

“May You Live in Interesting Times”: Minimizing Contributors to Pharmacist Burnout

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Most readers will recognize the main title of this editorial, a curse of sorts that was apparently coined by a British politician in the 1930s. Of course, the irony is that this curse is actually calling for the recipient to experience dangerous or troubling times. We in the pharmacy profession are currently experiencing “interesting times”, with all the various connotations entailed by the term “interesting”. The expanding and ever-more-complex array of pharmacotherapeutic options now available (such as monoclonal antibodies and checkpoint inhibitors), the increasing number of previously unrecognized medical conditions for which our patients now have treatment options available, the increasing bureaucratic complexity of obtaining funding for new drug therapies, and the frustrations of modifying therapeutic plans because of drug shortages: these are just some of the “interesting” challenges that pharmacists face daily. Although we all welcome the growing recognition of pharmacists’ contributions to patient care and their increasing independence in providing such care, the extension of our roles comes at a cost. One aspect of this cost is burnout.

In this issue, Blue and others¹ add further evidence of the growing prevalence of burnout among hospital pharmacists, specifically Canadian pharmacists. Burnout—a constellation of symptoms of emotional exhaustion, depersonalization, and feelings of reduced personal accomplishment—is the mental process caused by unmanageable or unanticipated stressors resulting from a person’s work.² Although the authors acknowledge the study’s small sample size ($n = 171$), their findings suggest a high prevalence of some characteristics of burnout among Canadian pharmacists. Given that burnout has been associated with individuals changing jobs, changing professions, or experiencing a reduction in enthusiasm for their current roles,² efforts to minimize burnout would be beneficial for the profession, as well as the individual. So how can this syndrome be minimized?

Burnout may be more prevalent among pharmacists with increasingly demanding job responsibilities (including clinical workload, teaching, administration, and research), with

certain demographic characteristics (such as being early in their career or unmarried) or personality traits (such as type A or competitive personalities), or having traits and desires that do not match those needed for the pharmacist’s current role.³ Strategies are needed to address all of these contributors. Individual pharmacists need to come to an understanding of their own personal traits and develop strategies to counteract those traits contributing to burnout.² Pharmacy administration can create an environment for assisting pharmacists in coming to such an understanding and subsequent minimization of burnout. Such efforts to address mental health, whether at the level of individual pharmacists or pharmacy departments collectively, are frequently described as wellness or well-being programs.⁴

Blue and others¹ suggest that factors contributing to burnout in their study sample included various job characteristics, such as not working to full scope of practice, excessive on-call or overtime requirements, assignment of nonclinical duties without sufficient time available to perform them, and lack of recognition of work performed. Pharmacy administrators must recognize the existence of these and other factors contributing to their pharmacists’ frustrations, as well as barriers to resolving them. By exploring methods of resolving barriers to the provision of high-level patient care, while maintaining reasonable workload, administrators can help pharmacists to remain engaged in their roles. Such organizational factors are not easily addressed, but without efforts to do so, they will continue to contribute to burnout. Implementing strategies to improve the fit of individual pharmacists with their respective positions (including making it possible to work to full scope of practice), regularly recognizing individuals’ contributions, and providing opportunities for individuals to expand their knowledge, impact, and responsibilities (i.e., creating a potential career pathway) would all be beneficial in minimizing the development of burnout.^{2,3} Through these processes, our “interesting times” can perhaps become positive experiences.

References

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ON THE FRONT COVER



Mount Chester, Kananaskis Country, Alberta

This photograph of Mount Chester glistening in the sun after a light dusting of snow was captured in September 2018 by June Chen, who was using a Canon PowerShot SD1100 IS Digital Camera. A few hours later, June summited Mount Chester.

June is a clinical pharmacist at the University of Alberta Hospital in Edmonton. She practises on the cardiac intensive care and cardiovascular surgery units. During the summer months, she enjoys hiking in the mountains, and all year round, she likes to dance contemporary jazz.

The *CJHP* would be pleased to consider photographs featuring Canadian scenery taken by CSHP members for use on the front cover of the Journal. Winter-themed photographs are especially needed, so get your cameras out! If you would like to submit a photograph, please send an electronic copy (minimum resolution 300 dpi) to publications@cshp.ca.