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Recognizing, reversing, and preventing hospital pharmacist burnout

Paul O. Radde

The stress-related syndrome of "burnout" is reviewed, especially as it relates to work in hospital pharmacy. Included are suggestions for preventing and reversing burnout among hospital pharmacists.

Burnout comprises a distinct series of symptoms that involve a regressive spiral in personal energy, vitality, and interest; it may be described as a disease in personal relationships. The five stages of burnout are: (1) physiological, (2) social, (3) intellectual, (4) psycho-emotional, and (5) spiritual. Regeneration from burnout can be pursued more systematically by striving for balance among these five aspects of life. Certain characteristics of hospital pharmacists increase their susceptibility toward burnout. Preventing imbalance/providing balance in one's life is a basic personal responsibility; no one can do it for another person. However, attentive management can provide conditions that help pharmacy staff members prevent burnout.

Preventing burnout requires learning from past burnout-prone behavior and making the necessary changes in life style.

Index terms: Administration; Burnout; Pharmacists, hospital; Sociology

Ben, a pharmacist in a teaching hospital, spent six months preparing his medication management system, which was subsequently written out of last year's budget without an explanation. Since then, Ben has adopted an attitude that proposing improvements is futile. Almost daily he rails against the pharmacy director, the hospital administrator, and the "system." He is irritable, testy, withdrawn from other staff, and erratic in his work performance.

Cheryl began to explore medical school as an alternative less than two years after beginning work as a hospital pharmacist. She found her work to be routine, unchallenging, and thankless. She had always been enthusiastic about her undertakings. However, she has become cynical, lethargic, and a real clockwatcher.

Irritability, boredom, lethargy, withdrawal—each may be a symptom or indicator of professional burnout for the hospital pharmacist. Burnout afflicts a large proportion of the professional population. In a study of 1600 professionals from diverse fields, 85% were at some definable stage of burnout.[1]

Burnout is a recent label for a behavioral syndrome that has been with us for some time. First labeled as "battle fatigue" in the armed services, the military used group cohesion and support along with rotation away from the front lines to fight the phenomenon.[2]

During the 1960s, the syndrome became notable in human service delivery systems when helpers such as drug counselors, public health nurses, social workers, and psychiatrists found themselves not only depersonalizing their patients but also becoming openly hostile to them.[3] That destructive turn of events prompted research that uncovered distinct stages of deterioration in job performance or relationship, a phenomenon now called "burnout."

Anyone can be a burnout victim for a variety of reasons. In this paper, I explore general risk factors through which most persons can become burnt out. In addition, I discuss specific factors that contribute to hospital pharmacist burnout and how those factors might be dealt with.

Burnout Is Not . . .

Burnout is often confused with simple fatigue. But it is different. If a person can recover from an intense work effort, extended hours, or simple exhaustion with several days' rest, he has not entered into the progressive cycle of depletion that marks and distinguishes burnout.

Workaholics may spend 18 hours a day on the job. From all appearances, they should be prime candidates for burnout on that basis alone, or based on the imbalance between their social life and work life. But most workaholics get some payoff from their extensive hours on the job. For some, work is play, they relish it, and it is rewarding in itself. For others, the payoff is that they do not have to deal with feared inadequacies in their life, such as with their family. Burnout victims, by contrast, find their work unrewarding and be-

Paul O. Radde, Ph.D., a psychologist involved in management consultation and private psychotherapy practice, is President of Thrival Systems, 4824 South 29th Street, Arlington, VA 22206.

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come disinterested in it. Workaholics also exercise some control over what they work on, in spite of the long hours, while burnout victims feel helpless to control their work environment or conditions.

Being "burned up" about something is not being burned out. The energy of anger and the caring of exasperation are both elements that the advanced burnout victim does not possess or manifest. Burnout is marked by listlessness, futility, or disinterest. Being burned up usually implies that one is still interested and willing to do something about the situation. So, while this irritability could be a symptom of an early stage of burnout, it is not so typical a part of a later stage.

Burnout Is . . .

Burnout is a stress-related syndrome, a distinctive and definable series of symptoms that describes a regressive spiral of energy, vitality, and interest. It is important to view the burnout stages as an incremental or progressive spiral. Otherwise, one could conjure up enough examples of individual symptoms to classify oneself and everyone else at some stage of burnout. To be able to assess whether burnout is present, one must study the stages in sequence as well as the overall pattern of the syndrome.

Burnout indicates some dis-ease in a relationship. Persons can burn out with respect to their profession, job, spouse, house, locale, wardrobe, car, or guppy. The relationship may either overwhelm one with demands or intensity, or underuse and bore one with routine. Or, the relationship itself may provide little stimulus or reward or require little involvement. In many cases, the level of stimulus a person considers rewarding will be determined by his or her early expectations of that relationship.

