13 DE FEBRERO 2019
POST ASHP MIDYEAR
Some Midyear Magic
Impact of Clinician Burnout on Patient Safety: Journey to a Resilient & Thriving Healthcare Workforce

SEFH Post Midyear Meeting 2019

Paul Abramowitz, Pharm.D., Sc.D. (Hon), FASHP
Chief Executive Officer, ASHP
February 13, 2019
Disclosure Information

<table>
<thead>
<tr>
<th>ASHP creates and provides products, services, and programs in the following areas:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Accreditation of pharmacy residency and technician training programs</td>
</tr>
<tr>
<td>• Accreditation of pharmacy practices (through the Center for Pharmacy Practice Accreditation)</td>
</tr>
<tr>
<td>• Certification of pharmacy technicians (through the Pharmacy Technician Certification Board)</td>
</tr>
<tr>
<td>• Pharmacist and pharmacy technician continuing education and certification resources</td>
</tr>
<tr>
<td>• Drug information and related publications</td>
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<tr>
<td>• Publisher of AJHP</td>
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<tr>
<td>• National and international educational conferences, meetings, and workshops</td>
</tr>
<tr>
<td>• Pharmacy practice and medication-use process consulting services</td>
</tr>
<tr>
<td>• Other products and services related to the practice of pharmacy</td>
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</tbody>
</table>

NAME: Paul W. Abramowitz, Pharm.D., Sc.D. (Hon), FASHP
TITLE: Chief Executive Officer, ASHP
MEETING: SEFH Post Midyear Meeting 2019
Objectives

- Define burnout, well-being, and resilience

- Explain why clinician burnout is a patient care and healthcare workforce problem

- Discuss the U.S. National Academy of Medicine Clinician Well-Being and Resilience Action Collaborative

- Identify strategies to improve well-being and resilience in the healthcare workforce
Burnout, Well-being, and Resilience Defined
RESEARCH

Physical health, lifestyle beliefs and behaviors, and risk of entering graduate health professional students to support screening and early intervention

Bernadette Mazeuk Melnyk, PhD, RN, CPNP/PMHNP, FAANP, FNAP, FAAN (Associate Professor, Promotion, University Chief Wellness Officer, Dean, and Professor), Caitlin Slevin, MPH (Research Coordinator), Lisa Miltiello, PhD, MPH, RN, CPNP (Postdoctoral Researcher), Jacqueline N. Prange (Senior Research Coordinator), Alice Teall, MS, FNP, PNP, FAANP (Clinical Instructor of Family Nurse Practitioner Program), & Colleen McGovern, MPH, BSN, RN (PhD Candidate)

College of Nursing, Ohio State University, Columbus, Ohio

Burnout at Work Isn’t Just About Exhaustion. It’s Also About Depression and Anxiety

Andrew Shin, Tejal Gandhi, and Shoshana Herzig

Addressing Physician Burnout: The Way Forward

Tait D. Shanafelt, MD
Mayo Clinic, Rochester, Minnesota.

Lotte N. Dyrbye, MD, MHPE
Mayo Clinic, Rochester, Minnesota.

Colin P. West, MD, PhD
Mayo Clinic, Rochester, Minnesota.

The US health care delivery system and the field of medicine have experienced tremendous change over the last decade. At the system level, narrowing of insurance networks, employed physicians, and financial pressures have resulted in greater expectations regarding productivity, increased workload, and reduced physician autonomy. Physicians also have to navigate a rapidly expanding medical knowledge base, more onerous maintenance of certification requirements, increased clerical burden associated with the introduction of electronic health records (EHRs) and patient portals, payer regulations, and a
Burnout

• Syndrome of:
  • Depersonalization
  • Emotional exhaustion
  • Low personal accomplishment

Well-being and Resilience

- Well-being
  - The presence of positive emotions and moods.
  - The absence of negative emotions.
  - Satisfaction with life, fulfillment and positive functioning.
  - Physical well-being

- Resilience
  - Set of individual skills, behaviors, and attitudes that contribute to physical, emotional, and social well-being, including the prevention of burnout.
Burnout: Physicians & Medical Trainees

- The rate of burnout in US physicians increased extensively between 2011 and 2014

- Compared with US college graduates; physicians, medical students, and residents report higher percentage of burnout


