

POSTMIDYEAR

15
febrero
2023

ASHP

More than a meeting

POSTMIDYEAR

15
febrero
2023

ASHP

More than a meeting

MÁS PERSONAS

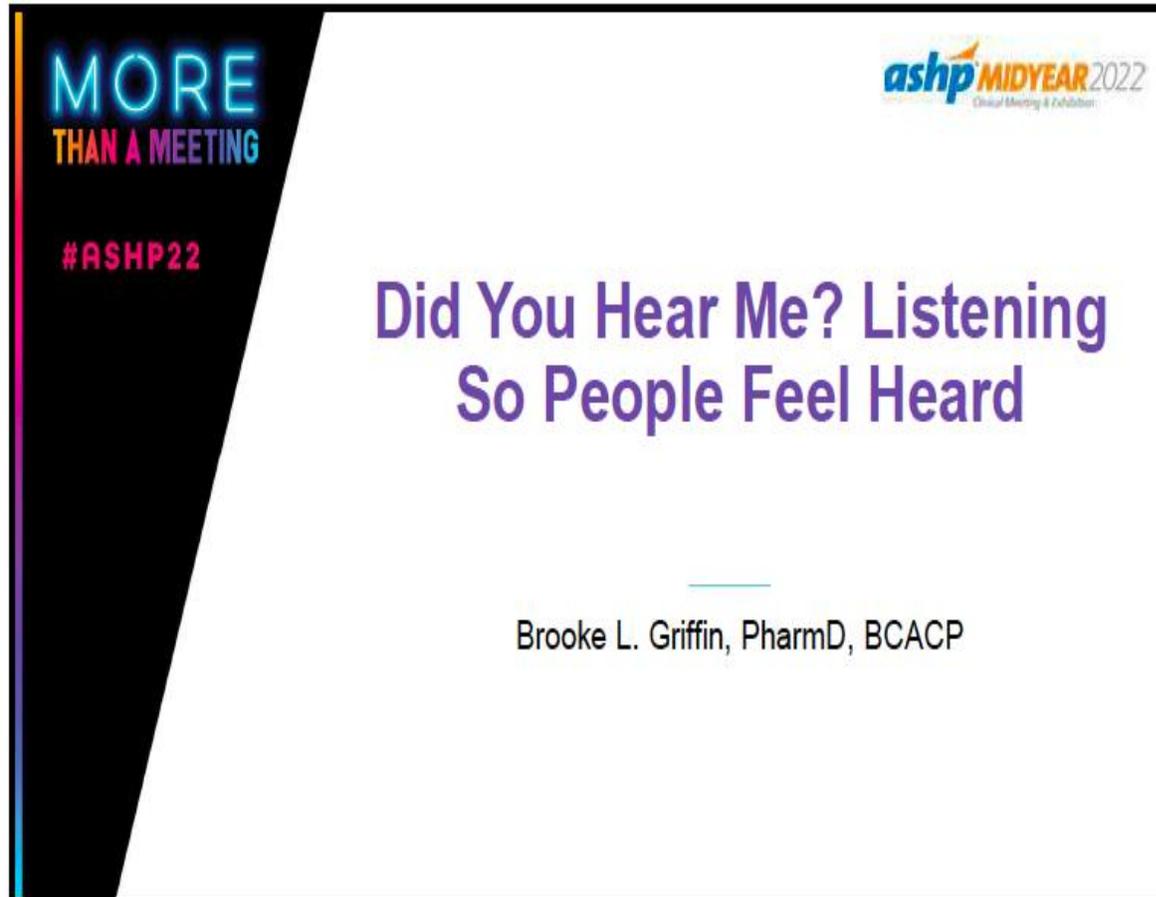
Elena Villamañán Bueno - Hospital Universitario La Paz (Madrid)

I. Comunicación

II. *Burnout* o síndrome de desgaste profesional

I. Comunicación

- **Oír no es lo mismo que escuchar**
- **El lenguaje no debe usarse para excluir, discriminar o señalar**
- **El lenguaje debe ser directo y conciso**
- **Las 4 claves de la comunicación**
- **Falta de comunicación-Acoso de los pacientes**



ashp MIDYEAR 2022
Clinical Meeting & Exhibition

**MORE
THAN A MEETING**

#ASHP22

**Did You Hear Me? Listening
So People Feel Heard**

Brooke L. Griffin, PharmD, BCACP

Entorno actual

- Estamos más conectados pero escuchamos menos
- Escuchar bien requiere parar
- No estamos dispuestos a escuchar a otros

Escuchar

“prestar atención a lo que se oye”

Oír

“percibir con el oído los sonidos”