One definition of burnout states:

> Burnout is a progressive cycle of *disenchantment* or *overload* in relationship, which depletes one's energy, causing loss of vitality and progressing to more serious stages that affect the emotions, body and spirit. The end result is dysfunctional behavior and low productivity.[1]

Expectation can be a major source of disenchantment when it is not rooted in reality or is not within the energy or skill limits of the individual. Some pharmacists perceive their profession as one way to do a little bootleg medical intervention. They are held to perfectionistic technical standards in their education, and they learn more about drugs than do most physicians. Most pharmacists perceive their expertise in this area as equal to or greater than that of physicians.

How dispiriting hospital pharmacy must be for those practitioners who are excluded from patient contact, who work only through intermediaries of lesser expertise, and who carry out routine and technically unchallenging operations in the central pharmacy. Only with ambulatory-care patients do some pharmacists have a semblance of patient contact. Even then, there is little control that can be exercised over the drug regimen when the patient self-administers medication at home.

It is a curiousity of our society that the "medicine man" is often excluded from patient contact. Meanwhile, the "medical man," the physician, has most of the contact, decision making authority, status, the ear of the hospital administrator, career opportunities, and fees. For many hospital pharmacists, the small portion of patient contact or staff recognition in their practice may be a source of disenchantment and a contributor to burnout.

There are other factors in hospital pharmacy that affect the level of susceptibility of pharmacists to burnout. But before discussing them, I will review the five stages of burnout to further our understanding of the syndrome.

Importance of Understanding Burnout

Various writers have characterized the burnout syndrome with three,[4] four,[5] or five[1] stages. I believe the five-stage model is the most inclusive and accurate portrayal in describing the burnout phenomenon.

Cognitive clarity about burnout can help a person assess the current susceptibility or stage of burnout for himself as well as for colleagues or departmental employees. Some individuals who do not know about the burnout syndrome and who are distinct stress casualties have pursued treatment for depression. Others have ruined their careers through carelessness, risk-taking, or nonperformance. Still others have divorced and fled family, job, and locale in an attempt to seek relief from the pervasive boredom and deadening effect of burnout.

A Relationship Dis-Ease

Excitement and Sheer Joy. Burnout is described as a dis-ease in relationship. It may be helpful to recall that in most of our relationships there is a sequencing of interest and reward as the relationship evolves. Usually, in a new job or career, there is an inherent reward just in the doing of the work. You get "sheer joy" and "fascination" out of the activity that you just "love doing." For example, some recent graduates have been so excited just to get a job that they forgot to negotiate a salary.

Payoffs. After being on the job and getting into the routine, the pharmacist begins to look at what he is receiving directly from this job, his "payoff." This may include salary, benefits, vacation, retirement, training, sick leave, and affiliation offered in connection with the job. At this point he may seek a raise in salary, a promotion, more responsibility, or some recognition as his payoff.

Tradeoffs. Over time, especially with a frozen career ladder, budget cuts, and little money for programs and research, the hospital pharmacist may no longer find a sufficient payoff or compelling incentives for remaining on the job. However, there may be factors (tradeoffs) outside of the work situation that will suffice to keep him on the job. For example, one tradeoff sufficient to keep him on site is the bad real estate market, which prevents him from selling his house and moving to another town. His active tradeoff is the conscious choice to remain on the job until that real estate

market eases and he can sell his house and move. The incentive is totally removed from the job itself.

Tradeoffs should be made consciously. If one continues in a job that one dislikes, he at least needs to acknowledge that he is doing so. Otherwise, internal conflict is invited as one pushes oneself to go to work and, at the same time, resists that push because one hates the job. A person should contract with himself to get out of the job when the tradeoff conditions have been met.

These stages of diminishing fascination and "return on relationship" should be kept in mind as the following five stages of burnout are reviewed.

The Five Stages of Burnout

I. Physiological. The symptoms for this first stage in the downward spiral sound like an old aspirin ad for "headache, neuritis, or neuralgia." The main point distinguishing burnout from just short-term fatigue or other ailments is a pattern of "persistent chronic ailments." These include appetite increase or loss, lethargy, extreme tiredness, and back pain. In the work setting, minor accidents, errors, screwups, and fumbles of assignments show up as symptomatic. Remember that the indicator is not single incidents but rather chronic, persistent ailments or a pattern of errors.

Burnout is reversible at every stage. However, if a person's attitude (including expectations) and the primary environment in which the burnout is occurring remain the same, there is a great likelihood that the process will move to the next stage, the social stage.

II. Social. At this stage, the burnout symptoms may spill over from job into social or family relationships, or the reverse. The victim begins to experience cycles of irritation, inaction, or destruction. He begins to feel helpless in dealing with people and resorts to dealing with things because at least "things stay put." There is a crisis in control, marked by the tendency to label and objectify and distance people, especially those who do not do as he wants. People are seen as "nibbling" at him. He perceives a heavy work load with no time to accomplish it all. Personal relationships decrease.

Once again, as with each successive stage, if the primary burnout environment and the victim's attitude stay the same, the symptoms progress cumulatively to the next step, the intellectual stage.

