The Pharmaceutical and Chemical Journal, 2022, 9(4):56-61

Available online www.tpcj.org

Review Article

ISSN: 2349-7092
CODEN(USA): PCJHBA

Burnout among Pharmacists: A Fact or Myth?

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Abstract Everyone working in healthcare, including pharmacists, has felt the effects of the COVID-19 epidemic. Stress and burnout have become much more common among pharmacists due to the increasing expectations and pressures they encounter. Let's look at the big picture of how the epidemic has impacted burnout among pharmacists. Patients became fearful, and the number of prescriptions rocketed overnight while the nation was under lockdown. Pharmacy drive-through lanes saw a meteoric rise in use as people became more emotionally distant from one another. In due course, it became clear that pharmacies were the best places to provide COVID-19 testing and vaccinations. Burnout among pharmacy staff has become standard due to these difficulties and rising workloads in community pharmacies.

Keywords COVID-19, Community Pharmacy, Pharmacist, Burnout

1. Introduction

At the end of 2019, there were numerous reports of a newly found severe acute respiratory syndrome (SARS-CoV-2) virus. The World Health Organization (WHO) later renamed the SARS-CoV-2 COVID-19, short for "coronavirus disease" [1]. Due to the Virus's Global
Expansion, the WHO's Emergency Committee declared a pandemic on March 11, 2020 [2].

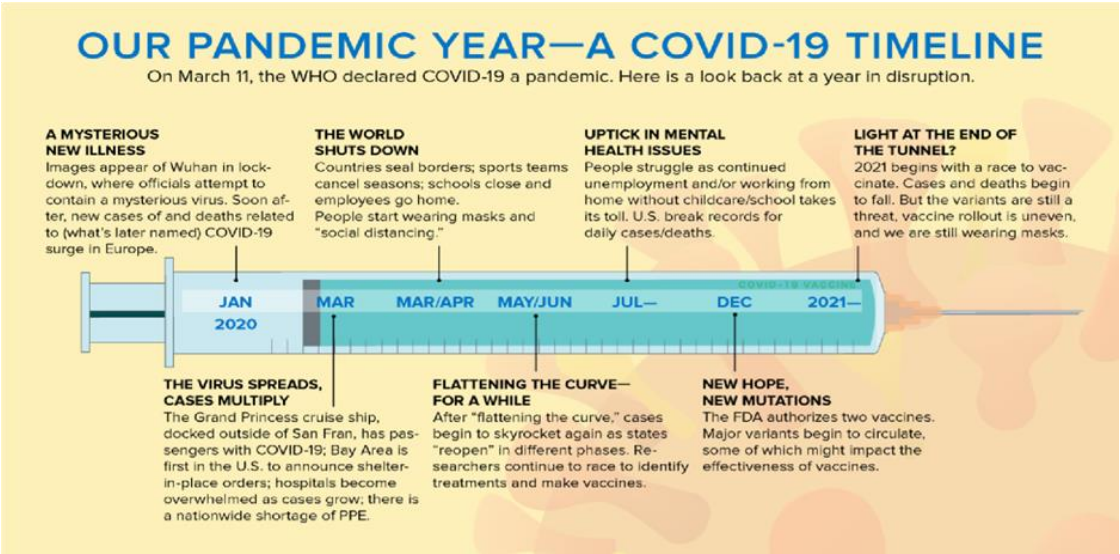


Figure 1: Timeline of COVID-19 [3]

