BRIEF

Assessment of Areas of Worklife Among Pharmacy Educators

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Submitted March 31, 2021; accepted November 15, 2021; ePublished December 2021

Objective. To assess the six domains of worklife areas (Community, Control, Fairness, Reward, Workload Values) in pharmacy academicians that have been associated with burnout and poor job satisfaction.

Methods. We aimed to assess the Areas of Worklife Survey (AWS) among a sample of pharmacy academicians attending a national meeting to evaluate personal, environmental, or workplace factors that may influence worklife environment. Data were analyzed using SPSS; descriptive statistics and Kruskal-Wallis and Pearson correlations were performed.

Results. Participant response rate was 40.4% (n=49/121 attendees). Eighty-eight percent of participants reported working more than 40 hours per week. Mean AWS scores ranged from 2.7 to 3.9 with 1 representing a strong mismatch between person and work environment and 5 representing a strong match. Workload and Fairness domains were the lowest scores reported compared to Control being the highest. Higher mean scores were reported for Control and Reward in those with a mentor, and for Fairness in those reporting a hobby.

Conclusion. Workload and Fairness were the lowest rated areas of worklife by participants. Developing targeted interventions such mentorship, hobbies, transparency in the work setting related in particular to workload and fairness may be an important step to prevent burnout in pharmacy academicians. Further studies in a larger population may further help to determine factors associated with low rated areas of worklife.

Keywords: areas of worklife, pharmacy, faculty, burnout

INTRODUCTION

According to literature and the National Academy of Medicine, healthcare professionals are facing high levels of burnout.¹⁻⁵ Burnout is defined as emotional exhaustion and maladaptive detachment, and low personal accomplishment in response to prolonged work stress.^{1,6} In 2015 and 2016, nationwide surveys found that over 40% of pharmacy practice faculty and 57% of clinical pharmacists reported high levels of emotional exhaustion, respectively.^{4,5} Burnout in other healthcare professions has been reported at rates of 35-54% in nurses and in half of physicians.² Burnout can result in reduced productivity, absenteeism, job turnover and low organizational commitment affecting morale, increasing risk of depression and suicide, causing career regret, lower professional development and cost.^{1,7,8} The National Academy of Medicine reports the estimated societal cost attributed to burnout is 4.6 billion dollars each year in the United States.¹

Leiter and Maslach found that job-person fit, the extent of an individual's expectations of his/her job matching the work environment, is one of the main contributors to occupational stress and burnout.^{9,10} Maslach et al. identified six areas of worklife that affect job-person fit and developed the Areas of Worklife Survey (AWS).⁹⁻¹¹ The AWS domains include: Values (personal and organizational values match), Control (having input into decisions that affect an individual's work), Reward (recognition and receiving attention for individual's work), Fairness (free from bias or injustice), Workload (amount of work to be done), and Community (relationships in the workplace).¹¹ Areas of Worklife have been studied in nurse practitioners, surgeons, primary care physicians and others in the medical field.¹²⁻¹⁵ To our knowledge there are no studies of AWS in pharmacy or pharmacy education.

The objective of this study was to assess worklife environment using the AWS in a sample of pharmacy academicians attending a national meeting. Personal, environmental, or workplace factors that may influence areas of worklife, could be potential targets for improving job-person fit and potentially prevent burnout.

METHODS

In Spring 2019, we administered an anonymous, voluntary survey to academicians attending the American Association of Colleges of Pharmacy (AACP) Spring 2019 Institute on Faculty and Student Well-Being. The six worklife areas were assessed using the AWS purchased from Mindgarden.com. The AWS was composed of 28 questions that were divided into six areas of worklife. Respondents were asked to rate their agreement to each statement using a 5-point Likert scale (1=strongly disagree, 2=disagree, 3=hard to decide, 4=agree, and 5=strongly agree). The AWS is scored by calculating six scores for each areas of worklife (exact calculation schema is not provided due to its proprietary nature). In the original validation study, Leiter and Maslach showed that lower scores indicate a higher degree of mismatch or incongruence between the respondent and the workplace.¹⁶ They also showed that the AWS was consistently highly correlated with the three burnout dimensions (emotional exhaustion, depersonalization, personal accomplishment) as measured by the Maslach Burnout Inventory. Demographic questions as well as work-related items that have been previously associated with burnout were included.^{5, 17} Completion of the paper surveys served as consent and data were entered into Qualtrics (Provo, UT). Descriptive statistics were used to characterize demographic and faculty characteristics. Mean AWS scores were calculated for comparison of this sample to normative samples from validation studies.¹⁸ Pearson correlation were used to measure relationship between worklife areas and demographic variables. All data were analyzed using IBM SPSS, Version 26.0. (Armonk, NY: IBM Corp). The study was approved by the Midwestern University Institutional Review Board.

