

Job-Related Stress and the Quality of Pharmacists' Work Life

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Abstract

Job-related stress can have many negative consequences for individual pharmacists and the profession of pharmacy. Research indicates that pharmacists tend to report certain types of work situations to be stressful, including having unchallenging work, dealing with "difficult" patients, being interrupted while performing a task, having a heavy workload, and being inadequately prepared to meet patients' needs. Stress management efforts must focus on both recognizing job situations that generate negative stress reactions and taking actions aimed at alleviating stress before it can produce serious consequences. By pursuing a proactive approach to stress management, the quality of pharmacists' work life and the quality of care provided to their patients can be enhanced.

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This activity is designed for pharmacists, pharmacy directors, formulary committee members, and quality assurance directors.

GOAL

To understand the nature of pharmacists' job-related stress and steps that can be taken to manage stress effectively.

OBJECTIVES

1. Discuss the positive and negative impacts of stress.
2. Identify job situations found to be stressful in pharmacy practice.
3. Give examples of steps that pharmacists and administrators can take to alleviate the negative impact of stress.



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My experience has been in chain pharmacy where expectations of me—in terms of professional duties and nonpharmacy responsibilities—have been ridiculously high, leading to frustration, lack of job satisfaction, and the stress that has pushed me out of the practice. . . . I predict a lot of pharmacists will attend stress management programs and the profession will be gobbled up by stronger interests and powers. As for me, well, I'm outta here!¹

This quotation, excerpted from a letter written by a pharmacist and published in the December 1993 issue of *American Pharmacy*, illustrates the serious and undesirable consequences that job-related stress can have for both pharmacists in any practice setting and the profession of pharmacy as a whole. Unfortunately, a quick examination of the pharmacy literature published during the last few years shows that the negative impact of stress is not isolated to that practitioner. During 1990, for example, Walgreens pharmacists in the Chicago and Northwestern Indiana areas participated in a 7-day strike precipitated by stressful working conditions.² More recently, in an article discussing the relatively high rate of suicide among pharmacists, it was noted that despite recognition of "on-the-job pressures to which pharmacists are subjected every day, very little has been done to help them cope with the occupational stress that appears to be linked to their heightened risk of suicide."³ Thus, it is essential that those involved in the practice of pharmacy understand the implications of job-related stress and how its negative consequences might be avoided.

What Is Stress? Why Is It Important?

What is stress? This question may seem rhetorical, because everyone probably has an intuitive idea what stress is. As Hans Selye⁴ noted, however, "everybody knows what stress is and nobody knows what it is. The word stress, like success, failure, or happiness, means different things to different people." Consequently,

many misconceptions have developed concerning the nature of stress.

Perhaps the most important misconception is the belief that stress is an event or situation. For example, some people define stress as dealing with an irate customer, experiencing a death in the immediate family, or taking a final examination in organic chemistry. Although stress may be associated with these situations, one should not assume that all people will experience the same amount of stress in each. Defining stress as a situation ignores individuals' widely varying reactions to that situation.

Public speaking provides an excellent illustration of this phenomenon of specific, personal reactions to general situations. For some people, even the thought of speaking in public is enough to induce tremendous anxiety. For others, however, public speaking comes naturally and does not serve as a trigger for severe stress. This analogy can be applied to a wide variety of scenarios with which pharmacists might be confronted, including interacting with physicians, counseling patients, and disciplining employees.

It is much more appropriate to conceive of stress as the way in which people respond to situations or events. This viewpoint is evident in the definition of stress offered by Ivancevich and Matteson⁵: "an adaptive response, mediated by individual characteristics and/or psychological processes, that is a consequence of any external action, situation or event that places special physical and/or psychological demands upon a person." This definition acknowledges that two people who have been confronted with the identical situation may perceive different "demands" in that situation and, therefore, experience vastly different levels of stress.

As an example, consider the case of a pharmacist who identifies a drug interaction and must contact the prescribing physician. For new pharmacy graduates with little practical experience, this situation may produce considerable stress. For pharmacists who have worked closely with physicians for several years, however, it may be simply a routine occurrence that does not place any special demands on them. Thus, the way in which people react to situations determines how much stress they experience during their lives.

Another popular misconception is that stress is something that should be avoided. In fact, stress can have highly positive impacts on performance, and the relationship between stress and performance can be viewed as a bell-shaped curve. If a job produces too little stress, individuals may become bored, lose interest in their work, and have difficulty performing at a high level. People require a certain level of stress to

challenge and stimulate them to maximum productivity. If the level surpasses this optimal level, however, the negative impacts that so often are associated with stress begin to present themselves.

