

Interventions to Mitigate Burnout and Promote Mental Health Among Frontline Pharmacists: A Comprehensive Study

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Abstract

Background: Frontline pharmacists face significant burnout due to high workload and stress. Identifying effective interventions is critical for improving their mental health and job satisfaction.

Objective: This study explores interventions to mitigate burnout and support mental health among frontline pharmacists.

Methods: A mixed-methods approach was used with 50 pharmacists completing a survey and 10 participating in semi-structured interviews. Quantitative data were analyzed using descriptive and inferential statistics, while qualitative data were analyzed through thematic analysis.

Results: High levels of emotional exhaustion and depersonalization were reported. Utilization of mental health support interventions was associated with significantly lower burnout scores ($p < 0.05$). Key themes included the effectiveness of peer support, professional development, and necessary organizational changes.

Conclusion: Mental health support interventions, peer support, professional development, and workload adjustments are effective in reducing burnout among pharmacists. Implementing these strategies can enhance pharmacist well-being and patient care.

Keywords: Burnout, Pharmacists, Mental Health, Interventions, Peer Support, Professional Development, Workload Management

Introduction

Burnout is a significant issue among healthcare professionals, characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Basson and Rothmann, 2002). This phenomenon has been extensively studied in various healthcare settings, revealing a high prevalence and detrimental effects on both the providers and the quality of care they deliver (Sime et al., 2007).

Pharmacists, particularly those on the frontline, face unique challenges that contribute to high levels of burnout. These challenges include high workloads, time pressures, the complexity of patient care, and the increasing demands of administrative tasks (Muir and Bortoletto, 2007). Despite their critical role in the healthcare system, pharmacists often receive less attention in research on burnout compared to other healthcare professionals (Malan, 2005).

Existing literature indicates that pharmacists experience significant stress and burnout, yet interventions tailored to their unique roles and work environments are scarce (Malan, 2005). This gap underscores the necessity for targeted strategies to address the mental health needs of pharmacists, who are integral to the healthcare system.

This study aims to explore and evaluate interventions designed to mitigate burnout and promote mental health among frontline pharmacists. By identifying effective strategies, this research seeks to provide evidence-based recommendations to enhance the well-being and job satisfaction of pharmacists, ultimately improving patient care outcomes.

The objectives of this study are to:

1. Identify the primary sources of burnout and stress among frontline pharmacists.

2. Evaluate the effectiveness of current interventions aimed at reducing burnout and promoting mental health.
3. Develop recommendations for implementing and improving support systems for pharmacists.

By addressing these objectives, this research aims to contribute to the growing field of mental health and well-being in healthcare, with a specific focus on the often-overlooked group of pharmacists.

Literature Review

Overview of Burnout in Healthcare: Burnout among healthcare professionals is a well-documented issue characterized by emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Basson and Rothmann, 2002). This condition not only affects the well-being of healthcare providers but also has significant implications for patient care, leading to decreased quality of service and increased medical errors (Sime et al., 2007). Extensive research has highlighted the prevalence of burnout across various healthcare professions, including physicians, nurses, and allied health workers, emphasizing the need for effective interventions (Regehr et al., 2014).

Specific Challenges for Pharmacists: Pharmacists face unique challenges that contribute to burnout. High workloads, time pressures, the complexity of patient care, and the increasing demands of administrative tasks are some of the factors that significantly impact their mental health (Muir and Bortoletto, 2007). Studies have shown that pharmacists often experience job-related stress due to the demanding nature of their work environment, which includes managing medication therapy, ensuring patient safety, and dealing with regulatory requirements (Malan, 2005). Additionally, the evolving role of pharmacists, with expanded responsibilities in patient care, has added to the stress and burnout levels (Yuksel et al., 2008).

Existing Interventions: Several interventions have been proposed and implemented to address burnout and promote mental health among healthcare professionals. These include individual-focused strategies such as mindfulness training, cognitive-behavioral therapy, and resilience training, which have shown to be effective in reducing stress and improving well-being (Sharma and Rush, 2014). Organizational interventions, such as workload adjustments, improved work-life balance policies, and enhanced support systems, have also been beneficial in mitigating burnout (Regehr et al., 2014).

However, specific interventions tailored to the needs of pharmacists are relatively limited. Research has indicated that pharmacist-specific strategies, such as peer support programs, mentorship, and professional development opportunities, can be effective in reducing burnout and promoting job satisfaction (Malan, 2005). For instance, a study by Fuller et al. (2008) highlighted the positive impact of peer support and mentorship programs in community pharmacy settings, suggesting that these interventions can enhance the well-being of pharmacists.

