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We interviewed community pharmacy leaders to gain a better understanding of the realities of burnout and what needs to be done to reduce its incidence. We know from a high-level, quantitative viewpoint that burnout is an issue but sought an in-depth understanding of the phenomenon from the vantage of community pharmacy leaders.

Nous avons interviewé des dirigeants de pharmacies communautaires afin de mieux comprendre les réalités de l'épuisement professionnel et les mesures qui doivent être prises pour réduire son incidence. Nous savons d'un point de vue quantitatif de haut niveau que l'épuisement professionnel est un problème, mais nous avons cherché à mieux comprendre le phénomène selon la perspective des dirigeants de pharmacies communautaires.

Prescription for change: Unveiling burnout perspectives among pharmacy leaders

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ABSTRACT



Background: Burnout among pharmacists is increasingly pertinent, with growing demand for effective interventions. Burnout can lead to reduced productivity, increased job turnover, medical errors, poor patient satisfaction, and other negative outcomes for patients and providers. Growing attention to burnout in the pharmacy profession highlights the need for personal, organizational, and systemic solutions. However, the uptake and relative efficacy of different approaches remain unclear, particularly within community pharmacy practice. This study sought the viewpoint of community pharmacy leaders (i.e., community pharmacy managers, district managers, franchisees, owners, and executives from various pharmacy organizations) to characterize burnout from their perspectives.

Methods: This qualitative study followed a grounded theory approach. Community pharmacy leaders were interviewed using a semistructured format to gather in-depth insights into their experiences and perspectives on burnout and engagement.

Results: Sixteen people were interviewed; interviews lasted 30 to 65 minutes, averaging 51 minutes long. Six themes were identified: perceived disconnection between front-line staff and pharmacy decision-makers, overwhelming work demands, cautious optimism toward the expanding scope of pharmacy practice, the importance of employee recognition and appreciation, appropriateness and use of existing work resources, and multimodal, systemic responsibility and solutions to burnout.

Conclusion: Addressing burnout requires a multifaceted approach involving personal, organizational, and systemic interventions. Evidence from this study provides valuable insights into the feasibility and efficacy of specific interventions, informing future strategies to enhance workplace well-being and engagement. The study highlights the importance of managing job demands and maximizing resources, emphasizing that personal approaches alone are insufficient and that organizational and systemic interventions are crucial. *Can Pharm J (Ott)* 2025;158:98-109.



KNOWLEDGE INTO PRACTICE



- Burnout among health care providers, including pharmacists, leads to negative outcomes such as reduced productivity, increased job turnover, medical errors, and poor patient satisfaction.
- This study provides qualitative insights from community pharmacy leadership on the specific demands driving burnout and the resources currently available to manage it.
- Effective burnout interventions in community pharmacy require a multifaceted approach involving personal, organizational, and systemic strategies.
- There is a need for larger systemic reforms, integrating educational institutions, regulatory bodies, health care policy, research, and health technology solutions to support meaningful change.

Introduction

Burnout among health care providers (HCPs) is increasingly relevant, with growing demand for effective interventions.¹ Burnout leads to reduced productivity, increased job turnover, medical errors, poor patient satisfaction, and other negative outcomes for patients and providers.²⁻⁴ The COVID-19 pandemic exacerbated existing stressors and introduced new burdens, worsening levels of burnout compared with pre-pandemic data.^{5,6} Growing attention to burnout in the pharmacy profession highlights the need for personal, organizational, and systemic solutions.^{1,7-9} However, the uptake and relative efficacy of different approaches remain unclear, particularly within community pharmacy practice.

Burnout is context-dependent and develops in response to chronic workplace stressors,¹⁰ affecting professional attitudes and behaviours and personal well-being.^{11,12} It is commonly characterized using Maslach's definition of burnout as a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment.¹¹ These 3 dimensions are captured as subscales in the Maslach Burnout Inventory (MBI).^{11,13} Conversely, workplace engagement is described as a positive work-related state characterized by vigour, dedication, and absorption,^{14,15} dimensions that are measured using the Utrecht Work Engagement Scale (UWES).¹⁵

Studies in Turkey,¹⁶ Italy,¹⁷ Singapore,¹⁸ and Australia¹⁹ have documented burnout among pharmacists. In their 2020 systematic review of US pharmacist burnout, McQuade et al.²⁰ found that estimates of burnout prevalence based on individual MBI subscales ranged from 8% to 53%, with individual studies reporting 52% to 61% burnout prevalence using a composite of 1 or more MBI subscales. A recent meta-analysis of global pharmacist burnout estimated a pooled prevalence of 51%,²¹

