Pharmacy Workplace and Well-being Reporting (PWWR)
PWWR Report I – December 2021

Introduction

The [Pharmacy Workplace and Well-being Reporting (PWWR)](#), launched in October 2021[1], is an online confidential anonymous service for pharmacy personnel to report both positive and negative experiences across all pharmacy practices. The reports are submitted to and analyzed by the Alliance for Patient Medication Safety (APMS), a federally recognized Patient Safety Organization. Reports are protected by the confidentiality and privilege provisions of the Patient Safety and Quality Improvement Act of 2005. Actual submission reports to the PWRR cannot be disclosed or subpoenaed and are not 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.

A trend report of aggregated non-identifiable data will be periodically issued. The report will include findings specific to that time period will be issued. This is the first report of PWWR trends and findings.

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 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 standard questions about the experience are used to categorize and analyze the experiences. The open-ended questions to explain the experience and suggested solutions are the most valuable part of a submission.

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 2021

This period's report identifies trends from the inception of PWWR on October 6, 2021, through December 14, 2021. Each report issued will include only that period's trends and findings. Only completed submissions are included in the trends and findings report. The chart below will be included in each trends and findings report as a historical tracking of the number of submissions.

Period	Completed Submissions This Period	Total Submissions Since Inception (October 2021)
10-6-2021 thru 12-14-2021	440	440

Profile of Reporters

Of those who submitted completed reports, 75% were female. Reporters practice roles ranged from supervisors to pharmacy clerks with 49% identifying as "pharmacist" and 32% identifying as "pharmacy manager/supervisor/pharmacist in charge." At least one report was received from each of the listed practice setting with 90% of reports from large community pharmacy employers[2]. Reports were received from each "years in practice" range with 46% in the 5-14 year group. At least one report was received from 43 states with 7 states having twenty or more submitted reports (in alpha order California, Florida, Illinois, Michigan, New York, Ohio, and Pennsylvania).

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

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

Report Experiences

Of the 440 completed reports submitted this period, 9 were positive experiences with 431 negative experiences. The following describes findings from each type of report.

A. Positive Experiences

The positive experience reports fell under these categories:

- Communication, feedback, and psychology safety (3)
  - Received positive feedback from supervisor about an action taken to keep patients safe or improve quality of medication use.
  - Had a positive patient interaction that improved the patient's understanding of the medication and its use. (2)
- Preventing errors and improving quality (2)
  - Targeted safety practices prevented a potential error involving a high alert medication.
  - Used clinical skills, training, and expertise to prevent a potential medication error from reaching the patient.
- Safety and quality by design (4)
  - Supervisor created a learning opportunity for me to grow professionally and/or as a person. (3)
  - Supervisor asked for my input before implementing a new workflow, policy, or other change in the pharmacy.

Positive Effects of a Positive Experiences

The trend from these reports indicate that positive experiences have a positive effect on an individual's engagement, energy, leadership, and well-being. Reporters indicated that because of the positive experience they would be more likely to

- Take actions that help co-workers have a similar positive experience.
- Be more vigilant for opportunities to improve quality and safety in our pharmacy.
- Invest more emotional energy in improving the patient experience.
- Increase engagement with and awareness of the pharmacy's safety goals.
- Increase reporting of "good-catch events" and potential unsafe conditions.

Learning

Eight of the nine reporters indicated that these positive experiences would have a lasting positive effect on their well-being. The other indicated that it would have a temporary positive effect on their well-being.

B. Negative Experiences

Type

Of the 431 negative experience reports, categories focused on volume/workload expectation mismatched to hours available (386), staffing/scheduling (367), working conditions (346), pharmacy metrics (322), harassment/physical harm (174), and medication errors – near miss with no patient harm (111) were most often selected. (Note: reporters could select more than one category)

Harassment of Pharmacy Staff is Real

A dive into the reports focused on harassment and discrimination (verbal, emotional, and sexual), and/or physical harm (threat or actual) reveal that patients/customers were the primary offenders of these types of negative experiences:

- Verbal or emotional harassment (80 of 119)
- Physical harm - threat or actual (25 of 27)
- Discrimination/Microaggression (11 of 22)
- Sexual harassment (2/3)

Coworkers and managers were also mentioned for harassment and discrimination:
- Verbal of emotional harassment (39 of 119)
- Physical Harm - threat or actual (2 of 27)
- Discrimination/Microaggression (8 of 22)
- Sexual harassment (1 of 3)

Learning
Workplace conditions continue to be the primary reasons for negative experience reporting; however, the negative reports of pharmacy staff dealing with bullying and harassment from patients/customers is alarming. Addressing patient/consumer behavior issues is one that organizations could quickly address through updating store/facility policies, training personnel on how to deal with these types of individuals and supporting pharmacy staff members ability to walk away from the situations when they occur.

Communication and Engagement
Feeling that you are heard and valued are important factors to minimize occupational burnout. Of those who had a negative experience, 71% indicated that they offered recommendations to their supervisor. Unfortunately, the majority of the reports indicate that the recommendations were not considered and/or applied.

Those that did not discuss recommendations with their supervisor (29%) indicate that reasons for not discussing is fear of retaliation (fired, decreased hours, being replaced), despair, ignores requests to meet, no one cares, nothing would change, knowing situations exist but failure to take action, empathy expressed for middle/local management with lack of authority over situation, and organizational management not connected to local conditions.

Learnings
The feeling of not being heard and not valued is real in pharmacy as expressed through reasons why recommendations to address concerns are not reported. Organizations should establish open honest 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 of the root issue(s) 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 the negative experience, reporters were asked to what degree they believed four factors adversely affected their personal well-being. The factors were increased stress, increased burnout, weakened family/personal relationships, and lessened happiness. The median score for each of the factors was 4 (Significant) on a scale of 0 to 4. For every submitted experience, the reporter scored the event with highly negative values for all four factors suggesting that the factors are inter-related and not presented in isolation. Also see the lasting well-being effects described Under A. Positive Experiences.

FUTURE REPORTS
Each month, trends on experiences submitted the previous 30 days will be issued in a report. Experiences trends identified in each month's report will be compared to the previous month's report to identify if the types of experiences track similarly or vary. Variations to the findings will be noted.

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