Pharmacy Workplace and Well-being Reporting (PWWR)
PWWR Report VII
Third Quarter 2023

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 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 seventh analysis of PWWR trends and findings. Previous in-depth *PWWR Reports* are 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 learning 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 September 2023

This period's analysis identifies trends and findings from July 1 through September 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.

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
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
7-1-23 thru 9-30-23	378	1814

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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.

Profile of Reporters

Of those who submitted experiences, nearly 69% were female (compared to 70%, 70%, 73%, 71%, 69% and 75% in *PWWR Reports VI, V, IV, III, II, and I, respectively)*. Practice roles ranged from supervisors to student pharmacists to pharmacy technicians with 54% identifying as "pharmacist" and 22% identifying as "pharmacy manager/supervisor/pharmacist in charge." The last report (7/2023) included 52% of submissions from "pharmacists" and 21% from the "pharmacy manager/supervisor/pharmacist in charge."

PWWR Reports continue to come from across practice settings with at least one submission received from each of the listed practice settings with 68% of submissions from large community pharmacy employers[2] compared with 66%, 68%, 58%, 78%, 85%, and 90% from *PWWR Reports VI, V, IV, III, II and I, respectively.* Submissions were received from each "years in practice" range with a reverse in category from last quarter. This reporting cycle had 33% in the 5-14 years in practice followed by 25% and higher group at 26%.

At least one submission was received from each of 49 states/Puerto Rico with California having the most at 38 submissions followed by Illinois at 25.

Of the reporters answering the question, 28% indicated that they were a member of a state pharmacy association, 30% were members of a national pharmacy association, 57% were members of both, and 58% indicated they were not members of either.

Report Experiences

Of the submissions this period, 9 were positive experiences and 369 were negative experiences. The following describes findings from each type of submission.

A. Positive Experiences

The positive experience submissions fell under 3 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 (2)
  - 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 (Pharmacist-Community-Independent Pharmacy):
      - *Worked with our patients for drug shortages and finding available alternatives. Being in an independent pharmacy practice allows me the time to talk with my patients.*
- Safety and Quality by Design (1)
  - My supervisor asked for my input before implementing a new workflow, policy, or other change in the pharmacy.
    - Reporter Narrative Response (Certified Pharmacy Technician – Clinic (outpatient) Pharmacy):
      - *The organization in this pharmacy is so good!*
- Preventing errors and improving quality (4)
  - I used my clinical skills, training, and expertise to prevent a potential medication error from reaching the patient.
    - Reporter Narrative Response (Certified Pharmacy Technician – Chain Pharmacy):
      - *This employer is more open and willing to listen to concerns and feedback and treats their pharmacy personnel well.*
    - Reporter Narrative Response (Certified Pharmacy Technician – Clinic (outpatient) Pharmacy)

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

- - *In this region, clients have a hard time seeing that diversity in our work is the right approach to take. Administration should not be viewed as everything to gain trust and respect from patients.*
    - Reporter Narrative Response (Pharmacist – Hospitals/Institutional)
        - *As a pharmacist in the emergency department, it is my full-time job to use my training and clinical expertise to improve safety and efficacy in a fast-paced dangerous environment.*
    - Reporter Narrative Response (Pharmacist – Hospitals/Institutional)
        - *The patient received life-saving medication in correct dosing intervals by being on rounds and communicating with the physician and team. However, we don't celebrate wins like we emphasize near-misses.*

Learning
As has been the case in previous reports, positive experiences do not have to be a big undertaking – communication channels, respect of clinical knowledge, and freedom to use clinical judgement – to have positive effects. Unlike last quarter where the majority of positive reports indicated that their positive experiences would have a lasting positive effect on their well-being, this quarter the majority said the positive experience would have a temporary effect on their well-being.

B. Negative Experiences

Type
The categories of the 369 negative experience submissions focused primarily on volume/workload expectation mismatched to hours available (284), followed closely by staffing/scheduling (281), working conditions (241), and pharmacy metrics (240). The remaining category frequencies included pharmacy training or education (87), professional judgement restricted or supported when caring for a patient (78), medication error-near miss/no patient harm (74), personal safety concerns (68), technology/automation (48), insurance/billing issues (45), and medication error-patient harm (15). *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, 95% indicated that they were recurring problems compared to 96%, 98%, 88%, 86%, 95% and 96% in PWWR Reports technology/automation (8) VI, V, IV, III, II and I, respectively. The recurring problems were across all practice settings, but the majority were from reporters in chain pharmacy practice.

