that wellbeing and resiliency in their work settings.

**Anna Legreid Dopp:** And then lastly also to advance evidence-based multidisciplinary solutions. So we're coming off the bend where we've been trying



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to raise visibility and improve our overall understanding and we're starting to turn the corner to realize what those evidence-based solutions might be both for the individual but then also some system-based interventions that can be addressed. And then the best part of this journey is that now that our members are becoming more aware and we've created more platforms for them to share back information with us, we're hearing from them again and learning about what are some of those best practices, what are some case study successes that they can share so that others can learn from them.

**Anna Legreid Dopp:** And so Christina, I know I mentioned that ASHP committed to the topic of wellbeing and resilience without a lot of data behind it with regards to what the real prevalence is in the profession yet, but we are starting to see some information. So can you explain what we know so far about what this problem is for the pharmacy workforce?

**Christina Martin:** Absolutely. Thanks Anna. I remember when we joined the first NAM Wellbeing and Resilience meeting and we were listening to information that was shared from our colleagues in medicine and nursing, and they've been studying this for decades and they have a more robust understanding of some of those factors that are causing burnout, or maybe even beginning to explore evidence-based strategies to mitigate the problem. But you're right, we're more in our infancy or childhood of the research that we have for the pharmacy workforce.

**Christina Martin:** There are a couple of pieces that have come out in recent years that highlight that pharmacists are feeling and facing the same issues that our colleagues are in other healthcare disciplines. One of them, it is, as we're talking today it's the fall and our residents are a quarter into their residency training. They're preparing for the [Midyear Clinical Meeting](#). They're diving into the research projects, and one of the articles in HHP two years ago highlighted this stress that is experienced by pharmacy residents, and some of those factors that may influence heightened perceived stress by those residents. Some of those factors involved looking at the number of work hours per week, sleep being a potential contributor or inhibitor to one's wellbeing, and also proximity to family. So that study in itself was not a cause and effect relationship, but just showed that here are some factors that may be influential in the perceived stress of pharmacy residents as they are completing a rigorous training year.

**Christina Martin:** I think one of the first [research findings](#) that we were exposed to through ASHP was through Morgan Jones and his colleagues, and they looked at hospital clinical pharmacists. So this was, to our knowledge, one of the earlier studies looking at those practicing in hospitals and health systems and looking at the prevalence rate of burnout. In their study, again, this was published about two years ago, they found over 60 percent burnout rate and some of those influencing factors related to many nonclinical duties. Not having, an inadequate



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amount of teaching time to spend with their learners, not having protected time away so that they could get their ancillary work done in addition to their direct patient care responsibilities, and probably of no surprise to anyone listening, difficult colleagues contributed to one's overall sense of wellbeing and to their burnout rate.

**Christina Martin:** One of the [studies](#) that we have highlighted at ASHP was done through one of our ASHP past presidents at his institution and what we've learned, their institution has done a lot of work, locally, to look at the problem, to look at local factors and local solutions to help their team, not only pharmacy but the entire interprofessional team. When they looked at the burnout in health system pharmacists at that time, and this was published about a year ago, they found that there was a burnout rate of about a 52%, and at least one of them a Maslach Burnout Inventory sub-scales. So those are just a few highlighted there. There's a number of other research and journal articles that are highlighted on our [wellbeing.ashp.org](http://wellbeing.ashp.org) that can round out the conversation on existing research that is available.

**Christina Martin:** We're also excited, Anna, I think you'll remember that last year, the [ASHP Foundation](#) created a new grant aimed at young professional researchers and our perception now is that there's strong interest in this workforce issue as four of the recipients are studying wellbeing, burnout, resiliency techniques in technicians and the entire pharmacy staff and also in other learners. So that's some of the research we have to date. Look forward to seeing more that is presented at our upcoming meetings and also some publications that I believe are in the pipelines.

**Christina Martin:** So one way that our listeners can become engaged in gaining ideas for how they further evaluate and study while being in resilience could be to conduct their own research or to work with their partners in their local and state entities. Can you share with us some of the work that has been done to engage our state affiliate partners in this topic?

