



Burnout Among Clinical Pharmacy Preceptors

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INTRODUCTION

- Burnout syndrome is defined as chronic occupational stress that is not being adequately managed and is associated with feelings of energy depletion, increased mental distance, or feelings of cynicism.
- Burnout is a growing problem among pharmacists, pharmacy students, and technicians and has been linked to negative outcomes such as reduced quality of patient care, lower productivity, and increased risk of job dissatisfaction.
- The Maslach Burnout Inventory (MBI) is a gold standard for assessing burnout in medical research and characterizes burnout syndrome based on a 3 dimensional-model criteria that includes emotional exhaustion (EE), depersonalization (DP) or detachment from one's work priorities, and reduced personal accomplishment (PA) while on the job.
- The current paucity of data regarding the impact of burnout among clinical pharmacy preceptors necessitates the identification of risk factors for burnout and more effective methods of burnout prevention among this population.

STUDY OBJECTIVE

- To utilize the MBI to assess the incidence of burnout among clinical pharmacy preceptors and to determine if there are key predictors of burnout in order to develop strategies that may help reduce or prevent burnout

METHODS

Study design: Prospective cohort study

Study population:

- Clinical pharmacy preceptors in California → identified using the Bay Area Residency Network Listserv

Inclusion criteria:

- Precepted clinical pharmacy students and/or residents

Exclusion criteria:

- Did not submit a completed survey or chose not to participate

Primary outcome:

- To identify whether participants met the definition of burnout established by the MBI
- If the sum of a participants' EE statements were $> z$, where $z = \text{Mean} + (\text{SD} \times 0.5)$, the participant displayed high EE and was therefore positive for burnout (mean and SD are derived from the EE scores of the entire study population).

Secondary outcome:

- To examine patterns in clinical responsibilities and demographic data in order to identify key predictors of burnout

Data collection:

- Surveys were created using Qualtrics and consisted of 22 job-related statements from the MBI in addition to questions regarding demographics, workflow, precepting responsibilities, etc.
- The survey was distributed to roughly 300 preceptors.

Statistical analysis:

- Survey responses were assessed using the MBI scoring tool.
- Comparisons were made using the Chi-Square test for categorical data and Student's t-test for continuous data.
- All analyses were conducted with two-sided type I error with alpha 0.05.

RESULTS

Table 1. Demographics

	Positive Burnout (n=34)	Negative Burnout (n=76)	P-value
Age (years)	35.4 ± 7.1	36 ± 6.6	0.6
Sex (male), n(%)	12 (35)	25 (33)	0.3
Relationship Status, n (%)			
• Single	10 (29)	27 (36)	0.6
• Stable Partner	3 (9)	2 (3)	0.17
• Married	19 (56)	46 (61)	0.7
• Divorced	0	1 (1)	1
Children/Dependents, n (%)	10 (30)	33 (44)	0.2
Faculty Status, n (%)			
• Adjunct	6 (18)	6 (8)	0.2
• Assistant	14 (41)	15 (20)	0.04
• Associate	0	11 (15)	0.02
• Professor	2 (6)	4 (5)	1
Number of Years Practicing	67 (57)	44 (38)	0.004

Table 2. Clinical Responsibilities

	Positive Burnout (n=34)	Negative Burnout (n=76)	P-value
Payment Structure			
• Hourly (earns overtime)	22 (65)	52 (68)	0.8
• Salary	12 (35)	24 (32)	0.4
Average Hours Worked per Week			
• < 40	0	2 (3)	1
• 40	7 (21)	28 (37)	0.12
• 41-50	16 (47)	36 (47)	0.7
• 51-60	10 (29)	9 (12)	0.03
• > 60	1 (3)	1 (1)	0.6
Average Weekends Worked per Month			
• 0	7 (21)	23 (30)	0.4
• 1	11 (32)	26 (34)	1
• 2	16 (47)	23 (30)	0.13
• ≥ 3	0	4	0.3

Table 3. Precepting Incentives

	Positive Burnout (n=34)	Negative Burnout (n=76)	P-value
Do you feel your contributions as a preceptor are appreciated by your institution? (YES, %)	4 (17)	37 (49)	<0.01
Does your institution offer incentives for precepting learners? (YES, %)	2 (6)	18 (24)	0.03

RESULTS

Table 4. Precepting Responsibilities

	Positive Burnout (n=34)	Negative Burnout (n=76)	P-Value
Time per day spent rounding/patient visits (hours)	3.6 ± 3	3.4 ± 2.8	0.8
Time per day spent discussing patient care with learners (hours)	2.1 ± 1.9	1.6 ± 1	0.07
Time per day spent on teaching activities (hours)	1.6 ± 1	1.4 ± 1	0.45
Number of IPPE students precepted per year	3.5 ± 7.6	3 ± 6	0.7
Number of APPE students precepted per year	5.3 ± 4.6	4.9 ± 4.2	0.42
Number of PGY1/PGY2 residents precepted per year	5.9 ± 4.5	5.4 ± 3.5	0.81
Percentage of students who are difficult or unmotivated and required additional coaching, n (%)			
• 0-25%	23 (68)	50 (66)	1
• 26-50%	9 (26)	14 (18)	0.5
• 51-75%	2 (6)	8 (11)	0.72
• 76-100%	0	2 (3)	1

CONCLUSION

- The results of this study indicate that approximately one-third of clinical pharmacy preceptors suffer from burnout syndrome, which highlights the need to reduce/prevent burnout.
- Key predictors of burnout identified in this study were faculty status, number of hours worked per week, whether participants felt as though their precepting contributions were appreciated by their institution, and whether their institution offered incentives for precepting.
- Examples of incentives included accruing precepting points as part of a career ladder, being granted blocks off for the number of learners precepted, monetary incentives, and being included in promotional materials for academia.
- The results of this study suggest that institutions may employ incentive programs for clinical pharmacy preceptors in order to effectively prevent burnout.

LIMITATIONS & FUTURE WORK

- Future studies should be conducted in a more geographically expansive population to confirm these results.