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INSTITIÚID CÓGAISÍOCHTA NA hÉIREANN  
**IRISH INSTITUTE OF PHARMACY**

LEADING PRACTICE • ADVANCING STANDARDS



## **“Burnout Amongst Pharmacists – A Review of the Research”**

IIOP Webinar Wednesday 21st June 2023

# Domestics

- This webinar **WILL** be recorded
- Microphones muted
- Videos on/off as you wish – if experiencing problems with connectivity please turn video off
- If difficulty with sound
  - Ensure the sound/speaker is not muted or turned down on your computer/phone
  - Try logging off and on again
- Use the chat box for questions or comments
- We may use some anonymised information from the webinar

# Presenters

- **Jodie Dee MPSI, Community Pharmacist**
- **Dr. Catriona Bradley MPSI, Executive Director, IIOP**
- **Dr. Mary Collins Chartered Psychologist & Professional Executive Coach, RCSI Centre for Positive Health Sciences**

# A Systematic Review and Pooled Prevalence of Burnout in Pharmacists

Jodie Dee



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# What is Burnout?

- The psychological response to ineffectively managed work-related stress
- Considered an occupational phenomenon, but not a medical condition
- Presents as emotional exhaustion, increased feeling of depersonalization or cynicism and reduced feeling of personal accomplishment
- Burnout is often high among healthcare professionals, but not well characterized in pharmacists

# Impact of Burnout

- Reduced productivity
- Increased job turnover
- Reduced physical and psychological wellbeing
- Negatively impacts quality of patient care

# Systematic review

- A methodical review and critical appraisal of studies relevant to the research question and data analysis
- Reviewed original studies investigating burnout in pharmacists only, from any country using any validated burnout measurement tool
- Pooled the collected data to establish the prevalence of burnout in pharmacists and associated risk factors

# Results

- Over half of pharmacists were experiencing burnout
- Those experiencing burnout were more likely to have made a medication error or consider leaving their current employment
- Risk factors included working full time, less professional experience, high prescription volumes and workload, poor work/life balance and excessive administrative duties
- Time away from work, participation in education/training, social interactions/hobbies and access to burnout management resources were associated with lower rates of burnout



# What needs to change?

- Organisational structure and work culture
- Working environment
- Team support
- Individual support

Reference:

Dee J, Dhuhaiawi N, Hayden JC. A systematic review and pooled prevalence of burnout in pharmacists. International Journal of Clinical Pharmacy. 2022 Nov 29:1-0.

# Dr. Catriona Bradley – Irish data

- Background to this study
  - Student psychology study – HDip Psychology - Dublin Business School
  - Increased anecdotal reporting of burnout – pre/during/post COVID
  - Aim: Measure burnout in pharmacy and consider some psychological aspects
  - Workplace issues considered in PSI future pharmacy workforce study

# Measures of burnout – Valid & Reliable Instruments

## Maslach Burnout Inventory

- Emotional Exhaustion
- Depersonalisation
- Personal Accomplishment

## Oldenburg Burnout Inventory

- Exhaustion  
(physical, cognitive, affective)
- Disengagement from work

## Copenhagen Burnout Inventory

- Personal (physical & psychological)
- Work
- Patient-related

- Tools should be used in strategic combination with other relevant information
- Can help leaders design effective ways to build engagement and establish healthier workplaces in which employees will thrive
- Best practice to share the information with the people who generated them

*Maslach, C; Leiter, M; How to Measure Burnout Accurately and Ethically. Health and Behavioural Science (2021)*

# A Study of Burnout Among Irish Pharmacists

### Information about this study

My name is Catriona and I am a student researcher in Dublin Business School. I am conducting an investigation into factors that may contribute to job burnout among pharmacists, such as psychological capital and job crafting.

### Why have you been asked to participate?

The target audience is pharmacists registered with the Pharmaceutical Society of Ireland, irrespective of where they work. You have been asked to participate in this capacity.

### What does participation involve?

Participation involves completing an anonymous electronic survey. The questions asked in this survey have been used widely in research and should not cause any negative feelings. However, if any of the questions do raise difficult feelings for you, contact information for support services is provided at the end of the survey.