RESULTS

Of the 121 attendees, 49 completed the survey (40.4%). Demographic results are listed in Table 1. These demographics are consistent with the current demographics of the Academy except for higher number of females and Black or African-Americans in our sample.¹⁹ The mean AWS scores ranged from 2.7 to 3.9 with 1 representing a strong mismatch between person and work environment and 5 representing a strong match between person and work environment. Workload and Fairness were the lowest rated mean scores compared to Control being the highest (Table 2).

Areas of Worklife mean scores did not differ between men and women, those with children, type of institution, academic rank, salary, clinical practice, or administrative role. There was a significant difference in mean scores for Control based upon tenure status (non-tenured, non-tenure track=4.04±.60; non-tenured, tenure track=3.54±.55; tenured=3.59±.58, $p=.04$). There were significant differences in Control and Reward mean rank scores depending on whether respondents had a mentor or hobby (Table 2). Those who had a mentor had higher mean score for Control and Reward compared to those without a mentor; those who had a hobby had higher mean score versus those without a hobby on the Fairness domain. The mean score was highest among those who reported exercising 4-5 hours per week for Community (3.88±.74) compared to those reporting 0-1 hours per week (2.94±0.82; $p=.03$). Similar trend was seen for the Fairness domain in which the mean rank score was highest for those reporting exercising 4-5 hours per week (3.12±.61) compared to those reporting 0-1 hours per week of exercise (2.39±0.67, $p=.04$).

Both Control and Fairness were positively correlated with the number of hours per week at the clinical practice but negatively correlated with the number of hours per year devoted to didactic teaching (Table 3).

DISCUSSION

Leiter et al. identified the six areas of worklife that contribute to job-person fit that is an integral part of work engagement.^{6,7,8} It is considered integral because the stronger the match between these worklife domains and an individual's work expectations, the better the fit, which may help work engagement and decrease the risk of burnout.⁷

Workload and Fairness were the lowest rated areas of worklife in this study. The majority of pharmacy faculty in this study work greater than 40 hours a week and more than a third work more than 50 hours a week, indicating that academicians have high workweek hours. High workweek hours (> 40 hours/week) have been found among those with emotional exhaustion and burnout.^{5, 17, 20} Students' excessive demands have been positively related to emotional exhaustion and negatively related to work engagement.²¹ Furthermore, changes in the current pharmacy applicant pool may affect demands or needs of students that faculty may face.²² Overall, workload may be a modifiable factor that administrators should regularly review and adjust. Options may include increasing the number of faculty to distribute workload, increasing support staff to minimize administrative burden, having clearly defined work duties, or adjusting promotion expectations. A study by Conklin et al., revealed excessive workload as one of the top reasons to leave an institution.²³

Fairness was also rated lower compared to other areas of worklife. Maslach et al. highlighted that injustice in the workplace can discourage engagement and increase emotional exhaustion.⁹ It may cause employees to distance themselves from work emotionally and physically.^{9,10} In addition trust, collegiality/community, and loyalty to the institution may also decrease and contribute to turnover or leaving academia completely.^{9, 23} Our data suggest there may be

worklife environment issues within pharmacy academia that may need to be modified. Some solutions may include increasing transparency in the promotion process, equilibrating workload distribution and compensation, fostering civility, and creating a culture of inclusion and belonging.⁹ Incivility (whether short- or long-term) in the workplace can have devastating consequences for an organization. It has been estimated that incivility in the workplace can result in decreased work effort, decreased time spent at work, lost work time due to worrying about the incident or avoiding the offender and decreased commitment to the organization.²⁵ In addition to faculty taking responsibility for their behaviors and interacting professionally with others, leaders can use strategies to improve workplace civility such as modeling good behavior, asking for feedback, rewarding positive behavior, penalizing poor behavior and conducting exit interviews.²⁶

