



## Pharmacy Workplace and Well-being Reporting (PWWR) *PWWR Report IV* Year-End 2022

### Introduction

The [Pharmacy Workplace and Well-being Reporting \(PWWR\)](#), launched in October 2021<sup>1</sup>, 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 third analysis of PWWR trends and findings. *PWWR Report I, II and III* are available at [www.pharmacist.com/pwvr](http://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 December 31, 2022

This period’s analysis identifies trends and findings from August 12 through December 31, 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
8-12-2022 thru 12-31-2022	142	1283

This reporting period included 78 reports from student pharmacists at one school. These reports were stimulated by a class assignment; however, do represent real situations faced by the student pharmacists while interning or on Advanced Pharmacy Practice Experiences (APPEs).

<sup>1</sup> 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 73% were female (compared to 71%, 69% and 75% in *PWWR Reports III, II, and I, respectively*). Practice roles ranged from supervisors to pharmacy clerks with 30% identifying as “pharmacist” and 13% identifying as “pharmacy manager/supervisor/pharmacist in charge.” Unusual this reporting period, 53% are student pharmacists. In previous reports, at least one report was received from each practice role. However, this report did not receive a report from a pharmacy owner or pharmacy resident.

In *PWWR Reports III, II and I*, at least one submission was received from each of the listed practice setting with 78%, 85%, and 90% in *PWWR Reports III, II and I, respectively*) of submissions from large community pharmacy employers<sup>2</sup>. Submissions were received from each “years in practice” range with “student pharmacists” leading the way followed by 15% in the 5-14 year group.

At least one submission was received from each of 27 states, Puerto Rico, and overseas/deployed with 1 state (compared to 0, 10 and 7 in *PWWR Reports III, II and I, respectively*) having twenty or more submissions. There were zero states with ten or more submissions. The one state with 20 or more submissions was due to the stimulate reports from the school of pharmacy class requirement.

Of the reporters answering the question, 41% indicated that they were a member of a state pharmacy association, 36% were members of a national pharmacy association, and 22% a member of both.

## Report Experiences

Of the submissions this period, 58 were positive experiences and 89 were negative experiences. The following describes findings from each type of submission.

### A. Positive Experiences

The positive experience submissions fell under 4 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 (25)
  - Effectively used my communication skills in discussion a medication concern with a prescriber.
  - I had a positive patient interaction that improved the patient’s understanding of the medication and/or its use.
    - Reporter Narrative Response:
      - *The patient didn’t pick up diabetes medication because he couldn’t afford it. I worked through a process to find a manufacture discount program and the patient was able to get their needed medication.*
- Preventing errors and improving quality (22)
  - Targeted safety practices prevented a potential error involving high alert medications.
    - Reporter Narrative Response:
      - *Alerted the patient to a change in dosage due to conversation with prescriber through the refill authorization process.*
  - Technology prevented a potential medication error from reaching the patient.
    - Reporter Narrative Response:
      - *The technology system prevented a potential medication error from reaching the patient.*
      - *The IV prep system prevented using the wrong medication in a look-alike drug situation.*
      - *Program alerted to a drug-drug interaction for a medication that was dispensed at a different pharmacy.*

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

- *The system automatically flags drug interactions for the pharmacist to manually check.*
- Safety and quality by design (7)
  - My co-workers, supervisors, and I worked collaboratively as a team to resolve a difficult workflow problem that created an unsafe condition.
  - My supervisor asked for my input in evaluation of a recently implemented workflow, policy, technology, or other change in the pharmacy.
  - My supervisor created a learning opportunity for me to grow professionally and/or as a person.

### *Learning*

Communication between staff and supervisor, helping patients, and good technology to support the staff and patient care were the primary focus of positive reports. Positive experiences don't have to require major reconfiguration of the pharmacy or the workflow to yield lasting positive effects for the pharmacy personnel. Of the reporters, 54% indicated that their positive experiences would have a lasting positive effect on their well-being. 19% of reporters indicated a temporary effect on their well-being. Finally, 19% indicated they were unsure and 9% indicated their experience had no expected effect on their well-being. All reporters in PWWR Reports I and II indicated a lasting effect and all but one in Report III; however, fewer positive experiences were submitted for all three analysis periods.

## ***B. Negative Experiences***

### *Type*

The categories of the 89 negative experience submissions focused primarily on working conditions (55), medication error-near miss/no patient harm (22), staffing/scheduling (14), pharmacy metrics (12), volume/workload expectation mismatched to hours available (11). Insurance/billing issues (2), medication error-patient harm (2), and training or education (2) 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, 88% indicated that they were recurring problems compared to 86%, 95% and 96% in PWWR Reports III, 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, 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. In comparison, PWWR Report III found that 56% of submission 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.

### *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 – 23
  - Patient/Customers – 12
  - Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 5
  - Manager/Assistant Manager-Non-Pharmacy – 1
  - Supervisor-Pharmacy (i.e., PIC, shift supervisor) – 3
  - Co-workers and Managers-Within your pharmacy, hospital, or clinical workplace) – 2
- Sexual Harassment – 0
  - This is the only analysis cycle with no reports of sexual harassment.
- Physical Harm-Threatened or Actual – 3

- Patients and Customers – 3
- This is the only analysis cycle with no reports of this type by supervisors or co-workers.
- Discrimination or microaggression based on Race, Ethnicity, or Gender – 9
  - Manager/Assistant Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 1 woman and 2 men reported
  - Manager/Assistant Manager-Non-Pharmacy – 2 women reported
  - Patients and Customers – 2 women reported
  - Supervisor-Pharmacy (i.e., PIC, shift supervisor) – 2 Women 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 PWWR Reports I, II and III. A positive finding this reporting cycle was that there were no reports of sexual harassment that had been submissions in the previous three cycles. As was the case in Report III, 2 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 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 III*, 67% of those who had a negative experience indicated that they offered recommendations to their supervisor; however, slightly lower than in *Report III*, 83% of those who reported that they offered a recommendation indicated that the recommendation was not considered and/or applied. Only 16% indicated that their recommendation was considered and applied.

