



Pharmacy Workplace and Well-being Reporting (PWWR)

PWWR Report VI

Second Quarter 2023

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 legal proceedings. 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 fifth analysis of PWWR trends and findings. Previous in-depth *PWWR Reports* 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 June 30, 2023

This period’s analysis identifies trends and findings from April 1, 2023 through June 30, 2023. 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
8-12-2022 thru 12-31-2022	147	1288
1-1-2023 thru 3-31-23	63	1351
4-1-23 thru 6-30-23	85	1436

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.

Profile of Reporters

Of those who submitted experiences, nearly 70% were female (compared to 70%, 73%, 71%, 69% and 75% in *PWWR Reports V, IV, III, II, and I, respectively*). Practice roles ranged from supervisors to student pharmacists to pharmacy technicians with 52% identifying as “pharmacist” and 21% identifying as “pharmacy manager/supervisor/pharmacist in charge.” The last report (4/2023) included 44% of submissions from “pharmacists” and 35% from the “pharmacy manager/supervisor/pharmacist in charge.”

PWWR Reports continue to come from across practice settings with least one submission received from each of the listed practice settings with 68% of submissions from large community pharmacy employers² compared with 68%, 58%, 78%, 85%, and 90% from *PWWR Reports V, IV, III, II and I, respectively*. Submissions were received from each “years in practice” range with 36% in the 25 years or greater group followed by 5-14 years group at 29%.

At least one submission was received from each of 34 states with California and Colorado having the most at 7 submissions.

Of the reporters answering the question, 40% indicated that they were a member of a state pharmacy association, 45% were members of a national pharmacy association, 30% a member of both, and 45% a member of neither.

Report Experiences

Of the submissions this period, 8 were positive experiences and 77 were negative experiences. The following describes findings from each type of submission.

A. Positive Experiences

The positive experience submissions fell under 2 categories. They are listed with the number of reports in parentheses. A sample of specific information about the reports follows each category.:

- Communication, feedback, psychological safety (4)
 - I received positive feedback from a co-worker about an action I took to keep patients safe or improve quality of medication use.
 - Reporter Narrative Response (Pharmacy Technician/Healthsystem):
 - *Colleagues are willing to help and be supportive in any situation.*
 - Reporter Narrative Response (Pharmacist Manager/Supervisor/PIC/Community-Independent):
 - *A patient needed help with his new injectable diabetes medication. I sat with the patient and their spouse to show them how to use the pen and side effects to watch for. A week later the patient's spouse came in to let me know that their spouse was doing great and adjusting to using the pen.*
 - I had a positive patient interaction that improved the patient's understanding of the medications and/or their use.
 - Reporter Narrative Response (Pharmacy Technician/Community-Supermarket):
 - *Patient came in and wanted medication for their allergic symptoms. While I was getting the OTC medication and they asked for the pharmacist. They saw the patient's symptoms and recommended that the patient go to urgent care to be treated. We were short-staffed as always, but we took the time to help the patient in need of assistance.*

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

- Reporter Narrative Response (Pharmacist/Physician's Office):
 - *I assisted a patient who had been transferred from a prison to a drug rehab facility. The patient tested positive for hepatitis. The rehab center facilitated my speaking with the patient so we could navigate the insurance and manufacture assistance program.*
- Preventing errors and improving quality (4)
 - Targeted safety practices prevented a potential error involving a high alert medication.
 - Reporter Narrative Response (Pharmacist/Specialty Pharmacy)
 - *Audits and standards allow preemptive quality control to prevent specialty medication related errors.*
 - Reporter Narrative Response (Pharmacy Director/Healthsystem)
 - *The operational plan was put into place to prevent high risk drugs from being dispensed to certain patient populations in high doses with toxic effects.*
 - I used my clinical skills, training, and expertise to prevent a potential medication error from reaching the patient.
 - Reporter Narrative Response (Pharmacist/Long term Care)
 - *Consulting in a nursing home*
 - Reporter Narrative Response (Pharmacist Manager/Supervisor/PIC)
 - *Patient's safety and treatment were considered the most important issue in following through with medication dispensing.*

Learning

Positive experiences do not have to be a big undertaking – support of co-workers, acknowledgement of an extra effort, systems in place to prevent errors, and providing a service for patients – to have positive effects. Of the reporters, 5 of the 8 indicated that their positive experiences would have a lasting positive effect on their well-being. Two indicated that the experience provided a temporary positive effect on their well-being. And lastly, two indicated that unsure how it would affect their well-being at this point.

