

# Are pharmacy residents depressed? – Causes and solutions from RPDs' perspective

Vasudha Gupta, PharmD<sup>1</sup>; Evan Williams, PharmD<sup>1,2</sup>, Kaylee Vitale, PharmD<sup>2</sup>, Elizabeth Unni, PhD<sup>3</sup>

<sup>1</sup>Roseman University of Health Sciences, College of Pharmacy, Henderson, NV

<sup>2</sup>Valley Hospital, Las Vegas, NV, <sup>3</sup>Touro College of Pharmacy, New York, NY

## Introduction

- ❖ Several publications have highlighted residency-specific factors being associated with depressive symptoms in pharmacy residents.<sup>1,2,3</sup>
- ❖ No studies have investigated the viewpoint of residency program directors (RPDs) regarding this issue.

## Objectives

- ❖ The primary objectives of this study were to identify potential contributing factors, determine current resources available, and outline possible solutions to decrease the burden of depressive symptoms among pharmacy residents from the point of view of RPDs.

## Methods

- ❖ 320 RPDs were invited to participate in the interviews, which identified 8 volunteer RPDs
- ❖ A snowball sampling technique was used to identify 2 additional RPDs
- ❖ RPDs were asked to participate in 45-60 minute semi-structured interviews conducted via phone by the primary investigator
- ❖ PI audio recorded and transcribed the interviews using Nvivo
- ❖ PI and co-investigators independently analyzed the data starting with open coding and repetitive reading for immersion of data
- ❖ Codes were analyzed to find similarities to group under sub-categories and then larger categories; relationship between categories helped form themes
- ❖ Demographic information was summarized using descriptive statistics

## Results

- ❖ Ten interviews were conducted between May 2019 and January 2020

	6 Pharmacy Practice RPDs	2 Community RPDs	1 Ambulatory Care RPD	1 Managed Care RPD
Females	4	1	1	0
Years in pharmacy practice	6-20	10-13	8	7
Program established (years)	3-52	5-6	9	8
Years as RPD	3-15	4-6	2	2
Completed residency	6	1	1	0