**Anna Legreid Dopp:** Yeah, Christina, you know, you and I have been on this path for a little over two years now together, and there are a few phrases that really have resonated with us and you mentioned one of them is that what we hear is that burnout is a local problem and it requires local solutions. And so that's exactly the great role that our partners at the state affiliates can play is to help work with their members to identify what are the local problems and what are some local solutions that they can collaborate on to advance.

**Anna Legreid Dopp:** The other phrase that we hear with this topic is that addressing burnout and promoting wellbeing and resilience requires local and authentic leadership. So those leaders that are making a genuine commitment to



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acknowledging that there is presence of burnout in the workplaces, and to create a culture that's committed to addressing it. That ultimately is what matters the most.

**Anna Legreid Dopp:** It's actually been studied within the military that having a local authentic leader can improve resiliency both for self and for the team by at least 15 percent, and so that's really the role that [state affiliates](#) can take on. And we have developed, in collaboration with our state affiliate partners, we've developed a toolkit that identifies several different areas that they could start to walk through with their members, including starting with educating, then engaging. So engaging would be possibly creating a wellbeing committee or starting a local task force, prepare the membership, prepare them to address the issue, discuss it, and then share back.

**Anna Legreid Dopp:** And it creates sort of a PDCA cycle, where you're planning and doing and then researching and sharing it back. And the state affiliates really offer a great platform to be able to do that. And we are excited, we've heard some case scenarios from folks about what they're doing at the local level, but we want to hear more and then we can help to amplify those messages and share that so that other people can learn from those leaders. On that same topic of engagement, Christina, and you as our staff expert in student and resident engagement, can you share some of the points, you mentioned some studies earlier that addressed stress in residents. Can you also talk about engagement on, in terms of what we've heard from students and residents and really those learners within the clinical learning environment?

**Christina Martin:** Absolutely. Reflecting on our most recent NAM public meeting was on this topic, the clinical learning environment, and there was an intentional approach to make sure that those professionals, or those early career professionals, were included in the conversation as some of those barriers to wellbeing or those drivers of burnout may look different between early, mid, career professionals. So we need to be aware of what they are and support each other in this journey. So when we think, we look back to NAM and the conceptual model, and if you're not familiar with that, Google "[NAM conceptual model](#)," there's also a link on our ASHP pages, but when the conversation started at what are these drivers, they fall into two categories. There's the individual factors, those pieces that we bring with us and they may evolve as we change roles as we personally, professionally have changes, as our situations evolve. And then there's the larger domain that is the external, sometimes called the environmental factors.

**Christina Martin:** And so when I think about students and residents, many times there are those individual pieces based on where they are in their early career journey that they're bringing with them, but sometimes it is, then, the external environment that they may have less of a control upon than more seasoned practitioners or leaders may have. We are finding though, in our short



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time in sharing or starting this conversation with our students and residents, that a workforce wellbeing and resilience is resonating with them. In the last year we expanded or added a piece to our SSHP recognition program around wellbeing and resilience, encouraging our SSHPs, our Student Society of Health System Pharmacies, to take this topic and to educate with their peers or to bring in a local leader.

**Christina Martin:** Anna, you highlighted again the importance that this is a local issue. There's local solutions that can be tried and tested and then reported back as a potential best practice for other local areas to consider. Encouraging the SSHPs to bring in someone from the local area to talk about those challenges, but then to talk about those solutions. We have seen some innovative ways that students individually, or SSHPs, have embodied wellbeing and resilience, whether it's self-care weeks. We have heard one college of pharmacy; they now have a formalized course. The SSHP took a leadership role in the interests, the impact, preparing their students with the professionalism and self-development skills.

**Christina Martin:** They did some research locally with their students and they were able to go back to the College of Pharmacy Administration and make a case for an elective course. That helps to drive, maybe, development of more of the individual pieces, but also now there's recognition on the external side that this is a workforce issue and here's how we can support our learners and help them prepare for future transitions.