### Right to withdraw

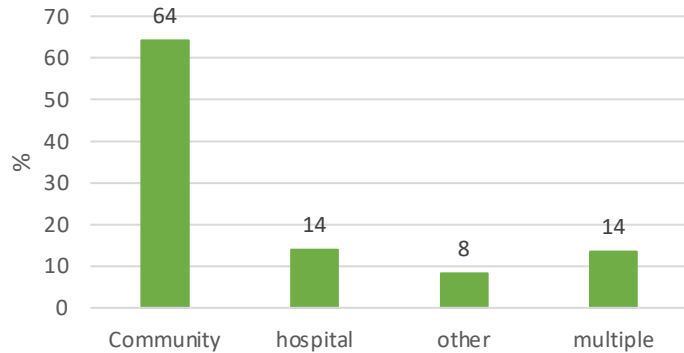
Participation in this survey is entirely voluntary and so you are not obliged to take part. Participants have the right to withdraw from the research at any time for any reason, up until they choose to submit their responses. Participation is anonymous and therefore responses cannot be attributed to any one participant. For this reason, it will not be possible to withdraw from participation after the questionnaire has been collated.

### Anonymity and Data Protection

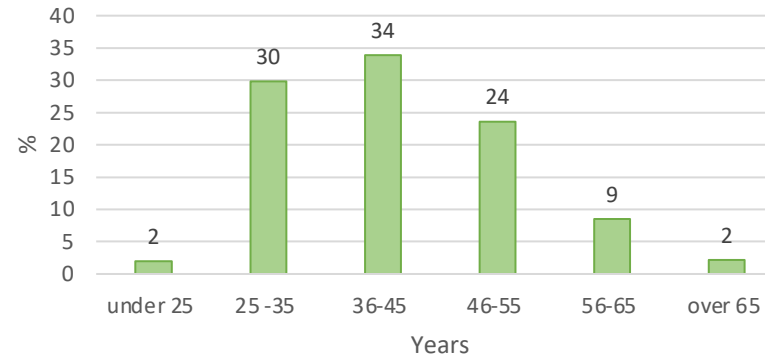
Participants in this research study will be anonymous. Broad demographic information will be collected but the survey will not solicit any personally identifying information that could be used to link individual responses to any individual identity. Questionnaire responses will be stored on a password protected computer. The information you provide

- Survey of 6,030 pharmacists (willing to be contacted for research purposes) on PSI register
- 868 responses (14%)
- 70% female, 29% male, 1% non-binary

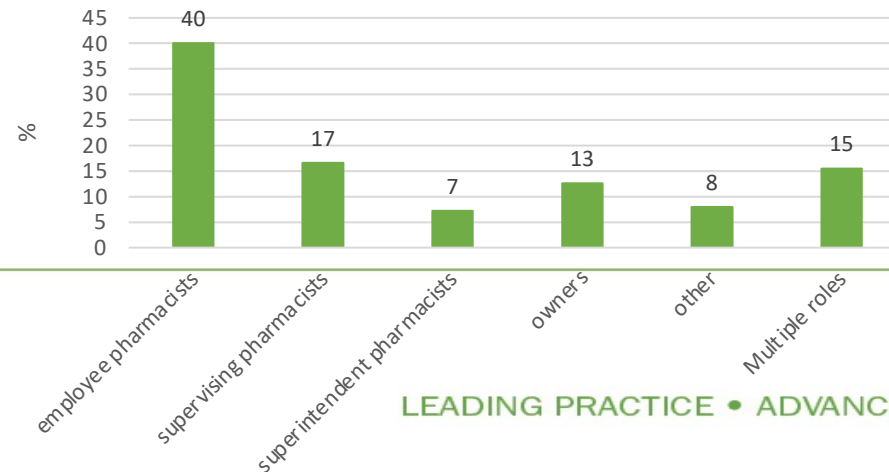
Practice Areas



Age ranges



Employment type



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# Results

- Mean burnout score = 54.93
- Over 62% of pharmacists in this study were identified as experiencing medium to high levels of burnout (based on prevalence cutoffs outlined by Creedy et al. (2017))

# Demographic factors

- Age
- Practice Area
- Employment Type
- Working Hours

# Age

Table 2: Burnout scores categorised by age group

Age (years)	n	CBI overall score		CBI personal sub-score		CBI work sub-score		CBI patient-related sub-score	
		mean	SD	mean	SD	mean	SD	mean	SD
Under 25	17	55.47	18.16	54.17	14.21	59.03	20.87	53.19	25.28
25-35	259	58.92	17.16	59.96	17.16	58.53	19.30	58.27	23.02
36-45	294	56.20	19.51	59.61	17.95	56.80	21.40	52.13	25.10
46-55	205	52.16	19.77	55.51	18.60	53.48	21.54	47.48	25.67
56-65	74	47.68	18.27	51.80	17.73	49.13	21.43	42.12	21.62
Over 65	19	39.04	19.16	42.02	19.10	37.41	22.25	37.72	18.61

1

2

25-35 age range had significantly higher burnout scores than those in the 46-55 age range (Mean difference = 6.76,  $p=0.002$  CI [95%] 1.75, 11.77), the 56-65 age range (Mean difference = 11.23,  $p<0.001$  CI [95%] 4.17, 18.30) and over 65 years of age (Mean difference = 19.87,  $p<0.01$  CI [95%] 7.14, 32.61).

