Identifying challenges in the transition from trainee to registered community pharmacists

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Structure of the presentation

• **Introduction**
  - What is transition?
  - Transition of novice practitioners
  - Why community pharmacists?

• **Methods** – what did we do?
  - Participants, setting, nominal group technique
  - The research question

• **Results** – what did we find?
  - Recruitment, analysis, main similarities and differences
  - The main challenges

• **Discussion/Conclusion** – what does it all mean?
  - Implications for practice, policy and education
What is transition?

• Complex, multidimensional change
• Acquisition of professional accountability
• Personal, social and job-related challenges which impact on learning/development, performance and quality of care*


• ‘Patterns of response’
  – (Meleis, 2000)
Why community pharmacists?

• Proportionately less work-based training
• Retail workplace sector (72%)
• Often sole, isolated practitioners
• Increasingly clinical patient-facing role
• They know what to aspire to ..........

.................much less clear HOW THEY GET THERE?
Methods – data collection

• ‘What are the challenges experienced by newly-qualified pharmacists when they first begin work?’

• Homogenous nominal group discussions lasting up to 2 hours

• Nominal group technique
  – Individual brainstorming on sticky notes, ‘round robin’ collection of items, group discussion, summary, initial thematic analysis and individual ranking
Methods - recruitment

• Purposive and snowball sampling [multiple settings]

• Participants [employed and self-employed]
  – newly-qualified (novice) community pharmacists [NCPs – qualified > 12 months]
  – early career pharmacists [ECPs qualified 2-3 yrs]
  – pre-registration tutors [PRTs]
  – pharmacy support staff [PSS]
Methods - Analysis

• Thematic analysis
• ‘sticky-note’ items
• Individual ranking forms
• Discussion transcripts
  – Import data, code, annotate/group, rearrange, summarise in NVivo 10
  – Constant comparative
Results - participants

• Participants (25)
  – 16 pharmacists [8 females], 9 pharmacy support staff
    [Out of 16 pharmacists 5 locums]

• Settings
  – Independent [6], small multiple [5], medium multiple [1], large
    multiple [11], supermarket [2]

• Groups

  1. newly-qualified (novice) pharmacists [NCPs] n=7
  2. pre-registration tutors [PRTs] n=5
  3. early career pharmacists [ECPs] n=4
  4. pharmacy support staff [PSS 1] n=3
  5. pharmacy support staff [PSS 2] n=6
Results - overview

• Main similarities
  – Agreement between pharmacists
    • Decision-making
    • Confidence and responsibility

• Perceptions between PSS and pharmacists varied most
  – ‘the wall......the divide’

• What were the FIVE most important challenges?
Managing relationships

• It’s a power struggle when you’ve got a manager that is a non-pharmacist that doesn’t understand your professional liabilities...[...]...as a newly qualified, [you] just didn’t know where you stand. That happens when the manager says, ‘Do this’, and, ‘Do that’. And the newly qualified, under pressure, says, ‘Oh right, maybe I should do that, because that’s what the manager’s telling me’..... [PRT R5]

• ... where the dispensers know you’re newly qualified, sometimes they take advantage of that .... you should be in charge of the pharmacy, but they think they’ve got an upper hand over you..... [NCP R4]

• Expectations, coercion, Inverse hierarchy, ‘pharmacist-dispenser divide’
Lack of confidence

• I’d found an error...... Ranitidine for a 10-week old baby, it was 15 times the amount you’d normally have. The dispenser had dispensed it, so I found it and said ‘This is wrong’; but then she questioned me for ages and wouldn’t believe me when I said it was wrong. [NCP R5]

• ... they [NCPs] can be faced with a problem and they will go through absolutely every single option and really deliberate over it, What does this mean for the patient, what does this mean for me’ whereas ...more experienced pharmacists will be like....‘Well, what does the patient need and how can I do that for them?’ [PSS1 R3]

• Assertiveness, autonomy, patient harm, experience, delegation
Decision-making

- I wasn't actually so nervous about my clinical knowledge because I'd just passed the exam, and I was also very much involved with all the professional decision-making with my pre-reg tutor and other pharmacists. [...] But yet, when I was on my own, I felt pressured by that. It's not so much the clinical knowledge, it's about applying it to that situation..... I found it difficult to balance when to let something go or not. And as a rule of thumb, I didn't let anything go.... I think, generally, if you made a decision, I wouldn't know if you'd make the same decision as me. That's never discussed, is it, ....you've got no idea whether other pharmacists would let it go. [ECP R4]

- Application, critical thinking, dilemmas, professional isolation, risk averse
Being in charge and accountable

• ..when there’s a query as a pre-reg, you know you’re not going to make the final decision. .... you think ‘It’s fine the pharmacist will sort it out!’ But then the first time it happened to me I just switched off halfway through because I wasn’t sure. And then the patient comes back to you for your decision and you realise that ‘I need to choose!’.' So it’s after that moment when I realised it’s all down to me. [NCP R1]

• The expectation to be an experienced pharmacist on day one.... I'm not even talking about the clinically checking...... It's about running the whole show! I haven't done this before, don't expect me to be able to do it to the same level as someone who's been doing it for ten years. [ECP R 4]

• Full immediate accountability, leadership, awareness, delegation, expectations
Adapting to workplace culture

• Some people come in ...and they think they’re the captain of the ship. The ACT or the technician is the captain of the ship, they [the pharmacist] just work alongside the captain. But they don’t want to work alongside, they want to actually steer the ship. And it doesn’t work like that. [PSS R1]

• I always say to my girls if ever I’m not there this is your store. You should always be able to say ‘This is how we work here’, because these people [NCPs] will move on to another store and you will be left to pick the pieces up from a complaint. So it’s [about] taking ownership. [PSS1 R1]

• Hidden rules, fitting in, role ambiguity/ conflict, gaining respect/acceptance
Ranking the challenges

1. Managing relationships
   - Expectations
   - Coercion
   - Inverse hierarchy
   - ‘A divide’

2. Lack of confidence
   - Being assertive
   - Experience
   - Autonomy
   - Delegation
   - Patient harm

3. Decision-making
   - Application
   - Critical thinking
   - Dilemmas
   - Isolation
   - Risk averse

4. Being in charge
   - Being accountable
   - Leadership
   - Awareness
   - Overload

5. Adapting to the workplace
   - Hidden rules
   - Fitting in
   - Role ambiguity
   - Gaining respect
Discussion

• NCPs *do* experience challenging transitions

• Context
  – Retail setting
  – Professional isolation
  – Full immediate accountability

• Increased stress, mental workload and job strain

• ‘Patterns of response’ observed and implications of these responses on
  – Professional development
  – Performance and productivity
  – Quality of care
Mediating the impact of challenges during transition

• Lack of adequate/appropriate transition support may impair foundation practice

..........and beyond

• How do we address these challenges?
  – Other HCPs have evidence-based interventions
    • educational and peer support elements
    • evidence of effectiveness
In conclusion.....

- tailored interventions for NCPs are needed
- based on evidence
  - Increase experiential learning, address isolation
  - Consider workplace environment
  - Make better use of PSS/team
  - Recognition of novice/learner status
- co-designed
  - HEIs, employers, professional bodies
- social support
  - Available and accessible
Thank you

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Questions?

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