**Christina Martin:** Pivoting to residents -- this is a piece that there has been a lot of conversation around residency. Program I highlighted the research on that looked at stress and perceived stress and so trying to understand from the individual workforce pieces, but then also the programmatic piece. So what I'll say now is, for our listeners, the [ASHP Commission on Credentialing](#), this was on their agenda for their 2018-2019 term. They had a sub-committee that looked at where does the topic of wellbeing and resilience fit in with residency, accreditation, and the standards. Also learning from our medicine partners as medicine has incorporated wellbeing and resiliency into their common program requirements for the last two academic years. The COC didn't want to be too quick to add a new standard or be prescriptive about what that looks like.

**Christina Martin:** And so as we continue the journey now and into the year ahead, we're hearing stories from members. There have been opportunities for members through surveys or feedback to share their stories about, maybe, challenges they're facing from programmatic structure, but also learning from programs. There's a subset who have tried strategies, again, both for the individual participant, the resident or the preceptor, but also programmatic changes or partnering with their ACGME, their medicine peers, since it is formally part of the



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medicine learning requirements for residency programs. So we're continuing to learn a lot more in this area.

**Christina Martin:** We'll highlight a little bit later, but we have a special event at the Midyear Clinical Meeting called the [ASHP Wellbeing Collaborative](#), and we're hoping that students and residents will come to that event as well as our seasoned practitioners, but to share some of the challenges they're facing around individual wellbeing or solutions that they may see that can be applied to the professional workforce.

**Christina Martin:** All right, Anna. So in our conversation so far, we've highlighted some of the resources that our listeners can look for as they're beginning their journey, starting the conversation with their peers. I'm curious, what is your favorite wellbeing and resilience resource that ASHP has to offer its members?

**Anna Legreid Dopp:** That's a hard question. I think about the last few years, and when we've started to learn more about this issue from our members and from our partners in medicine and nursing as you said, it's kicked off a series of development of resources. We've formed a member community engagement through our [Connect forums](#). There's been a lot of programming that has been committed to this topic. Our members developed and passed a policy on this in the House of Delegates, and whenever I reflect on that policy, I guess I'm going to pick that one as my favorite is the policy that was so carefully crafted. The construction of it started during Policy Week of 2017 and it was passed by our House of Delegates in 2018, and across the course of those months there was just such thoughtful dialogue and constructive feedback on what that policy should look like. So I would encourage folks to find that. It acknowledges that there are unique stressors that the pharmacy workforces face. It acknowledges that it's a patient care issue that needs to be addressed, and then also steps further into other commitments that can be made to addressing the issue.

**Anna Legreid Dopp:** And one piece, one of the clauses that stands out is that it needs to be a shared commitment between individuals or employees and the organizations in which they work in. And that's another one of those phrases that we hear from our NAM colleagues, as one of their favorite phrases when talking about this, is that we can't resilience our way out of this. Of course there needs to be increased resiliency skill building and it is a competency that can be developed by individuals and can be supported by organizations. But at the same time without looking at those system barriers, without looking at ways to improve autonomy or improve workflow inefficiencies, things like that, that folks are addressing at their workplaces everyday. Without that shared accountability between those two, we're not going to get as far as we need to address the issue. So I guess I would pick our policy as my favorite resource. How about you, Christina?



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**Christina Martin:** That's a great question. I'm chuckling a bit. You mentioned our favorite phrase, "We can't resilience our way out of it," and again, back to that first meeting we went to at NAM, and were introduced to the other leaders and sponsors of this work, and there was some chuckling with that comment, but it is really true. It's not an easy issue. It's extremely complex. The issue itself will not look the same based on where you're at within your career journey, where you're practicing and even year to year, if you are at the same location. Just the factors influencing your local workplace or your local situation is going to change. That is one of my favorite phrases that we have picked up and coined from our work in the Action Collaborative.

**Christina Martin:** I agree. This is a hard question, favorite resource that we have to offer, and I think I would say that being a membership person, I really enjoy all of the stories that we have gathered from our members and have shared to others, those in pharmacy, but those outside of pharmacy, and while many of them may seem that they're lighthearted, good story to read, each one has a nugget that can be taken away and to apply to either yourself as an individual or with your team. I completely agree, to really affect change in this area, the policy, the shared responsibility between leadership and frontline practitioners is needed, and some of those more regulatory or environmental pieces need some movement forward when we can't make those changes on our own or as our team.