III. Intellectual. A burnout victim on the job begins to act like an overloaded computer, neither absorbing nor putting out information, showing disturbed thought patterns in writing and speech. He favors action over analysis or reflection and tends to go off half-cocked. He is exhausted with thinking and is inattentive with no concentration. Personally, the burnout candidate seeks escape and excitement or stimulus through daydreaming, procrastination, finishing at the last minute, or missing deadlines. Needless risks are taken, but at least the victim still cares about finishing an assignment. Feeling helpless over his environment, he becomes a clock watcher. The next stage deepens some of these symptoms.

IV. Psycho-Emotional. This is a more serious stage of burnout, involving active withdrawal from humanity, blocking out people and tasks, and perceiving dealings with other people as a "rip off" in which only *their* needs get met. This stage is marked by a pervasive boredom with all levels and types of relationships, escape through drugs, alcohol, extramarital affairs, and excessive spending. The victim no longer takes responsibility for any re-creation. Deadlines not only are missed, but they are seen as irrelevant. Productivity is minimal.

The burnout victim can do irreparable harm to his career in this stage, for the neglect and risk-taking of earlier stages have now regressed to flagrant disregard of responsibility and nonperformance of job tasks. Nonperformance, coupled with an uncaring or disinterested attitude, usually gets documented in the personnel file and is most difficult to remove later on. Psychological counseling or some intervention from management may be necessary at this stage in order to salvage employee and career.

V. Spiritual. This is typically called the "pits." The victim begins to doubt core beliefs, basic truths, and values. He may discount his own ability to make choices, and so may feel even less capable of getting out of his current low. Other people's needs are now seen as threatening. The fifth-stage victim often feels as if he has been napalmed internally, gutted throughout, with no substance within to draw from, no energy reserve to sustain him. He stops investing in others, maintaining only shallow, surface interactions in order to guard his depleted resources. Feeling broken in spirit and dead inside, the burnout victim may seek a major change in job, spouse, location, or all three.

Often such a major change is an overreaction and a desperate attempt to shed the circumstances of a relationship rather than to change perceptions and negotiate more favorable conditions in the relationship. At this final stage of burnout, the victim can simply lock into this situation and be resigned to it with minimal commitment, interest, and productivity. For escape, some victims will follow their despair into chronic depression, feigned amnesia, or suicide. Others will seize the opportunity of "bottoming out" as a basis for revitalizing themselves and rebuilding their relationships.

Hospital Pharmacist Burnout Risk Levels

Having reviewed the five stages of burnout, here is an overview of the levels of risk of burnout for the hospital pharmacist. Specific contributing factors will be discussed in the section on regenerating from burnout.

High Stress: High Risk. In certain hospital pharmacy situations there are overwhelming or unrelenting demands for accuracy or performance that are of a "life or death" nature. The tolerance for error, the "flounder factor," is miniscule at best.

The pharmacist on night shift or in the poison control center may face continuing drug- and alcohol-related emergencies without ready backup support. Often the person

seeking help is in an unstable mental condition and cannot provide even basic information on substances taken or symptoms. The pharmacist is on his own. The stakes are high. His advice may be vital. The strain is great. And even after the pharmacist has handled the crisis, he seldom gets feedback, thanks, or recognition.

Calculating a dosage for a 600-g baby in the neonatal unit requires refined skills. Physician error may result in patient reactions that find the pharmacist scrambling to assist in the control of side effects. There is little margin for experimentation or error.

Disenchantment and Drain: High Risk. When there is substantial discrepancy between expectation and reality, one can become drained and disenchanted quickly. The bright light of the go-getter begins to fizzle and flicker leaving cinder and ash. Professionals who are incapable of distinguishing between their own personal worth and current difficulties, or between their preferences and their fantasies, will quickly deplete their own professional motivation.

Helplessness afflicts especially those in management and helping roles who consider it their responsibility to effect some change, or make their subordinates or patients do something for their own good. The need to make the other person move often pits the helper or manager against the subordinate or patient rather than establish a cooperative working relationship. Domination is a drain, especially for the dominant member.

The hospital pharmacist, whose cynicism began to show itself in the fourth year of professional school,[6] may become more cynical after he is on the job full time. Some expectations that accompany high technical competence dissolve quickly against a background of routine tasks and functions, some of which could be performed by any "warm body" capable of reading and counting. When distance between pharmacy activity and patients is widened by hospital routine, when narrow perception of the pharmacist's role excludes pharmacists from making decisions and being included in wider considerations, or when resistance from other staff is upheld by the administrator, the resulting cynicism and disenchantment may contribute to burnout.

Management and Organizational Issues: Moderate Risk. Organizational issues and deficiencies in management contribute to moderate risk of burnout for the hospital pharmacist. Inflexible scheduling with double shifts, lack of feedback or recognition, unclear job responsibilities, and no clear measure of results all contribute to burnout risk.

Pharmacists in supervisory or management positions may suffer burnout because of their lack of training for the position and because of the limited power of their position. There is a shock to one's attained competence when the new pharmacy manager experiences the increase in paper work and the decrease in more familiar technical activities that accompany his new role.

Routine and Repetition: Average Risk. Most employees in any hospital pharmacy or any job can be at risk of burnout simply from the routine, unchallenging, repetitive nature of the work. Tedium and boredom are inherent in some activities and can result in robot-like adherence to routine. A lack of variety and creativity contributes to burnout in many jobs.