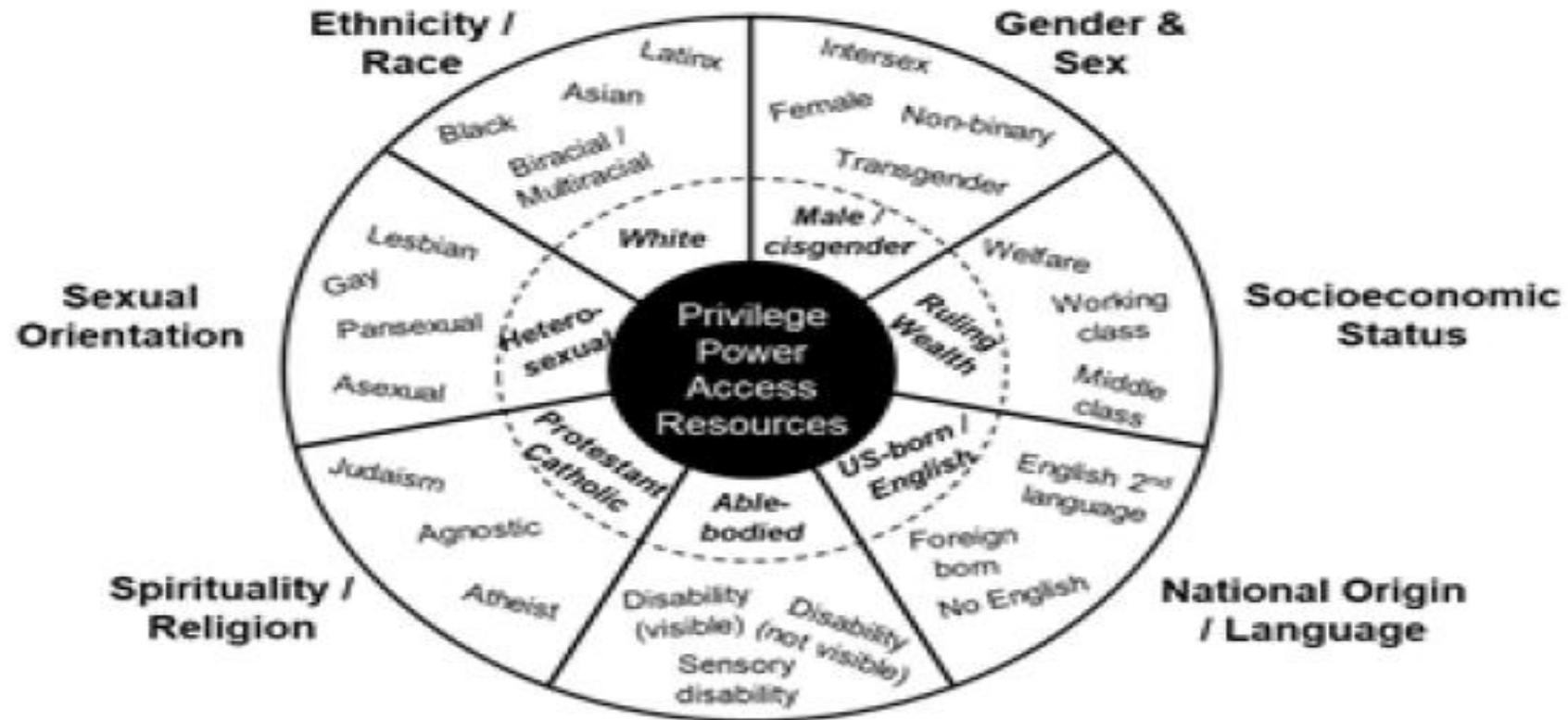
La diferencia entre las dos acciones tienen que ver con la
voluntariedad y predisposición

<https://dle.rae.es/escuchar>

Listening Filters

Your listening
is unique.







What are Other Recommendations?

- Use **person-first** language *unless* preferred by the individual
- Avoid **idioms, jargon, and acronyms** (e.g., “hold down the fort”)
- Minimize phrases with **victimhood** (e.g., “suffers from, afflicted by”)
- Do not underplay **mental concerns** (e.g., “crazy, psycho, nuts”)
- Monitor for **ableist language** (e.g., “blind spots, blind, deaf, dumb”)



What Are Common Bloopers?

Instead of...	Try...
“Do you have a <u>boyfriend/girlfriend</u> ?”	“Do you have a <u>significant other</u> ?”
“What are your <u>preferred</u> pronouns?”	“What are your pronouns?”
“I can’t pronounce your name—do you have a different one you use?”	“It will take me time to learn your name, can you help me?”
“The <u>cancer/diabetic/epileptic</u> patient...”	“The <u>patient</u> with...”
“ <u>You guys</u> are so funny!”	“ <u>You all</u> are so funny!”

Evitar “efecto de dilución del mensaje”

JOURNAL OF

BEHAVIORAL DECISION MAKING

Research Article

Less is better: when low-value options are valued more highly than high-value options

Christopher K. Hsee 

[https://doi.org/10.1002/\(SICI\)1099-0771\(199806\)11:2<107::AID-BDM292>3.0.CO;2-Y](https://doi.org/10.1002/(SICI)1099-0771(199806)11:2<107::AID-BDM292>3.0.CO;2-Y)

Evitar “efecto de dilución del mensaje”

JOURNAL OF

BEHAVIORAL DECISION MAKING

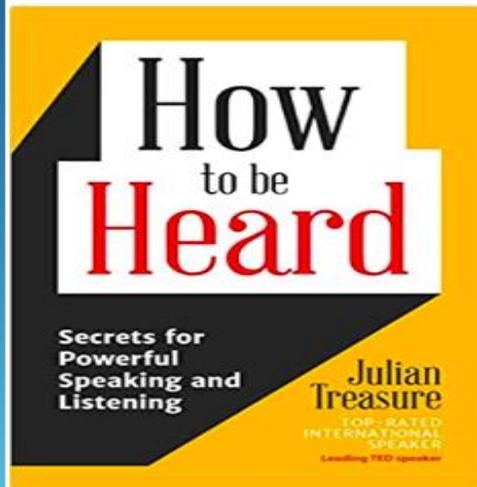
Research Article

Less is better: when low-value options are valued more highly than high-value options