Those in the 36-45 age range had significantly higher burnout scores than those in the 56-65 age range (Mean difference = 8.50,  $p=0.007$  CI [95%] 1.53, 15.46) and over 65 years of age (Mean difference = 17.13,  $p=0.002$  CI [95%] 4.45, 29.82).

# Practice Area

Table 4: Burnout scores categorised by practice area

Practice area	n	CBI overall Score		CBI personal Sub-Score		CBI work Sub-Score		CBI patient-related Sub-Score	
		mean	SD	mean	SD	mean	SD	mean	SD
		Community	556	58.88	18.19	59.96	17.27	59.21	20.16
Hospital	121	48.21	17.16	55.51	18.7	50.42	20.18	38.68	21.18
Other	72	39.80	17.33	47.18	18.29	39.93	19.46	32.29	22.91
Multiple areas	117	52.80	19.62	55.09	18.35	52.96	21.57	50.36	26.15

Community pharmacists have significantly higher burnout scores than hospital pharmacists (Mean difference CBI overall = 10.67,  $p < .001$  CI [95%] 5.98, 15.37) with significantly higher work-related burnout (Mean difference CBI work = 8.78,  $p < .001$ , CI [95%] 3.55, 14.02) and significantly higher patient-related burnout (Mean difference CBI patient-related = 18.77,  $p < .001$ , CI [95%] 12.78, 24.75).



# Employment type

Table 6: Burnout scores categorised by employment type

Employment type	n	CBI overall score		CBI personal Sub-Score		CBI work Sub-Score		CBI patient-related Sub-Score	
		mean	SD	mean	SD	mean	SD	mean	SD
Employee	348	52.81	19.74	55.84	18.37	52.68	21.92	49.92	25.37
2 Supervising	144	58.45	18.19	60.87	18.21	58.86	19.74	55.60	24.04
Superintendent	63	48.09	19.50	53.32	19.95	51.13	21.81	39.81	25.17
1 Owner	109	59.88	17.8	61.85	16.81	61.25	19.07	56.54	22.20
Self-employed/other	67	56.98	17.85	56.50	16.96	56.77	20.21	57.65	23.73
Multiple employments	137	54.85	18.71	57.66	17.63	55.94	20.98	50.93	24.07

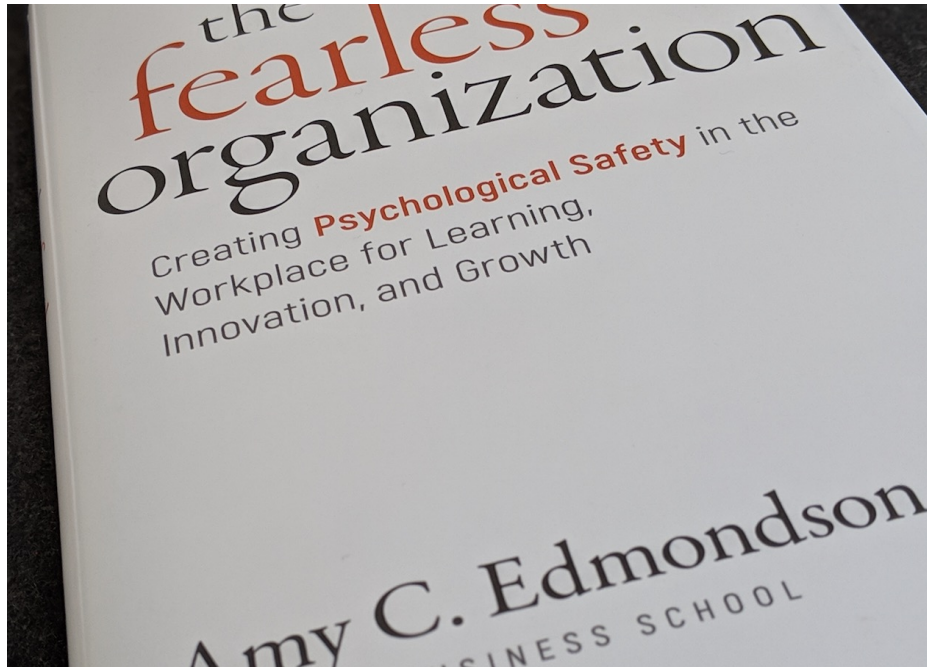
# Working hours

There was an increase in burnout scores within increased working hours per week – but this was not significant

