



Pharmacy Workplace and Well-being Reporting (PWWR)

PWWR Report III

August 2022

Introduction

The [Pharmacy Workplace and Well-being Reporting \(PWWR\)](#), launched in October 2021¹, is an online confidential anonymous service for pharmacy personnel to submit both positive and negative experiences across all pharmacy practices. The experiences are submitted to and analyzed by the Alliance for Patient Medication Safety (APMS), a federally recognized Patient Safety Organization (PSO). Submissions are protected by the confidentiality and privilege provisions of the Patient Safety and Quality Improvement Act of 2005 and cannot be disclosed, subpoenaed or subject to discovery in a legal proceeding. PWWR is a safe place that gives voice and amplification to pharmacy personnel concerns and suggested solutions while mitigating the fear of reporting.

The analysis of aggregated non-identifiable data will be periodically issued. The analysis will include findings specific to that time period. This is the third analysis of PWWR trends and findings. *PWWR Report I* and *II* are available at www.pharmacist.com/pwvr.

It is important to note, that PWWR is *not* a survey. It is a confidential reporting service. There is not a required number (“n”) that is needed for the identified trends and findings to be valid. Pharmacy personnel can, and should, submit to PWWR as often as they have an experience they wish to report. Demographic information and standardized questions about the experience are used to categorize and analyze the experiences. The open-ended responses and stories that explain the experiences and suggested solutions are often the most valuable part of submissions. Individuals are encouraged to enrich the submissions of their experiences with this narrative information.

Learnings and themes can be used by the profession in advocacy efforts, contributions to best practices, education, and discussions between management and pharmacy teams.

Trends and Findings as of August 16, 2022

This period’s analysis identifies trends and findings from January 10 through August 11, 2022 (234 days). Only completed submissions are included. The chart below will be included in each periodic trends and findings analysis as a historical tracking of the number of submitted experiences.

<i>Period</i>	<i>Completed Submissions This Period</i>	<i>Cumulative Submissions Since Inception (October 2021)</i>
10-6-2021 thru 12-10-2021	440	440
12-11-2021 thru 1-9-2022	528	968
1-10-2022 thru 8-11-2022	173	1141

Profile of Reporters

Of those who submitted experiences, 71% were female (compared to 69% and 75% in *PWWR Reports II and I, respectively*). Practice roles ranged from supervisors to pharmacy clerks with 48% identifying as “pharmacist” and 28% identifying as “pharmacy manager/supervisor/pharmacist in charge.” As was the case in *PWWR Reports II and I*, at least one submission was received from each of the listed practice setting with 78% (compared to 85% and 90% in *PWWR Reports II and I, respectively*) of submissions from

¹ PWWR was developed by the American Pharmacists Association (APhA) and the National Alliance of State Pharmacy Associations (NASPA). APhA and NASPA do not have access to individual reports and are only provided aggregated data that is used for this report.

large community pharmacy employers². Submissions were received from each “years in practice” range with 39% in the 5-14 year group and 28% in the 15-24 year group. At least one submission was received from each of 38 states, Puerto Rico, and overseas/deployed with 0 states (compared to 10 and 7 in *PWWR Reports II and I, respectively*) having twenty or more submissions. There were 4 states with ten or more submissions (Virginia with 19 and California, Florida, and Maryland with 10).

Report Experiences

Of the submissions this period, 14³ were positive experiences and 159 were negative experiences. The following describes findings from each type of submission

A. Positive Experiences

The positive experience submissions fell under 4 categories:

- Communication, feedback, psychological safety (8)
- Preventing errors and improving quality (2)
 - Targeted safety practices prevented a potential error involving high alert medications.
 - Reporter Narrative Response:
 - *Review of patient charts to determine best drug regimen for quality outcomes.*
 - Technology prevented a potential medication error from reaching the patient.
 - Reporter Narrative Response:
 - *Pharmacy has workflow system that enhances safety and increases efficiency.*
- Safety and quality by design (1)
 - My co-workers, supervisors, and I worked collaboratively as a team to resolve a difficult workflow problem that created an unsafe condition.
 - Reporters Narrative Responses:
 - *During the recent Omicron surge, our corporate team supported select locations which were severely understaffed due to staff absences. Corporate technicians entered new prescription orders for my location and others to allow us to stay open and safely serve our community.*
- Other (3)
 - Reporter’s Narrative Response:
 - *I work with a team that makes me proud to be in this job. The pharmacy manager goes out of his way to help people with the health needs and we have a compassionate group of technicians.*
 - *Our pharmacy is now closed on weekends giving the staff a much better work-life-balance. This has resulted in a much more focused staff when were open. Patients are adjusting the new hours. At least one of our locations is open on weekends in case of emergency needs.*

Learning

Communication, helping patients, and supportive co-workers/working as a team continue to be the focus of the positive reports. All but one of the reporters indicated that their positive experiences would have a lasting positive effect on their well-being. The other reporter indicated that it would have a temporary effect on their well-being. All reporters in *PWWR Reports I and II* indicated a lasting effective; however, fewer positive experiences were submitted.

² “Large community pharmacy employers” is defined as those practicing at chain pharmacies (4 or more units), mass merchandisers, and supermarket pharmacies.

³ The analysis of the submissions suggests that 4 or the 14 reports were possibly test entries and may not be real experiences.

B. Negative Experiences

Type

Of the 159 negative experience submissions, the submission categories focused on staffing/scheduling (129), volume/workload expectation mismatched to hours available (126), working conditions (104), pharmacy metrics (98) were most often selected. Insurance/billing issues (18), technology/automation (15), and medication error-patient harm (13) were the least often selected. *Note: reporters could select more than one category.*

New versus Recurring Experience

Of those submitting negative experiences in this cycle, 86% indicated that they were recurring problems compared to 95% and 96% in PWWR Reports II and I, respectively.

Staffing at Time of Experience

Those submitting a negative experience were asked about root causes including staffing at the time of the negative experience. In this cycle, 56% indicated that at the time of the negative experience the staffing was less than the normally scheduled level and 39% indicated that staffing was at the normally scheduled level. In comparison, PWWR Report II found that 45% of submission indicated that at the time of the negative experience the staffing was less than the normally scheduled level and 35% indicated that staffing was at the normally scheduled level. Staffing was not reported in PWWR Report I.

Harassment of Pharmacy Staff is Real

Negative experience submissions related to harassment from patients/customers and co-workers continues again this analysis cycle. The following are the types of harassment with of the total number submitted and further broken down by the source of harassment under each category.

- Verbal or Emotional Harassment – 53
 - Patient/Customers – 30
 - Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 11
 - Manager/Assistant Manager-Non-Pharmacy – 5
 - Supervisor-Pharmacy (i.e., PIC, shift supervisor) – 4
 - Co-workers and Managers-Within your pharmacy, hospital, or clinical workplace) – 3
- Sexual Harassment – 3
 - Manager/Assistant Manager-Non-Pharmacy) – 1
 - Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 2
- Physical Harm-Threatened or Actual – 8
 - Patients and Customers – 5
 - Co-workers and Managers – 2
 - Manager/Assistant Manager-Non-Pharmacy-1
- Discrimination or microaggression based on Race, Ethnicity, or Gender – 14
 - Manager/Assistant Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 3 Men reported
 - Manager/Assistant Manager-Non-Pharmacy – 1 Man reported
 - Other (includes co-workers, leadership, board of pharmacy representatives) – 3 Women and 1 Man reported
 - Patients and Customers – 1 Woman reported
 - Supervisor-Pharmacy (i.e., PIC, shift supervisor) – 1 Woman reported

Learnings

Workplace conditions continue to be the primary reasons for negative experience submissions; however, the negative submissions of pharmacy staff dealing with bullying and harassment from patients/customers and work colleagues (co-workers, managers, supervisors) continues to be concerning. It is important to note that four specific types of negative experience reports for harassment (verbal, emotional and sexual harassment, physical harm-threatened or actual, and

discrimination/microaggression) continue to be reported as has been the case in PWWR Reports I and II. New this reporting cycle is that men have submitted reports under discrimination/microaggression. While the number of those reporting harassment, threats, and discrimination is small, they have been present in each of the reporting cycles.

