Pharmacy Workplace and Well-being Reporting (PWWR)
PWWR Report II
February 2022

Introduction

The [Pharmacy Workplace and Well-being Reporting (PWWR)](#), launched in October 2021[1], 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 second analysis of PWWR trends and findings. *PWWR Report I* is available at www.pharmacist.com/pwwr.

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 January 9, 2022

This period's analysis identifies trends and findings from December 11, 2021 – January 9, 2022 (38 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.

Period	Completed Submissions This Period	Cumulative Submissions Since Inception (October 2021)
10-6-2021 thru 12-10-2021	440	440
12-11-2021 thru 1-9-2022	528	968

Profile of Reporters

Of those who submitted experiences, 69% were female, compared to 75% in *PWWR Report I*. Practice roles ranged from supervisors to pharmacy clerks with 51% identifying as "pharmacist" and 33% identifying as "pharmacy manager/supervisor/pharmacist in charge." As was the case in *PWWR Report I*, at least one submission was received from each of the listed practice setting with 85% (compared to 90% in *PWWR Report I*) of submissions from large community pharmacy employers[2]. Submissions were

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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.

received from each "years in practice" range with 44% in the 5-14 year group and 27% in the 15-24 year group. At least one submission was received from each of 47 states and the District of Columbia with 10 states (compared to 7 in *PWWR Report I*) having twenty or more submissions (in descending order of number): Florida, California, Texas, Illinois, New York, Michigan, Pennsylvania, Ohio, North Carolina, and New Jersey.

Report Experiences

Of the 528 submissions this period, 4 were positive experiences and 524 were negative experiences. The following describes findings from each type of submission

A. Positive Experiences

The positive experience submissions fell under 3 categories:
- Preventing errors and improving quality (1)
    - Used my clinical skills to prevent a potential medication error from reaching the patient
- Safety and quality by design (2)
    - My supervisor asked for my input before implementing a new workflow, policy, or other change in the pharmacy
        - Reporters Narrative Responses:
            - *Great work environment*
            - *Have just started being a pediatric vaccination location. My pharmacy supervisory has been in contact multiple times a week to check how it is going and what needs to be done.*
- Other (1)
    - Reporter's Narrative Response:
        - *My pharmacy manager went against the grain, scheduling RPh and tech hours to meet our needs more than corporate. We are the last man standing. The last strong and decent pharmacy in our area. Our DM decided that he needed to follow my manager's example to keep our pharmacists and techs from leaving.*

Learning
Communication, being included in decision making, support from supervisors, and helping patients continue to be the focus of the positive reports. As was the case in Report I, each of the reporters indicated that their positive experiences would have a lasting positive effect on their well-being.

B. Negative Experiences

Type
Of the 524 negative experience submissions, categories focused on volume/workload expectation mismatched to hours available (467), staffing/scheduling (464), working conditions (429), pharmacy metrics (398), medication errors – near miss with no patient harm (169), harassment/physical harm (163), and personal safety concerns were most often selected. *Note: reporters could select more than one category.*

New versus Recurring Experience
Of those submitting negative experiences in this cycle, 95% indicated that they were recurring problems compared 96% in *PWWR Report I*.

Staffing at Time of Experience
New in this analysis, those submitting a negative experience were asked about root causes including staffing/pharmacist to technician ratio at the time of the negative experience. In this cycle, 45% 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.

Harassment of Pharmacy Staff is Real
Negative experience submissions related to harassment from patients/customers and co-workers continues. 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 – 163
  - Patient/Customers – 107
  - Co-workers and Managers - 56
- Sexual Harassment – 8
  - Patients and Customers – 5
  - Co-workers and Managers - 3
- Physical Harm-Threatened or Actual – 52
  - Patients and Customers – 45
  - Co-workers and Managers - 7
- Discrimination or microaggression based on Race, Ethnicity, or Gender – 53
  - Patients and Customers – 28
  - Co-workers and Managers – 24
  - Other - 1

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) continue to be concerning. It is important to note that while four specific types of negative experience reports for harassment (verbal, emotional and sexual harassment, physical harm-threatened or actual, and discrimination/microaggression) increased significantly more than was expected based on the total reports and the fewer number of reporting days, *it is far too early in the launch of the PWWR portal to know the baseline reporting rate for any type of experience, so these early numbers should not be used to infer that the rate of these experiences is increasing in pharmacy practice.*

Updating organization/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 continue to be actions that organizations can take to address harassment/bullying from patients/customers. Specific training for co-workers, supervisors, and managers on the types of harassment noted above is also warranted.

Communication and Engagement
Offer of Recommendations
Feeling that you are heard and valued are important factors to minimize occupational burnout. Of those who had a negative experience, 69% indicated that they offered recommendations to their supervisor. As was the case in *PWWR Report I*, a majority of the reporters (73%) indicated that the recommendations were not considered and/or applied and 22% of the time that recommendations were offered, the individual did not know if any corrective actions would be taken.

In this period's analysis, a deep dive into responses individuals received when discussing recommendations to address the situation included lack of budget or too costly, recruitment issues, "customer is always right" policy, safety reporting didn't indicate an issue, if you don't like it you can quit, COVID issues, new normal just get used to it, you have to meet the promised time metric, ineffective employee retention plans, and maybe in next fiscal year. However, it is the lack of or vague 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 (31%) indicated that reasons continue to track with those outlined in *PWWR Report 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.

Learnings
The feelings of not being heard and not valued are real in pharmacy. 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 were increased stress, increased burnout, weakened family/personal relationships, and lessened happiness. The individuals scored the negative experience with 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 II* 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.

Contact APhA's Mitchel Rothholz at mrothholz@aphanet.org for media inquiries. Contact APhA's April Shaughnessy at ashaughnessy@aphanet.org for permissions to use data and tables.

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