Christopher K. Hsee

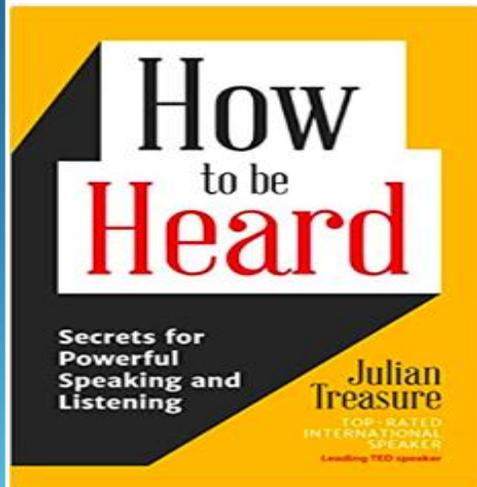


4 CALVES PARA UNA INTERLOCUCIÓN EFICAZ



**H
A
I
L**

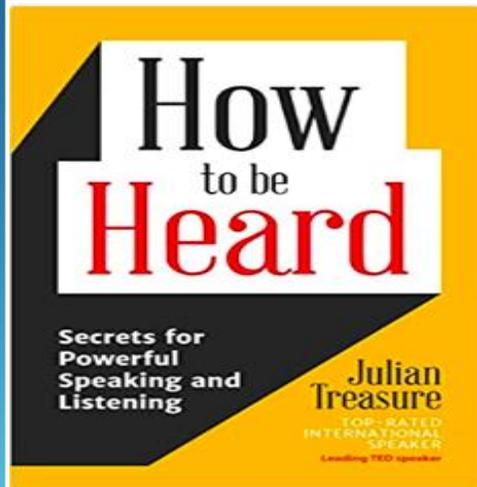
4 CALVES PARA UNA INTERLOCUCIÓN EFICAZ



H
A
I
L

HONESTY: be clear and straight

4 CALVES PARA UNA INTERLOCUCIÓN EFICAZ

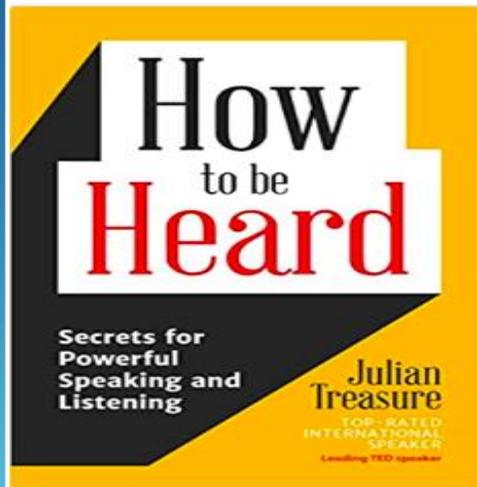


H
A
I
L

HONESTY: be clear and straight

AUTHENTICITY: be yourself

4 CALVES PARA UNA INTERLOCUCIÓN EFICAZ



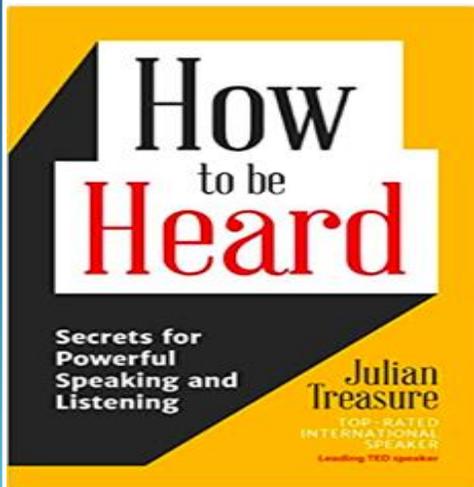
H
A
I
L

HONESTY: be clear and straight

AUTHENTICITY: be yourself

INTEGRITY: be your word

CLAVES PARA UNA INTERLOCUCIÓN EFICAZ



H
A
I
L

HONESTY: be clear and straight

AUTHENTICITY: be yourself

INTEGRITY: be your word

LOVE: wish them well

Patient Bias & Discrimination – Pharmacists

- In a survey of 5,705 pharmacists, **31%** of actively practicing pharmacists reported experiencing discrimination or harassment while at work.
- The most common type of harassment witnessed or experienced was “**hearing demeaning comments related to race/ethnicity**”.
- The most common offender involved in harassing incidents were **male patients or customers**.



Image From Noun Project

Patient Bias & Discrimination – Pharmacists



> **80%** of pharmacists did NOT report incidents to their employer



> **40%** selected “they didn’t think reporting would result in any action” as their reason for not reporting

Patient Bias & Discrimination – Pharmacists

2021 National Pharmacy Workplace Survey

Patient harassment/bullying was identified as a contributor to stress and is likely to lead to medication errors or near misses.

Impacts pharmacists' ability to do their jobs correctly and safely.

