THE COVID-19 PANDEMIC ACROSS THE ACADEMY

Facilitating Wellbeing in a Turbulent Time

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The novel coronavirus 2019 (COVID-19) pandemic has changed the way we live, work, and study. As faculty members, staff members, and students attempt to create and maintain a new normal because of this pandemic, the preservation of wellbeing becomes the responsibility of each and every one of us. The pandemic has taught us not to presume the importance of wellbeing and has allowed us time to reflect on establishing new assumptions and beliefs about how and when we work and study; how to be more efficient in our work and home responsibilities; and above all, what is most important. We must support ourselves and our students by maintaining a routine, modifying work and coursework expectations, and seeking psychosocial support if needed. Focusing on promoting wellbeing through leadership will move our institutions forward to a brighter future beyond COVID-19.

Keywords: wellbeing, COVID-19, faculty, staff, students, leadership

INTRODUCTION

As we entered the 2019-2020 academic year, the Academy was cognizant of declining enrollments and the challenges this would present to schools and colleges of pharmacy across the United States.¹ The Academy was also aware of burnout concerns among pharmacy faculty members, staff members, and students, and was working to assess and positively impact wellness.^{2,3} However, for many, life was relatively stable: we went to work/school; we taught/learned in the classroom and at practice sites; we supervised and worked in our laboratories; we met with colleagues (in person); and we returned home. Then, in a matter of weeks, the novel coronavirus 2019 (COVID-19) pandemic transformed the way we live, work, and study.

Although schools and colleges have been impacted differently, COVID-19 has introduced new stresses that challenge how we teach and mentor students, conduct research, govern schools and colleges, interact with colleagues, and serve the profession. It is impossible to predict, with any certainty, the impact COVID-19 will have on pharmacy education in the future. As such, it is

vital that the Academy learn from this situation and adapt so we can achieve our mission, vision, and goals.

Pharmacy education literature details issues related to wellness among faculty members and students and provides approaches intended to boost grit, resilience, and wellbeing and methods to mitigate stress and burnout.⁴⁻⁷ High levels of stress, inadequate sleep, a perceived lack of control, and unhealthy lifestyle beliefs and behaviors have been cited as predictors of depression and anxiety among health profession students.⁸ Among faculty members, overlap between work and life can result in role conflict and negative consequences that contribute to emotional exhaustion and burnout. A higher risk of burnout has been reported among female faculty members, assistant professors, faculty members who routinely work greater than 40 hours per week, faculty members who limit close friends to academic colleagues, faculty members with young children, faculty members who lack clear boundaries between their work and personal life, and faculty members who only schedule personal time off when it is associated with work-related conferences.^{7,9-11}

The COVID-19 pandemic has shaken the key assumptions and beliefs that serve as the foundation of higher education. It has clouded the distinction of our work, how we work and study, and when we work and study. We have also started to question what is most important and how to be more efficient in our activities related to work and home.

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Supporting Our Faculty, Staff, and Students

Now more than ever, the wellbeing of our faculty members, staff members, and students is being tested. The COVID-19 pandemic has created additional stressors which can contribute to emotional reactions and an increased risk for psychiatric illness.¹² Faculty members with clinical appointments who continue to engage in direct patient care have an increased risk for exposure to COVID-19, a higher potential of infecting others (including family members), may have an increased workload, and are therefore at a heightened risk for emotional distress.^{12,13} Similarly, stay-at-home orders have resulted in tenured and tenure-track faculty members facing stresses associated with their inability to continue working on active research projects, which can delay collection of data required to complete manuscripts, respond to required interim grant reports, and submit new grant applications. Furthermore, faculty members confined at home may experience emotional reactions such as stress, depression, insomnia, irritability, and frustration.^{12,13} This can be amplified for those with young children, as school and childcare closures test the extremes of work-life balance.¹⁴ Faculty, staff, and students may also experience stress relating to concern for their own health (especially if they are at heightened risk) and the health and wellbeing of older family members who are at increased risk of COVID-19 complications, especially if residing in long-term care facilities. Very high levels of stress can result if an individual or a member of their family is exposed or becomes ill with COVID-19 and needs to self-quarantine or requires hospitalization. Our faculty, staff, and students may also be experiencing financial hardship because of loss of household income. We encourage faculty and staff members to maintain a routine, limit their intake of pandemic-related news on social media and television, modify work expectations, and be willing to seek psychosocial support if needed.^{12,13}

