

## **Wellness with COVID: Contagious Strategies to Promote Pharmacy Well-being**

Global public health disruptions generate complexity even amongst the most experienced clinicians and robust care delivery systems. With the rapid evolution of the COVID-19 pandemic, widespread attempts to contain viral transmission highlight vulnerabilities in our clinical infrastructure, challenge the readiness of clinicians, and have forced some health systems to redeploy clinical roles away from high-risk care areas.<sup>1</sup> In addition, increasing pressures on the global health care workforce mounts, attributed to the overwhelming illness burden which has strained health system capacity and increased the risk of infection imposed on health care workers.<sup>1</sup>

Healthcare resources are scarcer in these unprecedented times, yet have become more commonplace. Personal protective equipment shortages render health care workers ill-equipped to protect themselves from transmission.<sup>2</sup> Drug shortages limit treatment options as the novelty and severity to manage this disease has led to increased interest in non-evidence based therapies. Swift changes to workflow, with limited treatment options, heightens concerns for compromised patient care —among other uncomfortable uncertainties. In addition, job security becomes questionable as concerns of furlough, job loss, and hiring freezes pervade throughout health systems.

### **Pandemic Psychological Distress and Looming Burnout**

Amidst the pandemic, clinician well-being remains highly susceptible, as external stressors and downstream workforce implications may lead to burnout. A cross-sectional, multidisciplinary survey during the COVID-19 pandemic revealed that pharmacists are at 5 times greater risk of burnout compared to physicians.<sup>3</sup>

Burnout is a syndrome largely characterized by a high degree of emotional exhaustion, depersonalization, and a low sense of personal accomplishment at work.<sup>4</sup> In addition, feelings of anger, irritation, uncertainty, denial, nervousness, helplessness, tiredness, depression, and drained are other features that describe burnout. Therefore, strategies fostering resident and new practitioner well-being are warranted.

We propose the following viewpoints to consider throughout this pandemic in order to help foster a sense of well-being:

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### Viewpoint #1: Conducting a Baseline Assessment

Pharmacists are at risk of burnout during the COVID-19 pandemic. Also, burnout from the pandemic was more prevalent in individuals with increased anxiety due to unfamiliarity with PPE, decreased sleep compared to pre-pandemic recollection, and desires for reduced workload and increased recognition.<sup>3</sup> In addition to recognizing these risk features, a hybrid questionnaire has been validated to assess risk for burnout during the COVID era. The Depression, Anxiety and Stress Scale - 21 (DASS-21) combined with six questions from the Copenhagen Burnout Inventory (CBI) may be useful for self-assessment and checking in your peers.

<b>DASS-21, Severity Ratings for Different Subscales</b>	<b>Scoring</b>
<i>Depression</i>	5 scaled severity rating
<i>Anxiety</i>	
<i>Stress</i>	
<b>Six-Item CBI</b>	<b>Scoring</b>
<i>How often are you physically exhausted?</i>	5 point frequency severity rating
<i>How often are you emotionally exhausted?</i>	
<i>I found myself getting agitated</i>	How much statement applied over past week
<i>I felt scared without any good reason</i>	
<i>How much do you worry about your family members and friends getting sick as a result of your exposure?</i>	5 point Likert scale
<i>How much do you worry about getting infected by COVID-19?</i>	

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## Viewpoint #2: Shifting Roles within Pharmacy Departments

Concerns of disease transmission in high-risk areas and evolving workplace settings during the pandemic can compromise the well-being of pharmacy staff. Those deployed in high-risk areas may find themselves more likely to develop feelings of emotional exhaustion and heightened concerns for contracting the novel coronavirus. For example, pharmacists and pharmacy technicians may develop feelings of emotional exhaustion while working within certain acute settings such as the emergency department, where overcrowding increases COVID-19,<sup>1</sup> and intensive care units, a practice area linked to burnout in other healthcare professions.<sup>6</sup> However, extensive institutional planning, such as ASHP's COVID-19 Pandemic Assessment Tool for Health-System Pharmacy Departments, seeks to support well-being by fostering pharmacist involvement in emergency preparedness. A recent article by Messing and colleagues describes experiences that can be leveraged to address both clinical and operational opportunities from the pandemic.<sup>7</sup> These recommendations can help institutions facilitate additional pharmacy staff training to adapt to the changing environment and better equip pharmacists with new skills that can expand beyond their traditional roles.

