



Report of the Task Force on

**PHARMACISTS AND PHARMACY PERSONNEL
MENTAL HEALTH AND WELL-BEING**



Report of the Task Force on Pharmacists and Pharmacy Personnel Mental Health and Well-Being

Members Present

Jeanne Waggener (TX), *chair*; Michael “Mike” Burlison (KY); Nichole Cover (MI); Timothy “Tim” Fensky (MA); Laura Forbes (VI); Jennifer Keonavong (AZ); Donna Montemayor (TX); Kari Shanard-Koenders (SD); Julie Spier (TX); Joanne Trifone (MA); Cyndi Vipperman (OR); and Fred M. Weaver (OH).

Others Present

Debbie Mack, *Executive Committee liaison*; Lenora Newsome, *Guest*; Lemrey “Al” Carter, Melissa Becker, Eileen Lewalski, Neal Watson, Gertrude “Gg” Levine, Maureen Schanck, Cameron Orr, *NABP staff*.

Introduction

The task force met on August 29-30, 2023, at NABP Headquarters in Mount Prospect, IL. This task force was established pursuant to the 2023-2024 presidential initiative of NABP President Lenora Newsome, which focuses on providing resources to support the mental health and well-being of pharmacists and pharmacy staff.

Review of the Task Force Charge

Charge of the task force:

1. Review the differences between work-induced stress that may affect mental health versus mental health conditions that are pre-existing, and how they both can create unsafe working conditions for pharmacy staff;
2. Provide resources to support mental health and well-being for pharmacists and pharmacy staff; and
3. Amend, if necessary, the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* accordingly.

Background and Discussion

Discussion began with a review of the task force charge and background materials, as well as the recognition of President Newsome’s support for safer working conditions during this period of increased demand for pharmacy services. The chairperson drew the members’ attention to the Pharmacy Workplace and Well-being Reporting (PWWR) survey developed by the American Pharmacists Association (APhA) and requested their input. Members noted that pharmacists with more practice experience had fewer complaints and better scores than newer pharmacists. This



observation led to a discussion on the apparent adaptability skills of more experienced pharmacists, as well as opportunities and tools to share with pharmacy personnel to help alleviate stressors, protect staff, and help foster healthier working conditions. This initiative has been particularly important in recent years in light of the added pharmacy responsibilities stemming from the COVID-19 pandemic.

Observing Opportunities for Intervention

Task force members observed that today's pharmacy school graduates are well prepared to solve medication-related problems but may have yet to fully develop the soft skills necessary to handle difficult patient situations, which has been identified as a key factor in influencing stress levels. As avid users of electronic communications, new graduates may need additional experience to gain the skills needed for face-to-face interactions. Task force members expressed their desire to provide emotional intelligence training and mentorship to prevent stress and burnout among new graduates, who otherwise may feel more comfortable turning to social media as their platform to express their frustrations, rather than discussing them with their managers or more experienced peers.

Members noted that they have observed newer pharmacists leaving the practice of pharmacy at a faster rate than their more experienced colleagues. Therefore, the task force thought it imperative to tap into and share the knowledge and coping skills of experienced pharmacists with newer pharmacists entering the profession. Meaningful change can occur by training pharmacists in conflict management and de-escalation strategies that they can employ when tensions rise during patient interactions. It was noted that some pharmacists may be poorly equipped to deal with patients who become belligerent and the importance of developing these coping skills. For instance, some noted that pharmacists need to recognize when to step in and how to address an issue immediately, such as when pharmacy technicians are confronted by aggressive patients.

Several agreed that employers should not place inexperienced staff into high-volume stores without proper training, noting that new graduates are sometimes hired as managers or pharmacists-in-charge (PICs) before they are ready. Boards of pharmacy have addressed this issue directly with permit holders and may require new PICs to take an exam or other assessment to assess readiness for this responsibility. The Arkansas State Board of Pharmacy, for instance, requires new PICs to take an exam. Participants also considered whether there is a need to promote the pharmacy technician role as a profession, making it an alternative career track to effectively support the pharmacist on duty and other less experienced personnel.

Recognizing a Soft Skills Gap

The task force noted that schools and colleges of pharmacy thoroughly prepare students to provide medication counseling, but new graduates may enter the practice lacking the empathy and emotional intelligence that would prepare them to defuse tense situations that may arise and cause

significant workplace stress. Thus, they are forced to learn coping and stress-management skills on their own, which many times is through experience, whether positive or negative.

