



November 23, 2021

Centers for Disease Control and Prevention, HHS  
NIOSH Docket Office  
via [www.regulations.gov](http://www.regulations.gov)

Docket Number: CDC-2021-0106; NIOSH-344

Dear NIOSH,

Thank you for exploring and requesting information on interventions to prevent work-related stress and activities that support health worker mental health.

The American Pharmacists Association (APhA) has been addressing quality of work life and pharmacy personnel burnout for many years, but more intensely in recent years. Three years ago, the issues in the pharmacy practice reached the tipping point when there was a spontaneous outpouring from members during the APhA House of Delegates. Our members passionately stated that the pressures of day-to-day pharmacy work were burning them out. They urgently called for APhA, their professional home, to take action to reverse the trend. APhA listened and focused efforts were increased and became an important part of on-going APhA strategic initiatives.

Pharmacists and pharmacy personnel's workplace issues and their relationship to personal well-being continue to be a critical, complex issue across all practice settings, and have been further exacerbated under the COVID-19 pandemic. In recent decades, considerable work has been done to analyze medication errors, including near misses, and identify their root causes. What the research has lacked is a critical examination of workplace factors to determine how they affect pharmacy personnel well-being and patient safety.

In 2019, APhA spearheaded<sup>1</sup> a national invitational consensus conference to start the exploration of issues that were affecting pharmacists' well-being. The [\*Enhancing the Well-being and Resilience of the Pharmacy Workforce: A National Consensus Conference\*](#) yielded a set of 50 recommendations focused on workplace conditions and patient safety; payment models; relations between pharmacists and employers; pharmacist and student pharmacist well-being; well-being education and training; communications, and data, information, and research on pharmacist well-being. APhA has used these recommendations as the foundation for its recent and ongoing work in pharmacists and pharmacy personnel well-being. Many of these recommendation topics are included in the NIOSH request for information and are detailed in this response.

#### *Pharmacists and Student Pharmacists Well-being*

APhA partnered with the Mayo Clinic to develop the pharmacy personnel version of the [\*Well-being Index\*](#) (WBI). The WBI is a validated, online interactive and ongoing self-assessment tool that measures 6

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<sup>1</sup> An APhA-led a collaboration with other national pharmacy organizations - American Association of Colleges of Pharmacy (AACCP), the Accreditation Council for Pharmacist Education (ACPE), the National Association of Boards of Pharmacy (NABP), and the National Alliance of State Pharmacy Associations (NASPA) – developed the national invitational *Enhancing Well-Being and Resilience Among the Pharmacist Workforce: A National Consensus Conference* in July 2019. More than 100 stakeholders participated in the consensus conference.

dimensions of distress and well-being that can be tracked over time. The tool provides instant access to resources to assist the assessor. Since its launch in 2019, nearly 8,000 pharmacists, pharmacy technicians, and student pharmacists have used the tool to assess their current well-being and compared it against national benchmarks. We have learned from the WBI, that one-third<sup>2</sup> of those who have assessed are at risk for high distress.

Why is being at risk for high distress important? The researchers at Mayo have found that those who are at a high risk for distress are also at greater risk for number of adverse outcomes including:

- 3-fold higher risk of low quality of life
- 8-fold higher risk of burnout
- 2.5-fold higher risk of high fatigue
- 2.5-fold higher risk of intent to leave their current job
- 2-fold higher risk of medication error

The WBI for Pharmacy Personnel has been validated as a predictive tool to gauge well-being and to identify pharmacists who may be experiencing important dimensions of distress and have increased risk for adverse professional consequences. The validation research was published in 2020 in the [Journal of the American Pharmacists Association](#).

APhA has curated its well-being activities and resources in one place on its website - [pharmacist.com](https://pharmacist.com) for members and nonmembers. The space includes access to the WBI, reports, tools, and educational offerings.

#### *Employee and Employer Relationship*

In a collaboration with the National Alliance of State Pharmacy Associations (NAPSA), the [Pharmacist's Fundamental Responsibilities and Rights](#), published in June 2021, as a guide for pharmacists, pharmacy personnel, employers, patients, health professionals, and those that govern pharmacy practice and healthcare delivery and to facilitate meaningful discussions to enhance the workplace and patient safety. The principles are focused on pharmacist's responsibilities and workplace expectations needed to fulfil those responsibilities. As of the date of this letter, six additional pharmacy organizations have officially supported the *Fundamentals*.

#### *Communications – Provided a Safe Space for Pharmacy Personnel*

The National Academy of Medicine's 2019 consensus report, [Taking Action Against Clinician Burnout: A Systems Approach to Professional Well-Being](#), finds that addressing the factors contributing to burnout and the barriers to well-being, including improving the design and organization of the environments where health care professionals work is key. Employers can learn about the system workplace concerns from the pharmacists and pharmacy personnel practicing in their pharmacies; however, pharmacists and pharmacy personnel have expressed a desire to talk with their employers about workplace conditions and/or ideas for enhancements but feel that their concerns and ideas for changes are not welcomed or wanted. Many have also expressed fear of retribution or retaliation such as loss of job if they even ask to talk about the issues.