In addition to feelings of emotional exhaustion, pharmacy technicians are also susceptible to changes in workflow. For example, bedside medication delivery routines can be redefined across patient care units to reduce inadvertent exposure. Medication restock routes can shift within an institution in order to reduce time on a hospital floor. These changes can lead to more workflow variability between staffing shifts, which can be burdensome for pharmacy technicians. Furthermore, pharmacy technicians may be asked to cross-cover, work overtime to combat call offs, work at reduced pay, furloughs, and fulfill needs of medication distribution systems. As pharmacy technicians serve an essential role in medication procurement throughout hospitals, they are less able to execute these duties remotely. Pharmacy technicians therefore may feel abandoned or unsupported in developing virtual staffing plans, unlike their pharmacist counterparts.

Given these risks and unexpected transitions, understanding the influence we have over our own exposure and behaviors is key for our well-being. Potential mitigating strategies include establishing routine home decontamination protocols after duty,<sup>1</sup> communication from pharmacy leadership for consistent guidance, devoted time to decompress, and adequate time off. It is important to seek ways to remain positive during these unprecedented times. Although looming workflow adjustments can lead to stress, viewing these more as learning opportunities and increasing partnership between your teammates can shift mindsets to have a positive outlook.



### Viewpoint #3: Maximizing Pharmacy Rotations

Clinical and administrative rotations have evolved during the COVID-19 pandemic which affects pharmacy students, residents, and preceptors alike. Many learning experiences expanded “virtual” based opportunities which may bring a level of unfamiliarity within a teaching environment. Virtual rotations can provide successful learning experiences for students, residents, and other learners, but carry their own set of challenges that both preceptors and learners must navigate.

First, it is important to find a virtual platform that works best for both the preceptor and the learner to use. Setting expectations up front about using these virtual platforms will benefit all parties (e.g. should the video elements be incorporated each day? Which learning experiences are acceptable to discuss over the phone? How will technological difficulties be handled?).

Second, communication is extremely important to optimize these experiences. There should be open, two-way dialogue between the learner and the preceptor. Residents should share with their preceptor identifiable strengths and opportunities for improvement for virtual learning. This can result in a rotation that is personalized to the learner and can optimize growth. It is imperative that students, residents, and preceptors take control of their rotations by speaking up and feeling safe to share ideas and barriers to improve learning experiences.

Third, preceptors should get creative with technology to supplement learning opportunities. This is because most virtual rotations may not provide equivalent in-person or bedside learning experiences. Few notable examples to supplement teaching include sharing screens for in-depth tutorials, illustrating diagrams during topic discussions to supplement pathophysiology or pharmacology, viewing videos or tutorials, or taking notes during discussions to keep learners on track. Residents should help preceptors maximize learning through virtual platforms through ongoing communication and feedback.

Lastly, there are ways for learners to receive an equivalent experience in times where bedside rounding is discouraged. For example, learners could have access to patient charts at home then could present patients on the phone or video chart prior to rounds. If the learner’s preceptor is on rounds, ask if the interdisciplinary team could bring a laptop or tablet on rounds each morning. Another method would be calling providers on a predefined time of the day to discuss therapeutic interventions. These methods would empower learners to demonstrate willingness to learn and seek to demonstrate the value of pharmacy using non-traditional methods.

## Viewpoint #4: Caring for COVID: Continue to Demonstrate Value of Pharmacy

Providing direct patient care for patients with COVID-19 can be a stressful experience for new pharmacy practitioners. This can occur either on-site or remotely. These experiences are challenging both because of the unfamiliar nature of the disease and the risk of transmission in COVID patient care units. Strict infection control should be demonstrated when entering COVID units.