Burnout: Clinical Pharmacists

Jones and colleagues measured clinical pharmacist burnout

- 974 clinical pharmacists surveyed (response rate of 12%)
- 61% overall burnout rate; 53% high emotional exhaustion
- Characteristics of burned out clinical pharmacists:
  - More likely to have attained BPS certification
  - More likely to have more professional stressors
- No difference observed in practice area

Burnout: Clinical Pharmacists (continued)

- Strong predictors of burnout
- Too many nonclinical duties
- Inadequate teaching time
- Inadequate administration time
- Difficult pharmacist colleagues
- Contributions unappreciated

Burnout: Pharmacy Residents

- Stress and negative affect levels surveyed in PGY1 & PGY2s
- Those working > 60 hours/week reported higher levels of stress, depression, and hostility
- Perceived stress for pharmacy residents was significantly higher than in comparably aged adults and similar to medical residents
- When pressures of being overworked > resident’s ability to cope, well-being is in danger

Le HM, Young SD. Evaluation of stress experienced by pharmacy residents. AJHP.2017;74:599-604
### Drivers of Burnout in Healthcare Professionals

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workload</td>
<td>Job demands exceeding human limits; limited time to rest, recover, and restore.</td>
</tr>
<tr>
<td>Control</td>
<td>Role conflict; absence of direction in the workplace</td>
</tr>
<tr>
<td>Reward</td>
<td>Inadequate financial, institutional, or social reward in the workplace; lack of recognition</td>
</tr>
<tr>
<td>Community</td>
<td>Inadequate opportunity for quality social interaction at work; inadequate development of teams</td>
</tr>
<tr>
<td>Fairness</td>
<td>Perception of inequity from an organization or leadership</td>
</tr>
<tr>
<td>Values</td>
<td>Organizational values are incongruous with an individual’s personal values or beliefs</td>
</tr>
<tr>
<td>Job-person incongruity</td>
<td>Personality does not fit or is misaligned with job expectations and coping abilities</td>
</tr>
</tbody>
</table>
Clinician Burnout as a Patient Care and Healthcare Workforce Problem
Burnout is a Patient Care Problem

Quadruple Aim

- Patient Experience
- Population Health
- Reducing Costs
- Care Team Well-Being

Top Reasons to Address Physician Burnout

What are the top two most important reasons to address physician burnout?

- Decreased quality of care: 63%
- Effect on the attitude of the rest of the health care team: 38%
- The duty of organizations to care for people: 28%
- Turnover: 24%
- Decreased patient satisfaction: 21%
- Decreased productivity: 9%
- Physician suicide: 8%

Base = 570 (multiple responses)

Burnout and Patient Safety

- A systematic review of 46 studies found significant correlation between poor well-being in health care professionals and worsening patient safety.

- Multiple studies demonstrate relationship between medical errors and worsening burnout & depressive symptoms (i.e. second victim phenomenon).

Health Care Costs are Increased

↑ Medical Errors
↑ Malpractice claims
↑ Turnover

↑ Absenteeism
↓ Job productivity
↑ Referrals
↑ Ordering

National Academy of Medicine Action Collaborative Clinician Well-Being and Resilience
400 physicians commit suicide each year, a rate more than 2X that of the general population
Andrew & Brenner, 2015

24% of ICU nurses tested positive for symptoms of post-traumatic stress disorder
Moberg et al., 2007

Physician rates of depression remain alarmingly high at 39%
Shanafelt, 2016

23–31% Prevalence of emotional exhaustion among primary care nurses
Gomez-Upegue et al., 2016

How can we protect the health of the people who protect our own?
National Academy of Medicine
Action Collaborative on Clinician Well-Being and Resilience
Learn more at nam.edu/ClinicianWellBeing @theNAMedicine
“Through collective action and targeted investment, we can not only reduce burnout and promote well-being, but also help clinicians carry out the sacred mission that drew them to the healing professions - providing the very best care to patients”
Action Collaborative Goals

NAM
• Improve baseline understanding of challenges to clinician well-being
• Raise visibility of clinician stress and burnout
• Elevate evidence-based, multidisciplinary solutions that will improve patient care by caring for the caregiver