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 the total number submitted and further broken down by the source of harassment under each category.
- Verbal or Emotional Harassment –109
    - Patient/Customers – 46
    - Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 27
    - Supervisor – 10
    - Manager/Assistant Manager-Non-Pharmacy – 8
    - Co-worker - 18
- Sexual Harassment – 8
    - Co-worker (within your pharmacy, hospital, or clinic pharmacy) – 4
    - Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 2
    - Patient/Customer – 1
    - Supervisor-pharmacy (i.e., PIC, shift supervisor) – 1

- Physical Harm-Threatened or Actual – 19
  - Patients and Customers – 17
  - Supervisor-Pharmacy (i.e., PCI, shift supervisor) – 1
  - Co-worker (within your pharmacy, hospital, or clinic workplace) – 1
- Discrimination or microaggression based on Race, Ethnicity, or Gender – 33
  - Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 8 (female reporters), 4 (male reporters), and 1 (other)
  - Manager/Assistant Manager-Non-Pharmacy – 4 (female reporters)
  - Supervisor – 4 (female reporters)
  - Co-worker – 1 (female reporter) and 2 (male reporters)
  - Patients and Customers – 3 (female reporters) and 5 (male reporters)
  - Other – 1 (female reporter)

Root Causes
Delving into the root causes that triggered negative experiences, the report this cycle looks at staffing at the time of the experience and specific items that were identified as root causes.
- *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, 38% indicated that at the time of the negative experience the staffing was less than the normally scheduled level, 30% indicated that staffing was at the normally scheduled level, 2% indicated that staffing was at normally scheduled level but using float or per diem staff, 8% indicated that staffing was not a root cause, and 22% did not respond. In comparison, PWWR Report VI found that 32% indicated that at the time of the negative experience the staffing was less than the normally scheduled level and 27% indicated that staffing was at the normally scheduled level, and 9% 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.*

- *Specific Root Causes*
  Specific root causes (individuals could select more than one) (369 negative reports):

Root Cause	Frequency
Inadequate staffing	275
Metrics	218
Workflow design/policies	213
Corporate/Organizational policies or requirements beyond the pharmacy department or local pharmacy control]	186
Inadequate pharmacist to pharmacy technician staffing	168
Patient (or patient caregiver) expectations and/or demands	155
Unexpected influx of patients/patient surge	123
Break policy and practices	112
Training/Education	107
Medication availability/shortages	105
Drive Thru Window/Hospital Staff Window	97
Insurance/Prior Authorization/Payment	79
Technology/Automation	71
Floater/Per diem staffing	64
State/federal law or regulation	45
Other (e.g., bias, discrimination, high turnover)	31

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 again this cycle and continues 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. While the number of those reporting harassment, threats, and discrimination is small in comparison to other roots causes, they have been present in each of the reporting cycles since the inception of PWWR. New this cycle, are a growing number of comments of feeling resigned that there are no available solutions that the individual can implement.

As has been the findings since the 2021 launch of PWWR, reporters continue to submit experiences indicating that harassment/threat situations stem from individuals in positions of authority (both the pharmacy proper and non-pharmacy) and from patients/consumers. It continues to be critical that organizations review and update policies and training on the types of harassment and microaggressions within the pharmacy and how to report. In addition, training continues to be 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. Simply put – the patient is not always right.

Specific root causes that were attributed to the negative experience included workflow, metrics, and staffing. All three are also the most noted primary reasons for the negative reports. Perhaps the ones attributed slightly less frequently (such as workflow, policies, training) could be addressed first through a review of the current workflow design (at the individual pharmacy level), policies, and training to make enhancements.

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 VI*, 63% of those who had a negative experience indicated that they offered recommendations to their supervisor. Of those who reported that they offered a recommendation, 46% indicated that the recommendation was not considered and/or applied. Only 5% 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 included feeling that high workflow speed is more important than safety, non-responsive HR department/no HR policies to guide workplace behaviors, and believing that technology investment is enough to replace staff.