Control was the highest rated item among the participants. Those with a clinical site felt that they had more control in their workplaces. Perhaps, those with a clinical practice feel they have more opportunities to participate in workplace decisions or are able to exercise more autonomy at their practice sites versus those without a clinical practice. In a sample of faculty physicians, majority reported that the most meaningful part of their job was patient care and that when they spent less than 20% of their time doing the most meaningful work, they had higher rates of burnout (53.8% vs. 29.9%, $p < .001$).²⁶ Identifying what faculty value most in their job may be a strategy to help prevent and reduce burnout among faculty.²⁶ Shared governance can also impact sense of control in the workplace, faculty satisfaction and potentially faculty retention; however, there is great variability in level of shared governance within schools of pharmacy according to an AACP report.²⁷⁻²⁹ There should be increased effort within the institutions to ensure that all full-time faculty members have the opportunity to participate in governance. In the previously referenced study by Conklin et al., a top reason selected by pharmacy faculty to remain at their institution was autonomy, potentially indicating that Control is an important domain for pharmacy academicians even through factors such as Workload may result in leaving academia.²³

Non-tenured track academicians also reported having a greater sense of control in worklife in our study. Perhaps the perception or ability to freely change positions may contribute to the sense of control in worklife compared with those who have devoted significant time in a tenure track or for those who have achieved tenure. This seems counterintuitive as tenure status is generally regarded as desirable with the security of a position; however, those with tenure may feel they do not want leave an institution and lose their hard earned tenure to begin elsewhere with possibly no tenure. In addition, for those seeking tenure, they may not want to jeopardize their chances of tenure and feel they have decreased control to decline duties or opportunities.

Our data show that having a mentor may help improve the perception of Control and Reward. Both areas were rated significantly higher in participants reporting a mentor compared to those without. Mentoring has been cited in other research as ways to possibly prevent burnout, increase job satisfaction, decrease turnover and increase success at work in particular for junior faculty also.^{5,30,31} Mentors and role models have been shown to create a supportive community in addition to helping professional growth.³⁰⁻³²

Our data show that a hobby may have an effect on the perception of Fairness. Leisure activities are defined as pleasurable activities that individuals voluntarily engage in free from the constraints of work or other responsibilities. They can include hobbies such as sports, socializing, spending time alone or in nature, relaxation activities that lead to positive thoughts and have been reported to require minimal mental effort, give a sense of “being away,” and provide distraction or relief from recurrent negative thoughts.³³ It is plausible, that those with a hobby are otherwise engaged and do not ruminate on work issues. Pressman et al. found that enjoyable leisure activities may be associated with psychological and physical well-being.³³ Hobbies have also been shown to improve physical health, reduce stress and improve work performance.³³ Encouragement of developing or maintaining hobbies may be one strategy to incorporate and help to sustain work-life balance.

Our study was limited by a small sample size and differences between groups may not have been detected due to the small study sample. Data were limited to those who attended the AACP Spring 2019 Institute on Faculty and Student Well-Being and consented to participate in the study. Attendance at the meeting may have skewed data based on interest of attendees in this particular subject.

CONCLUSION

Evaluating Areas of Worklife may help to identify job-person mismatch that may impact burnout among pharmacy academicians. Targeted interventions such as mentoring programs, workload evaluation, transparency in the work place setting, and encouraging hobbies outside of work may be important steps to prevent burnout among pharmacy academicians. Future studies with a larger sample may help to identify additional predictive factors associated with Areas of Worklife in academic pharmacy.

ACKNOWLEDGEMENTS

The authors would like to thank Midwestern University for providing an intramural research grant that covered project costs.