COVID-19 pandemic has exacerbated these issues

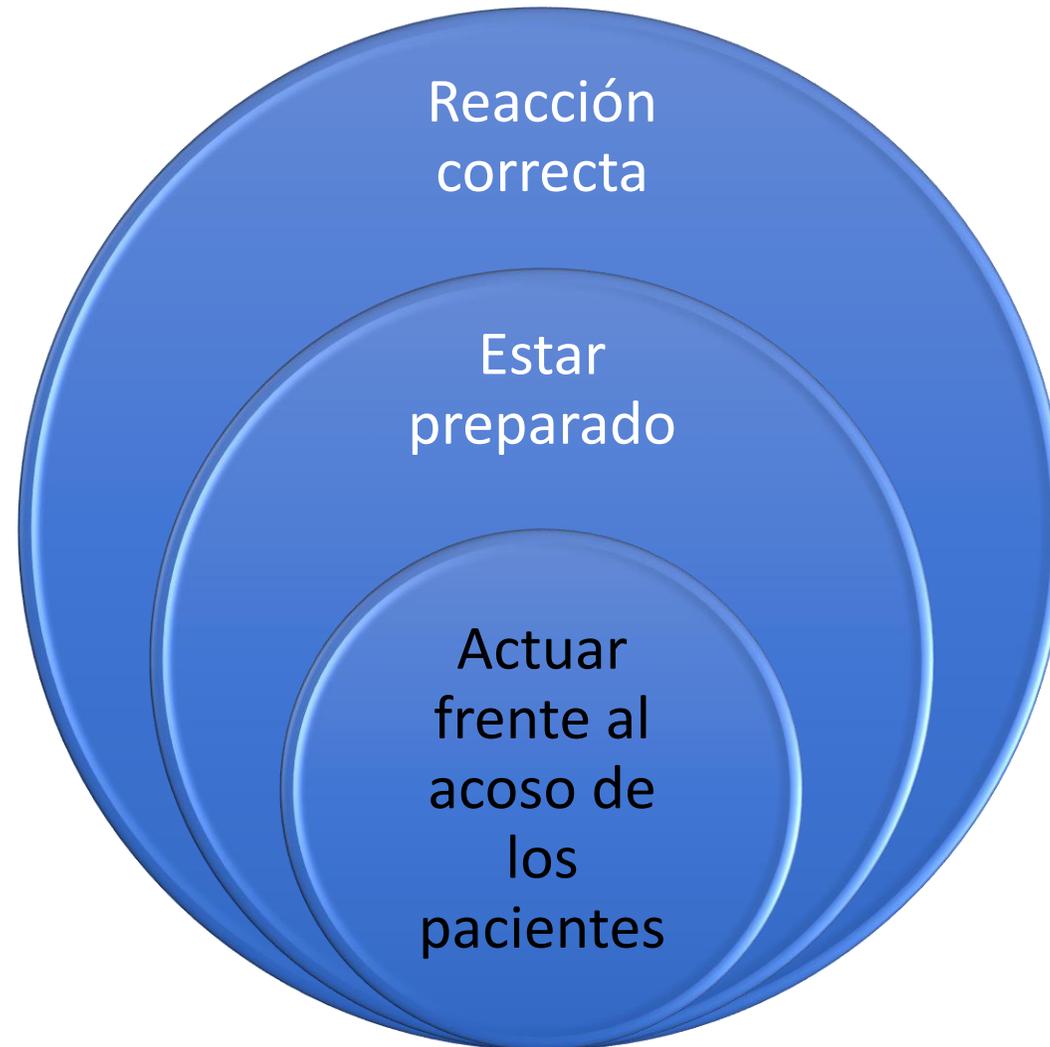


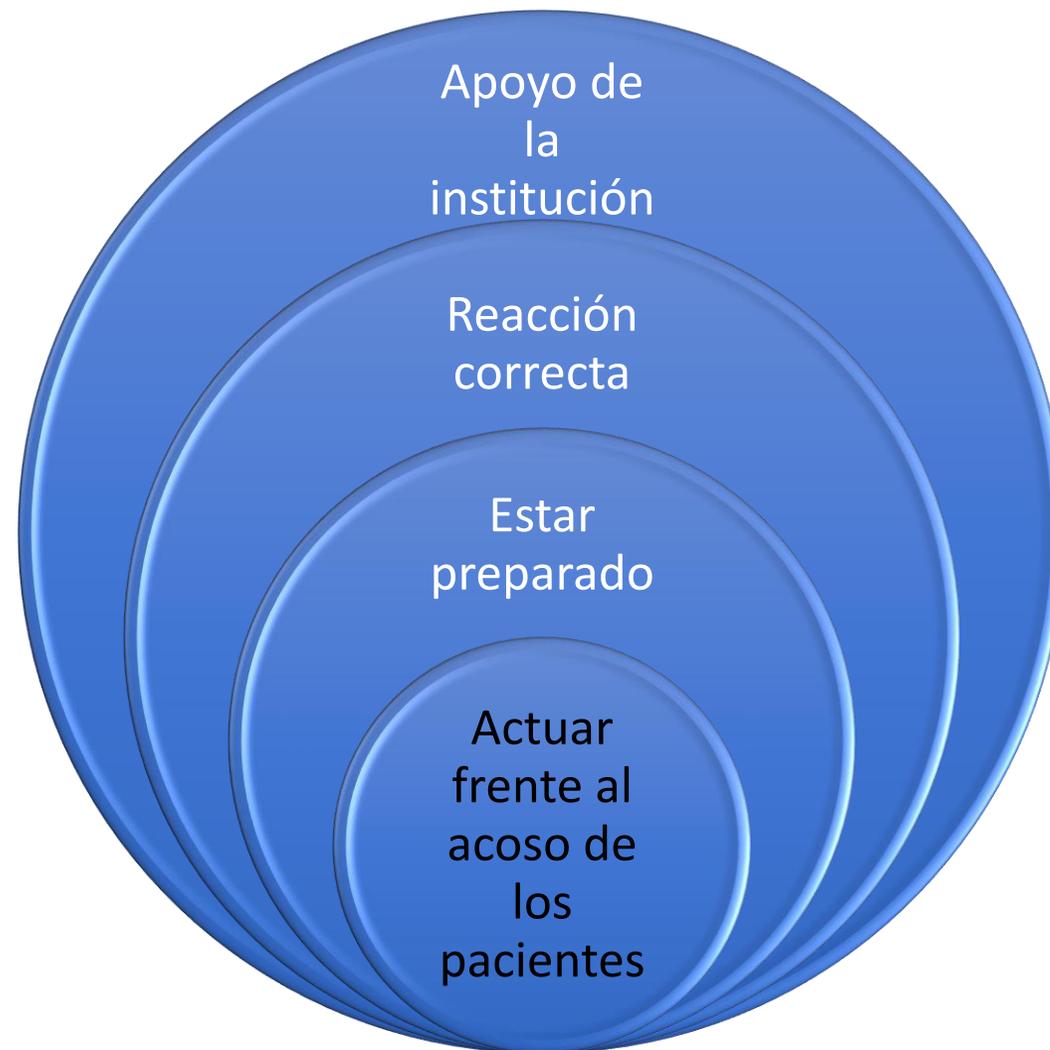
Image From Noun Project

Actuar frente
al acoso de
los pacientes

Estar
preparado

Actuar
frente al
acoso de
los
pacientes





II. *Burnout* o síndrome de desgaste profesional

- Definición, Causas y consecuencias
- *Burnout* en puestos de liderazgo
- Abordaje del *Burnout*
- Plataforma *Well-Being* ASHP

CIE-11

Clasificación Internacional de Enfermedades, 11.a revisión

Estandarización mundial de la información de diagnóstico en el ámbito de la salud

CIE-11, el síndrome de desgaste profesional es el “resultado del estrés crónico en el lugar de trabajo que no se ha manejado con éxito. Se caracteriza por tres dimensiones:

- 1) Sentimientos de falta de energía o agotamiento
- 2) Aumento de la distancia mental con respecto al trabajo, o sentimientos negativos o cínicos con respecto al trabajo
- 3) Una sensación de ineficacia y falta de realización.”

<i>Burnout</i>	Estrés
Sensación de estar fuera de lugar	Excesivas obligaciones
Falta de emociones	Emociones exaltadas
Impotencia y desesperanza	Urgencia e hiperactividad
Pérdida de motivación	Pérdida de energía
Depresión	Trastorno de ansiedad
Daño emocional	Daño físico



El síndrome de *Burnout* fue descrito en 1974 por el psiquiatra estadounidense Herbert Freudenberger



Christina Maslach, psicóloga estadounidense (Universidad de Berkeley). Autora de la herramienta más utilizada para la evaluación de este síndrome, el *Maslach Burnout Inventory* (1986).

Maslach Burnout Inventory (MBI)

- CUESTIONARIO - BURNOUT -22 ítems sentimientos y actitudes del profesional en su trabajo para medir el desgaste profesional. Este test pretende medir la frecuencia y la intensidad con la que se sufre el *burnout*.