**Christina Martin:** I think there are some strategies that we can hold each other accountable or apply small techniques just to change our mindset. Maybe apply some positive psychology in our day to day. It's not going to fix the long term, but I think it will help. And through those member stories that we've gathered and continue to hear, and when I say member stories, some of those pearls come up in some of the webinars, some of those best practices that we've gleaned already from our members. I think just hearing a member say, "I heard this, I applied it, and now our team is regularly practicing a three good things exercise, or a guided five minute lunchtime walk around the block," and sometimes we need those reminders and a small change to our day may be enough to manage all the other things that's being thrown with us.

**Anna Legreid Dopp:** Right. And all of that information. There's, we have a website, [wellbeing.ashp.org](http://wellbeing.ashp.org), and that's Wellbeing and You, and all those resources have been curated there, including, you mentioned, there's at least 12 webinars that are posted on there so far. And that's really amazing to think about how many webinars our members have contributed to, just in a short period of time. And there's a lot room for more. So I would encourage folks to look at those resources and listen to those webinars. And if you have things to share back, please do so we can continue to amplify and promote what can be done.



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**Anna Legreid Dopp:** And thinking about that, Christina, what we've talked about and what we hear from folks when we're out talking to them is we don't have any magic answers yet. We're really looking forward to the release of the NAM consensus study. The consensus study is called "A Systems Approach to Professional Well-Being." Those results are going to be released very shortly, within the month of October, and we have a session dedicated to that at our Mid-year meeting. That's definitely within our vision for something coming down the pipeline. But what else do we see coming, so that people know there's still more information coming in because we don't have, like you said, there's a very complex issue, there's no magic answer to one solution. We have to identify multiple solutions. So what do you anticipate as being some of those resources that we can look forward to seeing?

**Christina Martin:** Absolutely, and Anna, you know the consensus study here, we're recording in early October, we're a couple weeks out from the report release event and we're excited as one of our ASHP members was on the study committee and has been involved in the conversations for the last 18 months as they're looking at evidence-based solutions to this workforce issue. I think some other pieces we are looking forward to bringing the NAM and our ASHP member who's on the study committee to the mid-year clinical meeting in Las Vegas where there'll be sharing the results with our attendees, but then also providing it from the pharmacist lens. Okay, so the now what? Where do we go from here within hospital health system pharmacy?

**Christina Martin:** What I'm really looking forward, and not only sharing the results with that lens on it, but also inviting our peers from sister inter-disciplinary organizations to share their perspective about the continued role and support that pharmacy brings to addressing this complex issue, especially in team-based care settings.

**Christina Martin:** Looking forward to then the feedback that our participants at that event provide us back with, ASHP, we've committed to this topic for at least another year and so, taking the evidence-based results from the study, hearing our members reactions to it, will help to create a roadmap for where we go in 2020 and beyond. I think some other things that are coming down the pipeline, we, ASHP as an organization, we continue to engage as a leader within the NAM Action Collaborative. They have some additional events coming up, new resources that continue to be released, discussion papers, tools for the workplace, some best practices and pearls. Again, learning from each other about how we address this complex issue.

**Christina Martin:** And then we'll continue to share more of those members' stories, more of the education, and some of those pieces is what we have planned in the pipeline now. But I would say stay tuned. There could be some new pieces





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that evolve. So I mentioned Midyear, Anna, as we're approaching, we're a couple months out from our largest pharmacy meeting. How do you prioritize wellbeing and resilience when you're on the road and when you're attending a large conference?

**Anna Legreid Dopp:** That's a great question. For those of you that have attended Midyear, you know, as Christina said, it's the largest convention in the world and as staff, I think there's something like over 1,500 staff assignments to make sure that that meeting goes smoothly. And so when I reflected on this question, strategies for approaching wellbeing and resilience, of course there's some of the obvious ones, trying to get as much sleep as you can, and ... But I think the one that, and I'm no expert in this, but I think what I will try this year is referred to this cognitive reframing approach, where you look at how you can reframe something in a more positive manner, not to diminish what you might be experiencing that might be difficult or challenging, but to think about how to reframe it. And there are specific ways to do this within the domains of burnout.