MISE EN PRATIQUE DES CONNAISSANCES



- L'épuisement professionnel chez les fournisseurs de soins de santé, y compris les pharmaciens, entraîne des répercussions négatives telles qu'une productivité réduite, une augmentation de la rotation du personnel, des erreurs médicales et une faible satisfaction des patients.
- Cette étude fournit des informations qualitatives de la part des responsables de pharmacies communautaires sur les exigences spécifiques qui conduisent à l'épuisement professionnel et sur les ressources actuellement disponibles pour le gérer.
- Les interventions efficaces contre l'épuisement professionnel en pharmacie communautaire nécessitent une approche à multiples facettes impliquant des stratégies personnelles, organisationnelles et systémiques.
- Il est nécessaire de mettre en place des réformes systémiques plus importantes, qui intègrent les établissements d'enseignement, les organismes de réglementation, les politiques en matière de soins de santé, la recherche et les solutions en matière de technologie de la santé afin de soutenir un changement significatif.

with authors suggesting levels increased since the COVID-19 pandemic.

The Ontario College of Pharmacists (OCP)²² reported that workplace stress is a noted issue in the community pharmacy sector, with negative impacts on the quality of patient care provided and staff well-being. The OCP identified that the ethical dilemmas facing community pharmacists as heightened stressors impede opportunities for prioritizing patient care.²² A US study found that 74.9% of surveyed community pharmacists experienced burnout in at least 1 of the 3 MBI subscales.²³ Across studies, community pharmacists—particularly in corporate chain pharmacies—had higher rates of burnout compared with those in hospital and other settings.^{13,24,25} Burnout exists across the profession; however, context-specific solutions are needed for effectively managing pharmacy burnout.

Research with community pharmacists during the COVID-19 pandemic revealed a sequential relationship between pandemic-related anxiety, burnout, and lack of engagement: burnout fully mediated the connection between pandemic anxiety and low employee engagement.¹³ Anxiety alone did not cause negative organizational impacts, such as poor engagement. Instead, the outcomes occurred in the presence of burnout,¹³ illustrating the need for targeted burnout interventions, especially during periods of heightened professional strain.²⁶

Factors contributing to burnout can inform interventions. Burnout is rooted in a maladaptive relationship between people and their work.⁷ The Job Demands-Resources (JD-R) model asserts that each occupation has physical, psychological, social, and organizational demands that require skills and effort to manage, resulting in personal costs that can lead to burnout.²⁷ Conversely, resources reduce the costs of work demands, facilitate goal attainment, and stimulate personal betterment.²⁷ Job resources moderate the negative effects of demands on professional fulfillment and burnout, with greater benefit when job demands are higher²⁵; job resources are motivational and enhance engagement.²⁷ Fadare et al.²⁵ reported a consistent positive association between job demands and pharmacist burnout and a consistent negative association with professional fulfillment; the reverse was true for job resources. Hence, solutions to pharmacy burnout manage demands while maximizing resources.

A 2015 Cochrane review assessing the prevention of occupational stress among HCPs found that cognitive-behavioral training and relaxation techniques reduce stress moderately and that modifying work schedules can be helpful.²⁸ Both individual and structural interventions, such as mindfulness and duty hour limitation, have also shown promise for reducing physician burnout.²⁹ However, evidence for pharmacy-specific interventions is lacking, and the generalizability of results between health professions is unclear.¹¹

Personal approaches to burnout management alone are insufficient and can be harmful to HCPs, suggesting that they are at fault for experiencing burnout.⁹ Organizational interventions, including communication techniques, team building, networking, and professional development, are recommended.³⁰ More involved strategies, such as improvements to workload and workflow, work-life integration, and fostering a positive organizational culture, have also been promoted.^{7,8}

In addition to personal and organizational approaches to burnout prevention and management, the need for larger reform remains a priority. Pharmacy business models driven by assembly line processes, business metrics being prioritized over patient care, and limited professional autonomy negatively affect workplace well-being, and pharmacy-level changes are insufficient to address these issues fully.⁹ Instead, systems-level interventions that integrate educational institutions, regulatory bodies, health care policy, research, and health technology solutions are needed to support meaningful change.¹¹ Characterizing burnout from the perspective of community pharmacy leaders is necessary for identifying potential solutions, and real-world experience of their implementation can inform the feasibility and efficacy of specific interventions within community pharmacy practice.