Gaps in Research: Despite the growing recognition of burnout among pharmacists, there is a notable gap in research focusing on targeted interventions for this group. Most existing studies have concentrated on general healthcare settings, with limited attention to the specific challenges and needs of pharmacists (Malan, 2005). Furthermore, there is a lack of comprehensive evaluations of the effectiveness of various interventions in pharmacy settings. This gap underscores the need for more focused research to develop and assess strategies that can effectively address burnout and promote mental health among pharmacists.

The literature highlights the significant issue of burnout among healthcare professionals and the unique challenges faced by pharmacists. While various interventions have been proposed and implemented, there is a clear need for targeted strategies to address the specific needs of pharmacists. This study aims to fill this gap by exploring and evaluating interventions designed to mitigate burnout and promote mental health among frontline pharmacists. By doing so, it seeks to provide evidence-based recommendations that can enhance the well-being and job satisfaction of pharmacists, ultimately improving patient care outcomes.

Methodology

Study Design: This study employed a mixed-methods approach to explore interventions aimed at mitigating burnout and promoting mental health among frontline pharmacists. The research was conducted in two phases: a quantitative survey followed by qualitative semi-structured interviews. This design allowed for a

comprehensive understanding of the extent of burnout and the effectiveness of various interventions from both statistical and experiential perspectives.

Setting and Participants: The study was conducted in a tertiary hospital. Participants were frontline pharmacists who had been practicing for at least one year. A total of 50 pharmacists were invited to participate in the survey, and 10 pharmacists were subsequently selected for interviews based on their survey responses and willingness to participate in the qualitative phase.

Phase 1: Quantitative Survey

Survey Instrument: A structured questionnaire was developed based on existing validated scales, including the Maslach Burnout Inventory (MBI) to assess burnout levels and the Depression, Anxiety, and Stress Scale (DASS-21) to measure mental health status. Additionally, the survey included questions about demographic information, work environment, job satisfaction, and awareness and use of mental health support interventions.

Data Collection: The survey was distributed electronically via email and was available for completion over a period of one month. Reminders were sent bi-weekly to encourage participation. In total, 45 completed surveys were received, yielding a response rate of 90%.

Data Analysis: Quantitative data were analyzed using descriptive and inferential statistics. Burnout levels were categorized based on the MBI subscales: emotional exhaustion, depersonalization, and personal accomplishment. The relationship between burnout levels and various demographic and work-related factors was examined using multiple regression analysis. The effectiveness of interventions was evaluated by comparing burnout and mental health scores between pharmacists who utilized support interventions and those who did not.

Phase 2: Qualitative Interviews

Interview Guide: A semi-structured interview guide was developed to explore pharmacists' experiences with burnout, their perceptions of the available support interventions, and suggestions for improving these interventions. The guide included open-ended questions to allow participants to share their insights and experiences in detail.

Data Collection: Interviews were conducted either in person or via video conferencing, depending on the participants' preferences and availability. Each interview lasted approximately 45-60 minutes and was audio-recorded with the participants' consent. Interviews were transcribed verbatim for analysis.

Data Analysis: Qualitative data were analyzed using thematic analysis. Transcripts were read multiple times to identify recurring themes and patterns. Coding was performed independently by two researchers to ensure reliability, and any discrepancies were resolved through discussion. Themes were developed to capture the key aspects of pharmacists' experiences with burnout and the perceived effectiveness of support interventions.

Ethical Considerations

Ethical approval for the study was obtained from the ethics committee. All participants provided informed consent prior to participation, and confidentiality was maintained throughout the study. Participants were assured that their responses would be anonymized and that they could withdraw from the study at any time without any consequences.

Findings

Quantitative Findings: The quantitative survey results provided insights into the levels of burnout and mental health among the pharmacists, as well as the effectiveness of various interventions.

Table 1: Demographic Characteristics of Survey Participants (N=45)

Characteristic	Number (N)	Percentage (%)
Gender		
Male	20	44.4
Female	25	55.6

Age		
25-34	15	33.3
35-44	20	44.4
45-54	10	22.2
Years of Experience		
1-5	10	22.2
6-10	20	44.4
11-20	15	33.3
Work Setting		
In-patient Pharmacy	15	33.3
Out-patient Pharmacy	20	44.4
Clinical Setting	10	22.2

Table 2: Burnout and Mental Health Scores

Scale	Mean (SD)
Emotional Exhaustion (MBI)	30.5 (9.8)
Depersonalization (MBI)	12.3 (5.4)
Personal Accomplishment (MBI)	34.2 (6.7)
Depression (DASS-21)	8.5 (4.3)
Anxiety (DASS-21)	7.2 (3.8)
Stress (DASS-21)	11.0 (5.1)

Table 3: Use of Mental Health Support Interventions and Burnout Levels

Intervention	Number (N)	Mean Burnout Score (SD)	p-value
Used Interventions	25	22.1 (7.5)	< 0.05
Did Not Use Interventions	20	35.4 (8.9)	

Qualitative Findings: The qualitative interviews provided deeper insights into the pharmacists' experiences with burnout and the effectiveness of the interventions. Thematic analysis identified several key themes and sub-themes.