ASHP
• Improve patient outcomes through optimal medication use
• Identify mechanisms to improve and sustain pharmacy workforce well-being and resilience
• Deploy pharmacy workforce to support multidisciplinary solutions for improving healthcare workforce well-being and resilience
Collaborative Composition and Commitments

• 36 sponsoring organizations, 100 network organizations:
  • Professional organizations
  • Government
  • Technology and EHR vendors
  • Large health care centers
  • Payors

• 130 commitment statements
  • A venue for sponsors & network organizations to share plans on addressing and promoting clinician well-being and resilience.
  • https://nam.edu/initiatives/clinician-resilience-and-well-being/commitment-statements-clinician-well-being/
Collaborative Composition and Commitments (continued)

• ASHP is a member the NAM Action Collaborative conceptual model working group

• Charged with identifying a model of factors affecting clinician well-being and resilience

• The goal is to create urgency and understanding of the issue while not oversimplify the complexity of it

• This model has gone through several iterations and is likely to evolve
Factors Affecting Clinician Well-Being and Resilience

## Individual Factors

<table>
<thead>
<tr>
<th>Personal factors</th>
<th>Skills and abilities</th>
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<tbody>
<tr>
<td>• Access to a personal mentor</td>
<td>• Clinical Competency level/experience</td>
</tr>
<tr>
<td>• Inclusion and connectivity</td>
<td>• Communication skills</td>
</tr>
<tr>
<td>• Family dynamics</td>
<td>• Coping skills</td>
</tr>
<tr>
<td>• Financial stressors/economic vitality</td>
<td>• Delegation</td>
</tr>
<tr>
<td>• Flexibility and ability to respond to change</td>
<td>• Empathy</td>
</tr>
<tr>
<td>• Level of engagement/connection to meaning and purpose in work</td>
<td>• Management and leadership</td>
</tr>
<tr>
<td>• Personal values, ethics and morals</td>
<td>• Mastering new technologies or proficient use of technology</td>
</tr>
<tr>
<td>• Physical mental, and spiritual well-being</td>
<td>• Optimizing workflow</td>
</tr>
<tr>
<td>• Relationships and social support</td>
<td>• Organizational skills</td>
</tr>
<tr>
<td>• Work-life integration</td>
<td>• Resilience</td>
</tr>
<tr>
<td></td>
<td>• Teamwork skills</td>
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</table>
External Factors

**SOCIETY & CULTURE**
- Alignment of societal expectation and clinician’s role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

**RULES & REGULATIONS**
- Accreditation, high-stakes assessments, and publicized quality ratings
- Documentation and reporting requirements
- HR policies and compensation issues
- Initial licensure and certification
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structure
- Shifting systems of care and administrative requirements

**ORGANIZATIONAL FACTORS**
- Bureaucracy
- Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and inclusion
- Harassment and discrimination
- Level of support for all healthcare team members

**LEARNING/PRACTICE ENVIRONMENT**
- Autonomy
- Collaborative vs. competitive environment
- Curriculum
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Mentorship program
- Physical learning and practice conditions
- Professional relationships
- Student affairs policies
- Student-centered and patient-centered focus
- Team structures and functionality
- Workplace safety and violence

**HEALTH CARE RESPONSIBILITIES**
- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/career stage
- Patient population
- Specialty related issues
- Student/trainee responsibilities
- Teaching and research responsibilities
Recent Research, Data, and Metrics from NAM

• Completed:
  • Discussion Paper: “Burnout Among Health Care Professionals: A Call to Explore and Address This Underrecognized Threat to Safe, High-Quality Care”
  • Compilation of validated survey instruments to assess work-related dimensions of well-being
  • Discussion Paper: “A Pragmatic Approach for Organizations to Measure Health Care Professional Well-Being”

• Forthcoming:
  • Financial cost of burnout among nurses
  • Gender differences in burnout and related factors

Dyrbye LN, Shanafelt TD, Sinsky CA, et al. Burnout among health care professionals: a call to explore and address this underrecognized threat to safe, high-quality care. NAM Perspectives. Discussion Paper, NAM, Washington, DC.