Prolonged exposure to high levels of stress have been associated with a wide range of physical, behavioral, and psychological problems. As Muldary⁶ has pointed out, the stress that healthcare professionals encounter can result in irritability, a decreased commitment to providing high-quality healthcare, impairment of the ability to concentrate, attempts to cope through substance abuse, and loss to the profession of competent professionals who can no longer deal with job-related stress. Thus, it is important to understand the stress to which practicing pharmacists are subjected, as it has tremendous potential for affecting not only the quality of their work life, but the welfare of their patients, as well.

Sources of Pharmacists' Stress

Because the response of the individual must be considered, it is inaccurate to conceive of certain situations as "causing" stress. Nevertheless, many studies have been conducted to identify the types of situations that pharmacists, as a group, tend to find most stressful. After analyzing data collected from more than 500 practicing pharmacists, Gupchup and Wolfgang⁷ classified practitioners' work-related stress into four categories: (1) professional recognition; (2) patient care responsibilities (3) job conflicts; and (4) professional uncertainty. Reviewing the specific work situations that comprise each category permits a better understanding of the aspects of practice that tend to be most often associated with pharmacists' job-related stress.

The first category of stressors, professional recognition, includes such situations as not being challenged by work, not being able to use all of one's abilities on the job, not being allowed to participate in making decisions about the job, and failing to receive respect or recognition from the general public. All these situations point to a basic frustration that many pharmacists face, namely, the failure of practice to match their professional expectations or desires. As one practitioner³ has stated, "We've got a bunch of unhappy pharmacists. They are overtrained and underutilized." This belief is supported by a study⁸ that assessed burnout, a stress-related syndrome, among pharmacists in one health maintenance organization (HMO). When asked to identify causes of burnout, HMO pharmacists most often cited reasons related to the quality of the job, including unmet expectations, frustration, routinization, and boredom.

This type of stress may be a special problem for new graduates, who often experience a "reality shock" when beginning practice. It has been suggested that "those who graduate with the expectations of spending much of their time delivering pharmaceutical care may become disillusioned when their employment consists almost entirely of processing prescriptions."⁹ Research^{10,11} reporting that younger pharmacists tend to report higher levels of job-related stress than do their older colleagues supports this view.

Situations in the patient care responsibilities category relate to dealing with difficult patients, caring for patients' emotional needs, disagreeing with other healthcare professionals, and maintaining professional competence by keeping up with new developments in the field. As pharmacy continues to change its emphasis from traditional dispensing to that of providing pharmaceutical care, these types of stressful situations may increase in importance. It will become even more essential that pharmacists be able to work with other healthcare professionals and upgrade their skills in order to maximize patient outcomes. Although having responsibility for patients sometimes can be a source of frustration, patient contact also can be a basis of positive stress for pharmacists. This situation is exemplified by a national study of HMO pharmacists, which found that practitioners with the greatest amount of patient contact reported the lowest levels of burnout.¹²

The job conflicts category of stressors includes the job situation that pharmacists have most frequently reported as being stressful. In several studies,^{10,11,13,14} practitioners have indicated that being interrupted while performing job-related tasks is the stress-inducing situation that they experience most often. This category of stressors also includes two other workload-related situations: (1) having too much work to be able to perform all tasks well; and (2) having too few staff to provide necessary services. These types of stressors are especially important, because medication errors committed by pharmacists may be linked to heavy workloads.¹⁵

Another type of job conflict that generates stress reactions among pharmacists is the perception that nonhealthcare professionals are determining how pharmacy is to be practiced. As Ukens noted,³ pharmacists may be confronted with conflicting messages from their employers and their profession, with managed care being cited as a prime source of this conflict. Employers expect pharmacists "to fill more and more prescriptions as a way to cope with the economic squeeze by managed care. At the same time, the

profession is telling them that they must change the way they practice pharmacy."³ Pharmacists are told that they must convert their practices to emphasize pharmaceutical care, but how can they do this when there is so much pressure to maintain or increase prescription output? "Pharmacists may desperately want to spend more time with their patients monitoring drug therapy . . . but the Rx's just keep piling up at the counter."³

The final category of stressors, professional uncertainty, contains a number of job situations relating to pharmacists' doubts about their ability to fulfill their role in treating patients. Examples include being inadequately prepared to meet patients' needs and fearing that mistakes will be made when treating patients. Two other situations are especially pertinent to the pharmacist's role as a drug therapy manager and counselor on appropriate use of medications: (1) having inadequate information about a patient's medical condition; and (2) being uncertain what to tell patients about their conditions or treatments. Pharmacists have long complained that it is difficult to counsel patients adequately when they themselves do not have access to such information as diagnoses and laboratory values. As pharmacists increasingly are expected to become more active managers of their patients' drug therapies, practitioners who believe that they lack access to the clinical information required to fulfill those expectations may face especially stressful situations.