# Psychological factors

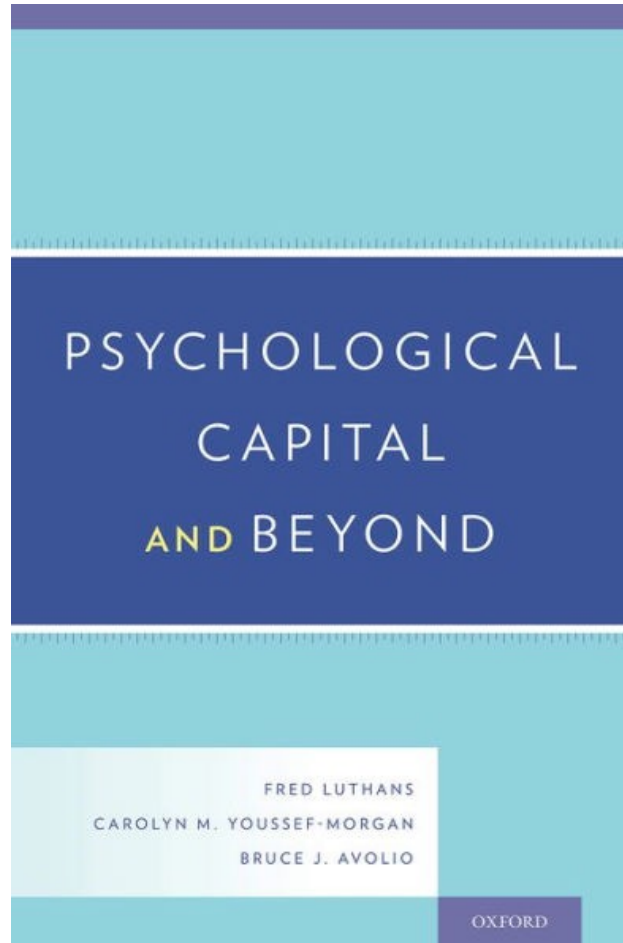
- Psychological Safety
- Psychological Capital
- Job Crafting

# Psychological Safety



- A shared belief amongst colleagues as to whether it is safe to engage in inter-personal risk-taking in the workplace such as engaging in open communication, voicing concerns and seeking feedback (Edmondson, 1999; Newman et al., 2017)
- Impacted by organisational culture and leader, team & individual behaviours
- Psychological Safety Score amongst pharmacists significantly predicts burnout scores – lower score, higher burnout
- (F (1, 805) = 123.083, p < .001, R<sup>2</sup> = .133) (Burnout,  $\beta$  = -.364, p < .001, CI (95%) -11.45, -8.00).

# Psychological Capital



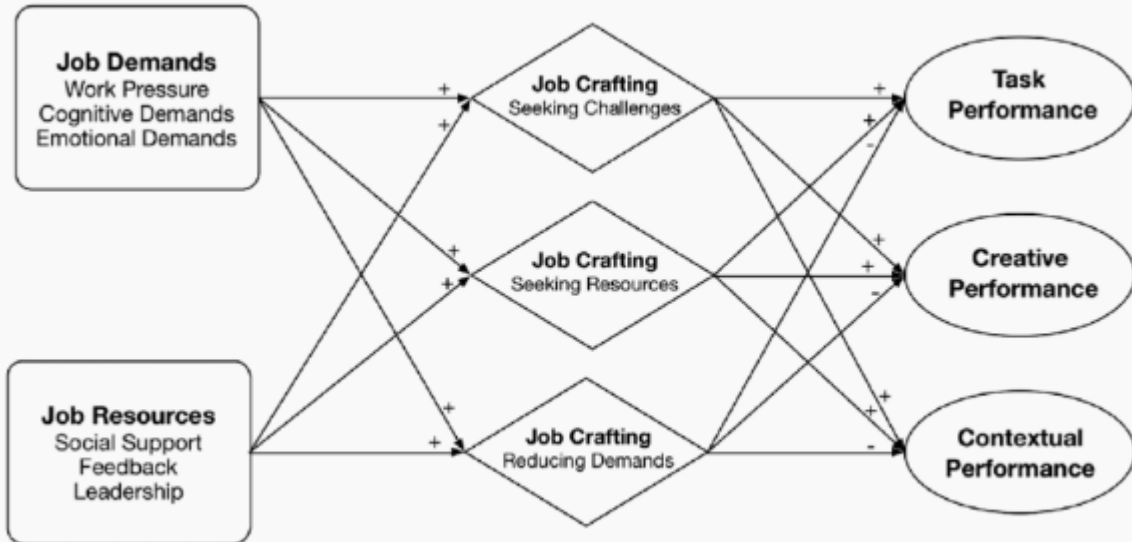
- An individual's positive psychological state of development and is characterized by **self-efficacy, optimism, hope and resilience** (Luthans et al, 2006)
- Psychological Capital Scores significantly predicts burnout scores
  - Hope & Optimism predicted burnout
  - Resilience & Self-efficacy did not predict burnout
- ( $F(1, 866) = 226.24, p < .001, R^2 = .206$ ) (Burnout,  $\beta = -.455, p < .001, CI(95\%) -.557, -.428$ ).