There is a growing recognition of burnout in community pharmacy spaces. Significant demands on community pharmacists are not being met with sufficient resources, resulting in

burnout and poor work engagement. We aimed to characterize the issue of burnout from the perspective of community pharmacy leadership and identify current approaches to managing burnout. Most knowledge on burnout and work engagement is limited to quantitative studies of practising pharmacists, using tools such as the MBI and the UWES. As the focus shifts to identifying solutions, qualitative evidence from those with the authority (perhaps theoretically) to create organizational change is needed. Describing potential solutions and lived experience of their implementation can help inform the practicality of specific interventions within the community pharmacy context.

As such, the purpose of this study was to understand and describe burnout and what can be done to mitigate burnout among pharmacy professionals from the perspective of community pharmacy leaders.

Methods

Study design

This qualitative study followed a grounded theory approach and the Consolidation Criteria for Reporting Qualitative Research (COREQ),³¹ both of which have informed similar qualitative studies of pharmacists.^{32,33} Participants completed individual, semistructured interviews, allowing for in-depth discussion focused on their lived experience. This study received ethical approval from the University of Saskatchewan Behavioural Research Ethics Board (#3749).

Participant recruitment

Members of community pharmacy management were defined as individuals who were employed by community pharmacy organizations and held a role in management (e.g., pharmacy managers, district managers, franchisees, owners, executives). The ownership models of included pharmacy organizations varied: national chains, regional chains, and independent banners were included. Purposive sampling was used to ensure that interviewees had relevant experience in management positions and could provide insight from a variety of community pharmacy settings. Each participant had an existing professional relationship with 1 of the authors (J.P.), which facilitated their recruitment through direct contact over e-mail. Interviewees were provided a summary of previous research done surrounding pharmacy burnout and engagement,¹³ an overview of the study described below, and a consent form ahead of the interview. At the start of the interview, verbal consent was obtained, and clarification about the study was provided as needed. Participants were provided a \$100 gift card as compensation for their time.

Data generation

Based on previous research findings,¹³ a review of the surrounding literature, and relevant researcher experience, an

initial interview guide was developed. Four pharmacy professionals with experience in pharmacy management and professional advocacy then reviewed the guide independently. Their feedback was used to refine the interview prompts ahead of their application. Further refinement to the guide occurred in an iterative process as interviews were completed. Specifically, prompting questions were adjusted or added based on participant responses and investigator reflection, in accordance with a grounded theory approach.³⁴ This allowed for additional concepts to be incorporated and initial interpretations to be tested. The final version of the interview guide is available by contacting the corresponding author.

Using the interview guide to prompt discussion, interviews were all conducted by J.P., whose background is in social and administrative pharmacy practice. J.P. has extensive knowledge of community pharmacy business, management, policy, regulation, and practices, without any influence in the participants' workplaces. A research student (S.K.) also observed all of the interviews and prepared field notes.

Interviews were completed virtually using the online video conferencing application Zoom (Zoom Video Communications, Inc., San Jose, CA, USA). Interviews ranged from 30 to 65 minutes. Audio- and video recordings were captured; verbatim transcripts were generated using the Zoom application's automated function.

Collected demographic data were limited to the participant's pharmacy type, their position in the organization, and the province where they worked. During the interview, participants were asked to reflect on the general nature of burnout and engagement in the community pharmacy setting. They also provided specific insight to the causes of and potential solutions to burnout based on their personal and professional experience. The overall interview was designed to be informal and conversational, encouraging open discussion and reflection.

Data analysis

Researchers J.P. and S.K. reviewed the autogenerated transcripts for accuracy with the aid of their field notes and the original recordings, making grammatical corrections to transcripts where appropriate. Participants were then provided copies of their transcript, with opportunity to clarify any points where they may have misspoken and/or remove any part of their responses—including their full contributions—up until the point of dissemination. Following participant approval of their transcript's accuracy and completeness, transcripts were deidentified aside from generic descriptions of the interviewee's position and pharmacy type (e.g., "Independent owner #1") and uploaded to NVivo 12 software for analysis.

Following data collection, inductive thematic analysis was performed by J.P. and S.K. using the interview field notes, reflective memos, and verbatim transcripts. Themes were identified independently through constant comparative analysis

and reflective memoing as the transcripts were collected and prepared.³⁵ Personal reflection and discussion between J.P. and S.K. following interviews clarified and confirmed emerging themes. Line-by-line coding of the transcripts was then performed in NVivo 12 independently by either S.K., J.P., or H.A., then reviewed by the other researchers. Discussions among researchers resolved coding disagreements and identified the final themes and subthemes. Key illustrative quotations were identified throughout this process during reflective memoing. Thematic saturation was established through review of the field notes and discussion between the investigators after 14 interviews were conducted. Two additional interviews were completed as they were already scheduled, which allowed for confirmation of themes.³⁶

Results

In total, 16 members of community pharmacy management were interviewed. Their pharmacy organization type, deidentified job title, and whether their role involved strictly administrative duties are summarized in Table 1 in the order of their completed interviews.