Faculty members must maintain their academic, clinical, and/or research activities from home. This is complicated by an assortment of communication platforms for teaching, meetings, and student advising, and worsened in households with poor internet connectivity. This highlights the importance of designing courses and service commitments in a way that is conducive to remote work. For example, courses and committee work could be designed as a series of modules or small tasks to limit the length of time and need to be attached to computers, tablets, and phones. We also must recognize the emotional impact of not being able to attend meetings face-to-face and celebrate special events at our schools and professional organizations as such events serve to bring us together as a community.

Similarly, our students are experiencing increases in anxiety related to completing coursework remotely; the inability to continue with their research; the loss of awards celebrations, professional and fraternal organization meetings, and hooding and graduation ceremonies; the unpredictability of the availability of experiential and internship experiences; and challenges to completing their licensing examinations.¹⁴ As faculty members, staff members, and students attempt to maintain a new normal during and after this pandemic, the preservation of wellbeing becomes a critical priority.¹⁵ As leaders, colleagues, and most importantly, members of our school or college communities, we must focus on helping our students maintain a regular schedule, embedded with short breaks away from their electronic devices. We can encourage them to identify time each day to do something that brings them joy, such as spending time outside, exercising, or connecting with a colleague, family member, or friend. We can also advise them to promote emotional wellbeing by balancing the amount of media intake from reliable sources of information and focusing on what they can control.¹⁵ One thing to be learned from the COVID-19 pandemic is to not take for granted the importance of having a sense of purpose wellbeing, social wellbeing, financial wellbeing, physical wellbeing, and community wellbeing in our institutions as outlined by Gallup.¹⁶ Looking forward in pharmacy education and practice, we should take this time to reflect on modifying and/or establishing new assumptions and beliefs in what pharmacy schools do and how we interact with each other to achieve our mission, vision, and goals.

Leadership Now and in the Future

The COVID-19 pandemic and its impact on the global economy, the health care system, and the education of future health care professionals has been remarkable. Working through a crisis necessitates strong leadership¹⁷ and strong teams of faculty and staff members along with adaptable students striving for the ideals of citizenship.¹⁸ As such, crises can be physically and emotionally exhausting and lead to burnout.¹⁷ Therefore, while in the midst of a crisis, those in academic leadership must be cognizant of the wellbeing of their faculty, staff, and students. Strong leadership is the integration of three elements: positivity, enthusiasm, and a forward-thinking approach. Strong, realistic, pragmatic, and creative leaders promote the message that the COVID-19 pandemic is not an impossible situation and that, through the work of faculty members, staff members, and students, we will endure. They envision and design better ways to navigate this crisis and identify innovative and creative opportunities for moving forward once the pandemic abates.

It is the responsibility of school and college administrators to lead their faculty, staff, and students through this crisis. This starts with a focus on purpose wellbeing, social wellbeing, financial wellbeing, physical wellbeing, and community wellbeing. Our efforts must be intentional, forward thinking, and based on past experiences and what we learned in the early days of this crisis as an Academy, profession, school, and university. The American Association of Colleges of Pharmacy (AACCP) has provided an excellent framework on the commitment to wellbeing and resilience by “encouraging schools and colleges of pharmacy to proactively promote overall wellness and stress management techniques to students, faculty and staff” and that “all administrators, faculty, staff, preceptors, student pharmacists and alumni should contribute to a culture of wellness and resilience in pharmacy education.”¹⁸ Furthermore, in 2019 AACCP collaborated with the American Pharmacists Association, Accreditation Council for Pharmacy Education, the National Association of Boards of Pharmacy, and the National Alliance of State Pharmacy Associations to provide recommendations for wellbeing of the pharmacist workforce, including practicing pharmacists, pharmacy educators, and student pharmacists.¹⁹ This consensus report emphasized, but was not limited to, the importance of applying strategies that address self-care techniques for wellbeing and preventing burnout, the development of trauma and second victim support resources, flexibility in professional opportunities, rewards and incentives for engaging in wellbeing activities, and formal training to address behavioral health. These types of interventions are even more critical given the important role that pharmacists have in serving their communities during the COVID-19 pandemic.