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# Job Crafting



- The self-initiated changes that employees make in their own job demands and job resources to attain and/or optimize their personal work goals (Tims et al., 2012).
- Low Job Crafting was a predictor of burnout – but was not an independent predictor.... Associated with psychological safety and psychological capital.



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# What does this tell us?

- Burnout is an issue in Irish pharmacy, and warrants attention.
- Certain parts of the profession appear have higher levels of burnout
  - 25-35 years, and 36-45 years
  - Community Pharmacists
  - Owners and Supervising Pharmacists
- Psychological Safety in pharmacy teams plays a significant role
- Optimism and Hope play a significant role: personal, organisational or professional level?
- Provides a measure of burnout and some insights .... Not a complete picture!



~  
centre for  
positive health  
sciences

# Developing Health & Wellbeing at Work

Dr. Mary Collins CPsychol. EdD. EMCC  
RCSI Centre for Positive Health Sciences



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# About Me

**Deloitte.**



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The Psychological Society of Ireland  
Cumann Síceolaithe Éireann  
Special Interest Group in  
Coaching Psychology



Master of Surgery (MCh) by  
Module - Programme Brochure  
2022



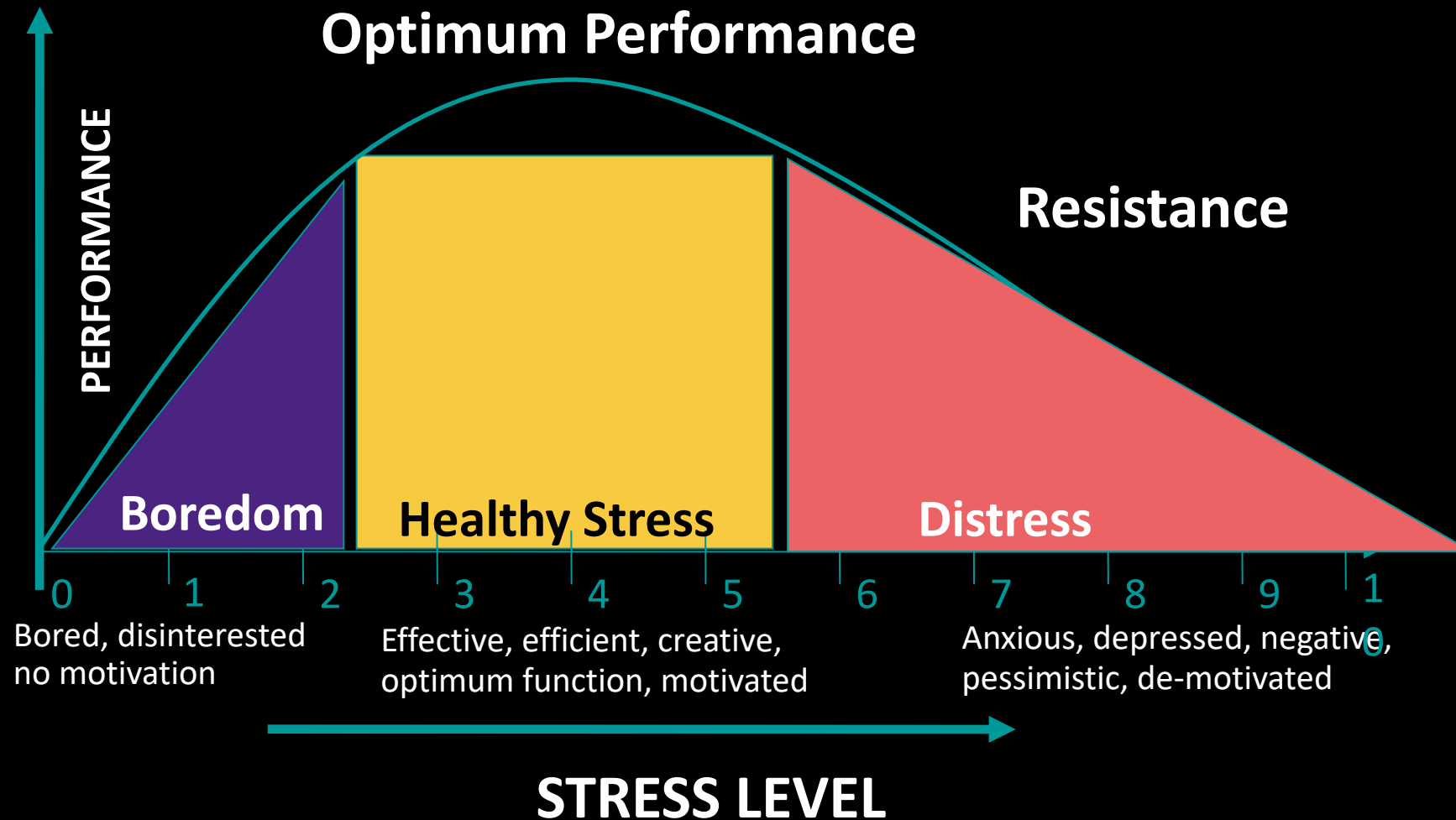
MSc in Positive  
Health Coaching



**EMCC**  
European Mentoring &  
Coaching Council

**INTERNATIONAL  
CENTRE FOR  
COACHING  
SUPERVISION**

# Yerkes- Dodson Law (1908)



# Healthy Place to Work Model

## Purpose

- Wellness Culture
- Flow & Gratitude
- Congruence
- Organisation & Values

## Mental Resilience

- Learning Mindset
- Financial Wellbeing
- Self Efficacy (job & career)
- Self Efficacy (health)
- Work Control
- Work Demands

