



Pharmacy Workplace and Well-being Reporting (PWWR) *PWWR Report V* First 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 March 31, 2023

This period’s analysis identifies trends and findings from January 1-March 31, 2023 (90 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
8-12-2022 thru 12-31-2022	142	1283
1-1-2023 thru 3-31-23	63	1346

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 73%, 71%, 69% and 75% in *PWWR Reports IV, III, II, and I, respectively*). Practice roles ranged from supervisors to pharmacy clerks with 44% identifying as “pharmacist” and 35% identifying as “pharmacy manager/supervisor/pharmacist in charge.” The last report (12/22) included 30% of submissions from “pharmacists” and 13% 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 58%, 78%, 85%, and 90% from *PWWR Reports VI, III, II and I, respectively*. Submissions were received from each “years in practice” range with 33% in 15-24 years group followed by 5-14 years group at 32%.

At least one submission was received from each of 24 states with no state having more than 8 submissions.

Of the reporters answering the question, 24% indicated that they were a member of a state pharmacy association, 22% were members of a national pharmacy association, and 13 % a member of both.

Report Experiences

Of the submissions this period, 5 were positive experiences and 68 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 (3)
 - I received positive feedback from my supervisor About an action I took to keep patients safe or improve quality of medication use.
 - Reporter Narrative Response
 - *We have a number of deaf patients, and I learned sign language to help these patients.*
 - *I practice in a rural area that was hard hit by the opioid epidemic. I instituted a Naloxone protocol that was well-received by management and the patients we serve.*
 - I effectively used my communication skills in discussion a medication concern with a prescriber.
 - Reporter Narrative Response:
 - *I was able to influence prescribing by recommending an additional medication that was part of new guidelines for the condition. The prescriber was receptive and added the medication.*
- Other (2)
 - Hiring
 - Reporter Narrative Response
 - *I lost my entire staff of technicians due to burnout. I was forced to hire new staff with no technician experience. Teaching and training put a tremendous amount of stress on me at the time. I take steps to try to prevent burnout, schedule with consideration to their personal lives, and they adapt to changes without hesitation. We’re a team. It’s still a work in progress but it’s been so rewarding.*

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

Learning

Positive experiences do not have to be big undertaking - words of encouragement, acknowledgement of an extra effort, and providing a service for your patients – to have positive effects. Of the reporters, 100% indicated that their positive experiences would have a lasting positive effect on their well-being.

B. Negative Experiences

Type

The categories of the 58 negative experience submissions focused primarily on staffing/scheduling (46) and working conditions (46) followed by volume/workload expectation mismatched to hours available (43), pharmacy metrics (39), training or education (20), medication error-near miss/no patient harm (14), professional judgement restricted or supported when caring for a patient (11), personal safety concerns (10)/ Technology/automation (6), Insurance/billing issues (5), and medication error-patient harm (4) 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, 98% indicated that they were recurring problems compared to 88%, 86%, 95% and 96% in PWWR Reports IV, III, II and I, respectively. The recurring problems were across all practice settings, but 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, 56% indicated that at the time of the negative experience the staffing was less than the normally scheduled level, 36% indicated that staffing was at the normally scheduled level, and 8% indicated that staffing was not a root cause. In comparison, PWWR Report IV found that 55% indicated that at the time of the negative experience the staffing was less than the normally scheduled level and 26% indicated that staffing was at the normally scheduled level.

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 – 15
 - Patient/Customers – 7
 - Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 7
 - Manager/Assistant Manager-Non-Pharmacy – 1
- Sexual Harassment – 0
 - No reports of sexual harassment for the second straight report cycle.
- Physical Harm-Threatened or Actual – 3 (All in the chain pharmacy setting)
 - Patients and Customers – 3
 - Manager – pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 1
- Discrimination or microaggression based on Race, Ethnicity, or Gender – 7
 - Manager/Assistant Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 1 woman and 3 men reported
 - Co-worker – 2 women reported
 - Patients and Customers – 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 continues to be concerning. It is important to note that four specific types of negative experience reports for harassment (verbal, emotional harassment, physical harm-threatened

or actual, and discrimination/microaggression) continue to be reported as has been the case in all previous PWWR Reports. A positive finding again this reporting cycle was that there were no reports of sexual harassment. There had been in Reports I-III. As was the case in Reports III and IV, men submitted reports under discrimination/microaggression. This cycle at 3 versus 2 in the past two reports. While the number of those reporting harassment, threats, and discrimination is small, they have been present in each of the reporting cycles.

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 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 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 occupational burnout. Similar to *PWWR Report IV*, 68% of those who had a negative experience indicated that they offered recommendations to their supervisor. Of those who reported that they offered a recommendation, 78% 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 recruitment problems, customer is always right, cannot turn away patients, ineffective employee retention plans, ignoring/failing to respond to recommendations*. A few new themes emerged in this analysis cycle that included profit margins, cash flow, need to maintain status quo, threats of disciplinary action, and negative labor models with purposefully reduced staffing.

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 wouldn't make a difference, and lack of supervisor experience or knowledge or role.

Learnings

New this analysis cycle was a mention that staffing shortages were not a problem, but purposeful reduced staffing was. Also noted was that because reported safety metrics did not indicate that there was a problem, thereby suggesting the reporter was not telling the truth or is a poor performer. Financial issues continue as reasons given to not implement or consider recommendations. They range from cash flow to costs to lack of staff retention plans, to "customer" is always right. The lack of honest communication between management and staff continues to be an issue leading to a lack of trust. Opening real lines of communication is critically important.

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 V* analysis.)

PWWR REPORT V - SUMMARY

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 two Reports. Many reporters noted that when COVID-19 immunizations and testing rates began declining, budgeted hours were cut despite overall prescription volume increasing. They viewed it as a purposeful reduction in staffing. While a few men have begun reporting experiencing microaggressions from pharmacy managers, women reporters have begun to describe a hostile work environment that included differential treatment when compared to male coworkers. Numerous reporters noted that they believed there was very little hope that their organization's leadership actually cares about patient care and adverse working conditions.

As has been the case in the previous Reports, a positive experience doesn't have to be a monumental event or change. It can be as simple as sincerely expressing appreciation for an employee's effort and it will have a lasting effect on a person's well-being. A special case reported this cycle was a pharmacist learning sign language to better take care of the large deaf patient population.

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/pwvr. New trends and findings will be compared to previous report findings where applicable.

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