**Anna Legreid Dopp:** But I think this story, I have a story that probably explains it in the most exaggerated way possible. So as pharmacists and pharmacy technicians, we all remember the 2017 hurricane that hit Puerto Rico that resulted in massive shortages of small volume parenterals. And the response that had to come from that in terms trying to secure supply, develop guidelines for how you switch to IV push, and all of that that had to take place to ensure that patients' safety was not compromised throughout that shortage. Well, Christina and I were at a conference in May, that same May as she was referring to earlier, and there was a CEO from a large health system that was explaining that that small volume parenteral shortage where the nurses had just switched to administer medications through IV push actually increased joy. And that is such a profound example.

**Anna Legreid Dopp:** You talk to pharmacists and pharmacy technicians who live that, and 2017 feels way too soon to even talk about, but yet to see the nursing staff be able to feel joy because they actually got to spend more time with the patient, the reason why they went into the healing profession in the first place, to provide that patient care, that's an example of reframing. So I think some of the reframing aspects I'll try to think of while in Las Vegas is how fortunate I feel to be there. How invigorating it is to be surrounded by national experts and to be able to listen to some really important dialogue. So that's my answer, Christina, how about you?

**Christina Martin:** That's great. And you know, that really was a strong example of positive psychology and reframing, right? So, taking a challenging situation but then seeing it through a lens of "here's the opportunity," and it did, you know, it was a frustrating, overwhelming time. But for those frontline providers, it brought them the positive, unintended consequence; it brought them closer to their



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patients. You so eloquently answered that question, I may take a slightly different spin and all I'll add is that travel sized yoga mat that fits into the suitcase. And so I make sure that that is on the packing list. And that way, whether it's the hotel room or small conference room or someplace, I just need to get a few stretches in after sitting through a long educational session or being on the feet all day. It's nice to have that travel yoga mat just to get some stretching.

**Christina Martin:** Well, I know we're wrapping up at the end of our conversation here and we appreciate all of you listening in, learning more about ASHP's journey on the topic of workforce wellbeing and resilience, some of the research and next steps that we're looking forward to and then disseminating out to all of you. As we wrap up, I'll just add, I hope that you as our listener have been following along to our Wellness Wednesdays and our wellbeing highlights through our various social media channels. Anna reminded us we have a wealth of information available on the [wellbeing.ashp.org](http://wellbeing.ashp.org) as a resource.

**Christina Martin:** And the last thing I'll add, maybe you've thought of some ideas as you've been listening during the segment about future directions that ASHP could consider. Maybe you have a best practice, or your team or your institution is beginning this journey, or maybe even continuing on this journey, and we'd love to hear from you. If that's the case, I'd encourage you to reach out to us and contact us at wellbeing, all one word, [wellbeing@ashp.org](mailto:wellbeing@ashp.org). Unless, Anna, do you have any final thoughts that you'd like to leave to our listeners before we wrap up our conversation and continue on our own wellness Wednesday?

**Anna Legreid Dopp:** I don't have anything, Christina; it's been nice to spend time with you on this podcast.

**Christina Martin:** Likewise, I've enjoyed this half hour together as we have relived our journey with ASHP, NAM and all of our members, and we look forward to continuing that journey at mid-year and beyond. So with that, that's all the time we've here today. Thank you, Anna, for joining us to discuss the workforce wellbeing issue. Join us here every Wednesday where we will continue talking with ASHP members and leaders on a variety of topics that matter to you.

Speaker 1: Thank you for listening to ASHP Official, the voice of pharmacists advancing health care. Be sure to visit [ashp.org/podcast](http://ashp.org/podcast) to discover more great episodes, access show notes, and download the episode transcript. If you loved the episode and want to hear more, be sure to subscribe, rate, or leave a review. Join us next time on ASHP Official.