B. Negative Experiences

Type

The categories of the 77 negative experience submissions focused primarily on staffing/scheduling (60), followed by volume/workload expectation mismatched to hours available (55), working conditions (51), and pharmacy metrics (44). Training or education (17), medication error-near miss/no patient harm (17), professional judgement restricted or supported when caring for a patient (17), personal safety concerns (14), Insurance/billing issues (12), technology/automation (8), and medication error-patient harm 4 (2) were the least often selected. *Note: Reporters could select more than one category. Also, experiences specific to harm, harassment, sexual, or microaggressions are not included here. They are described later in this report.*

New versus Recurring Experience

Of those submitting negative experiences in this cycle, 96% indicated that they were recurring problems compared to 98%, 88%, 86%, 95% and 96% in PWWR Reports V, IV, III, II and I, respectively. The recurring problems were across all practice settings, but the majority were from a reporter in chain pharmacy practice.

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, 32% indicated that at the time of the negative experience the staffing was less than the normally scheduled level, 27% indicated that staffing was at the normally scheduled level, 5% indicated that staffing was at normally scheduled level but using float or per diem staff, 9% indicated that staffing was not a root cause, and 25% did not respond. In comparison, PWWR Report V found that 56% indicated that at the time of the negative experience the staffing was less than

the normally scheduled level and 36% indicated that staffing was at the normally scheduled level, and 8% indicated that staffing was not the root cause. *Please note: "At normally scheduled level: does not imply that that the staffing level was appropriate and safe for the workload."*

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 – 25
 - Patient/Customers – 9
 - Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 9
 - Supervisor – 5
 - Manager/Assistant Manager-Non-Pharmacy – 1
 - Co-worker - 1
- Sexual Harassment – 3
 - Patient/Customer – 2
 - Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 1
- Physical Harm-Threatened or Actual – 12
 - Patients and Customers – 10
 - Manager – pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 1
 - Co-worker (within your pharmacy, hospital, or clinic workplace) – 1
- Discrimination or microaggression based on Race, Ethnicity, or Gender – 9
 - Manager/Assistant Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 6 (all female reporters)
 - Co-worker – 1 (female reporter)
 - Supervisor – 1 (female reporter)
 - Patients and Customers – 1 (female reporter)

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 grew this cycle and to be concerning. It is important to note that four specific types of negative experience reports for harassment (verbal/emotional, sexual, physical harm-threatened or actual, and discrimination/microaggression) continue to be reported as has been the case in all previous PWWR Reports. In Reports III, IV and V there were discrimination/microaggression reports from men; however, there were none in this reporting cycle. While the number of those reporting harassment, threats, and discrimination is small, they have been present in each of the reporting cycles since the inception of PWWR.

As in the past cycles, reporters continue to submit experiences indicating that harassment/threat situations stem from individuals in positions of authority (both the pharmacy proper and non-pharmacy). 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 continues to be 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 in 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 the risk of occupational burnout. Similar to *PWWR Report V*, 66% of those who had a negative experience indicated that they offered recommendations to their supervisor. Of those who reported that they offered a recommendation, 92% indicated that the recommendation was not considered and/or applied. Only 7% indicated that their recommendation was considered and applied.

A deep dive into responses individuals received when discussing recommendations are similar to previous *PWWR Reports* such as *cost, recruitment problems, customer is always right, cannot turn away patients, ineffective employee retention plans, ignoring/failing to respond to recommendations, safety reporting metrics do not indicate a problem, profit margins, cash flow, threats, labor models, and maintain status quo*. A few new themes emerged in this analysis cycle that include supervisors are unwilling to manager confrontations, no reasons to report since the reporter is leaving the this workplace, and there are more managers than technicians but they are inaccessible and unresponsive to technicians.