Task force members observed that pharmacists may need to gain a better understanding of the patient's perspective to effectively handle stressful patient interactions. Members recognized that patients today face barriers to care, stemming from gaps in care coordination or sources such as insurance and pharmacy benefits management, which can contribute to their frustration and create volatile interactions that pharmacy personnel must learn to defuse.

Members agreed that these deficits in soft skills should be filled through education and training. They discussed the need to incorporate soft skills into the pharmacy school curriculum to help prepare graduates for what they will encounter in practice and to help them choose a practice setting that fits their skills and provides job satisfaction.

Task force members also agreed that it may be helpful for employers to offer training in soft skills for less experienced staff or for seasoned staff for continued professional development.

Considering Other Contributing Factors

Task force members identified practice and regulatory trends that could also contribute to work-induced stress and mental health issues. For instance, it was noted that pharmacy practice has yet to adopt appointment-based services like other health care models, which could help to reduce pharmacist stress by providing scheduled breaks and increasing patients' respect for pharmacy personnel.

Members also considered whether the physical layout of the pharmacy can contribute to stress. Many pharmacies are arranged for multitasking, with drop-off and pick-up windows, cash registers, a drive-thru window, and patient interactions all within view of other customers, which can lead to anxiety for all involved. The task force was curious as to whether a study has been conducted to determine the effects of pharmacy design on medication error rates and stress levels, and whether problems could be alleviated just through design changes. However, no members were aware of such research having been done.

The task force also considered regulatory barriers that may contribute to pharmacy personnel's stress levels without adding a commensurate public health benefit. They suggested comparing mental health issues in states with higher versus lower regulatory barriers. It was noted that many states relaxed their regulations during the COVID-19 pandemic and reports of patient harm have not emerged. Members observed that strict regulations do not necessarily benefit public health.

Addressing Mental Health Issues

The task force considered the difference between work-induced stress and preexisting mental health conditions, as mentioned in the charge. Task force members noted that both can be problematic independently and can lead to a crisis when combined. They also noted that it can be



difficult to determine where a preexisting mental health condition ends and work-induced stress begins, as one impacts the other.

Task force members noted that mental health issues have a stigma in our society. For this reason, mental health issues are often not addressed at all and not diagnosed, or they are kept private. Employers can only address mental health issues if an individual reveals the problem to their manager.

Members considered whether newly hired pharmacy personnel should be provided with mental health resources from day one of their employment in a pharmacy. While agreeing that this approach could be extremely helpful, they noted that the boards of pharmacy are limited in their ability to influence employer decisions and considered whether the professional pharmacy associations could help.

It was noted that NABP is developing a new section of its website dedicated to resources for addressing mental health, conceived as part of the current presidential initiative. Staff stated that NABP will share on the website the resources provided in the task force booklet, including American Association of Psychiatric Pharmacists' materials, as well as the recommendations of the Implementing Solutions Summit: Building a Sustainable, Healthy Pharmacy Workforce and Workplace, hosted in June 2023 by APhA, the American Society of Health-System Pharmacists (ASHP), and NABP. It was also recommended that the boards of pharmacy provide similar resources or a link to NABP's mental health resources page, on their own websites.

Identifying Educational Resources

Task force members provided several examples of training in soft skills and stress management that may prove useful for pharmacy personnel. For example, one member explained that the University of Houston teaches its pharmacy school students emotional intelligence to help them recognize and assess their personal strengths and weaknesses. This tool is used during all four years of the curriculum to help graduates bolster their coping skills. Members agreed that they saw value in this type of educational approach but were uncertain how to expand it beyond one college of pharmacy.

A program called "HeartMath" was suggested as a helpful resource. This program teaches breathing exercises and pulse-rate monitoring to control one's stress level so that these practices come naturally in stressful situations. The task force agreed that this tool could also be added as a resource on NABP's mental health web page. Additional suggestions included the book *Crucial Conversations: Tools for Talking When Stakes Are High*, which is complete with additional resources and designed to improve patient care and communication, as well as short videos teaching simple coping mechanisms. It was noted that people learn differently; thus, providing a variety of tools and informational snippets would be most widely beneficial.



The task force also considered whether boards of pharmacy can require continuing pharmacy education (CPE) on mental health and/or emotional intelligence. Members agreed to recommend developing CPE for pharmacy personnel/licensees in collaboration with the Pharmacy Technician Certification Board (PTCB) and the National Healthcareer Association (NHA). Members suggested working with the Accreditation Council for Pharmacy Education (ACPE) to incorporate such coursework into the college curriculum. It was noted, however, that ACPE is experiencing excessive demands on its curriculum requirements. Given the importance of the topic, task force members asked whether we could afford not to include mental health training in the curriculum. Ideally, a uniform program developed for all pharmacy schools to use to educate their students would be most helpful; however, it was recognized that collaborating with ACPE in an effort to incorporate this topic into the pharmacy school curriculum would be a positive first step.