Turning Burnout Around: Regeneration

Before discussing how to reverse the effects of burnout, it may be useful for you to assess your current stage of burnout, based upon the five stages. *What is your current stage of burnout? What symptoms do you have that substantiate your assessment?*

It will also be useful to determine in general some of the factors that put you at risk of burning out. *What contributes to your own susceptibility to burnout?*

Burnout can be reversed at any stage. There is no guaranteed prescription, no definitive formula for regeneration, but there are some guidelines. The five stages in the burnout syndrome also define five life areas to which attention must be given in order to lead a balanced life. These life areas are presented below with step-by-step revitalization suggestions. The appropriate balance among these life areas is up to each individual to determine.

There are some general guidelines on revitalization that should be considered first. One such approach consists of a general movement from tedium to energy flow, using nurturing or challenging social interaction and invigorating body movement to stir up one's energy. The aim of the interaction and movement is to develop a higher sense of self-realization, energy, and flow.[7]

Each approach to regeneration requires choice and responsibility on the individual's part. One has to make the basic decision to examine one's current work and life style in order to find a more invigorating balance, to introduce more satisfying and stimulating activities into his life.

Where the Change Begins. Recall that the definition of burnout focused on the phenomenon as a dis-ease in relationship. It is important for each individual to recognize which relationship in his life requires adjustment. *What is the core relationship contributing to your burnout right now?*

Keep that relationship in mind, together with any relationship in the past that has contributed to your burnout, if you are currently considering a new position, social relationship, house, or relocation. There may still be some unresolved issues you have in forming relationships. Below are some basic questions to use in assessing any new relationships and in reviewing established relationships. *What is required to improve the relationships you have? Do you want to continue current relationships?* Consider each question in turn[8]:

1. *What is in the relationship for you?*
2. *What is in you for the relationship?*
3. *What do you want?*
4. *What do you want from the relationship?*

The fifth question is the most important and the most telling of all. Without the fifth question, the other four are meaningless:

5. *Will you let yourself have what you want?*

There is an inescapable personal element to burnout, especially in one's vulnerability to burnout, even when it relates solely to a person's profession or job position. The dis-ease in relationship results from some imbalance in energy or expectation. One has to look at his own limits, tolerances, expectations, metabolism, skills, and abilities.

Revitalizing from burnout requires doing the possible. To attempt more than the possible is to enter a new downward spiral brought on by self-demands, to enter into new helplessness and impotence. Begin to reassess what is expected and compare that with what is received. Then, either develop more skills to increase what can be attained, or reset expectations upon what is attainable and realistic. Circumstances or attitudes may have to be changed, or one may have to negotiate more effectively for what is wanted.

Regeneration from burnout can be carried out more systematically by pursuing the balance in the life areas that follow. These correspond to the five stages of burnout.

I. Physical Development versus Physiological Depletion. A person's body is the critical base for any further revitalization activity. One must build up tolerance for increased stimulus intake and activity. This involves building up the cardiovascular system through aerobic exercise and also stimulating the nervous system.

Aerobic exercise is recommended, getting the heart rate up to 120 beats a minute for 20 minutes or longer four times a week. The method of exercise should include something satisfying, enjoyable, and recreational. Competition can add to exhaustion, strain, and helplessness.

Relaxation can interrupt the accumulation of stress. Take two 20-minute breaks a day. Use deep slow belly breathing.

In addition, it is important to sleep an adequate amount and to be conscious of nutritional needs.

II. Social Interaction. In addition to actively nourishing the body with good food, exercise, and rest, one should sift through his social interactions to detect those relationships that are basically nourishing. Weed out or at least limit relationships that are toxic or draining. Spend more time with friends and loved ones. Seek emotional support and emotional challenge.[9] One can get torpid or dull from all the same type of interaction. Vary social contacts. Check habits and spend quiet time with others (just "hanging out" with no demands) or get some time alone. Working single parents especially need some break, usually 30–45 minutes, between the work day and the beginning of parental duties in the evening. Make sure that social contacts are empowering rather than debilitating.

III. Intellectual Stimulation. One should actively set out to nourish his mind and interests through some involvement in activities such as cultural events, hobbies, courses, conferences, and professional development. Join a professional support group that will challenge professional skills as well as provide support.

IV. Psychological Awareness and Revelations. This area involves discovery, creativity, and structure. Begin with some life/work/time planning. Look at personal goals, goal conflicts, and goal compatibility. Keep a daily calendar for some sense of accomplishment and to limit overextension. Introduce variety into the work day with alternative scheduling. Keep a journal of life-style patterns and trends. Indulge without going into debt or getting other negative consequences. Learn to maintain limits by saying "no" firmly and by asking for what is wanted. Change personal appearance through attention to weight, hair, or wardrobe. Become involved in creative endeavors such as art, music, active imagery, daydreaming, and singing. Begin to affirm yourself.