How Can Stress Be Managed?

Although much has been written on various aspects of stress management, many of the fundamental ideas can be summarized in two words—"recognition" and "action." First, the aspects of jobs that generate negative stress reactions must be recognized. Second, actions must be taken to either eliminate situations that serve as stimuli for stress or allow individuals to deal with those situations positively. Although an article such as this cannot explore all the options available for managing job-related stress, it is possible to outline some basic steps that workers or their organizations can take to alleviate the negative impact of stress.

Whether one is a practicing pharmacist or someone who manages a group of pharmacists, it is important to recognize situations that are most likely to produce job-related stress. Toward that end, it is useful to review the four categories, as they provide a good overview of what pharmacists tend to find stressful. To repeat, however, because a situation that is stressful for the "average" pharmacist may not be stressful for any particular pharmacist, practitioners must

monitor themselves, paying special attention to instances in which they feel overcome by demands in their work. Becoming more aware of and reflecting on the types of situations leading to feelings of excessive stress is the best way to recognize aspects of pharmacy practice that are true stressors.

It is equally important to recognize when stress has risen beyond an optimal level and is having negative impacts on people's jobs and lives. Ivancevich and Matteson⁵ suggest that it is possible to identify both personal and organizational indicators or signals that indicate when stress has risen beyond this level. Personal indicators include rapid pulse, inability to remain still, tensing of shoulder and neck muscles, insomnia, chronic fatigue, and an increase in alcohol use. Because supervisors would have difficulty noticing these signals in their subordinates, supervisors should be on the watch for organizational stress indicators, including working late more often than usual, difficulty in making decisions, making careless mistakes more often, forgetting appointments, missing deadlines, and having difficulty interacting with others on the job. Although anyone might exhibit these behaviors periodically, a supervisor who witnesses dramatic increases in their frequency should consider the possibility that employees are overburdened by job-related stress.

After recognizing the sources of stress and the impact that stress may be having on pharmacists and their organizations, the second step is to take action aimed at alleviating that stress before it can have serious, long-term, negative consequences. According to some researchers,¹⁶ more important than the frequency and severity of stressful situations are the ways in which people cope with that stress. Thus, individuals must consider how they deal or cope with stress-inducing situations, not just the nature of those situations.

Billings and Moos¹⁷ have suggested a framework that classifies coping strategies into three broad methods:

- *Active-Cognitive*: managing one's appraisal of a situation's stressfulness (eg, trying to perceive the situation positively, considering several alternatives for handling problems, or drawing on past experience with similar situations)
- *Active-Behavioral*: attempting to deal directly with problems and their effects (eg, trying to find out more about a situation, taking some positive action, talking with a friend or a professional, or exercising more)
- *Avoidance*: avoiding active confrontation of problems or indirectly reducing emotional tension (eg, keeping feelings to oneself, reducing tension by

eating or smoking more, taking frustrations out on other people)

This framework is important because research indicates that healthcare professionals who use active coping strategies, such as self-monitoring how one reacts in stressful situations, show more positive work-related outcomes (eg, greater job satisfaction and lower rates of burnout) than do those who rely on avoidance coping strategies. Of the three types of strategies, the more direct, active coping activities are likely to produce the most positive long-term benefits. Eckel and Caiola²⁰ also have cited the need for individuals to be active stress managers, by setting priorities as a means of practicing time management, developing realistic self-expectations, anticipating and planning for unexpected events or situations, learning to be assertive, and taking time to have fun.

Although people can do much to better cope with stress, the responsibility for stress management should not be placed completely on the individual healthcare professional. Administrators and supervisors also have a responsibility to take action that can help the organization and its employees to become more stress resistant. One step that organizations can take is to increase their individual employees' ability to cope with stress. For example, a company could pay for employees' health club memberships or could offer in-house stress management classes. In *Controlling Work Stress*, however, Matteson and Ivancevich²¹ note that stress management programs focusing "separately on either individuals or environmental conditions are less effective than they might be if they looked at improving the quality of the *interaction* between the individual and the organizational environment." They further assert that "individual-organizational interaction is a major determinant of stress and that the quality of this relationship can be improved to the benefit of all concerned."