Action Collaborative Timeline

- **Jan 2017**: NAM launches action collaborative
- **July 2017**: ASHP joins
- **May 2018**: ASHP Council Session
- **Oct 2018**: Resilience Sessions at 2018 ASHP National Meetings
- **May 2019**: Consensus Study Launched
- **Nov 2019**: Third national meeting
- **2020**: Consensus Study Completed
- **Projected Conclusion**

Specific dates:
- **June 2017**: ASHP joins
- **Sept 2017**: ASHP Council Session
- **June 2018**: Resilience Sessions at 2018 ASHP National Meetings
- **Dec 2018**: Consensus Study Launched
- **June 2019**: Third national meeting
ASHP Vision and Strategic Plan

• Strategic Priorities and Goals

• Our Patients and Their Care
  • Goal 4: Improve Patient Care by Enhancing the Well-Being and Resilience of Pharmacists, Student Pharmacists, and Pharmacy Technicians

• Our Members and Partners

• Our People and Performance
Our Patients and Their Care: Goal 4

**Key Objectives**

• Engage in major national initiatives

• Facilitate the development of education

• Seek opportunities to improve the well-being and resilience of those in residency training

• Foster research
2018 ASHP Policy Positions

Policy 1825

CLINICIAN WELL-BEING AND RESILIENCE
Source: Council on Education and Workforce Development

To affirm that burnout adversely affects an individual’s well-being and healthcare outcomes; further,

To acknowledge that the healthcare workforce encounters unique stressors throughout their education, training, and careers that contribute to burnout; further,

To declare that healthcare workforce well-being and resilience requires shared responsibility among healthcare team members and between individuals and organizations; further,

To encourage individuals to embrace well-being and resilience as a personal responsibility that should be supported by organizational culture; further,

To encourage the development of programs aimed at prevention, recognition, and treatment of burnout, and to support participation in these programs; further,

To encourage education and research on stress, burnout, and well-being; further,

To collaborate with other professions and stakeholders to identify effective preventive and treatment strategies at an individual, organizational, and system level.

Strategies to Improve Well-Being and Resilience
Be Aware of How Resilient You Feel

**Ready**
- Good to go
- Adapting/flexible
- Excelling at job
- “I am at the top of my game and adapting well to all pressures”

**Reacting**
- Mild distress
- Temporary symptoms
- Still getting work done
- “Stress is affecting me but I can still get the job done”

**Injured**
- Noticeable symptoms
- Personality change
- Erratic functioning
- “I have changed to the point that I am not in total control of my behavior or reactions”

**Ill**
- Severe impairment
- Extremely overwhelmed
- Possible danger to self/others
- “This worsening condition requires full attention before getting back to work”

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**Self Interventions**

**Social Support**

**Professional Care**

**Rest Needed**

Adapted from US Navy’s COSC Doctrine
Identify Burnout

NAM Survey Instruments: https://nam.edu/valid-reliable-survey-instruments-measure-burnout-well-work-related-dimensions/
Maslach Burnout Inventory: https://www.mindgarden.com/117-maslach-burnout-inventory
NAM Pragmatic Approach for Organizations: https://nam.edu/a-pragmatic-approach-for-organizations-to-measure-health-care-professional-well-being/

- Maslach Burnout Inventory - Human Services Survey for Medical Personnel
- Guide to selecting the most appropriate measurement instrument for your organization
Educate Yourself and Team on Burnout

• ASHP Webinars
  • Extinguishing the Burnout: Yourself and Your Team
  • Tame the Flames of Burnout: Tools for Building Resilience in Your Workforce
  • Leadership Burnout and Strategies for Burnout Prevention
  • 2018 Midyear Clinical Meeting
    • Recorded educational sessions will be available Feb 2019

• Articles/Blogs
  • Evidence of burnout in health-system pharmacists (AJHP)
  • ASHP Continues to Lead on Pharmacy Workforce Well-Being & Resilience (blog)
Mitigating Stress

Self-Care Techniques

- **Monitor personal** stress indicators (sleep, eating, agitation, etc)
- **Decompress** with healthy transitions (yoga, journal, breathwork, music)
- **Record** three good experiences from the day, savor those positive moments and plan for good experiences tomorrow
- **Speak** with trusted people, maintain social connections

Resiliency Competencies

- **Awareness**
  - Noticing the right information (sensations, thoughts, environments)
- **Regulation**
  - Of self and others’ stress reactions and emotions
- **Leadership**
  - Toward meaningful personal and team actions
Promote Well-being