No Offer of Recommendations
Many of the same reasons as in past cycles were given for those that did not discuss recommendations with their supervisor, manager, or department head with new ones this cycle that included that the manager is the problem, no say in what the insurance companies are doing to independent pharmacies, don't know what to ask for, it is not ok to objectify women; don't know how to describe something that is obvious and that all my colleagues feel, do not see available solutions, in 90 day new employee window and didn't feel it was appropriate, mentally done, and fearful of losing their job.

Learnings
The stories and details in experience reports vary; however, each report further amplifies the observation that the front-line pharmacist and technician lack the autonomy to protect themselves and their patients. The pharmacy professionals reporting are working in failed organizational structures and unsafe cultures. While several reporters noted their job resignations, in many of the stories, the reporter does not quit and continues to provide patient care as best they can. While care is provided, often under quasi-heroic conditions, the personal stories tell of the emotional and psychological toll inflicted.

New this cycle is the perception that high workflow speed is more important than safety and that technology investment can supplant the need for staff. Also new this cycle are narratives relating frustration with non-responsive human relations departments, lack of HR policies to guide workplace behaviors, and technology that can't adapt to workflow and pace.

Effect on Well-Being

As it relates 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, most 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.

PWWR REPORT VII – OVERALL SUMMARY and LEARNINGS

The analysis of the negative experiences included many of the same threatening and abusive stories described in detail in the previous analysis. As previously noted, these stories speak loudly and boldly about the difficulties in working in, specifically community-chain pharmacy. As seen in the Table of Root Causes, reporters identified multiple reasons for a given negative experience. There were 2,049 total root causes listed for the 369 negative experiences reported, averaging nearly 5.5 root causes per event. Nearly all the negative experience reports (95%) were described as a "recurring problem". Female reporters submitted and were the target of 64% of the 33 discrimination and microaggression incidents; 63% of the 8 sexual harassment incidents; and 74% of the verbal or emotional harassment/bullying incidents reported.

The *themes overtly expressed* in this seventh analysis period continue to be the lack of staffing, lack of support staff, lack of training time, and an increase in demand that have created an unhealthy and unsafe work environment. More importantly, however, the *underlying* themes appear to be a disconnect between upper management (e.g., corporate) actions, metrics, and cultures that prioritize volume and profit over safety or quality in contrast to difficult frontline conditions and concerns. Interestingly, many reporters acknowledge and empathize with the difficult situation that local managers and supervisors operate in. These "middle managers" often see and know the difficult frontline conditions yet are powerless to make the corporate changes that would improve the situation. Specific recommendations were offered to management in 233 (63%) of the negative experience reports, yet the reporter indicated that corrective actions were planned only 7% of the time. No corrective actions were planned for most of the recommendations offered (72%) and the reporter did not know if corrective actions were planned for 21% of the recommendations offered. The PWWR data are not able to make any statements or conclusions as to the appropriateness of the reporters' specific recommendations or whether these suggestions were effectively communicated to management. The relatively high percentage of reporters that did not know if action would be taken on their recommendation suggests that failed communications are prevalent and an opportunity for improved trust between management and the frontline workforce.

Positive experiences were infrequently reported. Like the last analysis period, the 2 predominant themes of the 9 experiences in this reporting period were 1) actions taken to keep patients safe and 2) communication encounters that provided positive feedback to the reporter. Reporters of positive experiences were more likely to be a pharmacist and were evenly divided between males and females. In contrast to the last reporting period when there were no reports, 2 of the 9 reports were from personnel in chain pharmacies. In contrast to the last reporting period most reporters described there would be only a "temporary effect" on their personal well-being; with only 1 reporter indicating there could be a lasting effect. There were no strong signals that the positive experiences would result in future positive behaviors or outcomes; however, the numbers are too small to draw meaningful conclusions or generalizations.

One interesting comment deserves the spotlight. The reporter astutely stated *"I didn't tell others about this [positive experience]. We don't really celebrate wins like we emphasize errors and near-misses".* This

suggests that comprehensive local and national campaigns to change (improve) working conditions and well-being should include a component that provides tools and strategies to amplify the positive stories that otherwise go unreported or unappreciated.

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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