Leaders must recognize the potential of crises to amplify stress and disrupt work-life balance among faculty members, staff members, and students. Specific leadership stress challenges that have and will continue to impact wellbeing are how to deal with emotional exhaustion and depersonalization, two factors that contribute to burnout.¹¹ At our schools and colleges, during this crisis, we have observed higher numbers of faculty members at risk of emotional exhaustion. Most commonly, this relates to the innate challenges of maintaining work-life balance/integration and appears to be especially true among faculty members with school-age children that require care and homeschooling. We have also seen aspects of depersonalization in faculty members since transitioning to working remotely. This is likely multifactorial, resulting from the rapid transition from mostly face-to-face communication at work, to online, video, and audio communication from home, as well as an inability

to engage in some of their hobbies because of social distancing restrictions. Dealing with emotional exhaustion and depersonalization in our colleagues is challenging; however, it is not insurmountable and can be creatively solved using new assumptions and approaches that are purposeful in their intent and development.

Strategies for minimizing the impact of emotional exhaustion among faculty and staff members include examining flexible work schedules to promote a new work-life balance and integration, being intentional with reaching out to faculty and staff members who are working off campus to provide guidance and mentoring, reallocating department/unit resources (eg, staff support to faculty transitioning to online education), adjusting research and scholarship expectations on annual reviews, and adjusting the “tenure clock” to accommodate disruptions to research and grantsmanship. These approaches can be used irrespective of whether faculty and staff members are working remotely or on campus. Faculty members can mitigate emotional exhaustion among students by paying strict attention to the length of recorded classes, issuing pass/fail or satisfactory/unsatisfactory grades, and spacing out examinations. Some students are being pressured by their employers to work additional hours and need faculty member guidance as to the number of hours they should reasonably work.

The isolation in our homes and the lack of contact with others can also result in a sense of depersonalization. For faculty and staff members, holding remote meetings (eg, direct reports, mentor-mentee, department/division, research group) using video technology, launching remote strategies for faculty development and mentoring (eg, faculty development “coffee breaks” or “happy hours”), and encouraging virtual social gatherings are approaches that may mitigate depersonalization. School administrators and faculty members can establish strategies to lessen the risk of depersonalization among students by promoting remote group work through learning management systems, facilitating peer-mentoring and remote tutoring, encouraging remote faculty-student advising strategies, and focusing on strategies that provide interactivity (eg, through email, live on-line recitations, online chat sessions, threaded discussions, and virtual award ceremonies). These approaches and other similar ones can be maintained when we return to our pharmacy office buildings and classrooms after the COVID-19 pandemic abates.

SUMMARY

With new challenges come novel opportunities. The COVID-19 pandemic is no exception. This crisis has rocked many of the foundational assumptions and beliefs

held by pharmacy faculty members and academic administrators. We are working through the pandemic fog and do not know what pharmacy education will look like on the other side. The pathway to success, however, must be built on a framework of wellbeing for our students, faculty members and staff members. These individual and collective experiences are indeed learning opportunities to better promote wellbeing, be it face to face or through distance platforms. The writer and teacher, Vernon Howard, reminds us that if we “always walk through life as if you have something new to learn, you will.” As faculty members, staff members, and students, we have and will continue to work through the COVID-19 crisis. As we do, we will learn and grow through our individual and collective experiences and actions. Our sense of community can become smaller as we shelter at home. Although we have been asked to “social distance,” in many ways, we have grown closer as we share the same sense of loss; the loss of what work and life were before and, more importantly, the loss of lives within our communities and around the world. However, a focus on wellbeing through leadership that is positive and forward looking, realistic, pragmatic, and creative will enable us to support all those engaged and move our institutions forward to a brighter future beyond COVID-19.

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