

Managing workplace stress to enhance safer practice in community pharmacy: a scoping study

Executive summary

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Background

Workplace stress is a current concern for community pharmacists. Role expansion, pressures to meet targets, perceived staff shortages, and long working days with few opportunities for rest breaks have left some pharmacists struggling to cope with increasing workloads and have led to concerns that patient safety is being compromised.

Organisational responses to these pressures could help ensure that neither pharmacists' well-being nor dispensing errors are adversely affected. Yet we do not know what community pharmacies are already doing to manage workplace stress. Nor do we have evidence of cost-effective stress solutions that may be practicable in a community pharmacy setting.

It is widely acknowledged in the organisational literature that stress at work can have an adverse impact on employees, affecting physical and psychological well-being, and their relationships to their jobs, work colleagues, and life outside work. Moreover, employee stress can have serious implications for organisational performance: across all sectors of employment, it is the leading cause of long-term absence from work (and a common cause of short-term absence), can affect employee productivity, increase staff turnover, cause accidents and errors, lead to industrial disputes and damage company reputations.

Study aims and objectives

To identify organisational solutions to workplace stress which are suitable, acceptable and/or adaptable to the community pharmacy sector and therefore have the potential to improve pharmacists' well-being and reduce the incidence of dispensing errors by:

- identifying and synthesising existing evidence for the effectiveness of organisational interventions designed to prevent or manage workplace stress;
- identifying and appraising current developments in stress prevention and management in UK community pharmacy organisations;
- identifying any safe parameters of workload being used or proposed by community pharmacy organisations; and
- gauging stakeholders' views of what is needed, and what might be possible, in relation to stress prevention and management in the community pharmacy context.

Methods

- A secondary synthesis of existing reviews of the literature on organisational stress management and prevention interventions.
- A series of semi-structured interviews with three groups of respondents: senior representatives of community pharmacy stakeholder organisations (n=6); senior managers of community pharmacy employing organisations (n=11); and practising community pharmacists (n=16).

Findings

Literature review

The literature review provided evidence of the effectiveness of a range of organisational interventions for the prevention and management of workplace stress:

- Individual-level interventions* with the greatest volume of supporting evidence included **stress management training**, **cognitive behavioural approaches** and **counselling**. Evidence also existed for the effectiveness of exercise, relaxation/meditation, employee assistance programmes and return-to-work schemes.
- Interventions focused on the *interface between the individual and their organisation* with the greatest volume of supporting evidence included interventions to increase **employee participation**, to improve **communication** and those involving **skill training**. Evidence also existed for the effectiveness of interventions aiming to improve co-worker and management support and teamwork, those aiming to increase employee autonomy, the introduction of appraisals, interventions increasing role-clarity, and introducing training in conflict resolution and time management.
- At the *organisational level*, the greatest volume of evidence was found for the effectiveness of interventions modifying **task or job characteristics**, targeting **ergonomics or other aspects of the physical working environment** and those involving changes to **work scheduling** (including flexi-time, rest breaks and shift patterns). There was also evidence for the effectiveness of management training, the introduction of new technology or equipment, changes to organisational culture and skill-mix, the introduction of company policies or strategies and workload modifications.

The most commonly demonstrated benefits of implementing such interventions were identified:

- *Benefits to the individual employee* included reductions in **perceived stress or strain**, increases in **job satisfaction** and improved **psychological well-being**.
- *Benefits to the organisation* included reduced **sickness absence**, improvements in perceived **organisational culture or climate** and increased **performance or productivity**.

A model of best practice in organisational stress management and prevention which may be suitable for adoption by community pharmacy organisations was proposed:

- Sustained **top management** support is a pre-requisite to success.
- Interventions should be **context specific**. This requires organisations to undertake a tailored risk assessment ("stress audit").
- The strategy implemented should **combine individual and organisational interventions**.
- Success requires **a participative and cooperative approach with employees**.
- Action planning is vital with **clear tasks and responsibilities** laid out.
- **Buy-in from middle management** is required.
- If external **change agents** are recruited, they need to act as facilitators rather than dictators.
- For any changes to be enduring, stress management needs to be incorporated into the **organisational culture**.