Participants reported that burnout is a significant issue for community pharmacy teams, with a shared perception of a persistent increase in pharmacist burnout relative to pre-pandemic conditions, even after the COVID-19 pandemic was declared over by the World Health Organization. Perceptions of work engagement varied, although most participants highlighted low engagement in their organizations and the profession as a concern. Participants described specific demands that drive burnout in the community pharmacy setting and identified current and potential resources to manage burnout. Interpersonal strain, non-clinical workload, and insufficient staffing were frequently cited demands. Discussed personal and organizational resources varied, but employee and family benefit plans, training opportunities, and employee recognition efforts were described most often. Overall, participants expressed that the overwhelming demands of daily practice have prevented management teams from implementing additional, concerted interventions to address staff burnout.

Six themes were identified to characterize community pharmacy managers' perceptions and approaches to managing burnout: perceived disconnection between front-line staff and pharmacy decision-makers; overwhelming work demands; cautious optimism toward the expanding scope of pharmacy practice; the importance of employee recognition and appreciation; the appropriateness and use of existing work resources; and multimodal, systemic responsibility and solutions to burnout.

Theme 1: Perceived disconnection between front-line staff and pharmacy decision-makers

Despite their differing management roles, participants described a lack of understanding, communication, and

TABLE 1 Participant demographic information

Participant	Participant pseudonym (pharmacy organization type and job title)	Strictly admin (SA) or admin and work in dispensary (A&D)
1	National chain executive	SA
2	National independent banner executive	SA
3	National chain pharmacy manager #1	A&D
4	Regional chain district manager #1	A&D
5	Regional chain district manager #2	A&D
6	National chain district manager #1	SA
7	National chain pharmacy manager #2	A&D
8	National chain franchisee #1	A&D
9	National chain pharmacy manager #3	A&D
10	Regional chain pharmacy manager	A&D
11	National chain franchisee #2	A&D
12	Regional chain owner	A&D
13	National chain pharmacy manager #4	A&D
14	National chain franchisee #3	A&D
15	Independent pharmacy manager	A&D
16	National chain district manager #2	A&D

problem solving between front-line pharmacy staff and pharmacy decision-makers. This perceived disconnect led to feelings of frustration and cynicism, contributing to the development of burnout. In this context, 3 bodies were primarily identified: upper management of the participant's organization, the pharmacy regulatory college, and the provincial government.

Subtheme: Disconnection between front-line staff and upper management. Participants described a general lack of awareness and inaction from upper management regarding the demands of daily pharmacy practice, resulting in unfeasible expectations and consequent discouragement. They communicated a desire for higher-level management to understand the realities of community practice and enact meaningful change to fulfill staff needs. Conversely, some participants identified this concern from the perspective of their management position and shared their approach to addressing it.

“And you know we finally had a lull, we weren't getting crazy phone calls and bookings and whatever, and then within a week or maybe 2 weeks at most, all of a sudden the memos started coming from our head office that said: ‘Okay. Well, now that that's slowed down, let's focus

back on these old initiatives that we used to have.’ And I remember seeing that and just thinking to myself, holy cow let us take a breath here—you said in all these memos that ‘we really appreciate you,’ you know, ‘you've done so much,’ ‘well done’—all this information, right? And then all of a sudden we literally got a moment to finally just collect ourselves and just breathe and they were like: ‘Okay, don't forget we have to start going on this stuff now!’ I thought: ‘You are so out of it sitting in your ivory tower while the people here, they're burnt out! They're maxed out! Let them collect themselves!’ And they were saying: ‘Okay now on to the next thing,’ right? So there's a real disconnect between the staff level and then the head office level.” (National chain pharmacy manager #1)

Subtheme: Disconnection between front-line staff and the pharmacy regulatory college. Likewise, participants described unrealistic practice and licensure expectations from pharmacy regulators. From their management perspectives, they found current regulatory requirements unsustainable given the ongoing demands placed on front-line pharmacy staff, further contributing to workload and burnout, rather than improving daily practice. The following statement from a national chain executive highlights this feeling of a disconnect.