Members also discussed mentorship programs, such as “tech-to-tech,” “tech-to-pharmacist,” and “pharmacist-to-pharmacist” programs, noting that they could also provide opportunities to improve mental health and well-being.

Considering Other Solutions

It was suggested that, when board of pharmacy inspectors go into a pharmacy, they should ask whether the pharmacy has an employee assistance program – not to suggest that such a program should be required but to promote well-being and to generate questions and conversation. Some members added that this question should be included in a survey for pharmacists and pharmacy permit holders upon renewal of their licenses or permits. For licensees who indicate they are not aware of a mental health resources program, such resources should be provided. Task force members recommended that NABP develop a survey for pharmacy boards to use to evaluate licensee awareness of mental health resources. The task force also recommended that boards or other stakeholders encourage employers to create a role for a chief wellness officer as another means of providing mental health resources to employees.

As noted above, the task force also considered what boards of pharmacy can do to relieve the demand on pharmacists, such as removing regulations that restrict shared pharmacy services and automation and creating uniformity across the country. Members agreed that NABP should continue to encourage boards of pharmacy to review and, if possible, reduce unnecessary and burdensome rules, and reiterate support for the use of technology and increased pharmacy technician responsibilities to help improve working conditions.

On another front, it was noted that, according to Louisiana law, it is a felony to harass health care workers, which participants considered an asset for reducing staff stress levels. Members opined that pharmacy personnel feel more supported when they realize they do not have to accept aggressive behavior from patients.



Task force members also discussed educating the public about the services pharmacists provide to better manage patient expectations. It was suggested that NABP develop a patient education tool to be printed or made available to pharmacies or boards to educate patients. Staff noted that, at the Implementing Solutions Summit, ASHP representatives stated that their organization would create a public service announcement (PSA) designed to help in this regard. The task force opined that a PSA developed by a broad coalition of professional pharmacy organizations would provide the most helpful and educational messaging about the work pharmacists do and recommended that NABP evaluate the feasibility of such an effort. If an interest is not found, then the task force suggested that NABP consider developing such a PSA on its own.

Recommendations

After careful review and discussion, the task force agreed upon the following recommendations.

1. The task force recommended that NABP, through a statement that complements and accompanies its work in this area, acknowledge the differences between work-induced stress and preexisting mental health issues and that they both may affect patient safety and public health if not addressed by the individual and/or employer.
2. The task force advised NABP to promote emotional intelligence training by:
 - a. developing CPE for pharmacy personnel/licensees in collaboration with the PTCB and the NHA; and
 - b. collaborating with ACPE to incorporate this topic into schools and colleges of pharmacy curricular programs.
3. The task force recommended that NABP develop a survey for the boards of pharmacy to give to pharmacists, pharmacy technicians, and pharmacy permit holders/registrants upon renewal of their licensure or permit/registration.
 - a. The survey should ask whether licensees are aware of available mental health resources.
 - b. Licensees who indicate unawareness of these resources should be sent relevant information.
4. The task force recommended that NABP continue to encourage the boards of pharmacy to review and, if possible, reduce unnecessary and burdensome rules. NABP should also reiterate support for use of the following regulatory approaches:
 - a. expand pharmacy technician scope of practice and responsibility;
 - b. allow shared pharmacy services; and
 - c. expand allowances for automation, including the use of pick-up lockers.



5. The task force recommended that NABP address challenging working conditions with expanded access to resources addressing mental health and coping skills. With this in mind, NABP should move forward with adding a mental health resources web page to the NABP website and encourage boards of pharmacy to refer licensees to it or develop their own. Such web pages should include information on the following:
 - a. pharmacy personnel assistance programs;
 - b. chief wellness officer roles;
 - c. coping mechanisms/strategies and/or emotional intelligence education, including short videos and/or books; and
 - d. optionally, information about the HeartMath and *Crucial Conversations* tools.
6. The task force recommended that NABP evaluate the feasibility of leading a broad coalition of professional pharmacy organizations in the development of a PSA that would provide educational messaging about the work pharmacists do. If an interest in creating such a PSA is not found, then the task force recommended that NABP consider doing so on its own.
7. Task force members reviewed the relevant *Model Act* language and determined that no revisions are necessary at this time.