V. Spiritual Growth. A person should check just how realistic his expectations are and revise them or negotiate for them. He should gain some perspective on his accomplishments, skills, and abilities, and he should acknowledge his gains. Actual values, rather than those one thinks he ought to have, should be clarified and accepted. Engage in positive sexual relationships. Know that organized religion provides spiritual support, an overview, and life-style support system as well as some degree of community. Individual practices such as meditation and self-discipline may also provide some spiritual nourishment.

In particular cases, a change of job, location, or spouse may be indicated as an effective way of dealing with burnout. However, in most cases the burnout victim does best to first look within himself and the environment for the major contributing factors rather than to project or place responsibility on a particular relationship. Simply changing hospitals does not provide a major change in functioning; hence, it is not generally a *cure* for burnout.

What the victim basically has to gain and acknowledge is an understanding of the circumstances in which he is most susceptible to burnout. Then he has to develop a plan and the skills to implement that plan for maintaining satisfaction and a vital flow of energy within his life style. He has to learn to limit the forces that overwhelm him, to stimulate the forces that now withhold or drain, and to moderate his own self demands and unreciprocated outpouring of effort within relationships. This balance depends upon individual discretion and initiative.

Specific Factors in Hospital Pharmacist Regeneration

There are a number of factors that contribute to hospital pharmacist susceptibility to or risk of burnout. Most items discussed below present a problematic or potentially problematic situation along with suggestions for regeneration.

Career Factors. *False Expectations.* Some fantasies of hospital pharmacy practice may be cultivated during professional school by the faculty and also by the student. Visions of heroic exploits fighting "plague and pestilence" give way to the realities of practice that are less heroic, at least less dramatic. Pharmacy faculty and students as well would benefit by making their expectations more realistic, more at the level of daily practice.

Early Technical Competence. One hospital pharmacist likened his entering the profession with high technical competence as similar to that of a plumber. He began with most of the required skill from the beginning. There wasn't

much challenge to improve. However, with developments in the field, there are changes continually, and most professionals are hard pressed to maintain currency.

Professional Currency. Some hospital pharmacists find the sheer volume of articles to read and new information to digest overwhelming when added to their daily mail and workload. When regular work is finished, there is still that growing pile of literature. Weed out the more important articles and put priorities on reading. Handle mail only once by "circular filing" most of it. And place necessary reading in a convenient location, arranged in bite-sized portions for gradual, manageable consumption.

Perfectionism. The exacting nature of pharmacy work engenders a certain degree of perfectionism in the hospital pharmacist. This requirement in technical aspects of the work may at times be a strain. However, that same strain of perfectionism often carries over into dealings with employees and into social life. A virtue on the job becomes a vice in personal relationships as well as in management. Employees are certain to let the boss down when his demand is for perfection. One has to adopt a more moderate stance in dealing with personnel.

Autonomy. Pharmacy training includes a bias toward working autonomously, counting solely on oneself. But most hospital pharmacy departments require some teamwork and professional interaction. Practice differs from preparation, so the professional has to make some adjustments, especially in tasks requiring teamwork.

Limited Career Advancement. From the technical side, there are some predetermined limits on just how far the hospital pharmacist can advance in his career. With limits on the career ladder, one has to tailor expectations to make them realistic. Within hospital pharmacy, management is one of the few avenues open for advancement. If more pay is the concern, management is one way to achieve it. If a wider range of involvement is the concern, one can try to expand his role within the hospital, such as through clinical pharmacy activities.

Support Staff Factors. *Low Recognition.* Most hospital pharmacists occupy staff positions and are expected to maintain a low profile, which results in low recognition from fellow hospital workers. Often, staff pharmacists get attention only for mistakes or slip-ups. Some staff pharmacists garner recognition only after long years of building credibility with other employees. In either case, the hospital pharmacist may feel unappreciated. One way of dealing with the low recognition plight of a staff position is to develop credibility with and among other staff members. This may involve educating the other staff regarding your function or about drug information topics such as clinical uses and side effects of new drugs.

Credibility-building is one aspect of an influence strategy. That strategy can be learned and used by the hospital pharmacist to improve operation of the pharmacy as well as to promote ideas and suggestions useful to the hospital. Being cognizant of this strategy can guide the hospital pharmacist in influencing such decision makers as the pharmacy director, physicians, and the hospital administrator.

Staff Interactions. Some hospital pharmacists expect to run a personable operation only to be frustrated by the sheer numbers of hospital staff and shift changes. Staff increases tend to decrease the time available for communication while at the same time creating more need to communicate. Staff contact may become more abrupt, depersonalized, less humane.

The hospital pharmacist may have to give up the "tight little community" expectation when the hospital staff numbers the size of a small town. However, each pharmacist can maintain personal contact with selected individuals from other parts of the hospital.

The hospital pharmacist is a "healing resource" within the hospital. Soothing contacts with other staff, supportive looks, reassuring conversation, and calm dealing may help to de-stress a nurse who works on a floor where the norm is to act harried in order to feel needed. Being consciously supportive of other staff, including those within the pharmacy, can make the pharmacy a place that other staff will seek out for the atmosphere, the good feelings they leave with.