“I think that the College [regulator] doesn’t understand what it’s like to actually practice; there’s a huge level of disconnect there. . . . And so I think there’s just a high level of disconnect between what we can achieve and what they think we need to achieve. And they say that everything they do is because of patient safety, but having all these pharmacists quit or being burned out isn’t good for patients either.” (National chain executive)

Subtheme: Disconnection between front-line staff and the provincial government. Similarly, participants described frustration regarding government remuneration decisions due to an insufficient understanding of the services and value that community pharmacies provide. Particularly during periods of high demand for COVID-19 vaccinations, participants explained that the added responsibility and cost of injecting was poorly compensated fiscally and in terms of available human resources to maintain daily operations. Yet community pharmacists were expected—based on widespread communication from provincial governments—to lead the vaccine rollout. According to many participants, the lack of transparency regarding pharmacists’ workload and responsibilities was evidenced by government’s misaligned communication and remuneration strategies throughout the pandemic.

“And so I think what’s created more burnout for pharmacists, beyond being short-staffed and overworked, is the government consistently not paying for services that we are offering every day to our clients—or not paying very well. And pharmacists are feeling like they’re doing all this stuff for free and not being recognized. And people thinking that pharmacists just count pills and dispense prescriptions—not realizing how many problems are being solved every day behind the scenes.” (Regional chain district manager #1)

Theme 2: Overwhelming work demands

Participants consistently reported that current work demands are overwhelming and unsustainable for community pharmacy staff, describing how unmanageable professional costs exhaust staff and contribute to the development of burnout. Specifically, participants highlighted issues of insufficient staffing and the growing workload.

“We have to take a very strategic lens and start questioning what we have our teams doing, really questioning the value and the necessity of some of the things they’re being asked to do.” (National chain district manager #1)

“It does seem like people are a lot more burnt out. Plus, you know, they keep adding more and more and more onto our plate that they want us to help the physicians with or to help the health region. But we’re not getting

any extra help ourselves.” (National chain pharmacy manager #3)

Subtheme: Pharmacy staffing shortage. Each participant identified insufficient staffing as a significant problem of current practice and a primary driver of employee burnout. They described persistent challenges with employee recruitment and retention as well as staff availability to fulfill pharmacy operational hours. Of note, participants expressed frustration around staff scheduling, particularly with accommodating employee absences for personal health or family needs, due to the overall lack of staff availability. These issues were identified for both pharmacists and their support staff, including licensed pharmacy technicians and pharmacy assistants. Pharmacy managers and owners also discussed the personal costs of compensating for the lack of available staff themselves, often without remuneration for their time. The limited availability of licensed pharmacy technicians in the community pharmacy workforce was another common concern, particularly when discussing the expanding scope of pharmacist practice.

“Say, for example, you have a pharmacy that’s trying to do 200 scripts a day. Then we add on these injections and minor ailments, but they still aren’t getting the adequate support staff that they need. It’s added stress that way. . . . The problem right now is it’s hard to find pharmacy assistants, pharmacy technicians. . . . Some pharmacies just don’t have the support staff they need, and they’re expected to do the same workload in addition to all this minor ailments, injections, and stuff like that.” (National chain franchisee #3)

Subtheme: Growing clinical and non-clinical workload. Alongside staffing insufficiencies, participants described increasing workloads overwhelming their front-line pharmacy teams. This workload included greater clinical responsibilities, particularly as accessible health care providers during the multiple phases of the COVID-19 pandemic; the provision of publicly funded vaccines was an especially significant strain. However, there was a greater sense of frustration surrounding the growing non-clinical demands on community pharmacies. Mounting administrative burdens were identified as barriers to pharmacists engaging in more clinical activities, thus contributing to a loss of work engagement and increased burnout.

“It’s challenging because we’re providing all these free services. All of our time is spent doing free things, so of course you don’t get time to do all your other stuff. You’re looking at your KPIs [key performance indicators] and going ‘oh shoot!’ All of our time is gobbled up doing all this other stuff, and we’re not actually being pharmacists! Actually, that’s a big point. I think a lot of

the dissatisfaction and the burnout came with people just being tired and having less job satisfaction because they were not actually being a pharmacist!” (National chain pharmacy manager #2)

Theme 3: Cautious optimism toward the expanding scope of pharmacy practice

When discussing the future of pharmacist scope of practice and the expansion of clinical responsibilities, participants expressed a mixture of hesitancy and optimism. While some held a predominantly negative or positive outlook, most appreciated the opposite viewpoint and the overall complexity of the topic. There was a shared sentiment that expanding the professional scope of practice must be done cautiously and appropriately, with adequate resources in place.

