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Commentary

Moral Distress and Moral Injury in Pharmacy and Why the Academy Needs to Care

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ABSTRACT

Pharmacists and other pharmacy personnel are experiencing job stress and burnout, and in some instances, suicidal ideation and death by suicide. However, the described lived experiences of pharmacists and other pharmacy personnel are not defined by burnout. Thus, consideration of and research about whether pharmacy personnel are possibly experiencing moral distress or moral injury is necessary and urgent. The pharmacy academy is served by considering workplace conditions and lived experiences of pharmacists because of the potential, negative impact on prospective student recruitment, quality of experiential sites and preceptors, sites for clinical faculty placement, and the well-being of alumni. Understanding phenomena occurring for pharmacy personnel and determining how they impact the pharmacy academy can lend itself to the future development of solutions.

1. Introduction

Recent attention focused on health worker well-being and the COVID-19 pandemic amplified experiences contributing to occurrences of burnout (ie, overwhelming exhaustion, feelings of cynicism/detachment from the job, and lack of accomplishment/sense of ineffectiveness) suffered by pharmacists and pharmacy personnel.[1,2] Additionally, stressful pharmacy job demands have been linked to patient safety concerns, especially medication errors.[3] Pate and colleagues call for 'more robust and rigorous' research to understand burnout and stress amongst student pharmacists, faculty, and staff.[4] Robinson proposes that pharmacists focus on their positive contributions to patients' lives to reframe their practice challenges.[5] Concerns about well-being and burnout experienced by pharmacy personnel continue to be documented in the literature and elsewhere and should be of great interest to academic pharmacy.[1,6] More discussion on these topics and a clarification of what our graduates are actually experiencing is needed.

What seems to be lacking from our understanding is whether occupational stressors relate to moral distress or potentially lead to moral injury. What happens short-term when a pharmacist envisions fulfillment of their fundamental practice responsibilities and is constrained by workload including new care delivery or public health promotion activity; lack of educated/trained support personnel, hours, and materials (ie, drug shortages including pain and chemotherapy agents); and measures of productivity unrelated to patient outcomes? The answer is largely that we do not have much information yet. Moral distress has been examined for community pharmacists outside of the U.S.; more studies are needed and in other practice settings.[7,8] In the context of COVID-19, moral injury studies are scarce; expanded inquiry is needed beyond the trauma induced by the pandemic.[9,10]

2. Moral Distress and Moral Injury

Moral distress was defined in 1984 as "when a nurse knows the morally correct action to take but is constrained in some way from taking the action" and is more broadly characterized today to consider constraint (ie, limited to one situation and one inability to act) plus moral conflict, dilemma, or uncertainty.[11] The National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience accepts that moral distress "*occurs when an individual faces a dilemma of knowing their ethical responsibility and is unable to act upon circumstances beyond their control*".[12]

Though currently debated, moral injury appears as a downstream, longer-term effect of sustained moral distress described as pain

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(psychological, existential, and/or spiritual) resulting from dissonance developed from "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations" and can occur when an authoritative figure does not act in a just manner when the stakes are high, as described in a military-related context.[13] It is posited that the daily experiences of physicians are contributing to the experience of moral injury and not burnout.[14] Comprehensive reviews of moral injury including discussion have been published.[13,15]

Increasingly, there seems to be a gap between what constitutes burnout and what pharmacy personnel express; their experiences appear to align with moral distress and/or moral injury. It may be time for pharmacy to follow suit with other health professions to examine the concepts of moral distress and/or moral injury to better illuminate the complex interplay between all of these concepts and the well-being of pharmacy personnel. Consider that the definition of burnout does not seem to adequately cover this abridged excerpt of a pharmacist's perspective in their own words:

> *"At what point am I able to say no more? Every day in a retail pharmacy is like trying to drink from a firehose. It is too much. But I am a professional. So, I can't get overwhelmed. I can't turn away customers and 6 more vaccines that want to wait in front of the 6 people already waiting when I'm 72 h behind on prescriptions and getting yelled at left and right, I can't not answer the phone, I can't step away for any part of a second. But I want to. My hands are shaking. But I can't let them see that. No one person could keep up with the amount of prescription filling, question asking, answering, vaccine giving, insurance explaining, and let me build a relationship with you while I'm at it, make sure you trust me, and help you understand this new life-changing diagnosis you just received. Yea right. We need help. We don't have adequate technician help at any time and it's too much for one pharmacist. The pharmacist never leaves their shift on time, we come in early, stay late, off the clock, working well over the state-mandated allowable amount to try to lighten the load they will return to the next day. But it never gets better. …If I step away for a moment everything stops, piles up, and gets even worse, and I can hear my one tech getting yelled at because the doctor called it in this morning and why isn't it ready yet, so I just come do it. I can't think critically about any one thing at any given time when I'm being pulled 87 directions at once and every person thinks they are more important than every other…"*[16]

