Supporting rural health system pharmacy technicians: A qualitative evaluation of manager perspectives and engagement with a student-developed wellness website

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Abstract

Purpose: Pharmacy technicians in rural health systems face elevated risk of burnout, yet limited research has explored management perspectives on this issue. The objective of this study was to explore pharmacy management perceptions of technician burnout in South Dakota health systems. The secondary objective was to evaluate user engagement with a free, student-developed website containing technician-focused burnout resources.

Methods: This qualitative study used virtual focus groups with pharmacy managers from three major rural health systems to identify perceptions of technician burnout. Inductive coding was used to analyze focus group transcripts. Additionally, students designed a website based on data from South Dakota-based technicians that contained links to targeted resources. Website usage was tracked for six weeks using Google Analytics.

Results: Thirteen pharmacy managers from five hospitals participated. Themes included recognition of burnout indicators, emphasis on behavioral rather than structural solutions, and challenges in addressing technician needs. The website, organized around five technician-reported stressors, was accessed 140 times by 67 unique users. Engagement was brief (average 72 seconds per visit), with the "Inadequate Staffing" page receiving the most views.

Conclusion: Pharmacy managers are aware of technician burnout but emphasize individual-level support over system-level change. A student-developed website was modestly utilized, suggesting that passive tools may have limited standalone impact without structural reinforcement or integration into practice.

Keywords: pharmacy technician, professional burnout, organization and administration, health workforce, professional development

Introduction

Burnout, a multidimensional occupational phenomenon caused by inappropriately controlled workplace stress, is a known concern in healthcare, including the pharmacy profession.[1-3] Workforce shortages resulting in high workload and demanding schedules are also known barriers to rural healthcare.[4,5] Practitioners in rural areas often face compounded challenges related to patient access to care, communication, and technology.[6] Due to these inherent challenges, the rural pharmacy workforce may be particularly susceptible to burnout. Despite this susceptibility, there is little data exploring burnout-related issues specifically in pharmacy technicians in rural areas, which is of particular concern given the ongoing shortage of these vital healthcare workers.[7] A project undertaken in the largely rural state of South Dakota, for example, showed 63% of pharmacy technicians are experiencing moderate burnout whereas 11% are experiencing severe burnout, based on the modified Oldenburg Burnout Inventory score, which is consistent with previously published studies.[5]

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The study identified concerns related to burnout, including inadequate staffing, work overload, and unequal distribution of work. These system-level concerns have the potential to be directly impacted by pharmacy management.

Some research has been completed evaluating healthcare managers' perceptions of employee burnout. One qualitative study found that healthcare managers are aware of the burnout seen in their employees, with many factors at play including increased demands with limited resources. These managers reported feeling like they were limited in what they could do to help their employees due to demands from organizational restructuring and downsizing.[8]

Another qualitative case study looking into allied health managers' perceptions of employees morale and burnout risk found main themes included relationships between people, lack of capacity within their job to manage bad behaviors, and the work environment being seen as archaic and rigid.[9] Other studies targeting healthcare and nonhealthcare workers have shown that direct engagement from management, either through personal offers of support or support of and engagement with wellness programs, can be impactful in improving workers wellbeing.[10-12]

Several well-being initiatives and tools already exist to aid in alleviating burnout, and there is generally understanding that efforts to address burnout must be made at both the

individual level and other (e.g., systematic) levels in order to address this concern. The National Academy of Medicine supports a holistic approach to workforce wellness and burnout.[13,14] Almeida et al. found that well-being initiatives consisting of topics such as gratitude, yoga, and "better understanding triggers" aid in addressing burnout and improving relationships between managers and employees.[15] Other studies found that peer support groups and mindfulness activities help to decrease stress levels and improve levels of well-being in healthcare workers, specifically physicians, nursing staff, and nursing students.[16,17] Many of these interventions, however, require in-person time and resources. Well-being programs that are available as web-based tools have been shown to decrease levels of burnout in the general public but need further testing of their utility in healthcare students and healthcare professionals.[18]

Solutions that aim to address burnout, however, should consider the unique characteristics and needs of the population to be supported, and South Dakota can provide a model for what rural pharmacists and pharmacy technicians experience. The pharmacy workforce in the state is relatively small, with just over 2,000 licensed pharmacists. A single pharmacy school serves the state, and the three primary health systems provide healthcare for the majority of the population. The three largest hospitals belong to different health systems containing approximately 715, 545, and 400 beds respectively.[19] Within this closely connected professional community, successful initiatives implemented in one region may be rapidly communicated and adopted across the state.