Physical Factors. *Interruptions.* One time when it may be most difficult for the hospital pharmacist to be supportive is when he is interrupted midtask by a demanding hospital staff member who has come to obtain "minor" medications or supplies such as aspirin, enemas, or cough syrup. This inefficient and irritating use of the hospital pharmacist's time may prove stressful. When possible, put some structure or limits on the interaction. Make certain supplies available only during set hours, or provide an alternative system through which certain medications can be signed out by responsible staff members without messing up the inventory.

Work Space. Certain elements in a hospital pharmacist's work space may be more stressful than is immediately apparent and may leave the pharmacy staff irritable and overwhelmed. Noise level from the hum of the laminar-flow hood, the buzz of fluorescent condensers, and the clacking of the typewriter can be stress provoking. Fluorescent lighting, the absence of sunlight, lack of windows, and crowded work space may contribute toward feeling overwhelmed with intensity. Get full-spectrum lighting for the pharmacy. Muffle equipment noises. Paint the walls with a pleasing color that does not contribute to glare.

Work Location. Distance from patient-care units limits accessibility or contact with staff and patients, ability to correct medication errors, and general communication. Some pharmacies have relocated closer to patients, while others have formed satellite stations through the hospital. In many cases, having the pharmacy director located near the administrator may be good for the pharmacy budget and for consideration of the pharmacy department's views in hospital decision making. But it may not provide the contact required for good departmental supervision.

Technology. Vacuum tubes, automatic carts, and other delivery devices may speed distribution of medications throughout the hospital and improve responsiveness.

However, some of these technological wonders also may tend to separate the hospital pharmacist from patient and staff contact. In some cases, the pharmacist would be better off taking the extra time to carry the medication to the nursing station for the human contact and communication. When selecting technology to increase efficiency, one should make sure that it also adds to overall effectiveness and interaction within the hospital.

Scheduling. Working weekends and varying shifts can throw off a person's normal recuperative time from work stress and disrupt metabolism and family life. Schedule shifting can also disrupt the formation of effective work teams, add to employee morale problems, and cycle problematic employees through multiple shifts without dealing with the source of their disgruntlement. A pharmacist should seek some regularity or some control over his work schedule rather than be victimized by it.

Control Factors. *Medication Control.* Even though the hospital pharmacist does not prescribe he still has some control over medications. Modern trends toward unit dose drug distribution and firmer pharmacy control over hospital drug use should help give the hospital pharmacist a sense of control over an important aspect of hospital care.

Community Service. The hospital pharmacist's knowledge of drug information could get him some recognition and exposure among hospital staff and the community at large. He should offer his services to community groups, hospital staff, groups of patients, and retirement homes. People are fascinated with how their bodies function and how they are affected by medications.

Patient Education. Hospital pharmacists can increase their impact on patient care through educational programs. Personal contact by the pharmacist can supplement the directions on the label. Beyond that he can create illustrated pamphlets, tape casettes, or video tapes to explain the conditions of administration, cautions, side effects, diet restrictions, and possible reactions related to the use of certain medications.

Management. Since it is the responsibility of the manager to get the work done through others, the hospital pharmacy manager tends to be removed from his area of prime technical competence. The newly promoted manager finds his time taken up with increased paper work and dealing with former colleagues in unfamiliar and often uncomfortable ways. Many new pharmacy department directors avoid learning or performing their managerial responsibility. Their staff subsequently suffers from lack of supervision, unclear expectations, lack of feedback, role confusion—all of which contribute to staff burnout.

Management is a discipline with a distinct set of skills that takes time and practice to learn. The new manager has to accept the responsibility of the position and then seek out the needed support to perform his functions fully.

Management Issues

Diagnosis of burnout in others is difficult, especially since burnout symptoms can be confused with so many other difficulties. Get the employee to conduct his own self-assessment. Provide him with an article such as this one for his own information and exposure to the five stages of burnout. Most employees will recognize their symptoms and feel relieved that they are "not really crazy." They will begin to have a cognitive handle on their difficulty, together with some of the ideas for regenerating from burnout.

Since entire pharmacies can be burnt out, the manager may want to discuss the issue with the whole staff. He can have the staff members familiarize themselves with the burnout syndrome and then ask for their suggestions to reduce the burnout risk factors in their environment.

There are some steps that the manager can take to prevent staff burnout. One is simply to do his job well, providing structure and clarity for employees, specific performance objectives, recognition and feedback on performance, two-way communication, and consideration of employee preferences in making decisions that affect them. If the manager needs further training, he can seek it through the hospital or go outside if he has to.

The manager may be able to be an advocate for the changes in policy, procedures, work space, and staff and patient contact that would improve the regenerative capacity of the pharmacy staff. The organization does have some responsibility in recognizing how it is maintaining conditions that contribute to burnout.

Preventing Burnout

In order to effectively deal with preventing burnout in the future, we will have to learn how to anticipate and counter being "overwhelmed" and "disenchanted."