“We have to set our teams up for success to be able to work to that enhanced scope. Because if not, you’re just loading on more work, and I think that will actually increase burnout. If the expectation is to keep doing what you’re doing and then add on the enhanced scope, it’s not going to work.” (National chain district manager #1)

“So, yes, long story short: expanded scope has to happen. But we need to also ensure that our pharmacies are equipped with the ability to let the pharmacists have time to do that stuff, or else they’re just going to resent it.” (National chain pharmacy manager #2)

Subtheme: Potential negative impact of expanding the pharmacist scope of practice. Participants described concern that new clinical responsibilities will become another burden on already overburdened community pharmacy staff. Specific concerns included the provision of sufficient compensation for pharmacist time, adequate support staff, and feasible administrative tasks associated with new clinical activities.

“But they’ve made [the implementation of expanded scope] so complicated that I don’t think it’ll improve burnout. I think it’ll make it significantly worse. Any time we build a program that is next to impossible to execute, it just makes it so much worse. And I don’t believe the College [regulator] fully understands what their impact is in burnout, and so I don’t have a lot of hope in that area.” (National chain executive)

Subtheme: Potential positive impact of expanding the pharmacist scope of practice. Conversely, many of the participants identified the expanding scope of pharmacy practice as an opportunity to create job satisfaction and increase work engagement among pharmacists. Essentially, creating opportunities for pharmacists to use their clinical knowledge and skills may

provide more professional fulfillment compared with current dispensary and administrative roles.

“I think that the way to keep a pharmacist happy is letting them do the things they get reward from, and those are the direct patient care things—the things where they get to use their cognitive skills. They’re just so comfortable with dispensing that they forget that’s truly not what they became a pharmacist to do.” (Regional chain district manager #1)

Theme 4: The importance of employee recognition and appreciation

Participants consistently described the importance of employee recognition efforts for staff morale and engagement. Staff appreciation was viewed as protective against the development of burnout. Three primary sources of this recognition were identified by the participants: their organization’s upper management, professional peers, and the public.

“It comes down to those moments in the profession where somebody comes to you with tears in their eyes or comes in and says, ‘I just want to thank you for how you’ve helped me through this challenge.’ Those are the moments that keep our feet in the door.” (National chain pharmacy manager #4)

Subtheme: Recognition from upper management. Employee appreciation from the organization’s management was seen as valuable for staff cohesion and organizational loyalty. Such efforts included company-provided meals, small treats, social events, nominations for outside awards, educational opportunities, and financial incentives. Interestingly, several participants mentioned staff’s use of sick days since the pandemic, with some managers offering more paid days off as a means of boosting employee morale.

“I’ve increased the number of paid days off that [staff] can take as well, because I think that’s important to reset. . . . I’ve implemented more educational days where I send my staff to educational events and get them out of the dispensary. I think it’s good to send them to conferences to energize them a little bit more. Those conferences are good; you get more motivated people from the profession, so it motivates the staff as well, to see what pharmacy should be like.” (National chain franchisee #3)

Subtheme: Social recognition from professional peers and patients. Similarly, social recognition from peers and patients was described as beneficial for employee engagement and the development of positive organizational culture.

“It’s like you’re getting kicked and kicked and kicked with COVID and this and that, and then just 1 person giving their gratitude or just saying ‘thank you for what you’re doing’ kind of makes up for it, which seems funny.” (National chain pharmacy manager #4)

Theme 5: Appropriateness and utilization of existing work resources

Participants had difficulty identifying additional burnout resources that would benefit front-line staff members, instead focusing their discussion on ongoing demands and the resources currently available to their pharmacy employees. However, 1 participant advocated for free mental health resources accessible to all members of the pharmacy team, including those not eligible for full employee benefits. Some participants also described prioritizing more tangible resources, like additional staffing, over alternative approaches to managing employee burnout and engagement.

“I mean [pharmacy teams] don’t really want to hear any solutions. They’re like, ‘Okay, well find me some staff and maybe my burnout won’t be there.’” (National independent banner executive)

Subtheme: Barriers to burnout resource uptake. While most organizational attempts to decrease burnout and increase engagement were discussed positively, their current efficacy was questioned by some participants. Generally, provided resources were regarded as valuable—particularly the employee family benefit programs—but poor employee awareness and uptake limited their use in practice. Participants described their ongoing efforts to promote these resources and the obstacles they face, like social stigma and privacy concerns. Likewise, participation in social recognition campaigns was curbed by the additional administrative work they required of pharmacy managers.