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Table 1. Demographics of Respondents by Number and Percentage (n=49)

Characteristic*	n (%)
Female	41 (83.7)
Age mean years (SD)	42.4 (9.1)
Marital status	
Single	8 (16.3)
Married/Co-habiting	38 (77.6)
Divorced/Separated	3 (6.1)
Ethnicity	
Caucasian/White	33 (67.3)
African-American/Black	11 (22.4)
Asian	3 (6.1)
Hispanic/Latino	1 (2.0)
Other/Mixed	1 (2.0)
Have children	35 (71.4)
Children aged 1-12 years old	21 (61.8)
Children less than 1 year old	1 (3.6)
Academic rank	
Instructor/Lecturer	1 (2.2)
Assistant Professor	15 (33.3)
Associate Professor	18 (40.0)
Professor	11 (24.4)
Type of institution	
Private	17 (35.4)
Public	31 (64.6)
Length of pharmacy program	
3 years	2 (4.4)
4 years	43 (95.6)
Tenure status	
Non-tenured, non-tenure track	27 (60)
Non-tenured, tenure track	7 (15.6)
Tenured	11 (24.4)
Current salary	
<\$90,000	5 (11.1)
≥\$90,000	40 (88.9)
Total years worked after pharmacy graduation mean (SD)	16.0 (8.4)
Total years worked at current institution mean (SD)	8.4 (6.4)
Has a clinical practice site	21 (45.7)
Mean number of hours per week (SD)	20.8 (10.1) (range: 4-40)
Has didactic teaching responsibilities	40 (88.9%)
Mean number of hours per year (SD)	286.6 (567.0) (range: 10-2080)
Has a mentor	
Yes	29 (61.7)
No	18 (38.3)
Has an administrative role	27 (60.0)
Assistant/Associate Dean/Director of Student Affairs/Student Success	8 (30.8)
Assistant/Associate Dean of Academic/Curriculum Affairs	2 (7.7)
Assistant/Associate Dean/Director of Experiential Education	2 (7.7)
Department Chair	3 (11.5)
Vice Chair	2 (7.7)
Other**	9 (34.6)
Frequency of exercise (Hours/Week)	
0-1	16 (34.0)
2-3	13 (27.7)
4-5	10 (21.3)
>6	8 (17.0)
Has a hobby	33 (70.2)

*Less than 4 missing responses for any item.

Table 2. Mean Scores for Areas of Worklife Stratified by Mentor and Hobby

	Overall Mean (SD) N=49 [score range]	Mentor Mean (SD) N=29	No Mentor Mean (SD) N=18	p value	Hobby Mean (SD) N=33	No Hobby Mean (SD) N=14	p value	
Workload	2.68 (0.8) [1.2-4.2]	2.71 (.80)	2.64 (.8)	.80	2.83 (.8)	2.34 (.9)	.06	
Control	3.87 (0.6) [2.5-5.0]	4.01 (.6)	3.63 (.6)	.03	3.92 (.5)	3.73 (.8)	.35	
Reward	3.25 (0.9) [1.0-4.8]	3.50 (.9)	2.88 (.8)	.02	3.36 (.8)	3.01 (1.1)	.21	
Community	3.42 (0.8) [1.2-5.0]	3.53 (.8)	3.13 (.8)	.11	3.49 (.8)	3.14 (.9)	.19	
Fairness	2.77 (0.6) [1.3-4.0]	2.82 (.6)	2.60 (.6)	.25	2.87 (.6)	2.43 (.6)	.02	
Values	3.59 (0.6) [2.0-5.0]	3.66 (.7)	3.44 (.5)	.29	3.66 (.7)	3.38 (.5)	.17	*Lower the score, higher potential for job-person mismatch

Table 3. Correlation Analysis for Areas of Worklife and Clinical Practice and Teaching Hours

	Number of hours in clinical practice	Number of hours for didactic teaching	Workload	Control	Reward	Community	Fairness	Values
Number of hours in clinical practice	1	-.548*	.108	.578**	.071	.221	.320	.091
Number of hours for didactic teaching	-.548*	1	-.296	-.361*	.045	-.062	-.411*	.118
Workload	.108	-.296	1	.456**	.382**	.317*	.281	.082
Control	.578**	-.361*	.457**	1	.536**	.574**	.504**	.446**
Reward	.071	.045	.382**	.536**	1	.565**	.429**	.438**
Community	.221	-.062	.317*	.574**	.565**	1	.649**	.630**
Fairness	.320	-.411*	.281	.504**	.429**	.649**	1	.563**
Values	.091	-.118	.082	.446**	.438**	.630**	.563**	1

*Correlation significant at 0.05 level, 2-tailed **Correlation significant at 0.01 level, 2-tailed