Despite known concerns related to burnout in pharmacy and pharmacy technicians in particular, the perspective of pharmacy management towards pharmacy technician burnout has not been extensively researched, particularly among rural populations. The objective of this study was to identify management perspectives of pharmacy technician burnout in health system settings in a single, rural state in the United States; the secondary objective was to determine the uptake of initial rollout of the tailored website.

Methods

This is a prospective, multi-methods study which used focus groups to explore management perspectives and web-based metrics to evaluate initial utilization of a technician-centric website. This study was reviewed and deemed exempt by the Institutional Review Board at South Dakota State University.

Website Resource Development

A group of student pharmacists created a website specifically tailored to the findings of O'Connor et al, which identified five key stressors specific to burnout in health system pharmacy technicians in the state: team dynamics and cooperation, inadequate staffing, unequal distribution of work, work overload, and underappreciation of contributions.[5,20] Each section of the website provided structured resources and tools aimed at addressing one specific stressor. The tools and resources on the site were curated from a combination of evidence-based literature and manager feedback to promote alignment and relevance to practice. Resources were prioritized if they were published or recommended by peer-reviewed journals, trusted healthcare organizations, or pharmacy-specific associations. Videos and tools were chosen based on how accurate their content was and how clearly they explained information. If something did not meet these standards, the author team excluded the resource or adapted it to improve usability. The website was evaluated through three structured review cycles by the research team, with improvements incorporated during each cycle. The final structure for the website is presented in Table 1.[21-35]

Table 1. Website structure and resource descriptions

Page Title	Resources
Team Dynamics & Cooperation	A self-assessment tool (i.e., Enneagram) and guides for specific communication strategies 25 Best Team Building Activities for Work in 2025[21] We Have to Talk: A Step by Step Checklist for Difficult Conversations[22] Guide for Crucial Conversations[23] CUS Tool for Speaking Up with Confidence[24]
Inadequate Staffing	Structured tools to help teams manage workflow efficiently despite staffing challenges. Resources included a prioritization quadrant table to help technicians categorize and focus on high-impact tasks, a task entry table to track responsibilities across team members, and an escalation or postponed task table to guide decision-making when tasks need to be delayed or reassigned. The three resources were modified from: The Eisenhower Matrix[25] Free To Do List Template[26]
Unequal Distribution of Work	Aimed to promote fairness and team accountability. Tools included a task request for assistance template to normalize help-seeking, interactive workload reporting forms to track task allocation in real-time, and a peer accountability checklist to encourage shared responsibility and consistent

Page Title	Resources
	communication among team members 5 Proven Tips to Solve Unbalanced Workloads in your Company[27] How to Address Workload Imbalance Professionally[28] See the Big Picture of Employee Engagement with Heat Maps[29] Create a Heat Map in Excel[30] The Power of Lifting Up Others[31]
Work Overload and Stress	Wellness resources focused on recovery and emotional regulation during shifts. Short meditation and mindfulness videos were provided alongside educational content on the benefits of microbreaks Box Breathing Relaxation Technique[32] 5-4-3-2-1 Grounding Exercise[33] "Give me a break!" A systematic review and meta-analysis on the efficacy of micro-breaks for increasing well-being and performance[34]
Underappreciation of Contributions	Guidance on promoting recognition and building a positive workplace culture. Resources included suggestions for joining a technician community or network, creating a recognition board within the department to celebrate technician efforts, and templates for soliciting feedback from peers and supervisors to reinforce value and growth How to Ask for Feedback at Work (with examples)[35]