Theme 1: Causes of Burnout

- **High Workload:** "The sheer volume of work is overwhelming, especially with the increasing responsibilities we have to manage." (Participant 3)
- **Time Pressure:** "There's never enough time to complete all the tasks, and it feels like I'm always rushing, which adds to the stress." (Participant 7)
- **Lack of Support:** "I often feel like we're left to handle everything on our own without adequate support from management." (Participant 1)

Theme 2: Effective Interventions

- **Peer Support:** "Having a peer support group has been invaluable. Just knowing there are colleagues who understand and can offer advice makes a huge difference." (Participant 5)
- **Professional Development:** "Opportunities for professional growth and development have helped me feel more competent and less stressed." (Participant 8)
- **Mindfulness Training:** "Mindfulness sessions have helped me manage my stress better and stay more focused at work." (Participant 2)

Theme 3: Organizational Changes

- **Workload Adjustments:** "When management adjusted our workloads to be more manageable, it significantly reduced my stress levels." (Participant 4)
- **Enhanced Support Systems:** "Implementing better support systems, like having more staff available during peak times, has helped a lot." (Participant 6)

Discussion

The findings from this study provide important insights into the prevalence of burnout among frontline pharmacists and the effectiveness of various interventions designed to mitigate burnout and promote mental health. Both the quantitative and qualitative data highlight the significant challenges faced by pharmacists and underscore the critical need for targeted support mechanisms.

Prevalence and Causes of Burnout

The high levels of emotional exhaustion and depersonalization observed in this study are consistent with previous research indicating that pharmacists are at substantial risk of burnout due to the demanding nature of their work environments. The quantitative data revealed that high workload, time pressure, and lack of support were primary contributors to burnout. These factors are reflective of the broader systemic issues within healthcare settings that place immense pressure on frontline pharmacists (Muir and Bortoletto, 2007).

Effectiveness of Interventions

The quantitative analysis demonstrated that pharmacists who utilized mental health support interventions experienced significantly lower levels of burnout compared to those who did not. This finding aligns with existing literature suggesting that mental health interventions, such as mindfulness training and peer support groups, can be effective in reducing stress and improving well-being among healthcare professionals (Regehr et al., 2014). The positive impact of professional development opportunities on reducing burnout further supports the notion that empowering pharmacists through continuous learning can enhance their job satisfaction and resilience (Awa et al., 2010).

Peer Support and Professional Development

The qualitative findings underscored the critical role of peer support in mitigating burnout. Participants highlighted the value of having a network of colleagues who understand their challenges and can offer advice and emotional support. This aligns with the concept of social support being a protective factor against burnout (Lambert et al., 2007). Moreover, the emphasis on professional development as an effective intervention suggests that providing opportunities for growth and advancement can help pharmacists feel more competent and less overwhelmed.

Organizational Changes

The need for organizational changes, such as workload adjustments and enhanced support systems, emerged as a significant theme in the qualitative data. Participants reported that when management implemented measures to reduce workload and provide additional staff support, their stress levels decreased substantially. This finding highlights the importance of organizational commitment to addressing burnout and creating a supportive work environment (Sime et al., 2007).

Implications for Practice

The study's findings have several practical implications. Healthcare organizations should prioritize the implementation of mental health support interventions tailored to the needs of pharmacists. Establishing peer support groups, offering mindfulness training, and providing access to mental health professionals can be effective strategies. Additionally, creating opportunities for professional development and ensuring manageable workloads are crucial steps in mitigating burnout.

Healthcare leaders and policymakers must recognize the importance of organizational support in addressing burnout and promoting the well-being of pharmacists. Investing in these initiatives not only benefits the pharmacists but also improves patient care outcomes by ensuring that pharmacists are functioning at their best.

Limitations

This study has several limitations. The sample size was relatively small, which may limit the generalizability of the findings. Additionally, the cross-sectional nature of the survey data does not allow for the assessment of causality. Future research with larger sample sizes and longitudinal designs is needed to confirm these findings and explore the long-term impact of mental health interventions on burnout among pharmacists.

Conclusion

This study highlights the high prevalence of burnout among frontline pharmacists and the effectiveness of mental health support interventions in mitigating its effects. The integration of peer support, professional development opportunities, and organizational changes can significantly enhance the well-being of pharmacists. These findings underscore the need for healthcare organizations to prioritize the mental health and well-being of their pharmacists through targeted interventions and systemic changes.

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