



California  
Pharmacist



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# Flaming Out: Burnout or Moral Injury?

L. Michael Posey

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Last fall, the problems in the nation's pharmacies came to the fore of the nation's attention. The September 5 *Los Angeles Times* report on medication errors showed that “the public does not realize what's going on behind the counter.” Early October unrest at Kaiser Permanente in several states moved pharmacists from their pharmacies, clinics, and floors to picket lines in what unions called the biggest strike of healthcare workers in U.S. history. By late October, a nationwide walkout of pharmacists, pharmacy technicians, and other pharmacy workers publicized the understaffing, overworking, and high levels of stress many are feeling, particularly in corporately run chain pharmacies and health systems. The events and the media attention led the California Pharmacy Council to issue the statement on page 26.

“For pharmacists, the systems and the situations are out of their control,” said Helen Sairany, PharmD, an association executive and book author. “They went into the profession with a good heart, with good intentions that they were going to make a difference. However, what they signed up for is not what is being told to them. Their passion, their expertise, and what they went to school for is being limited to a productivity metric.”

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With prescription loads heavy and staffing light, pharmacy professionals don't have time to provide the clinical care their patients need. The stress goes beyond anything that can be self-managed through mindfulness and meditation. The resulting trauma, moral distress, and moral injury can damage and destroy highly competent members of the pharmacy profession who really want just one thing: to provide care to their patients in need.

## The Push and Pull of the Workplace

Imagine waiting for a late flight departure when your pilots rush into the gate area, just off another flight. They are talking about how they can't believe they forgot to put the speed brakes up during landing and came closer than the passengers realized to sliding off the end of the runway. Would you board your flight?

The workplace inherently places a certain amount of stress on employees, and employers have a justifiable need for measuring the output of each person. For pharmacists, though, assuring quality during complex tasks is impossible to do when their performance is being measured unfairly. Put simply, it takes time to dispense prescriptions, check medication histories, resolve payment problems, conduct monthly regimen reviews of complex residents of a nursing home, and see patients in clinics. Placing a limit on that time encourages unsafe — and sometimes illegal — practices.

“I had patients presenting CII prescriptions written on normal prescription pads or claiming they poured their controlled substance prescriptions down the sink,” said Dan Chin, PharmD, who practiced in managed care and chain pharmacy early in his career in South Bay. “When those patients called the patient satisfaction staff in the managed care organization to complain they didn't get their prescriptions, we would get a call in the pharmacy asking why we can't give the patient their Vicodin. But I couldn't legally fill that prescription or hand out refills on prescriptions that had no refills or were CII drugs. You just can't violate those laws.”

Michael Conner, now CPhA President, practiced pharmacy in chain settings for several years in the Central Valley until leaving this practice setting in 2019. “I left reluctantly,” he recalled. “I loved my community and patients, but it became unsafe and unhealthy for me. Some days, I was verifying up to 700 prescriptions per day, plus vaccines, plus walking over to a nearby chain because I couldn't get their pharmacist on the phone to transfer prescriptions. I couldn't treat my patients fairly. I was known for being fast, friendly, and caring, and I just couldn't stand to see my patients waiting for their prescriptions for so long. It became

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## **CPhA: Improving Working Conditions**

Addressing workforce issues is not something CPhA has historically attempted to legislate; our advocacy has tended to focus on advancing the practice of pharmacy (clinically speaking) and addressing business issues related to pharmacy benefits managers.

However, in October 2020, CPhA held a “listening session” with pharmacists who work in corporate-owned chain pharmacies to learn of their challenges and what we might be able to do to improve their working conditions. They expressed their concern that some large corporate-owned pharmacies were routinely forcing pharmacists to meet corporate benchmarks based on business metrics, which at times conflicted with the ethical standards, education, and training of pharmacists. These benchmarks were akin to sales quotas.

These conversations resulted in CPhA sponsoring legislation. In 2021, CPhA cosponsored SB 362 (Newman) (chapter 334, 2021), which prohibited the practice of imposing business quotas intended to increase corporate profit margins on the backs of pharmacists and pharmacy technicians. Prior to SB 362, pharmacists who worked for large corporate-owned chain pharmacies were routinely forced to meet corporate benchmarks. Despite a fair amount of opposition, we were successful in getting the bill passed by the legislature and signed into law.

While we were advocating for our bill, there was significant media attention on the strain being placed on pharmacists and technicians. There were investigative reports revealing that corporate interference had likely resulted in patient harm.

Shortly afterward, the California State Board of Pharmacy (BOP) conducted a survey of pharmacists to learn more about their challenges. The survey results caused the Board of Pharmacy (BOP) to sponsor legislation (AB 1286 (Haney) (chapter 470, 20230) to implement several changes in pharmacies. CPhA worked for the passage of the bill, and it was signed into law in 2023.