Matteson and Ivancevich offer a number of suggestions on improving individual-organizational interaction as a key to controlling stress. Among them are providing realistic job previews that help employees to avoid unrealistically high expectations and to better cope with on-the-job problems; hiring employees whose needs, values, and attitudes match well those of the organization; providing employees with skills and experiences that are helpful to their career-development efforts; permitting greater employee participation in decision making; and establishing goals that can serve to clarify expectations and provide feedback on performance. These are just a few of the suggestions that authors have made on how organizations can reduce the impact of job-related stress.

Conclusion

Perhaps the most important point to remember is that both individual pharmacists and employers must be proactive in their stress management efforts. Rather than waiting for stress to exert its negative influence and then trying to correct the problem, organizations should take actions to prevent excessive stress from developing, and to provide employees with the skills needed to cope effectively with job-related stress. By taking a proactive, rather than a reactive, approach to stress management, organizations can positively influence the quality of their pharmacists' work life. Moreover, efforts to control job-related stress have implications that extend well beyond the quality-of-life issue, as "the quality of the pharmacist's practice environment affects the health and safety of the public."²² Therefore, pharmacists and employers should strive to better manage on-the-job stress because it has the potential to pay tremendous dividends in terms of practitioner well-being, the quality of care provided to patients, and the ultimate success of the pharmacy profession.

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CPE Quiz begins on page 587.

CONTINUING PHARMACY EDUCATION

Instructions for Self-Assessment Examination

After reading the article "Job-Related Stress and the Quality of Pharmacists' Work Life," select the best answer to each of the following questions and record the answers on the answer sheet provided. Participants who answer 7 or more of the questions correctly will receive a certificate for 1 contact hour (0.1 CEUs) of continuing education credit. There is a \$5 processing fee for this program. Please note that photocopies of the answer sheet will not be accepted; send originals only.

1. Stress can best be described as:

- a) an event or situation
- b) a phenomenon that has little impact on pharmacists
- c) responses to situations or events
- d) something that must be avoided

2. According to Muldary, the stress encountered by healthcare professionals can result in:

- a) a decline in commitment to high-quality care
- b) using substance abuse to cope
- c) impairment of one's ability to concentrate
- d) all of the above

3. In a study of HMO pharmacists, the most frequently cited causes of burnout were related to:

- a) dangerous working conditions
- b) inadequate salary
- c) lack of educational preparation
- d) quality of the job

4. The "reality shock" concept is supported by the fact that younger pharmacists tend to:

- a) earn relatively high salaries
- b) lack pertinent clinical knowledge
- c) report higher levels of job-related stress
- d) all of the above

5. Which of the following would *not* be included in the Patient Care Responsibilities category of stressors?

- a) dealing with "difficult" patients
- b) disagreeing with other health professionals
- c) not receiving respect from the general public
- d) maintaining professional competence

6. The job situation that pharmacists have reported as being most stressful is:

- a) being interrupted while performing job tasks
- b) not being challenged by the work
- c) not having enough staff to provide necessary services
- d) having their abilities underutilized

7. The Professional Uncertainty category of stressors includes which of the following job situations?

- a) being unsure what to tell patients about their conditions
- b) fearing that mistakes will be made in the treatment of patients
- c) not being adequately prepared to meet the needs of patients
- d) all of the above

8. Which of the following would *not* be considered an organizational indicator of excessive stress?

- a) increases in alcohol use
- b) increases in careless mistakes
- c) missing deadlines
- d) working late more than usual

9. Which of the following would be considered an avoidance coping strategy?

- a) drawing on past experience with similar situations
- b) exercising more
- c) keeping feelings to oneself
- d) trying to find out more about a situation

10. Matteson and Ivancevich assert that the key to controlling stress is:

- a) eliminating all stress in the workplace
- b) improving the interaction between individuals and organizations
- c) offering better salary and benefit packages to employees
- d) none of the above

<p>Job-Related Stress and the Quality of Pharmacists' Work Life</p> <p>(PLEASE PRINT CLEARLY)</p> <p>Name _____</p> <p>Home Address _____</p> <p>City _____</p> <p>State/Zip _____</p> <p>Daytime Phone # _____</p> <p>States in which CE credit is desired: _____</p> <p>Social Security #: _____</p>	<p>Please circle your answers:</p> <p>1. a b c d 6. a b c d</p> <p>2. a b c d 7. a b c d</p> <p>3. a b c d 8. a b c d</p> <p>4. a b c d 9. a b c d</p> <p>5. a b c d 10. a b c d</p> <p><i>Please complete the Program Evaluation on the reverse side, and send with \$5 fee, payable to University of Kentucky, to:</i></p> <p>Homestudy Continuing Pharmacy Education University of Kentucky College of Pharmacy 465 E. High Street, Suite 204 Lexington, KY 40507-1935</p>
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