Focus Groups

Focus group participants were recruited using a purposive sampling strategy, exclusively targeting management teams of the three largest non-federal health systems in South Dakota, representing approximately two-thirds of hospitals in the state. Managers were required to be part of the health-system but were drawn from a variety of practice areas, including both inpatient and outpatient. Recruitment was conducted through direct outreach to hospital pharmacy management and professional networks; this approach was deemed reasonable for this study due to the relative likelihood of pre-established pharmacy connections in the largely rural state. "Management" was not pre-determined as a term by the study team; key contacts were asked to identify individuals with management responsibility related to pharmacy technicians within their organizations. Size of hospital was also not predetermined; contacts were not provided guidance as to which types of facilities to connect with the study team.

Focus group sessions lasted 45 minutes and were conducted virtually using Zoom across three weeks between late February and mid-March of 2025. A facilitator guide was developed to standardize the discussion process and ensure consistency across sessions. Each focus group followed a semi-structured format, allowing participants to share their experiences freely while addressing key study objectives. Participants were prompted with three primary questions: 1) What signs of burnout have you observed in your team? 2) What role does management play in reducing burnout? 3) How can we encourage feedback from technicians on the website's tools? Additionally, management teams were asked to evaluate the Google Site's© potential impact and discuss barriers to its adoption in their hospital settings, both in the focus group and via e-mail feedback during the week following the focus group.

An inductive coding approach was used to conduct a thematic analysis from interviews. Audio recordings were transcribed using embedded software in the video meeting platform; transcriptions were checked for accuracy against recordings and de-identified prior to coder review. Three coders independently reviewed transcripts, assigning codes to segments of text that represented discrete ideas or concepts. Coders evaluated each focus group transcription by first reading through the conversation in full to later pull general subthemes that were supported by direct quotations. Coders used participants' own words in support of generated subthemes, when possible, to remain true to the data. Initial analytic observations were recorded by each coder independently and then transferred to a shared document during the coding process. The coding team met to refine code definitions, group similar or overlapping concepts for each question, and develop a list of codes for final subtheme development. Codes were independently grouped into subthemes for each interview question based on conceptual similarity, and coders returned to the original data to ensure alignment. Final subthemes and representative quotes were determined through discussion, which were then categorized into one of two primary themes.

Website Dissemination

Following the focus groups, participants were given unrestricted access to the Google Site© for a one month evaluation period. During this time, participants were asked to disseminate the website link to pharmacy technicians within their health systems so that technicians could explore the resources and apply the tools in their workplace settings. To reduce potential bias during the evaluation period, focus group participants were asked to refrain from accessing the

website themselves after disseminating the link. The website security settings were configured to allow broad access in order to minimize barriers related to health system-specific domain restrictions. After the one-month evaluation period concluded, website analytics were collected and analyzed to assess engagement with the site. Since access was not restricted to specific users, the extent of dissemination within individual health systems could not be verified, and it is possible that some managers did not fully adhere to the request to refrain from accessing the site. These factors represent limitations in interpreting website utilization data.

To assess engagement with the website, a Google Analytics© report was generated to collate site interaction metrics for the six weeks following the initial sharing with focus group participants. Key metrics included page views, unique visitors, session duration, and click-through rates for specific tools and subpages.

Results

Final Website Composition

The final webpage consisted of a central homepage and five subpages; each subpage corresponded to one of the five core stressors previously identified by O'Connor et al: Team dynamics and cooperation, inadequate staffing, unequal distribution of work, work overload and stress, and underappreciation of contributions.[5,19] The tools and resources on the site were curated from a combination of evidence based literature and manager feedback to promote alignment and relevance to practice. The structure for the website is presented in Table 1.[20-34] Seven pharmacy interns provided eight survey submissions for feedback on the website. One intern submitted two different surveys, with the second survey containing additional detail in the open responses.