It is important for new practitioners to utilize resources around them to cope with caring for critically ill patients. For example, ASHP provides a COVID evidence table containing notable antivirals and supportive agents used across practice settings.<sup>8</sup> Alternatively, caring for these patients may be done remotely, however, this can also pose challenges. One challenge includes building rapport with other members of the patient care team when the new pharmacy practitioner is unable to meet these members in person at first. ‘

### Value-Added Examples

1. Staying engaged on virtual rounds and keeping open communication with team members electronically (paging systems, etc.)
2. Build rapport with members of the healthcare team by demonstrating the value of clinical pharmacist presence on patient care teams (e.g. implementing evidence-based recommendations)
3. Checking in electronically with providers throughout the day to maintain lines of communication and remaining updated with interval patient care events.
4. Engaging in post-discharge follow up through video telecommunications (e.g. telehealth pharmacy services)
5. Telephone calls to patient asking what questions they have about their medications
6. Advocating for appropriate vaccinations (e.g. influenza)
7. Patient education about proper drug disposal methods while practicing social distancing (e.g. mail-back envelopes)



## Viewpoint #5: Decompressing In Times of Social Distancing and Self Isolation

Implementing various social distancing measures for the workplace is recommended by public health organizations. These measures include decreasing in-person social contact, limiting large gatherings, and work redeployment remotely, when feasible.<sup>9</sup> Many utilize video streaming services such as Zoom® to safely organize the virtual gatherings with colleagues. This may help foster collaboration and provide a support system in times of increased stress. However, video streaming services may address increased feelings of isolation which can occur in times of social distancing.

As the pandemic persists and social distancing continues to be the norm, traditional means to decompress remain limited. Although social distancing reduces transmission risks, recommendations against congregation in non-essential public areas - including fitness centers, restaurants, shopping areas, and parks - provide fewer options for clinicians to retreat and recharge beyond their homes. In addition, many states and counties have implemented stay-at-home, shelter-in-place, or self-quarantine orders that prevent pharmacists from spending time with loved ones who may have previously provided support and decompression.

Despite these restrictions, clinicians could utilize phone calls, text messages, or video chats to interact with their loved ones and can help provide a sense of normalcy and improve well-being. Leaning into your colleagues, taking time to connect with others are all important things to help with coping during the pandemic. Also, focusing on what one can control may help the sense of anxiety or unease in these unprecedented times. This may include keeping to a personal schedule, practicing self-care, continuing an exercise routine, and abiding by a healthy diet.

Here are some resources to provide support during these challenging times:

- Meditation:
  - [Headspace](#) - exclusive meditation and mindfulness app (**available free for ASHP members!**)
  - [Ten Percent Happier](#) - free services for healthcare providers for six months; includes weekday live meditations at 3:00pm EST
    - [Coronavirus Sanity Guide](#) provides actionable ways to cope with stress, fear, and anxiety
- Therapy:
  - [Talkspace](#) - one free month of online therapy services for healthcare workers
- Fitness
  - [Orangetheory Fitness](#) - free workouts to do at home
  - [Planet fitness](#) - “United We Move” free live-streaming home workouts available at 7:00pm EST
  - [Peloton](#) - free 90-day trial through its workout app at home
- Food/Drink
  - UberEats - waived delivery fees for local restaurants
  - Postmates, GrubHub, DoorDash - non-contact deliveries to practice social distancing

- **Activities to do at home**
  - Explore new hobbies
  - Adult coloring books
  - Photography
  - Puzzles
  - Paint by numbers
  - Board games
  - Yard work
  - Reading
  - Knitting or sewing
  - Create a photobook for a loved one
  - Finishing that long overdue home improvement project
  
- **Who to call if you need help**
  - [Disaster Distress Helpline](#) (1-800-985-5990): crisis counseling for people experiencing emotional distress related to natural or human-cause disaster
  
  - [Suicide Prevention](#) (1-800-273-8255): The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.



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