Defining Limits. This requires a thorough assessment of one's metabolism, energy level, stamina, and desire in relation to one's job and other factors that require or demand attention during a normal day. A person must become familiar with, establish, and maintain his own personal limits. One can burn out just as easily from a job that underutilizes (underwhelms) him, by becoming inert and unstimulated, as one can from a position that requires "life and death" decisions (overwhelms) continually. While being overwhelmed is certainly more stimulating, the continuing intensity of the demands, together with the physical limits that most of us have in meeting such constant responsibility, will wear out most professionals.

There are two gradations in our limits of tolerance. First, there is the outer limit. This is an area that someone can intrude upon and never know it because we are either not aware of our own internal reaction, or we are aware and are not willing to communicate our uneasiness.

For example, a technician may be using the laminar-flow hood for preparing a routine i.v. at a time when you regularly make up special formulas. If it happens once, you are aware of your irritation, but you dismiss it and forget it. If it becomes a continuing source of irritation, you may make some plans to tell the technician that he is operating in your "growling area."

Failure to communicate that fact may lead you to (1) ob-

sessively plan strategies about what you will do the next time it happens, tensing yourself, and expending energy until you finally tell him, (2) feel victimized by his lack of consideration, say nothing, and grind your teeth, or (3) wait until your list of grievances becomes intolerable and then blow up, citing all these violations, and damaging your relationship with the technician.

Working with staff involves knowing one's limits of tolerance and one's expectations, and then communicating those limits to coworkers. They will need to hear from you in order to be able to offer their cooperation.

The inner limit of tolerance is a highly defined line. Anyone crossing it is quickly reprimanded. Everyday examples include someone going through your billfold, using your handkerchief, or eating off your plate. You would not hesitate to say something.

In many cases the overwhelming aspects of a situation build up because the pharmacist does not define his own human dimension. Even allowing for the stress of a challenge, he tends to deny his own limits or limitations, to breach his own boundaries, to misappropriate his energies and time, and, eventually, to burn out. Some who are not lucky enough to simply burn out experience hypertension, gastroenteritis, colitis, and gastric hyperacidity. You have to declare yourself to others to let them know your limits, both inner and outer.

One has to know his own stimulus tolerance levels. When a person is rested or without external demands, he may be able to handle considerably more stress or demands on the job. When there are demands in other areas of his life, he simply cannot expect to have the same tolerance, for stress is cumulative. An individual has to define the limits for himself . . . to define what he will and will not tolerate, negotiate, or perform. Work conditions such as schedule, hours, filling in for absent employees, operating with unsafe equipment, all require defining one's personal limits on the job.

Preventing Imbalance, Providing Balance. Here are some key points that a person should consider for putting balance in his life.

1. *Know What You Want.* "What do I want" is a core question that most people have to answer continually in order to prevent burnout. Coming to grips with this issue is a basic personal responsibility—no one can do it for you. This may involve developing the skills needed to obtain and maintain the balance of activity and inactivity that you desire.
2. *Negotiate To Get What You Want.* Explicit negotiation is a major skill that everyone requires. To engage in this process, you must know what you want and what your limits are.
3. *Take Responsibility for Yourself.* Rather than parceling out responsibility for your care to your spouse, assistant, or others, you must assume direct and explicit responsibility for yourself. This means working out your own rewards and satisfactions from relationships. You have to be conscious of your expectations and, when appropriate, voice them to persons who can help you meet your expectations. At a minimum, this will give you feedback on how realistic your expectations are. You should also take on some of the responsibilities of a nurturing parent toward yourself: establishing limits, confirming and correcting, validating, negotiating, and structuring.
4. *Know That Reciprocity Is Not Automatic.* Although we may "do unto others as we would have them do unto us," there are no guarantees that the "others" will reciprocate. Recognize that fact in advance.

Explicit self-care steps are required if you are to prevent burnout in the future. Often that requires some change in life style or a change in life habits or work habits. It is not enough just to plan to "eat better." You may have to specify, for example, that from now on you will replace your morning coffee break with a fruit juice break, and then actually do so by carrying a thermos with juice in it to the pharmacy. A prevention plan requires specificity, detail, and precision. Spell out precisely what, when, and how you will make the changes. Then follow through and do it.

Balance is required throughout one's life, at home and at work. Fortunately, a person determines his own balance. But one needs to consider community, family, personal, vocational, professional, and recreational aspects of life in working out such a balance. Pay attention to prior activities that you may have given up. They may have provided an outlet that you still require. The life areas outlined in the stages of burnout merit continuing attention and balance.

When you face the question of making choices to balance your life and improve your life style, you also confront your own power. If you are like most people, you are afraid of your own power, the choices you can make, and the benefits you can gain from those choices. You may want a support group or counseling to help you accept your personal power and choices.

An adequate prevention plan requires that you learn from your experience, from past relationships. It also requires that you use that experience, knowledge of your tendencies, preferences, and abilities to anticipate and guide future choices and relationships. Much of preventing burnout in the future involves your ability and willingness to define your own limits and to negotiate openly for what you want from now on.