A deep dive into responses individuals received when discussing recommendations are similar to *PWWR Reports*; however, a few new themes emerged in this analysis cycle including budgets and labor hours affected due to budget cuts, losing revenue, and shrinking margins; staffing ratios due to state boards of pharmacy failures in setting ratios; turnover in district managers; low wages impeding hiring of pharmacists and pharmacy technicians; and COVID vaccines and screening profitability.

### *No Offer of Recommendations*

Those that did not discuss recommendations with their supervisor/manager/department head (33%) indicate reasons for not discussing continue to be 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. 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 the lack of experience, understanding, and training as a supervisor. Due to this, recommendations were not made because they wouldn't know how to handle or they would be ignored. Continuing this cycle is the disconnect between corporate and local pharmacies is an issue for local pharmacy personnel. Also 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. There is a continued need for organizations to open real lines of communication 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 I, II, and III 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 IV* analysis.)

## **PWWR REPORT IV OBSERVATIONS and CONCLUSIONS**

In *PWWR Report III*, the submitted reports revealed a disturbing degree of specificity and detail in the hostile and threatening experiences that were reported. That analysis also specifically highlighted work-related mental health needs and the lack of any known plan or resources for pharmacies to address these important mental health needs. The perceived danger to the public and to practitioners was noted along with the lack of support and effective action from regulators, such as Boards of Pharmacy. In addition, the “disconnect” between corporate management and front line employees and supervisors was repeatedly described.

### ***Negative Experiences Learnings***

In the current analysis cycle, the stories of abusive and unsafe working conditions, medication errors due to working conditions, and the deleterious effect of heavy COVID testing and immunization workloads without additional staff continue to dominate the Negative Experience reports. As assessed by factors such as Stress, Burnout, Weakened family/personal relationships, and Happiness, the Negative Experiences are likely exacting a high toll on mental health and relationships outside of the workplace. When the root cause of a Negative Experience was felt to be “staffing or pharmacist to technician ratios”, the experience occurred when staffing was below the normal levels 55% of the time. Conversely, 45% of experiences were reported when staffing was “normal”. When these experiences happen at “normal” levels, it may signal that the budgeted FTEs and resources may be insufficient to meet workload demands. In a review of all PWWR reports since October 2021, the vast majority were characterized as recurring problems and not isolated incidents. This suggests that interventions at the individual and systems level are needed to improve wellness and wellbeing in addition to patient safety and quality care.

### ***Positive Experiences Learnings***

There were 3 reports submitted by non-students, all by those with 0-4 years of experience. Two were from chain pharmacy locations and one was from a hospital (in-patient). Their experiences were categorized as: 1) Communication, feedback, psychological safety, 2) Preventing errors and improving quality, and 3) Safety and quality by design. Each reporter was unsure how this may affect their overall well-being.

### ***Student Pharmacists Reporters***

Unique to this reporting cycle, a pharmacy class assignment stimulated multiple reports to the PWWR portal. In contrast to spontaneous reports from non-students, Positive Experiences were more frequently reported than Negative Experiences. The majority of student pharmacist reports were from chain pharmacy locations and unlike findings in the overall PWWR database, Positive Experiences

outnumber Negative Experiences. The Positive Experiences at chain pharmacy locations were most often associated with good communications, positive feedback from patients, preceptors, and co-workers, the use of technology to detect interactions, and the student pharmacist recognizing when their preceptor had created a learning opportunity. The Negative Experiences at chain pharmacy locations mirror those reported by non-students and were most often associated with adverse working conditions, understaffing relative to workload, being used an additional FTE instead of as a learner, and pharmacy metrics that promote quantity/profit over safety and quality. The experiences of some student pharmacists resulted in them recommending against the location serving as a teaching site.

### **Summary**

The average number of reports per day submitted to the PWWR portal has significantly decreased in the last two reporting periods compared to the first two reporting periods. Likely due to a diminished promotion of the PWWR tool. Negative Experiences continue to outnumber Positive Experiences. Stress, burnout, weakened family/personal relationships, and happiness are significantly degraded, and the problems are recurring as opposed to isolated instances. When reporters assign “blame” for the root causes of the Negative Experiences, corporate managers and corporate policies are frequently mentioned. Several reporters have questioned if and how organizations using PWWR data will be able to make any change, while other reporters have lost trust in boards of pharmacy to assure the safety of employees and the public. Narrative stories suggest that reporters are responding in several ways to these workplace pressures including: 1) working extra hours/shifts “off the books” to meet patient needs (the hero role), 2) quitting, 3) demanding more pay, and 4) using unsafe practices to meet corporate metrics. While the hero role may temporize a problem and help fulfill a sense of professional duty to the patient, none of these four responses address the root causes.

### **YEAR-END CONCLUSION**

The PWWR serves as an important sentinel in identifying and raising awareness of pharmacy workplace concerns that affect pharmacy personnel and patient safety. While the reporting frequency has declined since PWWR was introduced in 2021, sufficient data have been collected to demonstrate that the problems are largely systemic and durable solutions will require the cooperation, agreement, and action by multiple stakeholders.

### **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](http://www.pharmacist.com/pwwr). New trends and findings will be compared to previous report findings where applicable.

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