Aspecto evaluado	Preguntas a evaluar	Valor total Obtenido	Indicios de Burnout
Cansancio emocional	1-2-3-6-8-13-14-16-20		Más de 26
Despersonalización	5-10-11-15-22		Más de 9
Realización personal	4-7-9-12-17-18-19-21		Menos de 34

Nivel de desgaste profesional

Nivel 1

“Disfruto mi trabajo. No tengo síntomas de agotamiento”



Nivel 2

“De vez en cuando estoy bajo estrés y no siempre tengo energía, pero no me siento agotado”



Nivel 3

“Definitivamente me estoy quemando y tengo síntomas de agotamiento físico y emocional”



Nivel 4

“Los síntomas de agotamiento que estoy experimentando no desaparecen. Pienso mucho en la frustración en el trabajo”



Nivel 5

“Me siento completamente agotado ya menudo me pregunto si puedo continuar. Estoy en el punto donde puedo necesitar cambios y buscar algún tipo de ayuda”



- Falta de estímulo y orientación profesional
- Sobrecarga laboral
- Crisis de realización en lo profesional
- Probles condiciones económicas

Consecuencias del *burnout*

Profesionales sanitarios	Sistema sanitario	Pacientes
<ul style="list-style-type: none"> • Falta de rendimiento • Problemas de abuso de alcohol • Decepción con la profesión • Falta de desarrollo profesional • Errores de medicación 	<ul style="list-style-type: none"> • Falta de personal (absentismo, cambios puesto de trabajo) • Menor productividad • Presentismo • Pérdida de reputación • Alto impacto económico (4.6 billones de dólares al año en US) 	<ul style="list-style-type: none"> • Menor accesibilidad a asistencia sanitaria • Mayor carga administrativa que resta tiempo de atención al paciente • Peores resultados en salud • Menor satisfacción del paciente • Daño por errores de medicación