The new law made these key changes in pharmacy governance:

- Authorized pharmacists-in-charge to make staffing decisions in their pharmacies
- Required the pharmacist-in-charge or pharmacist on duty to notify store management of any conditions that presented an immediate risk of death, illness, or irreparable harm

- Required a chain community pharmacy to be staffed with at least 1 clerk or pharmacy technician fully dedicated to performing pharmacy-related services, except as provided
- Authorized pharmacy technicians with specified training to perform additional tasks under supervision, including administering influenza and COVID-19 vaccines and epinephrine and performing specimen collection for laboratory tests
- Required community pharmacies to report medication errors
- Required consulting pharmacists to complete a Surgical Clinic Self-Assessment Form every other year

Both SB 362 and AB 1286 are intended to improve working conditions, reduce corporate interference in the practice of pharmacy, and improve patient safety.

The law is working. Since the passage of the CPhA-sponsored bill, several complaints have been filed with the BOP by pharmacists, and fines have been levied on corporate-owned pharmacies for noncompliance. While we still hear of concerns of retaliation for filing complaints, there are laws prohibiting such action, and we are not aware of any such confirmed instances. We are hopeful that AB 1286 in particular will reduce the strain on community pharmacists.

With the support of a strong membership and unified profession, CPhA will continue to advocate for pharmacists in all practice settings and move the profession forward.

— **Michelle Rivas, CPhA Executive Vice President, Government Relations & Corporate Affairs**

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Such problems are not limited to pharmacy, nor are they new to our profession. Several health professions are reporting feelings of severe stress and frustration with the limitations set by the corporations controlling much of healthcare. Pharmacists, pharmacy technicians, nurses, and physicians are in pain, frustrated, angry, dropping out, burning out, or even turning to the final solution of suicide to remove themselves from a corporately controlled and profit-driven system that demands they ignore the needs of patients and the oath they took to care for them.

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When Dr. Sairany refers to the “trauma” happening in pharmacy, she speaks from firsthand experience. She was a child in Iraq during the Gulf War in the early 1990s. She has written of her experiences in 2

pharmacy technicians who feel stressed in the workplace, she is adamant that a systems approach is needed to resolve these problems. “The whole concept of psychological safety is important,” she said. “How much wellness would it take if you're in a system that triggers you 24/7? If you're in a system where you don't feel like you can even show up as yourself, how much yoga or pets or bringing your dog to work would it take? How much is breathing work going to do for you when you are just not yourself?”

### **“Pharmacists Help People Live Healthier, Better Lives” - An Open Letter from the California Pharmacy Council - October 2023**

Recent news reports have highlighted medication errors, chronic understaffing, pressure to meet employer-based quotas, walkouts, and other adverse working conditions faced by pharmacists.

These stories describe serious, systemwide challenges facing pharmacy practitioners and represent issues that negatively affect patient safety, patient outcomes, public health efforts, and workforce sustainability. In light of these reports and challenges, the California Pharmacy Council (CPC) would like to offer its unequivocal support to pharmacists from all practice settings who work tirelessly each day to improve the health and safety of their patients and communities.

For almost 2 decades, pharmacists, alongside nurses and physicians, have ranked in the top 3 of the most trusted professions. Patients have consistently entrusted their pharmacist with their health, and we stand together with pharmacy practitioners committed to ensuring that this trust is never lost, nor taken for granted, no matter the circumstances. For too long, pharmacists have been “stereotyped” as simple pill counters standing behind a counter. These stereotypes have unfairly created an image that dilutes the impact, capabilities, and scope of the profession.

Today, pharmacists are actively involved in the development of patient treatment plans, as well as the management and optimization of medication therapy upon diagnosis by a physician. However, low reimbursement rates for prescription dispensing activities coupled with uncompensated clinical services to patients have resulted in the closure of hundreds of community pharmacies across the state. These trends create pharmacy deserts that threaten accessibility to essential pharmacy services and the public health of patients and communities alike. Pharmacists who remain in these deserts are burdened with punishing workloads. Recently, California Assembly Bill 317 was signed into law; this legislation requires insurance companies to reimburse pharmacists/pharmacies for clinical services provided to patients. We applaud the Governor for signing this legislation but acknowledge that more efforts are needed to ensure patients and communities have access to their pharmacist. There is more

In 2022, pharmacists provided fulfillment of about 7 billion prescriptions and administered 270 million COVID-19 vaccinations (accounting for 90% of vaccinations nationwide). In California, there are currently 40,800 licensed pharmacists who practice in different settings, serving a population of about 40 million people. This accounts for only 1 pharmacist per 1000 Californians, indicating the need for more pharmacist professionals to help communities live better, healthier lives.

Over the last 2 decades, evidence-based data continue to demonstrate how pharmacists' involvement in the healthcare system consistently improves outcomes, saves lives, and reduces costs. Despite recent challenges, the commitment of pharmacy practitioners to their patients remains unwavering. As the scope of the profession continues to evolve, pharmacists are uniquely positioned as the most accessible healthcare professional to continue offering healthcare services, across many different practice settings, that ensure the health and safety of their patients and communities.

Pharmacists have always answered the call to fulfill their oath to devote themselves to a lifetime of service to others. Now, we call on employers and corporations to place patient safety and the wellness of their pharmacy personnel, including pharmacists and pharmacy technicians, at the forefront of decision-making for the operation of their pharmacies, hospitals, and clinics. The growth and evolution of the profession, the improved patient care outcomes, and the health and safety of patients rely on appropriate workplace conditions that are well-staffed and well-resourced.