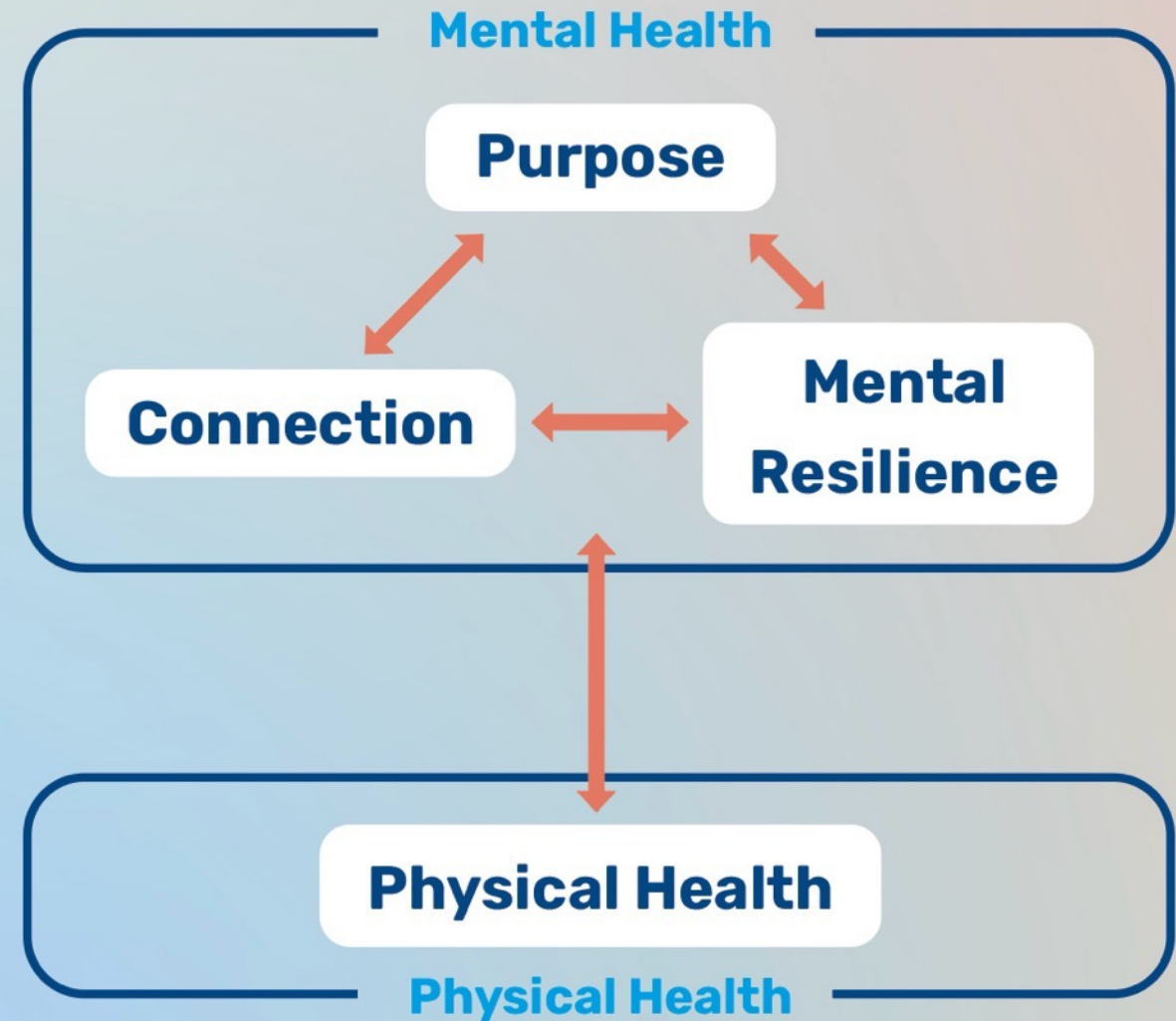
## Connection

- Manager Support
- Belonging
- Relationships
- Peer Support
- Social Wellbeing
- Diversity & Inclusion
- Emotional Expression

## Physical Health

- Work Environment & Safety
- Energy & Rest
- Fitness
- Diet

## Strategic Framework





Brain,  
LOOK!

Not NOW!  
Can't you see  
I'm BUSY?!



# Optimism

- Optimism comes from the latin word *optimus* meaning 'best' – an optimistic person is always looking for the best in any situation.
- People high in optimism look on the positive side of life and sense opportunities even in the face of adversity.
- They are resilient, can see the big picture and where they are going, and are able to focus on the possibilities of what can be achieved.
- Optimistic people 'bounce back from defeat'.

(Source: ECi Dr Martyn Newman, Roche Martin)



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## The Explanatory Styles of Positive Psychology

### PESSIMISTIC

#### PERMANENT

“This will last forever”

#### PERVASIVE

“This will undermine everything”

#### PERSONAL

“It’s me, it’s all my fault”

#### UNCONTROLLABLE

“There’s nothing I can do about it”

### OPTIMISTIC

#### TEMPORARY

“This will pass”

#### LOCAL

“Relates to just this one situation”