Management Perspectives of Pharmacy Technician Burnout

All three invited health systems were involved in focus groups. Five site-specific focus groups between one and four individuals were conducted, with a total of 13 people across all five groups. The three largest hospitals in South Dakota, defined as containing more than 400 beds, were represented and served as hubs for the smaller hospitals. The managers from these hospitals were upper managers for pharmacy in the overall health-system and had knowledge of both large and small facilities. Managers were also present from a specialty hospital and a critical access hospital. Two primary themes from the focus groups were identified as signs of burnout in pharmacy technicians and management's role in addressing pharmacy technician burnout. These themes were then organized into six and seven subthemes, respectively. Table 2 presents themes, subthemes, and representative quotes from the focus groups. Management feedback related to the website, while broadly supportive, was primarily superficial in nature (e.g., suggestion to change an image), and incorporated wherever possible.

Website Distribution and Access

Following the focus groups, the burnout resource website was sent to 127 technicians and interns (at least 24 interns included in emails). Management teams from the focus groups were asked to disseminate the website to their technician teams and to confirm the number of recipients with the research team. Over a six-week period, the site was accessed 140 times by 67 unique users. Google Analytics© showed that the website had a total viewing time of 84 minutes (all users across all visits) and an average view duration of 72 seconds (time each user spent during one visit). Users engaged with three different website elements on average per visit; elements included clicking on an outside link, downloading a tool, or interacting with an embedded video. The "Inadequate Staffing" subpage received the greatest number of views and the "Work Overload and Stress" subpage was accessed the least. "Unequal distribution of work" had the longest average time of engagement per user (37 seconds).

Discussion

This study found common themes of managements' perception of and responses to pharmacy technician burnout. Management seemed to recognize factors that are interconnected as they relate to burnout. Feelings of underappreciation decrease motivation to contribute effectively to teams, resulting in more work asked of technicians who are motivated. This likely contributes to emotional exhaustion and feeling undervalued, which can lead to team conflict and difficulties maintaining a healthy work environment. The evidence of burnout reported by managers is similar to stressors and concerns suggested by health-system pharmacy technicians in O'Connor et al.[5] The concordance is encouraging, as it suggests managers have accurate perceptions of the actual challenges experienced by their pharmacy technicians.

A notable difference between the management's and technician's responses was the absence of organization-led actions to support change. While both groups identified that managers should be responsive to concerns, they diverged in what that response entails. Managers noted behaviors they personally could exhibit that could improve technician burnout; these include being present and approachable, maintaining open and regular communication with technicians, and creating a supportive workplace environment. These behavioral changes align with technician-reported data from the literature (e.g., accountability and providing support during challenging patient interactions). However, technicians also suggested actions such as increased pay, better structured leave policies, and improved scheduling–these organization-driven changes were not discussed by managers.[5] Improved scheduling and structured leave policies may be especially difficult for managers to implement in rural health-systems due to a reduced workforce pool compared to urban and suburban areas.

The differences between the management responses found in this study and the technician responses found in O'Connor et al must be interpreted with caution because the initial survey of health-system technicians had a poor response rate and the population drew from the entire state of South Dakota, whereas only specific health-systems were represented by the management focus groups.[5] It is possible that managers focused on behavior change as more widely impactful or more in line with how questions were phrased, or it may be that managers did not feel comfortable discussing strategies related to pay or scheduling. Although not explicitly articulated in the data from this study, this difference, if present, would align with findings from Glasberg et al–that the extent to which managers can effect change may be impacted by organization-based limitations.[8] It may be helpful for management teams to consider what specific actions might resonate with their technicians, use more specific language when addressing concerns related to technician burnout, or convey restrictions on management actions should they exist.