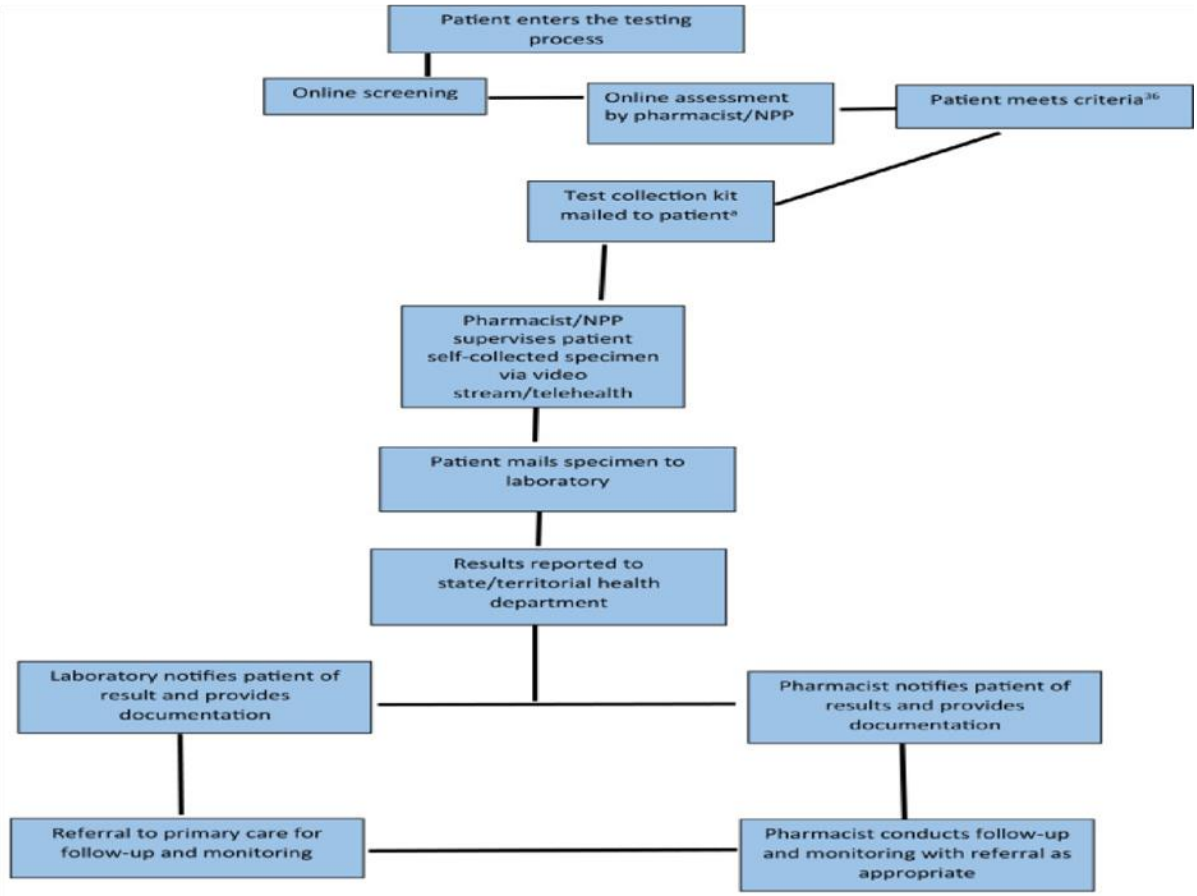
Lack of human resources and subsequent overcrowding of pre-existing resources—increased work hours and quantity of labor—resulted from healthcare systems and health entities/services' incapacity to prepare for the demands brought about by the pandemic [4]. Consequently, healthcare personnel face a greater danger to their bodily and mental health due to their position at the forefront of the battle against the new virus [5].

Pharmacists have played a crucial role in the public health efforts to address the current COVID19 epidemic and alleviate strain on the overwhelmed healthcare system [6]. Amidst the ongoing outbreak, it is acknowledged that community pharmacists will often serve as the first point of contact within the healthcare system for persons seeking assistance with COVID-19 related health issues or needing trustworthy information and guidance [7].

Burnout refers to the psychological reaction to stress caused by work, characterized by emotional tiredness, heightened depersonalization and dissatisfaction, and a diminished sense of personal achievement or effectiveness [8]. The World Health Organization defines it as an occupational phenomenon that arises when chronic stress is not successfully addressed [9]. However, it is not classified as a medical ailment. Pharmacists have elevated levels of burnout [10]. A prior comprehensive study found that the prevalence of pharmacists ranged from 10% to 61%. Nevertheless, this estimation range was derived only from a limited pool of five research conducted in the United States before the onset of the COVID-19 pandemic [11]. This is important since the function of the pharmacist in healthcare has changed at different rates across the globe, often due to changes caused by the pandemic

Some of the challenges encountered by the pharmacist include

1. Daily prescription Count/volume: In March 2020, 543.7 million prescription medicine claims were granted, surpassing the most for any prior month [12]. There is a correlation between a higher daily number of prescribed medications and a higher occurrence of burnout [13]. According to pre-pandemic research, pharmacists who filled 200 or fewer prescriptions per day had a burnout rate of 65%. Pharmacists who filled 201 to 350 prescriptions had a burnout rate of 77%, while those who handled 351 to 500 prescriptions had a burnout rate of 84% [14].
2. Keeping supply and demand in check: Following the extensive shutdowns of educational institutions, colleges, and retail establishments, there has been an unparalleled surge in the need for food provisions and other home commodities. Likewise, there have been informal instances of patients hoarding drugs [15]. If immediate action is not taken, the abrupt surge in demand might significantly and harmfully impact the drug supply chain. Medicine shortages arise when more medicine is needed to fulfill patients' or anticipated needs. The documented prevalence of pharmaceutical scarcity on a global scale has been progressively rising in recent years and has been characterized as a critical issue in healthcare [15].
3. COVID-19 Testing: Testing at community-based pharmacies is conducted via two approaches. Initially, the pharmacist assists in testing by collecting specimens or overseeing the patient's collection. They also collaborate with a laboratory to handle the processing and execution of the test. In the second route, the specimen is collected by either the pharmacist or the patient. The pharmacist then performs the Point-of-Care (POC) test, with the pharmacy being registered as a Clinical Laboratory Improvement Amendments (CLIA)-waived laboratory. 425 CLIA exemptions have been processed for pharmacy-based labs since May 8, 2020. However, within these two paths, there are many processes for doing SARS-CoV-2 diagnostic testing. These workflows range from who evaluates the patient and requests the test to the location and method of specimen collection for testing. Figures 1 and 2 illustrate the disparities in processes for pharmacist-based testing in two different pathways: laboratory testing and pharmacist point-of-care (POC) testing. Table 5 provides a comprehensive overview of the advantages and disadvantages of the various processes. In the first route, the pharmacist is responsible for screening and evaluating patients, collecting the specimen, and dispatching it to the laboratory for further processing [16].