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<sup>2</sup> The national percentage of all those who have assessed and whose scores indicate that they are high risk for distress has been between 32% and 40%. The percentages vary by practice setting, practice role, gender, years in practice, and area of the country.

APhA, again with NASPA, developed a safe space portal for pharmacy personnel to report their experiences. The [Pharmacist Workforce Well-Being and Reporting \(PWWR\)](#) portal, launched in October, is designed to collect anonymous and confidential workplace reports—both positive and negative—from pharmacists and pharmacy personnel, which are collected by a federally recognized patient safety organization. That organization, the Alliance for Patient Medication Safety (a nationally recognized Patient Safety Organization), will analyze the submissions and report aggregated trends that will help tell a powerful story that can spark change and improvement in well-being and patient safety. The aggregated reports will also be used to develop best practices, education, and recommendations to enhance the pharmacy workplace and practitioner well-being.

#### *Data, Information, and Research*

A national pharmacy workplace survey was fielded by APhA and NASPA in the Spring of 2021. The survey closed in September with more than 4200 respondents nation-wide. The goal of the survey was to find the conditions or stressors that may contribute to medication errors or near misses. Preliminary results are being prepared at this time; however, one eye-opening finding was that nearly 70% of the respondents believed bullying and harassment by patients and consumers is a stressor that is a likely/very likely contributor to medication errors or near misses. This is an example of a systems issue that needs to be addressed by each pharmacy organization. Over the years, pharmacists and pharmacy team members have expressed a desire to know that their management “has their backs” on the professional judgement decisions they make without fear of negative consequences.

The preliminary results also support the anecdotal reports on employer/employee communication issues outlined earlier. Of those who responded, more than 53% indicated that employers do not actively seek pharmacy personnel opinions on the workplace. More than 51% of the respondents indicated that there were no communications channels to voice ideas for process improvement. Additionally, 61% of the respondents believed that their employer did not respect or value their input. The *Fundamental Pharmacist’s Responsibilities and Rights* will serve as the foundation to open discussions to address these findings at the national, state, and individual pharmacy levels.

#### *Educational Offerings*

APhA has, and continues to offer, well-being-focused continuing pharmacist education sessions through [home study](#), live webinars, and in-person at our annual meeting. One that addresses the broader concerns of mental health is a training through [Mental Health First Aid](#). The program trains individuals to understand the risk factors and recognize the warning signs for mental health and addiction concerns, strategies for how to help someone in both crisis and non-crisis situations, and where to turn for help. Initially offered as a means to help patients, the training is applicable to recognizing signs and concerns in co-workers and themselves.

#### *Published Studies*

The earliest article published that was available through online search appeared in the October 1982 issue of *American Pharmacy* (the name of [Journal of the American Pharmacists Association](#) at the time). The article - [Promoting Pharmacist Well-being](#) - introduced the concept of workplace burnout to the pharmacy audience.

The following is a sample of peer-reviewed research and other articles on workplace conditions, burnout, and well-being that have been published in APhA periodicals within the last few years:

- Pharmacist and student pharmacists' views of professional and personal well-being and resilience (JAPhA Sept 2019)
- Pilot Assessment on perceived stress among working pharmacist moms (JAPhA October 2019)
- Getting Well (*Pharmacy Today* December 2019)
- Mental Health First Aid Training and Assessment Among University Students: A Systematic Review (JAPhA January 2020)
- Ability of the Well-Being Index to identify pharmacists in distress (JAPhA June 2020)
- Strong at the broken places: Remaining resilient (*Pharmacy Today* June 2020)
- Second victim syndrome and the pharmacy learner (JAPhA July 2020)
- Prevalence and risk factors of burnout in community pharmacists (JAPhA Sept 2020)
- Clinician burnout during the COVID-19 pandemic before vaccine administration (JAPhA April 2021)
- Impact of a Yin Yoga and meditation intervention on pharmacy faculty and student well-being (JAPhA May 2021)
- Policy Solutions to Address Community Pharmacy Working Conditions (JAPhA July 2021)
- Perceived Wellness Among Pharmacy Residents during Covid-19 (JAPhA July 2021)
- Perception of Working Conditions and Safety Concerns in Community Pharmacy (JAPhA July 2021)
- The relationship between pharmacist emotional intelligence, occupational stress, job performance, and psychological affective well-being (JAPhA September 2021)
- Your stories can help beat burnout (*Pharmacy Today* November 2021)

In addition to the research above, APhA has conducted open forums and participated in social media platform chats as mechanisms for pharmacy personnel to network, discuss, and exchange ideas and best practices to address these issues.

Thank you again for the opportunity to provide insights into the well-being tools, activities, research, and resources that have been developed and are continuing to be developed for pharmacy personnel by the American Pharmacists Association.

Sincerely,



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