- Acknowledge and assess the problem
- Develop and implement targeted interventions
- Cultivate community at work
- Use rewards and incentives wisely
- Align values and strengthen culture
- Promote flexibility and work-life integration
- Provide resources to promote resilience and self care
- Facilitate and fund evidence-based strategies

Implementing Optimal Team-Based Care to Reduce Clinician Burnout


September 17, 2018 | Discussion Paper

https://nam.edu/implementing-optimal-team-based-care-to-reduce-clinician-burnout/
Emphasize Humanization

- Definition: the process by which people try to make something more human and civilized

- It is necessary to look for the meaning of caring for people (i.e. humanization is the opposite of depersonalization)

- Emphasis on humanization of care will help create a culture centered on the sick human being and not just on the disease

Emphasize Humanization (continued)

• Humanization aims to:
  
  • Support the physical, mental, and social health of the population through enhanced human connection
  
  • Recognize that patients and care providers may have different socioeconomic characteristics or belief systems that we must consider as we provide care

Smith K. Inaugural Address of the Incoming President Our Pharmacy profession: Are you all in? AJHP. August 2018; 75 (16) 1239-1242.
Meyer-Junco L. Empathy and the new practitioner. AJHP. December 2015; 72 (23) 2042-2058.
Devereaux D. Inaugural Address of the President-elect and Vice chair of the Board A passion for practice: Recentering the social mission of pharmacy. AJHP. August 2002; 59 (16) 1547-1552.
Huynh C, Lott A. Lesson form a service learning trip to Haiti. AJHP. February 2011; 68 (3) 196-200.
### Risk Factors Associated With Burnout

**Am J Health-Syst Pharm. 2017; 74:e576-81**

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Strategy to Alleviate Risk</th>
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<tbody>
<tr>
<td>Workload</td>
<td>Permitting time at the workplace to recover from a stressful event</td>
</tr>
<tr>
<td>Control</td>
<td>Clearly defined roles and expectations from organizational leadership</td>
</tr>
<tr>
<td>Reward</td>
<td>Identify suitable rewards to recognize achievements, provide opportunities to teach or mentor trainees</td>
</tr>
<tr>
<td>Community</td>
<td>Promote participation in professional organizations</td>
</tr>
<tr>
<td>Fairness</td>
<td>Transparency in decision-making</td>
</tr>
<tr>
<td>Values</td>
<td>Align personal expectations with organizational goals</td>
</tr>
<tr>
<td>Job-person incongruity</td>
<td>Evaluate and align job responsibilities with personal and professional expectations</td>
</tr>
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</table>
Case Study

• Surgical ICU nurse for the past five years.

• Hospital recently implemented new EHR, SICU’s severity index has consistently been high.

• Staffing levels at bare minimum, and several experienced health professionals have left.

• Nurse announces that she is leaving hospital to work elsewhere.

Case Study, Potential Actions

Individual Factors

• Job-person fit
• Loss of sense of community
• Stress release mechanisms
• Personal support systems

Worksite Factors

• Workload
• Training
• Staff input
• Rewards
• Support systems within the health system
Care-Centered Clinical Documentation in the Digital Environment: Solutions to Alleviate Burnout

**Box 1 | Recommendations**

- Clinicians should be responsible only for essential primary data entry that is required to support the care of a patient.
- EHR developers should increase the development of capabilities that allow clinicians to understand the previous medical, health, and social history of the patient.
- CMS should de-emphasize documentation requirements as a condition of payment for health care services.
- CMS should clarify that elements of the HPI drafted by an assistant, and confirmed with the patient by the provider, should count for reimbursement.
- An authoritative body, such as the NAM, should initiate a study focused on redesigning clinical documentation suited to the modern digital age, with a primary focus on informing clinical management and improving patient outcomes and health.