“I think we’ve offered what we can. I think the biggest barrier is people not using those resources, for fear of stigma or just being like, ‘I’m fine,’ even though they’re not fine. How do you get the person from an ‘Okay, we think that you’re maybe struggling’ kind of conversation, to actually saying, ‘Okay, you need help, you need to actually see your doctor. We want you to try this EFAP [Employee and Family Assistance Program] program, and we have counselling services available through the pharmacy association.’ It’s very hard to get somebody from, you know, ‘Are you sure you’re okay’ over to actually using the resources. And I don’t know why. Maybe it’s because health care people make bad patients.” (Regional chain district manager #2)

Theme 6: Multimodal, systemic responsibility and solutions to burnout

While the role of individuals, organizations, and larger bodies were discussed in each interview, participants expressed that burnout in community pharmacy is the responsibility of everyone involved in the field. They identified that collective burnout solutions are required as the issue is bigger than any single stakeholder. While it was not always clear what specific actions the participants sought from these stakeholders, several were consistently identified: front-line employees, pharmacy management, advocacy bodies, regulatory colleges, provincial governments, and the educational institutions that train regulated pharmacy professionals. Notably, several participants reported issues of fragmented communication between stakeholders, beginning with provincial governments and health authorities, and trickling down to negatively affect pharmacy team members. Participants advocated for greater transparency and open lines of communication among stakeholders as a strategy to mitigate and manage burnout.

“There has to be a lot of different people involved to make much of a difference . . . really, it has to be all of the major players; the government would have to make changes and [regulator] do a good job. But it’s like [community pharmacists] can only do so much. They can’t make major changes without the government being on board. Also, education because if patients had more knowledge about what we do, that would help us with some of our frustrating issues as well.” (National chain pharmacy manager #3)

Discussion

This study aimed to understand burnout from the perspective of community pharmacy leadership and identify approaches for managing burnout. Participants described that this practice setting is experiencing a period of considerable work strain and unsustainability, with burnout levels significant and rising. Perspectives on work engagement were less consistent, although it was described as trending negatively among pharmacy professionals overall. Members of community pharmacy management described perceptions and approaches for managing burnout. These included perceived disconnection between front-line staff and pharmacy decision-makers; overwhelming work demands; cautious optimism toward the expanding scope of pharmacy practice; the importance of employee recognition and appreciation; appropriateness and use of existing work resources; and multimodal, systemic responsibility and solutions to burnout. Despite this poor practice outlook, specific drivers of burnout and potential solutions were also identified—presenting the opportunity for intervention.

Participant descriptions of burnout in the community pharmacy context aligns with published estimates of burnout prevalence among pharmacists in the US and worldwide.^{20,21} The perceived increase in clinical and non-clinical demands experienced by front-line pharmacy staff since 2020 is evidenced in reports of the impact of the COVID-19 pandemic on pharmacy professionals.^{26,33,37} Pandemic-associated stressors have contributed to higher rates of burnout among health professionals,^{5,6} consistent with the recent rise in pharmacist burnout described by participants in this study.

Current work demands were found to be overwhelming front-line pharmacy staff and driving the development of burnout, as predicted by the JD-R model.²⁷ The JD-R model has been used to identify specific factors that mitigate or contribute to pharmacist burnout. Similar to the perspectives provided in this study, Mohammed et al.³³ described 4 domains in the context of community pharmacies during the COVID-19 pandemic: job demands, job resources, personal demands, and personal resources. The interplay of personal and organizational factors shaped experiences of burnout and workplace engagement. Stressors like emotional exhaustion from patient care and family responsibilities existed alongside supports like professional development education and community appreciation.³³ Specific characteristics associated with burnout include age,^{7,20,21} work experience,^{7,20,21} and gender.^{7,20} Organizational factors include high prescription volumes, long hours, time pressures, excessive non-clinical duties, and lack of appreciation^{20,21}; along with quotas for professional services, these factors were echoed in a report from the Ontario College of Pharmacists on the impact of corporate influence on the autonomy and well-being of pharmacy professionals.²² Burnout solutions need to reflect the multifactorial, personal, and organizational dimensions of burnout.

Particular areas of concern identified by participants in this study include staff shortages, increased clinical duties, growing administrative burdens, home-life imbalance, and interpersonal discord, including conflict between staff, negative patient interactions, and poor communication with other members of the health care system. Such demands are consistent with those identified in the existing burnout literature. For example, workload, staffing, work-life balance, and harassment were all identified as significant concerns in the 2022 Canadian Pharmacy Mental Health and Workforce Wellness Survey commissioned by the Canadian Pharmacists Association.³⁸ Furthermore, insufficient staffing was highlighted as a major contributor to job demands, as reflected in other pharmacy and health care provider populations during the COVID-19 pandemic.^{33,39} Greater clinical duties have been experienced by community pharmacies, particularly due to pandemic-related health care stressors. As other care providers became less accessible and community pharmacies were tasked with vaccine distribution, pharmacists adopted a greater role as community-level care providers,⁴⁰⁻⁴² which persists postpandemic.