## Results

Category	Sub-Category & Codes	Representative Quotes
<b>Theme 1: Many different contributors to depressive symptoms in residents</b>		
Residency factors	<b>Rigor of program/workload</b>	Interview 8: "We have the program that puts pressure on them. Meet these expectations. And then once they meet them, they get extra projects, which only adds more to their workload."
	<ul style="list-style-type: none"> <li>✓ On-call requirements</li> <li>✓ Number of ongoing projects</li> <li>✓ Longitudinal rotations</li> <li>✓ Teaching</li> <li>✓ Research time not built in</li> <li>✓ Demand for high quality work</li> </ul>	Interview 10: "The expectation is, you're not just working, you know, 60 to 70 hours a week, but you are performing for that much. So it's a mix of not just workload, but also the demand for high quality work and giving it a hundred and twenty percent every waking hour."
	<b>Lack of support</b>	Interview 1: "I went through it and it was really hard. So you should have to go through it and it should be really hard. Therefore, you need to survive in order to be a strong clinician still pervades."
	<ul style="list-style-type: none"> <li>✓ Lack of RPD support</li> <li>✓ Lack of Preceptor support</li> <li>✓ Lack of a co-resident</li> </ul>	Interview 3: "And so it depends if their preceptor aren't as positive."
	<b>Emotionally taxing rotations</b>	Interview 1: "I think like there's the natural effect of being in like acute health care environment for maybe the first time. During pharmacy school, they're exposed a little bit. But this is really the first time as a licensed pharmacist, they're beginning to see real morbidity, mortality, really sad cases."
	<ul style="list-style-type: none"> <li>✓ Acute care settings eliciting emotional response</li> </ul>	
	<b>Residency management</b>	Interview 7: "Definitely a contributor of stress and depression is how well organized and structured and aligned the program is itself. So, if there is a program where things are just being thrown at them. Yeah, that's a bad thing."
	<ul style="list-style-type: none"> <li>✓ Unclear expectations</li> <li>✓ Lack of organization/structure</li> </ul>	
	<b>Need for perfection</b>	Interview 1: "There's a fear of failure and a fear of admission of weakness. And . . . a very large drive to be viewed as successful and high performing so that is almost encourages residents to ignore those initial signs and reach out for help."
	<ul style="list-style-type: none"> <li>✓ Worsened by social media</li> <li>✓ Failure perceived as a weakness</li> <li>✓ Previously high achiever</li> <li>✓ Feeling unsafe to bring up issues</li> </ul>	Interview 10: "Perfectionism. I think that if you have a resident who is a perfectionist, they unduly work themselves to death."
Resident factors	<b>Lack of adaptability</b>	Interview 2: "When [residents] get constructive feedback on how to improve, they really, really take things a lot more personally . . . than they used to. . . They'll hear ninety-nine good things about them [and] focus on that one negative thing and . . . and that shadow carries over . . . sometimes a week or so after."
	<ul style="list-style-type: none"> <li>✓ Mismatch between expectation and reality</li> <li>✓ Newly entering the workplace</li> <li>✓ Difficult transition to resident</li> <li>✓ Limited resiliency</li> <li>✓ Lack of time-management and organization skills</li> </ul>	Interview 5: "I think not understanding the role change of student to resident. . . . The first step is that transition where they may not be able to grasp it"
	<b>Lack of self-awareness</b>	Interview 1: "Those that can clearly articulate like their self-worth and value outside of pharmacy tend to maintain perspective better over time."
	<ul style="list-style-type: none"> <li>✓ Underdeveloped personal wellness</li> <li>✓ Lack of emotional intelligence</li> <li>✓ Lack of self-care</li> <li>✓ Lack of communication skills</li> <li>✓ Limited self-worth outside pharmacy</li> <li>✓ Unclear end-goal in mind</li> </ul>	Interview 1: "People that do residency because somebody told them they should do residency to be competitive . . . tend to fall faster versus those that have . . . [an] individual reason or a goal that they have to get to."
	<b>Competitive job and PGY2 market</b>	Interview 10: "Residency directors or residency preceptors . . . are under the impression that if they're not working their residents to tears, they're not doing it right."
	<ul style="list-style-type: none"> <li>✓ More pressure to achieve more in a short period of time</li> </ul>	
	<b>Workplace culture</b>	Interview 2: "A resident [that is] gone for like a week, let's say the grandparents passed away and they have to fly back home and all of that, they feel like they get further behind."
	<ul style="list-style-type: none"> <li>✓ Fear of difficult preceptors</li> <li>✓ Fear of taking time off</li> <li>✓ Uneven work-life balance</li> <li>✓ Little respect of personal time</li> </ul>	
	<b>Healthcare culture</b>	Interview 2: "We continually just put more and more demands on employees. . . . our organization . . . continually looks for how well . . . can we do more with less. And you . . . can only squeeze . . . so much out of a turnip."
	<ul style="list-style-type: none"> <li>✓ Expectation to do more with limited resources</li> <li>✓ General negativity</li> <li>✓ Burnout of healthcare providers</li> </ul>	
External factors	<b>Lack of social support</b>	Interview 10: "I think moving away from family and friends certainly takes its toll on a person's mental health."
	<ul style="list-style-type: none"> <li>✓ Personal issues</li> <li>✓ Personal commitments</li> </ul>	
<b>Theme 2: RPDs utilizing some resources</b>		
Employee Assistance Program (EAP)	<ul style="list-style-type: none"> <li>✓ Some RPDs aware of services and/or utilizing</li> <li>✓ Others minimally aware and/or not utilizing</li> </ul>	Interview 2: "The employee assistance program. . . we can refer our residents to. And they get four or six free counseling sessions over the course of the year."
		Interview 7: "We've also required the residents to schedule what we're calling a preventative EAP meeting or a wellness EAP meeting in the fall."
Resident communication	<b>Individual and team in-person meetings</b>	Interview 10: "We have structured meetings every week where it's our team and we talk about things like: What's your workload like? And then once a month, I sit down behind closed doors with them and really dive in and start asking some almost motivational interviewing questions."
	<ul style="list-style-type: none"> <li>✓ Frequency ranges from weekly to every 6 weeks</li> </ul>	
	<b>Other communication</b>	Interview 7: "We partnered with our employee assistance program and they come at least every other month to one of our . . . resident group teaching session"
	<ul style="list-style-type: none"> <li>✓ Emails</li> <li>✓ Quarterly questionnaire</li> <li>✓ Newsletters</li> <li>✓ Presentations</li> </ul>	Interview 7: "And [EAP] will talk about like a wellness strategy, mindfulness . . . growth mindset, how do I better time manage, all those kinds of things. As well as communicating that there are resources available."
	<b>Time allocation</b>	Interview 7: "Show them it's acceptable [to take time off]. We built in a flexible project day once a month so that now it's the expectation, whatever day works for them, they are able to get away from rotation and either work on projects, go to the EAP, do whatever they need to, build in that time and space."
	<ul style="list-style-type: none"> <li>✓ Social opportunities</li> <li>✓ Team building activities</li> <li>✓ Flexible project day</li> </ul>	