400

physicians commit
suicide each year, a rate
more than

2X

that of the general
population

Andrew & Branner, 2015



Physician rates of
depression
remain alarmingly
high at

39%

Shanafelt, 2015

23-31%

Prevalence of emotional
exhaustion among
primary care nurses

Gomez-Urquiza et al, 2016

➔ 24%

of ICU nurses tested positive
for symptoms of post-traumatic
stress disorder

Mealer et al., 2007

**How can we protect the health of the people
who protect our own?**



National Academy of Medicine

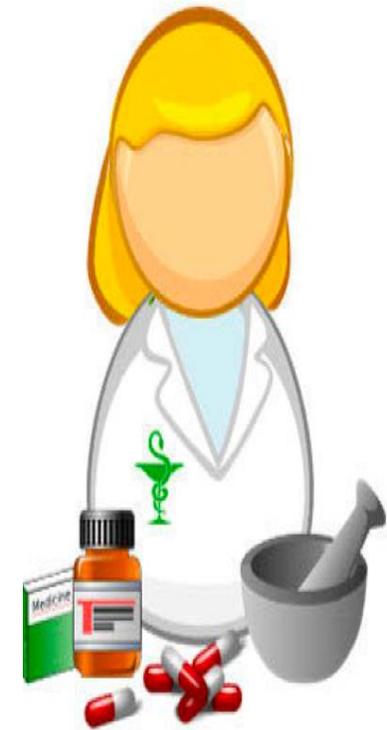
Action Collaborative on
Clinician Well-Being and Resilience

Learn more at nam.edu/ClinicianWellBeing

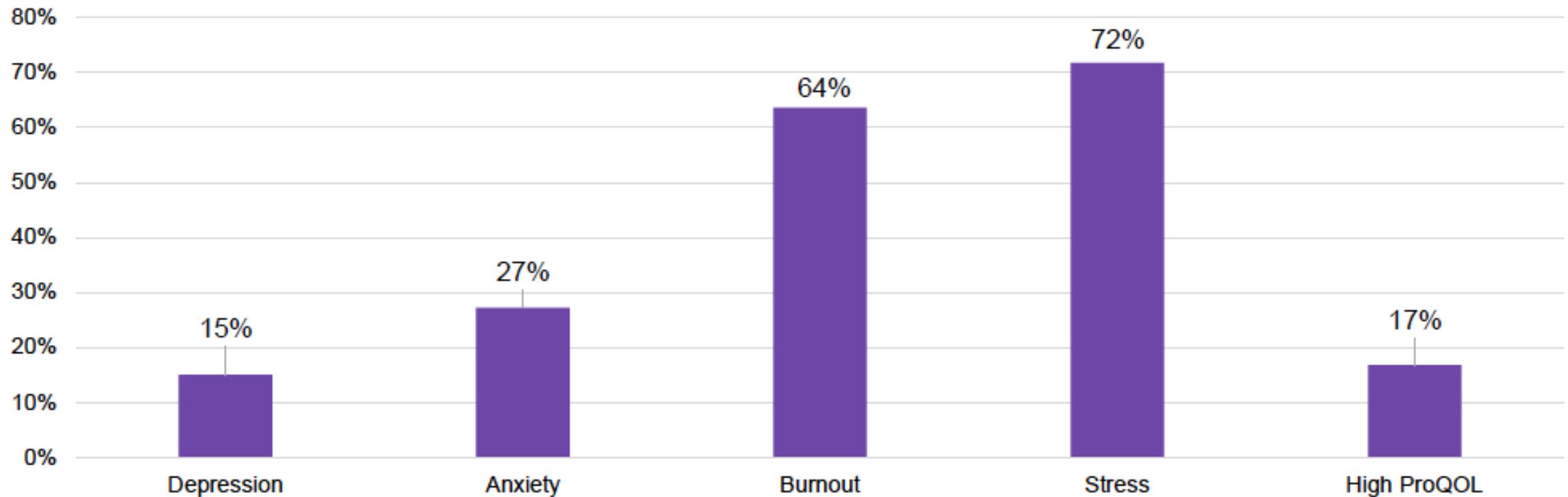
@theNAMedicine

Burnout ASHP

- Tasa de respuesta del 6,4 %: 665 encuestados
- La mayoría tenía entre 30 y 49 años de edad, mujer, blanca no hispana, y tenía un doctorado
- 33% trabajaba en un hospital universitario, 18,3% en un hospital no universitario grande, y el 14,3% en un pequeño hospital comunitario/rural.



Percent of Pharmacists with Depression, Anxiety, Burnout, Stress, and High ProQOL



- Pharmacists struggled the most with **burnout** (64%), **stress** (72%), and **ProQOL** (high quality of life) (17%).
- Most reported **worse mental health due to the pandemic** (70.8%).

Burnout en puestos de liderazgo

- **Leadership Burnout:**
 - Physical and emotional exhaustion of high-performing leaders when they overburden themselves with too much work or neglect to spend time on their wellness techniques or can be caused by isolation
- **73% of Healthcare Leaders feel burnout**
- **Burnout is NOT depression or anxiety**
- **Core cause: Chronic stress**
 - Occupational phenomenon

Leadership is an active role; 'lead' is a verb. But the leader who tries to do it all is headed for burnout, and in a powerful hurry.
- Bill Owens.