The excessive non-clinical duties paired with insufficient administrative time identified by participants in this study have been cited as major contributors to burnout among pharmacists and other care providers.^{43,44} Home-life demands are also associated with the development of burnout among care providers.^{2,44} Likewise, demands surrounding interpersonal strain reflect the psychosocial risks associated with the development of burnout in other health professions.^{45,46} Furthermore, a 2022 survey study found that 48% of pharmacy professionals experience abuse or harassment at least weekly, with almost a quarter experiencing it daily.⁴⁷ In alignment with these findings, decreasing workplace conflict has been suggested to reduce employee burnout.⁴⁶

Beyond these current workplace demands, study participants expressed significant apprehension about future professional demands for community pharmacies, particularly regarding the expanding scope of pharmacy practice. Similarly, concerns about increased workload, insufficient remuneration, and professional responsibility associated with scope expansion have been described in other studies.^{22,48-51} However, the implications of expanding the pharmacist scope of practice have not yet been considered in the context of burnout and work engagement specifically.

As predicted by the JD-R model and studies on pharmacy job resources and burnout, resources were seen to moderate the negative effects of job demands, including the development of burnout and loss of engagement.^{27,33} Resources were described to boost employee morale, create staff cohesion, and foster professional fulfillment. Specifically, employee family benefit plans (particularly those pertaining to mental health counselling services), training and educational opportunities, and staff appreciation efforts were highlighted. The benefits of such resources are discussed in the diverse individual and organizational burnout interventions described in the existing literature.^{1,8,30}

However, current resource deficits were also described, namely, insufficient staff levels and training. Participants emphasized that these tangible and essential resources hold particular value to front-line pharmacy teams for everyday pharmacy practice. The importance of trained support staff, like licensed pharmacy technicians, was emphasized. Appropriate use of support staff, like scribes in the medical setting, has been proposed as a burnout solution.⁴⁴ Notably, this approach directly addresses the growing administrative burden that participants found particularly frustrating.

The harmful impact of unsupportive work conditions and burnout is being increasingly recognized in the pharmacy setting, with evidence of the negative impacts on pharmacy professionals and their patients. Consequently, the need for effective resources and burnout solutions is significant and urgent. This was highlighted in a national workforce study in the United States in 2021 that found three-quarters of respondents did not report having sufficient time to safely perform

patient care/clinical duties; most reported there were not enough pharmacists working to keep up with patient demand, and two-thirds felt receiving payment for clinical services did not support their ability to meet clinical and non-clinical duties.^{52,53}

The need for collective, multimodal burnout solutions was emphasized by participants in this study. As the contributing demands on pharmacy teams come from many sources—pharmacy management, regulators, governments, and the public, among others—so too do solutions require the investment of all community pharmacy stakeholders. This view of burnout management is well-reflected by existing publications about burnout within pharmacy and across health professions.^{9,11} Perhaps a national organization such as the Canadian Pharmacists Association needs to bring pharmacy stakeholders together and hold a summit on burnout and work engagement in the profession to try and arrive at some solutions, similar to their Transforming Primary Care in Canada Summit.⁵⁴

Overall, this study's management insights provide direction for targeted burnout interventions, specifically, approaches for balancing work demands with sufficient, effective resources. The identified contributors to burnout present an opportunity for community pharmacy decision-makers to reassess staff demands for their value and feasibility. While resources can be targeted to better manage such work demands, the demands themselves should be rational for front-line staff to achieve. Likewise, work resources must reflect the realities of daily practice in their benefit and practicability. Existing resources

may hold potential but require appropriate application and uptake to demonstrate greater value. Future research exploring staff perspectives of burnout among community pharmacists will be used to further articulate the resources and interventions viable for managing issues of burnout in community pharmacy practice.

Limitations

The perspectives provided are region-specific, which may limit generalizability to other geographic locations; however, generalizability is a limitation of all qualitative research. This also extends to those interviewed, as the participants in this study may not be representative of the proportion of community pharmacy types in Canada. Interviews may be prone to social desirability bias, where participants are drawn to state what they believe their audience wants to hear, particularly with the pre-existing relationship between the participants and the interviewer. Furthermore, thematic interpretations are subject to the personal bias of the researchers.

Conclusion

The supplied management insights reveal opportunities to address burnout among community pharmacy staff members. Current and future demands require careful assessment for their value and feasibility. Likewise, work resources must reflect the realities of daily practice and target the work demands most meaningful to front-line pharmacy staff. Such interventions require the action of stakeholders at all levels of pharmacy. ■

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