No Offer of Recommendations

Those that did not discuss recommendations with their supervisor/manager/department head indicate reasons for not discussing continue to be fear and 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. New this analysis period included personal humiliation and mockery, gaslighting promises for action, overt favoritism, policies that fail to protect against customer abuse, a toxic culture that reports staff mistakes but discourages reporting managers' mistakes into the QI system and lack if trained and experienced managers.

Learnings

New this cycle is the perception that managers/supervisors don't care due to their unresponsiveness, flippant responses, and shaming pharmacy staff. Reasons that continue to not implement or consider recommendations are related to finances. They range from cash flow to costs to "customer" is always right. The learning since the beginning of reporting 2021 is the lack of honest communication between management and staff continues to be an issue. It leads to a lack of trust, frustration, dismay, and the desire to leave the practice. As has been noted in each report cycle since *PWWR's* inception in 2021, opening real lines of honest and responsive communication is critically important to the well-being of the pharmacy workforce.

Effect on 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 four factors are increased stress, increased burnout, weakened family/personal relationships, and lessened happiness. As in previous *PWWR Reports*, the majority of individuals submitting negative experiences reported that these experiences had a significant negative affect on all four factors suggesting that these 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 VI* analysis.)

PWWR REPORT VI – OVERALL SUMMARY and LEARNINGS

In this reporting cycle analysis, the narratives from negative experiences included many of the same threatening and abusive stories that have been described in the last three Reports. These stories speak loudly and boldly to the difficulties practicing in community pharmacy. Importantly, as one reporter observed, there isn't just one situation that is behind the negative experiences. In a larger sense, this reporter and other reporters are describing an entire system that is broken. As seen in root causes, reporters astutely identified multiple reasons for a given negative experience. There were nearly 400 total root causes listed for the 77 negative experiences reported. Nearly all the negative experience

(96%) reports were described as a “recurring problem”. Female reporters submitted and were the target of 100% of the discrimination and microaggression incidents.

Subjectively, the narrative stories in this report cycle seem particularly detailed and lengthy compared to past reporting periods. After reviewing scores of these experiences, the sense of hopelessness that technicians and pharmacists seem to be experiencing is readily apparent. More than several reports describe the employee choosing to leave community pharmacy practice for other types of practice, despite their affinity to work in the community space.

This reporting period continues the theme of pharmacists being coerced to perform illegal acts, to downplay unsafe conditions, to endure abusive, hostile, and threatening behaviors from customers and managers, and to perform high volume/high risk work with untrained and undertrained co-workers, led by inexperienced managers. More than several pharmacists and technicians reported toxic management behaviors and toxic work conditions.

While several reporters resigned to protect their mental health and maintain professionalism, other reporters noted that they are on the verge of quitting. The majority of reporters describe working off-the-clock, working extra shifts, skipping breaks, and doing what could be justifiably described as *taking heroic actions for their patients and to keep their jobs*. This apparent “hero” psychology deserves further analysis that goes beyond the scope of the patient safety organization PWWR quarterly analysis.

The overriding themes in this sixth analysis period continue to be the lack of staffing, lack of support staff, lack of training time, and an increase in demands has created an unhealthy and unsafe work environment. Multiple reports from technicians identified problems with lack of respect for their work from co-workers and managers, inequality in pay and performance evaluation, low pay, and the hostile encounters often experienced in providing front-line customer service. Several female reporters described a hostile work environment and adversely differential treatment compared to male co-workers. As reported in the past, there is a lack of time and ADA-required accommodations for new mothers need to breast pump during shifts that can be 12-hours long.

As has been seen in previous reports, positive experiences were infrequently reported but are important. The two predominant themes of the 8 experiences in this reporting period were actions taken to keep patients safe and encounters that provided positive feedback to the reporter. Reporters of positive experiences had more practice experience (>15 years), were more likely to be a pharmacist, and were evenly divided between males and females. Most reporters described there would be a “lasting effect” on their personal well-being; however, the size of this effect is unknown.

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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