The California Pharmacy Council comprises the 14 schools and colleges of pharmacy in the state of California, represented by their Deans, CEOs of the California Pharmacists Association (CPhA) and the California Society of Health-Systems Pharmacists (CSHP), Chairs of the CPhA and CSHP foundations, and the California Board of Pharmacy. This Council represents the interests of the pharmacy profession in the state of California and continually strives towards elevating the status of the pharmacy profession.

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## The Decline Into Burnout — and Worse

Moral injury is a concept first recognized among members of the military as the root cause of posttraumatic stress disorder. While this same fight-flight-freeze reaction to trauma occurs in the health professions, moral injury in healthcare has important differences from what occurs in war.

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([www.valuecapturellc.com/blog/habitual-excellence-77-wendy-dean-understanding-moral-injury](http://www.valuecapturellc.com/blog/habitual-excellence-77-wendy-dean-understanding-moral-injury)). “It’s a one-off—a horrible thing,” she said. “But in medicine, what we hear most often is that people experience death by a thousand cuts. That it is small, repeated insults over time that really wear them down. Here are circumstances where burnout is quite accurate, where there is simply a resource demand mismatch. [The health professional doesn’t] have enough hours in the day to do everything [the employer is] putting on [their] plate.... It can also be the subtle undermining of what your professional obligations are, what your professional agreement is, what your covenant with society is going into a profession. When your organization constantly says, ‘you must meet these productivity requirements, you must have this throughput, and these patient satisfaction scores’ without listening and hearing what your objections might be, and then doing their best to address those, that feels like a dismissal.”

In a *Pharmacy Times* series ([www.pharmacytimes.com/authors/helen-sairany-pharmd-mba-bcaccp](http://www.pharmacytimes.com/authors/helen-sairany-pharmd-mba-bcaccp)), Dr. Sairany called this “surplus powerlessness.” She said it’s how the employer gets you — by slowly grinding you down. “Why are we having so many deaths due to preventable errors in the health profession?” she asked in a *California Pharmacist* interview. “It is not about providers being negligent. It’s not about mistakes; it’s about compassion fatigue. And I think that’s what pharmacists are going through. The problem is not you. The problem is not me. The problem is those who care for us, the health administrators. Roughly 95% of the healthcare profession is all about number crunches, which leaves the narrow 5% to care for patients.”

Like other health professionals, pharmacists have higher suicide rates than the general population, according to a 2022 article in the *Journal of the American Pharmacists Association* (62:1165-1171; [www.japha.org](http://www.japha.org)). Kelly C. Lee, PharmD, MAS, BCPP, of the University of California, San Diego, and colleagues reported that, compared with age-matched controls, pharmacists were at higher risk of dying by suicide (19.6, 20.1, and 18.2 per 100,000 population in 2004, 2009, and 2014, respectively) and had a greater incidence of known job-related problems before death (odds ratio of 1.77). Compared with nonpharmacists, pharmacists who died by suicide were more often receiving mental illness treatment at the time and left a suicide note. Male pharmacists more commonly had physical health problems before suicide but were less likely to have had previous suicide attempts.

## How CPhA Is Responding and What You Can Do

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Like at the airport, the practice of “see something, do something” applies to the trauma and moral injury pharmacists are experiencing in the workplace. If you are in moral distress and feeling traumatized by your



through the American Foundation for Suicide Prevention at [afsp.org/suicide-prevention-for-healthcare-professionals](https://afsp.org/suicide-prevention-for-healthcare-professionals). If you see or hear concerning verbal or behavioral signs and symptoms among your coworkers, talk with them about getting help.

As detailed in the sidebar by Michelle Rivas, CPhA is actively working in the state capital to address these workplace issues in the state legislature as well as the Board of Pharmacy. Real progress is being made, and concerned pharmacists and pharmacy technicians across the state can help by keeping their CPhA membership current and engaging in the political process by contributing to the CPhA PAC (see article on page 28).

Recounting his activities after leaving chain pharmacy practice, Dr. Conner said: “As CPhA President, I was proud to take an early position in supporting our pharmacy professionals who had the courage to protest, speak up, and advocate for their patients’ care and safety in 2023. CPhA then supported a California State Board of Pharmacy-sponsored bill aimed at medication errors and patient safety, understanding that a well-resourced pharmacy can reduce errors, improve outcomes, and save lives. In 2024, the fight continues as we tackle contributing issues, and we will need to unify, stand together, and give voice to our pharmacies and patients through a strong association.”

Unity will make us stronger—and that includes talking with patients about the realities of the current situation. After all, they don't want to board an airliner with stressed pilots who are too busy to be safe in their work. “I think healthcare workers right now are exhausted, like I've never seen,” said Dr. Dean. “These are folks that we know are significantly more resilient than the average employed population, and they're worn out. I'm really concerned with what's going to happen in the next couple of years if we don't make a major shift.”

## Author notes

Wellness efforts can only do so much to overcome the problems in the healthcare system.

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