

Burnout: A Real Problem in Need of Multifaceted Solutions

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Burnout is a syndrome resulting from chronic workplace stress, which can be characterized by emotional exhaustion, depersonalization, and reduced sense of personal accomplishment.¹ Burnout can occur in any workplace and has been well described in the profession of pharmacy.²⁻⁴ In this issue of *CJHP*, Dempsey and others⁵ present the results of a national survey to determine whether interventions are currently implemented in Canadian pharmacy residency programs to manage resident burnout and to describe the perceived effectiveness of any existing interventions. A total of 107 pharmacy residents representing all provinces in Canada completed the Maslach Burnout Inventory (MBI) section of the survey, of whom 62% were determined to be at high risk of burnout according to at least one MBI subscale. Most respondents (93%) felt that burnout was an issue affecting pharmacy residents, and 75% expressed interest in interventions to help alleviate burnout. Interventions offered to pharmacy residents included mentorship programs, schedule changes, and promotion of self-organization. These findings were consistent with a similar study in the United States, which demonstrated that 81% of pharmacy residents were at high risk of burnout according to at least one MBI subscale.⁶

This survey of pharmacy residents adds to the growing and consistent findings that burnout does affect our profession, and, as is the case for other health care providers, we can anticipate it will ultimately result in impaired clinical decision-making, increases in medical errors, and poor patient safety outcomes.^{7,8} The demands and challenges of the health care environment are often difficult to alter. As a consequence, systematic approaches to managing and preventing burnout are essential and must be offered to health care providers throughout their careers. Indeed, the need for suitable interventions should be viewed as an opportunity to which our profession should pay attention at every step, from initial training to retirement.

First, both awareness of and strategies to prevent and manage burnout should be introduced to students in our faculties and schools of pharmacy throughout the country. Doing so can help our students to be prepared for this common challenge long before they complete their

entry-to-practice degree. Yet in a recent survey of all 10 Canadian pharmacy schools by Weichel and others,⁸ only one reported having a burnout-prevention curriculum. Second, further awareness as well as relevant education should be incorporated into pharmacy residency and other post-graduate training programs. These programs place high demands on pharmacists and closely mimic the challenges they will face upon completion of their training. Role models and mentors, who are common and valued in residency programs, should make purposeful attempts to support pharmacists as they learn to recognize burnout and should also offer strategies to prevent the problem. Finally, employers can pay more attention to the issue of burnout to optimize the well-being of all pharmacists and other pharmacy team members.

Blue and others² found that two independent factors associated with burnout were dissatisfaction with work-life balance and a feeling that one's contributions were unappreciated. As such, employers' strategies must go beyond awareness and should incorporate interventions such as self-care workshops, as well as managing workloads and adjusting schedules where possible. Contingency arrangements for unexpected periods of demand in the workplace should also be considered. In addition, employers should ensure that all members of the pharmacy team are aware of the resources and supports available to anyone who is experiencing burnout or other challenges to their professional and workplace well-being.

Burnout is real, and addressing it takes the collective effort of everyone involved in the journey toward practising as effective pharmacists in our health care system. Ensuring the well-being of all members of our profession is essential if we are to function as effective and valued members of the health care team and offer the best of our abilities to the patients under our care.

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ON THE FRONT COVER



St Lawrence River, Brockville, Ontario

This photograph of the St Lawrence River was taken by Helena Trabulsi on a beautiful day in late August in Brockville, Ontario. She and her husband were travelling from Quebec back to their home in Oakville, Ontario, when they stopped to enjoy the peaceful riverfront park area in Brockville.

Helena is enjoying retirement after many years as a hospital director of pharmacy. She works occasionally as a consultant providing advice on equipment planning for new or renovated hospital pharmacy departments. Her other activities include gardening, arranging speakers for the local horticultural society, and researching her family history.

The *CJHP* would be pleased to consider photographs featuring Canadian scenery taken by CSHP members for use on the front cover of the Journal. If you would like to submit a photograph, please send an electronic copy (minimum resolution 300 dpi) to publications@cshp.ca.