Pathak, A. (2022, August 11). The bizarre truth behind leadership burnout in 2022. Nurture an Engaged and Satisfied Workforce | Vantage Circle HR Blog. Retrieved August 21, 2022, from <https://blog.vantagecircle.com/leadership-burnout/#:~:text=The%20World%20Health%20Organization%20defines,Energy%20depletion%2Fexhaustion.>

The Unknown in Leadership

- COVID-19
 - Emergency Preparations
 - Creating precedent with each decision
 - Decision fatigue
 - Analysis paralysis
 - What if...what if...what if...
- Drug/Supply Shortages
- World Events
 - Politics in the workplace
 - Do we have to make a statement?
- What will the next email/phone call hold?



Why are Leaders Prone to Burnout?



Lonely at the Top



It's time to acknowledge CEO Loneliness. Harvard Business Review. (2014, July 23). Retrieved September 2, 2022, from <https://hbr.org/2012/02/its-time-to-acknowledge-ceo-lo>
Image: Lonely Pictures, images and stock photos. iStock. (n.d.). Retrieved October 18, 2022, from <https://www.istockphoto.com/photos/lonely>

Experiencing Feelings of Loneliness

- Harvard Business Review reported that 50% of Chief Executive Officers (CEOs) experience feelings of loneliness in their role
 - 61% believe it hinders their performance
- 70% of first time CEOs report that the feelings negatively affect their performance
- 2018 study from the Journal of Leadership & Organizational Studies found that senior managers are lonelier inside and outside of work because of the demands of their role

Abordaje del *burnout*

Abordaje del *burnout*

**Abordaje a
nivel
individual**

Abordaje del *burnout*

**Abordaje a
nivel
individual**

**Abordaje a nivel
de la
organización**

Abordaje **INDIVIDUAL** del *burnout*

Identificar valores y establecer prioridades:

- Qué es lo que más me importa?
- Integrar vida personal y profesional



Optimización del trabajo

Entrenamiento en técnicas de resiliencia
PS presentan más BO y más resiliencia

- Auto-chequeo de BO
- Hábitos (ejercicio, dieta, sueño...)
- Relaciones personales
- Cuidado mental-*Mindfulness*
- Cuidado espiritual
- Hobbies y aficiones

Abordaje INDIVIDUAL del *burnout*

Ide

JAMA
Network | **Open.**



Original Investigation | Psychiatry

Resilience and Burnout Among Physicians and the General US Working Population

Colin P. West, MD, PhD; Liselotte N. Dyrbye, MD, MHPE; Christine Sinsky, MD; Mickey Trockel, MD, PhD; Michael Tutty, PhD; Laurence Nedelec, PhD; Lindsey E. Carlisano, MBA; Tait D. Shanafelt, MD

West CP et al., JAMA Netw Open. 2020;3(7):e209385. doi:10.1001/jamanetworkopen.2020.9385

Conclusions

In summary, in this national cross-sectional survey study in the US, physicians exhibited greater resilience than the general working population. Resilience was inversely associated with burnout symptoms. Although maintaining and strengthening resilience is important, physicians are not generally resilience-deficient and burnout rates are substantial even among the most resilient physicians. Additional solutions, including efforts to address system issues in the clinical care environment, are needed to reduce burnout and promote physician well-being.

Based on Evidence, What Do We Know?

People who have the following behaviors have 66% less diabetes, 45% less heart disease; 45% less back pain, 93% less depression, and 74% less stress

- **Physical activity** - 30 minutes 5 days per week
- **Healthy eating** - 5 fruits and vegetables per day
- **No smoking**
- **Alcohol in moderation** – no more than 1 drink per day for women and men if you drink alcohol

Getting 7 hours of sleep and regularly engaging in stress reduction will result in even greater reductions in chronic disease.

The Next 30 to 60 days

- Which healthy lifestyle behavior will you commit to improving in the next 30 to 60 days?