Conclusion

Preventing burnout requires learning from past burnout-prone relationships and making changes in life style. Continued revitalization requires attention to balancing the physical, social, intellectual, psycho-emotional, and spiritual dimensions of life. Prevention of burnout also requires the individual hospital pharmacist to define personal limits, delineate personal and professional wants, maintain realistic expectations, and negotiate for what he wants from his relationships.

Each hospital pharmacist has to assess, plan, and execute specific activities through which he can recuperate from present stages of burnout, as well as prevent burnout in the future. Attentive self-management, using skills in self-care, makes burnout preventable for the individual pharmacist, while attentive departmental management can provide conditions that help individual pharmacy staff members prevent burnout.

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Additional Readings

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Editorial

The Human Side of Hospital Pharmacy Practice

Whether "job burnout is a syndrome verging on a trend" [1] or a stress-syndrome recently characterized, it is getting much attention. Radde,[2] in this issue of the *Journal*, does hospital pharmacy a major service by increasing awareness of the burnout-stress syndrome as an occupational hazard for pharmacists. As is true for any helping profession, the human cost of practicing pharmacy exerts tremendous pressure in all areas of the pharmacist's life. Radde identifies the sectors of work and personal life that are most commonly associated with the poorly described "burnout" phenomenon in pharmacy.

Can the profession assume, from anecdotal experiences, that the prevalence of hospital pharmacist burnout is common? In our opinion, the prevalence of the burnout-stress syndrome among pharmacists and across practice settings is unknown. We need prospective studies on both the prevalence and the consequences of the syndrome. It would be helpful to determine if the burnout problem is randomly distributed across pharmacy specialities, age and sex groups, and practice settings, or are there demographic differences? What groups of pharmacists in which settings are less burnout prone, and how do we identify these "protected" individuals or work settings? Our study[3] suggests that the risk of burnout among North Carolina pharmacists (approximately 25%) is less than for other health professionals. Even this risk suggests the need for the profession's concern. Our experience suggests that younger hospital pharmacy employees and chain-employee pharmacists may be at higher risk for burnout.

Evaluation studies on burnout interventions are a high priority so as to disentangle pharmacy-specific solutions from those of a more generic nature. Such studies would be particularly helpful for pharmacy directors who desire to implement specific intervention strategies for their staffs. One burnout prevention strategy that can be used immediately is formation of local professional self-care groups.[4] Members of such groups meet regularly to share the joys and stresses of pharmacy practice. They develop pharmacy problem lists and share coping options for managing these frustrations. To be effective, such groups require only colleagial concern and a commitment to regular problem-solving around the human dimensions of practicing pharmacy.

Burnout is of concern to the pharmacy profession because a high degree of burnout commonly is associated with reduced quality of services delivered, high job turnover, low morale, self-reported increased use of alcohol and drugs, and marital and personal health problems.[5] Although burnout from whatever source can be crippling, we think it is important to tease apart meaningful differences between professionally and nonprofessionally caused factors. Pharmacy educators should incorporate into educational programs an understanding of the causes of professional burnout and strategies to deal with it. Students should be made to understand the conflicts of actual practice. This style of anticipatory education will prepare pharmacists for the inevitable frustrations and the reality constraints in work settings. They will be prepared for the competing ideologies of health care and more capable of asserting their professional role.

Burnout is a stress syndrome commonly associated with human-services professionals; the professionals are exhausted emotionally, and various coping mechanisms are manifested, all of which lead to some degree of disengagement. Which sectors of life are most affected by burnout and how disruptive the burnout becomes are still questioned by researchers. Burnout is a factor in professional exodus. It may be one of the prime variables leading to chemical dependancy or other impairment among pharmacists. Further questions are: Does pharmacist impairment mimic physician impairment? Should state pharmacy associations implement advocacy programs for impaired pharmacists similar to the programs implemented by 47 state medical societies? Or, would it be more appropriate to emphasize a pharmacist-wellness program as a means of preventing the crippling effects of burnout or impairment? We challenge pharmacy to demonstrate leadership and become the first profession to implement this type of program.

Radde appropriately emphasizes that the current role of the hospital pharmacist is potentially draining and requires explicit attention to balancing forces. These forces are within the control of an individual pharmacist, the hospital, and, to a lesser extent, the patient. Unless both hospital administration and patients become aware of pharmacy stress and conflict, we cannot expect them to assist the profession in reducing unrealistic expectations. If the profession expects this, then it will need to increase public education on the complexity and frustrations of the hospital pharmacist's modern role.

As pharmacy's professional responsibilities increase, greater risks for frustration emerge. The individual who wishes to prevent burnout must address the issues of: "knowing what you want," "negotiating to get what you want," and "taking responsibility." Appropriate responses to these issues will result in a more assertive pharmacist. The consequences to the hospital power structure in dealing with assertive pharmacists may add fuel to the present territorial disagreements within the hospital setting but will certainly benefit the patient.

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Fred M. Eckel, M.S.
School of Pharmacy
University of North Carolina
Chapel Hill, NC 27514

John-Henry Pfifferling, Ph.D.
Center for Well-Being of Health Professionals
Durham, NC 27707