The imagery this perspective evokes is jarring. It is one of many comments that respondents submitted in response to the 2021 American Pharmacists Association (APhA)/National Alliance of State Pharmacy Association (NASPA) workplace survey question soliciting "any additional comments". Of the 6973 responders to the survey, additional comments were written by 1327 (19%) of which 713 were brief and 614 were in-depth.[16] The pharmacist's comment above appears laden with moral distress.[7,10,11] It is clear that what is being described by pharmacy personnel is not burnout as the components of existential suffering are not explained. Furthermore, an analysis of pharmacy personnel's lived experiences using an applied hermeneutic phenomenology approach resulted in the identification of themes that infer distress and suffering.[9]

There is a need to understand these phenomena in pharmacy to discover, characterize, and widely understand the impact of moral distress and moral injury to a greater degree and in an accelerated fashion.[7–10] Understanding differences that exist across work settings and whether there are different contributing factors depending on the role held in the pharmacy is important. Discovering whether working with underserved or underrepresented populations of people, or who receives the constrained supply of chemotherapy treatments, or how regulatory decisions like the Roe v Wade rollback impact pharmacy personnel engaged in women's health care delivery contribute to the development of moral injury is important. Identifying whether connections exist between moral injury and mental health, suicidal ideation, and the incidence of death by suicide among pharmacists is critical.

It is time to move beyond speculation that workplace challenges impact safe medication practices and pharmacy personnel's well-being because the causality of events has not yet been well-documented. This issue is relevant to the pharmacy academy. While the public image of pharmacists may be perceived as unknown or misunderstood, the plethora of published news media reports of the working conditions endured by pharmacy personnel casts a cloud of negativity over the profession. It is likely that the negative media coverage readily available on the internet and through other social media sources contributes to the decline in pharmacy applicants though the impact has not been quantified. Headlines like "*How Chaos at Chain Pharmacies is Putting Patients at Risk*" by the New York Times (2021) or "*Nearly all hospital pharmacists say drug shortages are negatively impacting care…*" by CNN Health (2023) are readily available to prospective students and their parents. Furthermore, widely covered are pharmacist walkouts to protest unsafe and stressful work conditions because they cannot uphold the 'Oath of a Pharmacist' that most students recite at some point in their pharmacy experience. Schools rely upon having high-quality experiential sites for learners and positive clinical practice sites for faculty to thrive. Not having sufficient numbers of high-quality and safe experiential sites places additional stress upon experiential education personnel and limits learner exposure to important areas of practice. Schools have a role to play in advocating for pharmacy profession advances into which its graduates/alumni will enter. Being engaged in state and national pharmacy organization efforts to advance legislative efforts to secure substantive reforms to payment for pharmacy services for the sustainability of profession is a critical role for all faculty. We cannot overlook what happens to pharmacists in the longer term when their working conditions are not conducive to fundamental practice responsibility fulfillment or accept that September 20 has become 'Pharmacy Workforce Suicide Awareness Day' because these are our alumni.

3. Pharmacy Personnel Matter

Early in the COVID-19 pandemic, pharmacies did not close during the pandemic and many pharmacists could not simply shift to telehealth care delivery practices. They continued to care for people in their area/through community pharmacies, health-system pharmacies, and other settings. An APhA/NASPA survey respondent stated,

> "*…Then COVID testing was added. Then COVID vaccines were added. Now flu vaccines are upon us again. We are still required to maintain prescription workflow – those metrics count against us during performance reviews with no regard to the staffing shortages we deal with daily. So many more tasks…"*[16]

Pharmacy personnel delivered nearly half of the COVID-19 vaccines in this nation.[17] Pharmacists comprise the third largest health profession in the U.S. and are widely assessable because they are readily available in communities, urban and rural.[18] Interestingly, pharmacists are often left out of studies of health care providers, despite the dire need for legislative and/or systems-level help. Norman and colleagues conducted a survey targeting a purposefully selected sample of frontline healthcare workers during the height of managing COVID-19 patients at a hospital to assess moral distress and the relationship to burnout and post-traumatic stress disorder and did not include pharmacists.[19] The pandemic revealed problems in the workplaces of all health care personnel, and we must work to resolve them rather than erect opposition that weaponizes the plight experienced by pharmacy profession. Threats like the American Medical Association's opposition to legislation that would provide coverage for and access to pharmacist services to test and treat for COVID, flu, Respiratory Syncytial Virus, and streptococcal pharyngitis citing training inequivalent of medical training and pharmacist workplace issues as the key reasons for its

opposition must be of concern of those in the Academy.[20] This is not an "us" versus "them" situation and does little to promote patient care and safe medication use. It does little to advance our knowledge and understanding of moral distress and moral injury in pharmacy personnel or other health care professionals.

4. Conclusion

Pharmacists and other pharmacy personnel are worthy of practice environments that enable safe patient care delivery. Strategies need to be developed, implemented, and evaluated to abolish what is broken within health systems in which our alumni work – the health systems for which we recruit and prepare learners. Strategies can be developed when the phenomena at hand, which apply across a wide array of practices, are understood. Individual mindset modification can only be one small piece of solving this complex conundrum. The Academy is rich with skilled and curious researchers who can design studies to deepen our understanding of the phenomenon currently occurring in pharmacy practice simply characterized as "burnout". The Academy is affected by what is happening in pharmacy today and can lead efforts to affect the depth of understanding and subsequent needed change.

Author contributions

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Declaration of Competing Interest

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