#### NOT PERSONAL

“This is not entirely my fault”

#### CONTROLLABLE

“There’s something I can do about it”

# Developing Hope & Optimism

## 3 Key Actions



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# Action 1: Build Your Personal Toolkit

## FOUR CORE STRATEGIES FOR MANAGING STRESS AND ANXIETY

### 1. ATTENTION - CENTERING TECHNIQUES

To neutralize anxiety, it can often help to use techniques designed to focus attention beyond anxious thoughts.



MEDITATION



BREATHING



VISUALIZATION

### 2. EXPRESSIVE, CREATIVE STRATEGIES

To channel anxious thoughts or feelings in more productive ways, we might identify specific outlets to express creativity, such as working on a project, drawing, and athletics.



WORKING ON A PROJECT



ARTS



PHYSICAL MOVEMENT

### 3. REFLECTION EXPLORATION STRATEGIES

To monitor where anxiety arises, become more aware of anxiety triggers, and reflect on anxious thoughts and feelings, we might try strategies that foster self-observation.



JOURNALING



SELF-MONITORING



COMMUNICATION

### 4. HEALTHY LIFESTYLE VALUES

To reduce residual feelings of anxiety, it could help to turn attention toward healthy habits, healthy relationships, healthy pleasures, and a healthy environment.