[a]During the Public Health Emergency, Department of Health and Human Services does not require a COVID -19 test order

Please include this in the pharmacy's daily tally of prescriptions and other tasks, such as guiding his patients. The pharmacist willingly embraced the additional effort to enhance the community's well-being.

4. Covid-19 vaccination: The first instances of COVID-19 in the United States were identified in mid-January 2020. [17] On March 1, 2020, the President officially proclaimed that the COVID-19 outbreak in the United States was a national emergency.

On March 10, 2020, the Secretary declared the Public Readiness and Emergency Preparedness (PREP) Act to facilitate the distribution of specific medical countermeasures against COVID-19. Subsequent changes and clarifications have been released since then. From mid-December 2020 to September 2022, teams of pharmacists gave about 270 million doses of the COVID-19 vaccination. This figure includes 8.1 million doses given directly at long-term care institutions. [18] [19] Within this timeframe, the cumulative count of COVID-19 immunizations documented in all 50 states and U.S. territories amounted to 606 million. [19]Therefore, alone via the FRPP, community pharmacists and their colleagues administered 45% of COVID-19 immunizations across the United States.

Pharmacists and support personnel have had a remarkable influence on vaccinating Americans throughout this crisis. While acknowledging the heroics, the significant rise in immunization volume has burdened pharmacy staff immensely. Due to the proximity of the COVID-19 vaccine delivery timetable to the peak of the influenza vaccination season, pharmacy professionals are experiencing heightened exhaustion and increased stress levels, rendering them more susceptible to burnout.

Conclusion

Multiple articles were published throughout the COVID-19 epidemic. The pharmacists' concerns included a lack of trust in treating individuals with COVID-19, the risk of contracting the virus, and the possibility of transmitting the infection to their family members [20]. According to reports, the pandemic led to increased workload and working hours of pharmacists, and self-reported burnout was directly linked to or affected by the pandemic [21]. Burnout was generally more significant among those who saw COVID-19 as dangerous. Pharmacists often serve as the first point of interaction for patients. The pandemic has substantially impacted various aspects, including providing personal protective equipment, shortages of medication, increased number of patients, and disseminating evidence-based COVID-related information to the public. These factors have collectively increased the workload burden on pharmacists and have affected their mental health and well-being. Roughly 50% of pharmacists worldwide are now suffering from burnout, a condition that has the potential to affect the quality of patient treatment adversely. Studies examining burnout among pharmacists in recent years have seen a noticeable surge. Longitudinal studies are necessary to consider any temporary factors, such as COVID-19. Healthcare companies should prioritize addressing burnout awareness and implementing management measures. Wellness programs and support should be offered to those at risk of and already suffering symptoms of burnout. Additionally, it is essential to continuously assess the success of these programs and review how the organization's structure and work culture contribute to burnout. Pharmacists prioritized their patients' needs and delivered pharmaceutical services while encountering notable obstacles such as heightened stress**,** supply chain difficulties, misinformation management, and staffing shortages.

One of the most problematic outcomes of burnout is that individuals who experience burnout are more inclined to abandon their occupation completely [22]. This has a consequential adverse effect in several ways: on healthcare teams, as pharmacists go, taking essential skills and expertise with them, and on patients, possibly jeopardizing the quality of treatment and affecting the occurrence of prescription mistakes [23]. Burnout has financial consequences since it incurs expenses related to employee absences, attrition, recruiting, and personal expenditures, such as reduced income resulting from untreated connected co-morbidities. Chronic excessive workloads and inadequate organizational structure and work culture are often identified as key factors contributing to burnout [24]. To mitigate the effects of burnout, pharmacy owners can act. It is necessary to engage policymakers to retain pharmacists and create a work climate that promotes the well-being of pharmacists.

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