## Results

Category	Sub-Category & Codes	Representative Quotes
<b>Theme 3: RPDs are interested in promoting wellness in residents</b>		
Continuing Education	<b>For preceptors/RPDs</b>	Interview 6: "I always am interested in . . . official CE, any other training resources from an RPD or a leader position on how to help manage [and] be able to offer support and resources to employees, whether it be on depressive symptoms . . . and how we can help mitigate that."
	<ul style="list-style-type: none"> <li>✓ Recognize symptoms</li> <li>✓ Discussion of resident cases</li> <li>✓ Additional resources for residents</li> </ul>	
	<b>For residents</b>	Interview 1: "So if we set the expectation that it is going to be hard, you are going to be challenged. We expect you to work very hard and we expect there to be points in times where it's too much. Then maybe it could normalize the idea. . . . We expect you to struggle. We expect you to be stressed. We expect you to reach points where you are tired. And making that normal rather than the environment where like if you reach that point, it's a sign of weakness."
	<ul style="list-style-type: none"> <li>✓ Self-identify and manage stress</li> <li>✓ Promote resiliency and coping skills</li> <li>✓ Accepting stress as a part of residency</li> </ul>	
Additional guidance from accreditation bodies	<ul style="list-style-type: none"> <li>✓ On extended leaves</li> <li>✓ Realistic resident expectations</li> <li>✓ Clarification of the role of RPDs</li> </ul>	Interview 1: "It would be helpful if our governing bodies could all get on the same page with a clear message to say that it's prioritized, because right now you look at accreditation standards, and even if you tried to meet minimum accreditation standards, there's no way to meet them without making a resident really struggle."

## Discussion

- ❖ Workload identified as one of the most significant factors leading to depressive symptoms, highlighting a need to reassess resident expectations
- ❖ Personal resident factors leading to depressive symptoms, such as need for perfection, and lack of adaptability and self-awareness, can be addressed via support from RPDs, improving residency management, and providing resources to residents
- ❖ Recognizing and discussing role of Employee Assistance Programs (EAPs) may help with increased utilization of these services by residents
- ❖ National organizations can play in role in supporting residents and RPDs via provision of continuing education to help in symptom recognition
- ❖ Residency and healthcare culture need to be addressed by RPDs and national pharmacy organizations to decrease burnout amongst residents

## Conclusion

- ❖ RPDs generally agree regarding contributors of depressive symptoms in residents, especially workload
- ❖ RPDs identified need for additional RPD and preceptor training to more effectively identify symptoms to better help residents
- ❖ National organizations can play an important role in providing RPD support and reassessing achievability and relevance of residency year expectations

## References

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