Interviews

The interviews suggested a lack of agreement as to the extent of the problem of workplace stress in the community pharmacy sector or within organisations. Pharmacists all recognised stress as a growing problem, whether or not they had personal experience of it, whereas employers were more ambivalent.

The interviews provided further qualitative evidence of the major sources of workplace stress for community pharmacists and of its impact upon pharmacists, community pharmacy organisations and the quality and safety of service provision.

Community pharmacy employers suggested that a range of strategies capable of preventing or managing workplace stress were being implemented:

- Return-to-work schemes, counselling services, and coaching were the most frequently mentioned existing strategies which were aimed at *individual* pharmacists.
- *Employer-organisation interface* strategies included: appraisals, communication, management support, conflict resolution, management training, and encouraging autonomy and participation.
- Ensuring there was a supportive organisational culture, encouraging rest breaks, appropriate staffing levels and skill-mix, and improving the physical environment, technology and equipment, were the most often described existing *organisational-level* strategies.

However, interviews with the pharmacists suggested that they were either unaware of such employer efforts or else they believed that the strategies implemented were ineffectual or, sometimes, had the opposite effect and actually contributed to workplace stress.

Most employers used workload/staffing models to inform staff allocation to branch pharmacies. In addition to dispensing volume a number of variables could be included in these models: over-the counter sales, other services, pharmacy size, and the average time taken to complete tasks.

Whilst there was some support, particularly amongst pharmacists, for setting safe workload parameters, a number of important barriers were raised including variation in pharmacist capability, complexity of the pharmacists' role, the number of other variables contributing to safe dispensing levels, and the financial consequences of imposing safe limits without changes in remuneration.

Regarding which interventions might be suitable to prevent or manage workplace stress in community pharmacies, organisational level interventions and those focused on the interface between the pharmacist and organisation generally received more support from pharmacists than those focused on the individual:

- Interventions focused on the *interface between the pharmacist and organisation* included **appraisals, time management training, management training, improved communication and increased autonomy**.
- *Organisational level interventions* included changes to the **organisational culture, rest breaks** and modifications to **staffing and skill-mix**.
- Employers, however, made fewer suggestions overall for further development in stress management, and were more likely to support the implementation of *individual level interventions*, particularly **stress management training** and **exercise** schemes.

A number of *barriers* to implementing different strategies in stress prevention and management, and to the success of those strategies implemented, were raised by interviewees. These could generally be categorised as barriers pertaining to the pharmacist (e.g. problems with delegation, a reluctance to come forward with stress-related problems), organisational barriers (e.g. financial pressures, organisational culture, role of middle managers) and external barriers (e.g. regulatory and contractual framework, economic recession)

Facilitators identified to the development of organisational stress management strategies included the availability of evidence (of the scale of the problem; of the costs to organisations of, for example, stress-related sickness absence; of the risk to patients; of what works; and of the potential cost savings from investing in stress management); buy-in from pharmacy staff and managers; strategies for facilitating rest breaks; and external levers for change (e.g. regulation, legislation and funding).

Recommendations for further research

The findings of this scoping study have highlighted a number of areas where further research is needed:

1. Economic analyses of the organisational costs of workplace stress in community pharmacies to build the business case.
2. Further systematic evidence of the relationships between workload (both subjective and objective), stress and errors.
3. Longitudinal analysis investigating the relationships of changing workloads, staffing and skill-mix to business outcomes (sickness absence, turnover, error reports, indemnity insurance claims).
4. Case studies to generate detailed information about stress management practices and provide examples of best practice from which other community pharmacies could learn.
5. Intervention studies (or natural experiments) to evaluate the effectiveness and cost effectiveness of interventions implemented in community pharmacy organisations. In particular, to evaluate:
 - a. Rest break interventions for pharmacists
 - b. Management training for pharmacists, particularly in delegation skills
 - c. Different skill mix interventions, including the deployment of a second pharmacist
 - d. Training for middle managers in identifying and supporting stressed pharmacists
6. Action research in partnership with one or more community pharmacy organisations to evaluate the effectiveness of implementing the model of best practice in stress management and prevention identified from the literature review.

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Pharmacy Research UK

The final report from this study is available for download from: www.pharmacyresearchuk.org/policy-and-practice/download-a-report

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