Abordaje INSTITUCIONAL del *burnout*

Compromiso y liderazgo

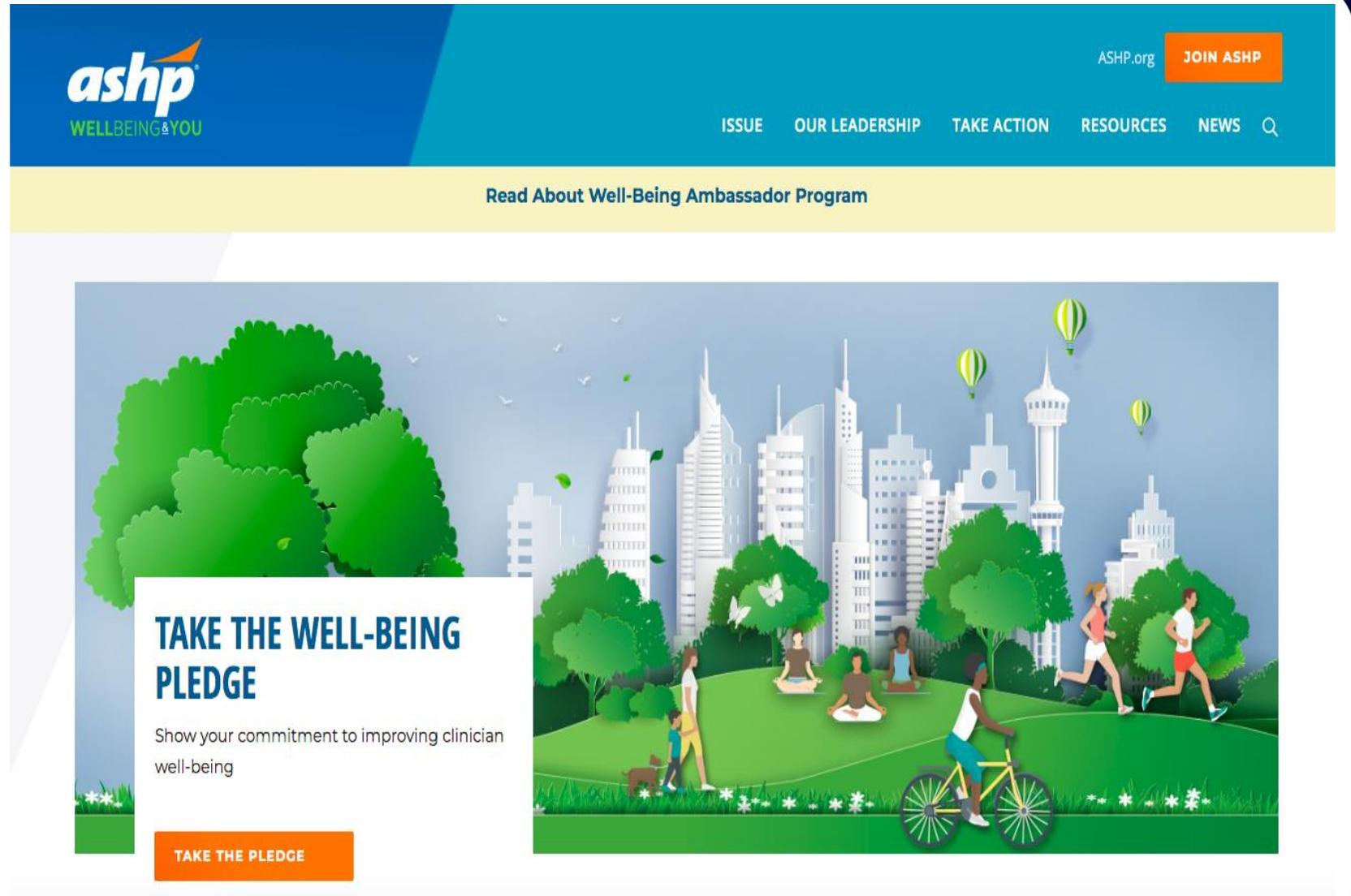
Fomentar actividades de eficiencia en el trabajo y de soporte a los profesionales



Chequeo y monitorización de BO

Valoración continua de prácticas implantadas

**Objetivo:
Crear un mejor
entorno de trabajo**



The screenshot shows the ASHP website header with the logo and tagline 'WELLBEING&YOU'. Navigation links include 'ISSUE', 'OUR LEADERSHIP', 'TAKE ACTION', 'RESOURCES', and 'NEWS'. A 'JOIN ASHP' button is visible. Below the header is a yellow banner with the text 'Read About Well-Being Ambassador Program'. The main content area features a large illustration of a city skyline with green hills in the foreground. On the hills, people are engaged in various activities: a person walking a dog, a person on a bicycle, a person meditating, and a person running. A white box on the left side of the illustration contains the text 'TAKE THE WELL-BEING PLEDGE' and 'Show your commitment to improving clinician well-being'. An orange button at the bottom of this box says 'TAKE THE PLEDGE'.

ashp
WELLBEING&YOU

ASHP.org **JOIN ASHP**

ISSUE OUR LEADERSHIP TAKE ACTION RESOURCES NEWS

Read About Well-Being Ambassador Program

TAKE THE WELL-BEING PLEDGE

Show your commitment to improving clinician well-being

TAKE THE PLEDGE

NETWORK OF TRAINED PROFESSIONALS leading efforts to address occupational burnout in local communities

Transformation of organizations into **CULTURES OF WELL-BEING**

Proficiency in **WELL-BEING STRATEGIES** to support resilience for themselves and others



Objetivo: crear un mejor entorno de trabajo y aprendizaje en servicios de farmacia hospitalaria



ASHP Well-Being and Resilience Certificate



- WBAs receive complimentary access to the professional certificate
- 7 Modules | 18 CE Hours
- The curriculum addresses:
 - Core principles associated with burnout in the healthcare workforce
 - Individual resilience strategies
 - Redesigned work system approaches
 - Cultures to sustain healthcare professional well-being and resilience

ASHP Well-Being Ambassador Program

The ASHP Well-Being Ambassador Program deploys resources into a scalable program with support from expert faculty for raising awareness of burnout in the pharmacy profession and supporting local implementation of well-being strategies.



1

CREATE A NEW WBA PROGRAM

Enroll 4,000 pharmacists, pharmacy technicians, pharmacy residents, and pharmacy students



2

ASHP'S WELL-BEING AND RESILIENCE CERTIFICATE

Completion of professional certificate to inform local strategies that foster well-being and resilience



3

COMMUNITY OF WELL-BEING AMBASSADORS

Create a network of ambassadors and expert implementation coaches to support local cultures of well-being

Program Outcomes

POSTMIDYEAR

15
febrero
2023

ASHP

More than a meeting

Muchas gracias