Reporters indicating that harassment/threat situations stem from individuals in positions of authority (both the pharmacy proper and non-pharmacy) continue. It is critical that organizations review and update policies and training on the types of harassment and microaggression noted above. In addition, training on how to deal with harassment from consumers is needed. Training is also needed for pharmacy staff members on how to deescalate or walk away from these situations when they occur. It is important that managers/supervisors (especially those not within the pharmacy proper) are trained on the importance of supporting the pharmacy staff that find themselves in these situations.

Communication and Engagement

Offer of Recommendations

Feeling that you are heard and valued are important factors to minimize occupational burnout. Similar to PWWR Report II, 68% of those who had a negative experience indicated that they offered recommendations to their supervisor; however, higher than in previous reports, 94% of those who reported that they offered a recommendation indicated that the recommendation was not considered and/or applied. Only 6% indicated that their recommendation was considered and applied.

A deep dive into responses individuals received when discussing recommendations are similar to PWWR Report II. They included budget, recruitment issues, “customer is always right” policy, and safety reporting not indicating there was an issue. New this cycle are themes that included unfair application of corporate policy, inaccurate comparisons to other locations, physical threats, and metrics not aligned with patient outcomes, and employee well-being. However, it is the lack of response that leaves individuals feeling ignored and not valued.

No Offer of Recommendations

Those that did not discuss recommendations with their supervisor/manager/department head (32%) indicate reasons that continue to track with those outlined in *PWWR Reports II and I*. The reasons given for not discussing were fear of retaliation, no local control, corporate not connected to local conditions, despair, feeling that no one cares, management knows but fails to take action, and empathy for middle managers who lack authority to make changes.

Learnings

A large sample of narratives under Negative Experiences submission were analyzed. This analysis revealed a disturbing degree of specificity and detail related to physical harm (e.g., death threats), verbal harassment, and sexual harassment that were reported to management and not acted upon. Additionally, work-related mental health problems continued to be described in explicit detail, including the option of suicide, perhaps signaling a larger incidence of these cases that are underreported. None of the reporters described a pharmacy organization plan or available resources to address these issues. This is an area for pharmacy organizations to address and make available to pharmacy personnel.

This analysis cycle also indicated that the disconnect between corporate and local pharmacies is an issue for local pharmacy personnel. It is manifested through comments about metrics and algorithms not considering the pharmacy and workflow at the local level. A review of both metrics and algorithms and how they might be adjusted for a local district, is warranted. Continuing this analysis period is that pharmacy personnel continue to be hesitant to make recommendations to management due to perceived or actual retaliation and/or the lack of response from management. The feelings of not being heard and not valued are real for pharmacy personnel. Organizations should open real lines of communications that are free from retaliation. Not every recommendation can (or should) be addressed; however, they can be acknowledged with the merits and practicality of the recommendation discussed. Further, understanding the root causes of concerns and issues by management along with

discussion with pharmacy personnel may result in a mutual approach to resolve the concern and a greater understanding by all involved.

Well-Being

As it related to negative experiences, individuals were asked to what degree they believed four factors adversely affected their personal well-being. The factors are increased stress, increased burnout, weakened family/personal relationships, and lessened happiness. As in PWWR Reports II and I, individuals submitting negative experiences reported highly negative values for all four factors suggesting that the factors are inter-related and not presented in isolation. Positive experiences can, and do, have lasting effects on well-being. (See the Positive Experiences section of this *PWWR Report III* analysis.)

FUTURE PWWR REPORTS and CONTACTS

PWWR Reports outlining trends and findings on new experiences submitted will be issued periodically and posted at www.pharmacist.com/pwwr. New trends and findings will be compared to previous report findings where applicable.

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