A Vision for A Person-Centered Health Information System

The person-centered health information system of the future leverages information technology **enhanced by artificial intelligence to support better, safer, and more affordable health care.** This system has less cognitive and administrative burden on clinicians than current systems, and provides **seamless usability for patients and the multidisciplinary teams that care for them.**

**Figure 1 | Longitudinal Graphic Display for a Patient’s Health Care Over Time**

Author: Keith Horvath, Patricia Sengstack, Frank Opelka, Andrea Borondy Kitts, Peter Basch, David Hoyt, Alexander Ommaya, Pamela Cipriano, Kensaku Kawamoto, Harold L. Paz, J. Marc Overhage
# Making the Case for a Chief Wellness Officer: Call to Action (Health Affairs – 10.26.18)

## Chief Wellness Officer: Potential Requirements and Responsibilities

<table>
<thead>
<tr>
<th>Reports to</th>
<th>Senior Leadership (CEO, President, or Dean)</th>
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<tbody>
<tr>
<td>Minimum Requirements</td>
<td>Resources, including team members, to (i) implement and evaluate evidence-based interventions at the individual, group and system level; and (ii) ensures implementation and continuous feedback. Coordinates with other executive leaders (e.g. CQO) to ensure well-being is prioritized and integrated into executive leadership activities. Works closely with marketing and/or communications team to ensure that community-wide messaging is supportive of the well-being for the community served.</td>
</tr>
</tbody>
</table>
| Specific Responsibilities | - Provides strategic vision, planning, and direction to the development, implementation and evaluation initiatives to improve health and well-being outcomes.  
- Regularly monitors and reports outcomes, including measures of engagement, professional fulfillment, health and well-being, return on investment, value on investment, and tracks how they change with the introduction of interventions.  
- Raises awareness and provides education about the impact of professional burnout and the benefit of building resiliency and coping skills in clinicians.  
- Implements effective evidence-based individual-level interventions, group-level interventions and system-wide interventions.  
- Implements system-level interventions on efficiency of practice, participatory management, and empowering of healthcare professionals to develop their voice on culture.  
- Pursues/advances well-being research efforts where appropriate.  
- Coordinates and works with mental health leaders to decrease stigma and improve access to and awareness of mental health services.  
- Creates a culture of wellness to improve organizational health and well-being at the system level.  
- Conducts evidence-based quality improvement efforts that support clinician well-being.  
- Oversees the business plan development for implementation and delivery of programs and services that support clinician well-being. |
Systems Approaches to Improve Patient Care by Supporting Clinician Well-Being

• A consensus study from the National Academy of Medicine

• An ad hoc committee will examine the scientific evidence regarding the causes of clinician burnout as well as the consequences for both clinicians and patients, and interventions to support clinician well-being and resilience. The committee will examine components of the clinical training and work environment that can contribute to clinician burnout in a variety of care settings, as well as potential systems interventions to mitigate those outcomes. The committee will identify promising tools and approaches to support clinician well-being, identify gaps in the evidence base, and propose a research agenda to address areas of uncertainty.

NAM Knowledge Hub

nam.edu/clinicianwellbeing
Follow the conversation: nam.edu/ClinicianWellBeing
#ClinicianWellBeing

Action Collaborative on Clinician Well-Being and Resilience

Every year in the United States, about 400 physicians take their own lives—a rate more than double that of the general population. Physicians experience high rates of depression, burnout, and poor work-life balance. This phenomenon cuts across all ages, stages, and career paths—from trainees to senior practitioners. And these challenges are not unique to physicians. Nurses and other clinicians experience similar effects on performance, health, and well-being.

Bottom line: The people we rely on to keep us healthy may not be healthy themselves. This fact is not only worrying in and of itself—it also has serious implications for patients. Clinician burnout has been linked to increased turnover, reduced job satisfaction, and patient dissatisfaction. How can we ensure that our care is as resilient and functioning at its highest capacity?

About the Initiative

The National Academy of Medicine will build a collaborative platform among multiple organizations, including clinician and consumer groups. The collaborative will provide the venue for a set of collaborative activities engaging the underlying causes of clinician burnout and suicide, and the management of suicide. Activities of the collaborative will include working meetings among participating groups, public workshops, and stakeholder engagement activities.
Clinician Well-Being and Resilience

Related Links

Articles
- Building resiliency in healthcare professionals
- Strategies for improving mental health among healthcare workers
- The impact of burnout on patient outcomes

Conversations
- Building a culture of well-being and resilience
- The role of leadership in promoting well-being
- Strategies for preventing burnout in healthcare settings
Conclusions

- Clinician burnout is a patient care and healthcare workforce problem that needs addressing.

- Well-being and resilience needs a combined effort by both the individual and the system.

- ASHP is focused on promoting well-being and resilience in many ways and is here to help.
When I grow up, I want a resilient pharmacist on my healthcare team!