The access data for the website suggest that passive provision of wellness tools alone may be insufficient to drive meaningful engagement, although generalizable findings from the website engagement are difficult to determine given that data regarding users (e.g., technicians versus managers, access location) was not collected. Although the percent engagement suggests interest in the topic despite relatively brief visits, no page had more than a 40-second average engagement time. The short duration could be due to the website linking to external resources; the time spent on the external resource would not be captured by the website-specific metrics. It does appear that manager provision of the resource encouraged at least initial engagement, although the analytics data is insufficient to determine potential impact of that engagement on the audience. Of the five subpages, "Inadequate Staffing" was the most accessed, suggesting that this topic may be particularly pressing among users; this finding aligns with previous data showing that technicians are not only aware of this issue but are actively seeking tools to help them manage its impact.[5] Future interventions should consider integrating tools into existing communication structures, team meetings, or workflow discussions to encourage practical use. Tailoring resource emphasis based on what technicians prioritized, like staffing concerns, may also support uptake.

There are several limitations to this study that influence a broad application. This was a small study that was focused on a single state, with focus groups composed of individuals from hospitals of varied sizes. Some participants were managers of multiple sites (e.g., main hospital and remote tele pharmacy sites, multiple rural locations under a single manager), but the facilitator guide did not specify which site, which could have led to incomplete responses. The invitations themselves may have missed critical perspectives, as only representatives from the three major health systems were invited to participate. Also, it may be that the managers who opted to participate in the focus groups are more invested in technician burnout than average, so identified themes would be less applicable to broad management groups. No data was collected on focus group participant demographics–while this decision was driven in part to protect the individuals in the focus group due to the small population of potential participants, the lack of data related to respondents does limit the generalizability of the findings. The focus groups themselves were small in size, which could have negatively influenced discussion or brainstorming. In addition, the study used to design this project (O'Connor et al) drew from all health-system pharmacy technicians in South Dakota, whereas the management responses are reflective of a subset of health-system technicians, which could account for some misalignment between responses found in this study and technician responses from the original study.[5] The lack of data related to website users (e.g., user role, perception of the website or its resources, if website accessed from work or home, if internet access at home is a concern) is largely due to the nature of the study but limits the generalizability of findings related to website use. The website access data may have double-counted users who accessed it from multiple different locations and did not differentiate between technicians and non-technicians, both of which would inflate access numbers. This inflation coupled with the low relative use of the website (83 minutes total access during the first month) means that it is difficult to draw any firm conclusions related to the website.

Future work might build upon these findings by expanding the number of focus groups performed and involving broader populations from non-rural states. Repeat measures of burnout assessments might be used to determine impact of interventions on specific populations. Focus groups that included both technicians and management teams from the same health-systems might provide rich data from multiple perspectives.

Conclusion

Managers in the three major health systems in South Dakota are aware of and are sensitive to pharmacy technicians' concerns related to burnout. The student-developed website to alleviate burnout may be beneficial, but provision of the resource without additional structuring did not result in significant use by the target audience.

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Table 2. Focus group themes and representative quotes

Prompt/Area	Themes	Representative quotes (by institution)*
Signs of burnout in pharmacy technicians	Decline in motivation and willingness to help Increased absenteeism and call-ins Emotional exhaustion (conflict, breakdowns, frustration) Feeling undervalued or viewing the job as temporary Interpersonal issues and communication breakdowns Overwork of some technicians caused by insufficient staffing	"When workers get burnt out they don't want to lend a helping hand, stay late, or go above and beyond." "Managers created new roles for techs... but this can lead to techs being overworked." "Pharmacy tech is an underappreciated and underpaid role." "Absenteeism increases with burnout — leads to increased workload." "Techs who get angry and testy, create conflict, break down and cry."
Management's role in addressing pharmacy technician burnout	Open and regular communication Being present and approachable Adjusting schedules based on preferences Offering growth opportunities and support Holding daily huddles and one-on-ones Helping with technician duties and showing appreciation Creating a supportive and family-like environment	"Try to give a solution but also make sure their frustrations are heard." "Help them think through prioritization and show it's okay if things don't get done right away." "Just being understanding... and helping them whenever possible." "Leadership needs to set the tone to have a healthy team." "If you make yourself available and the staff believe it, they'll call you when they need help."

*Institutions A, D, & E are large hospitals for the health systems, B is a specialty hospital, C is a critical access hospital