NUTRITION



RELATIONSHIPS



EXERCISE



# Action 2. Gratitude

- Appreciation to & from colleagues/patients/customers
- 'Three Good Things' each night

Prof Brian Sexton Research -

<http://www.dukepatientsafetycenter.com/>

*'Gratitude has been found to relate to greater wellbeing, greater life satisfaction, greater sense of connectedness to others, and greater physical health (e.g., improved sleep quality). (Emmons & McCullough, 2003; Emmons & Mishra, 2011)*



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# Action 3: Focus on Strengths

- Find out your Top 5 Character Strengths & engage them daily!

[www.viacharacter.org](http://www.viacharacter.org)

**‘Character strengths assist in reducing the likelihood of distress and dysfunction while encouraging tangible outcomes like:**  
 Greater happiness.  
 Acceptance of oneself.  
 Competence, mastery, efficacy.  
 Mental and physical health.

**(UPenn/VIA Institute)**



## The VIA Classification of 24 Character Strengths

ViaCharacter.org

<b>WISDOM</b>	<b>CREATIVITY</b> • Originality • Adaptive • Ingenuity	<b>CURIOSITY</b> • Interest • Novelty-Seeking • Exploration • Openness	<b>JUDGMENT</b> • Critical Thinking • Thinking Things Through • Open-mindedness	<b>LOVE OF LEARNING</b> • Mastering New Skills & Topics • Systematically Adding to Knowledge	<b>PERSPECTIVE</b> • Wisdom • Providing Wise Counsel • Taking the Big Picture View
<b>COURAGE</b>	<b>BRAVERY</b> • Valor • Not Shrinking from Fear • Speaking Up for What's Right	<b>PERSEVERANCE</b> • Persistence • Industry • Finishing What One Starts	<b>HONESTY</b> • Authenticity • Integrity	<b>ZEST</b> • Vitality • Enthusiasm • Vigor • Energy • Feeling Alive	
<b>HUMANITY</b>	<b>LOVE</b> • Both Loving and Being Loved • Valuing Close Relations with Others	<b>KINDNESS</b> • Generosity • Nurturance • Care & Compassion • Altruism • "Niceness"			<b>SOCIAL INTELLIGENCE</b> • Aware of the Motives/Feelings of Self/Others • Knowing what Makes Other People Tick
<b>JUSTICE</b>	<b>TEAMWORK</b> • Citizenship • Social Responsibility • Loyalty			<b>FAIRNESS</b> • Just • Not Letting Feelings Bias Decisions About Others	<b>LEADERSHIP</b> • Organizing Group Activities • Encouraging a Group to Get Things Done
<b>TEMPERANCE</b>		<b>FORGIVENESS</b> • Mercy • Accepting Others' Shortcomings • Giving People a Second Chance	<b>HUMILITY</b> • Modesty • Letting One's Accomplishments Speak for Themselves	<b>PRUDENCE</b> • Careful • Cautious • Not Taking Undue Risks	<b>SELF-REGULATION</b> • Self-Control • Disciplined • Managing Impulses & Emotions
<b>TRANSCENDENCE</b>	<b>APPRECIATION OF BEAUTY &amp; EXCELLENCE</b> • Awe • Wonder • Elevation	<b>GRATITUDE</b> • Thankful for the Good • Expressing Thanks • Feeling Blessed	<b>HOPE</b> • Optimism • Future-Mindedness • Future Orientation	<b>HUMOR</b> • Playfulness • Bringing Smiles to Others • Lighthearted	<b>SPIRITUALITY</b> • Religiousness • Faith • Purpose • Meaning

# Optimism Resources

## Learned Optimism Stanford Test:

<https://web.stanford.edu/class/msande271/online-tools/LearnedOpt.html>

## Emotional Capital (ECR) Resources:

[www.rochemartin.com](http://www.rochemartin.com)

## Seligman Positive Psychology Resources:

<https://ppc.sas.upenn.edu/>

## Gratitude '3 Good Things' :

<https://www.midmichigan.org/quality-safety/3-good-things/>



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Thank you

Dr Mary Collins

# Dr. Mary Collins – What can we do?

- Psychological safety
- Optimism
- Hope

**We appreciate your feedback!**  
**Link to Survey in chat box**



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# Reflection: What impact will this have on your practice?



# Thank you

We are taking a summer break & we will be back on the  
**Wed 13th of September 8pm**

Keep an eye out on our Social Media and Emails for details on our next webinar

Invitations will be sent via email

Remember to keep an eye on IIOp social media for updates!



Twitter: [@IIOPharmacy](https://twitter.com/IIOPharmacy)



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