

**Workload pressure and the
pharmacy workforce:
supporting professionals and
protecting the public**

Turning evidence into action



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Improving Knowledge and Care for All

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Workload Pressure and the Pharmacy Workforce: S...

Tuesday 28th – Wednesday
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Foreword

Alongside the huge sense of pride in our profession, and the desire to provide the quality of service rightly expected of a highly valued healthcare professional, many have spoken of the workplace pressures that pharmacists face, and the lack of support to deal with these pressures. The factors that create workforce pressures are both diverse and far reaching in a profession that is rapidly evolving. We believe that we need to reflect upon the way in which we work and the way in which we are supported in the workplace. We also need to harness existing knowledge to identify what more can be done to improve the working lives of pharmacists and their staff, for the benefit of patients.

As a key part of the Workplace Pressure initiative, it was agreed to organise a series of high profile seminars to bring together employers, employee associations, trade bodies, unions, researchers and individual pharmacists to look for a collective solution to the problem of pressures and workload in the pharmacy workplace. The outputs from these seminars will be widely shared, and will form the basis for best professional practice guidance and resources for employers and employees.

The first such event, organised jointly by the RPSGB and the Trust is reported here. The two day symposium held in April brought together stakeholders in pharmacy. Its objectives were to:

- Share current research findings on workforce, job satisfaction, health policy and organisational and employer policies on stress and work-life balance;
- Hear evidence of real cases of stress and its consequences in pharmacy; and
- Identify key areas for collective action.

A range of speakers from academia, pharmacy organisations and employers were drawn together by the Trust to present research and data relating to the many factors contributing to workplace pressure. Legislation affecting individuals and employers was a topical issue and was raised during many of the presentations.

This report contains summaries and key points from all the main presentations along with the key issues that the delegates identified for further action. Such is the motivation for progress in this area that much has already been achieved.



Steve Churton, President,
Royal Pharmaceutical Society
of Great Britain



Marshall Davies, Chair,
Pharmacy Practice Research Trust

September 2009.

Hard work never killed anyone

Professor Karen Hassell
Professor of Social Pharmacy, Centre for Pharmacy
Workforce Studies,
University of Manchester

Professor Hassell reported that a number of employment related studies have been undertaken recently and although none were specifically aimed at examining workload and its consequences, workload pressure has been an enduring theme emerging from the research. However, there is as yet no firm evidence to link errors occurring in community pharmacy work settings with workload pressures being experienced by community pharmacists.

Workload is definitely increasing, as illustrated by the rising number of prescriptions, more than 50% in the last 10 years, and the additional work generated by the contractual framework for community pharmacy. For example, Medicines Use Reviews have risen from 150,000 undertaken in 2006 to over 1 million in 2008. For many this is resulting in work overload and is leading to stress, dissatisfaction, anxiety and fatigue in a significant number of the profession.

An ongoing study which the Trust commissioned has shown that even pharmacists in their registration year are becoming stressed.

Workplace culture, management support and social support from colleagues, friends and family can help moderate stress caused by overwork, but there is evidence to indicate these are also problematic for many pharmacists. Some pharmacists may be supported if they have problems but some employers do not listen and leave their employees to cope on their own.

Other factors adding to the stress affecting pharmacists in the hospitals as well as the community include reported job dissatisfaction, not taking rest breaks, commercial pressures, staffing pressures and lack of self-esteem.

Key points:

- There are individual and organisational costs related to high workloads, for example: loss of goodwill, errors, absence and turnover.
- Sources of work overload include too much work (MURs, paperwork), not enough time (unpredictability); and inadequate staffing.
- Some preregistration trainees are experiencing high workloads (“I do not have time to carry out all my work”, “I cannot meet all the conflicting demands on my time”)
- The main pressures experienced by locums are increased demand from patients, insufficient time to do the job justice and workload.
- Moderators include workplace culture, management support, social support, personality, employment grade.
- Underload can be just as important in terms of consequences – under utilisation of clinical skills and the mundane nature of dispensing.
- Workload pressures are set to increase due to the ageing population, increased prescription volume, increase in multiple pharmacies, policy changes (expansion of role and services).



Work hours and the management of fatigue

Dr Phil Tucker
School of Human Sciences, Swansea University

According to Dr Tucker, the impact of long working hours depends on:

- the rewards of the job, the physical demands, environmental conditions, age and lifestyle factors;
- the individual's control over their working pattern and hours and;
- taking rest breaks and being able to choose to do this.

Long working hours can lead to health problems for the individual as well as to safety risks. The maximum working hours in the European Working Time Directive are 48 per week (averaged over a 17 week period). Shift workers face particular problems which are heightened when working at night because sleeping patterns are affected leading to sleepiness whilst at work.

Shift systems should be designed to fit the body clock better. For example, the risk associated with night shifts increases over the number of nights worked particularly with a four night shift – by the fourth night the risk rate increases from 1 to 1.4. When scheduling night shifts – avoid spans of more than 2/3 nights and take regular breaks. An increase in risk of accidents and errors develops even two hours into a shift but this drops off after a rest break.

Combating the problems of long hours and shift work is very relevant for all pharmacists, and perhaps locums in particular who may drive long distances on top of their long working day or erratic shifts, taking them beyond their recommended 8 hour day. Long work hours and shift work can impair health, well-being and safety. There's probably no 'good work rota' but perhaps we should aim for the 'least worse'.

Some of these issues are particularly applicable for hospital pharmacists. Spans of more than 2 or 3 shifts particularly overnight and extending shifts beyond 12

hours should be avoided, as well as spans of more than six successive shifts and quick (less than 11 hours) return between shifts. There should be regular (2 hourly) short (15 min) breaks. Another way of reducing workload stress is to alternate different tasks/roles as frequently as possible and managers should monitor the impact of any changes to work schedules on fatigue, performance, sleep and health whilst considering situational factors (e.g. commuting) and individual factors (e.g. age).

Key points:

- Long working hours may be particularly harmful when they are very long (more than 48 hours; there's an element of compulsion; work conditions are inherently poor; compounded by individuals' circumstances; and insufficient opportunities for recovery).
- Shift workers' sleep problems affect fatigue and performance and can cause errors.
- Design shift systems to fit the body clock.
- Take regular breaks.



The causes and consequences of stress amongst pharmacists

Professor David Guest
Professor of Organisational Psychology and Human
Resources Management,
King's College London

This presentation reported on an analysis of a series of studies which investigated workforce issues amongst pharmacists. In two workforce planning studies from 2004 and 2008 a high workload was associated with long hours and higher levels of stress. Indeed, stress amongst pharmacists appears to be rising to levels above the national average and the data show that workload and more specifically role overload is the main predictor of stress.

A high workload and associated stress appear to be particularly likely among pharmacists in the hospital sector. A number of pharmacists, notably in this sector, are very highly involved in, and committed to their work and choose to work long hours, accepting a heavy workload. Given concerns for patient safety, this raises the question of whether long hours working among pharmacists should be actively discouraged.

Some of the factors that appear to be associated with lower stress include being on an employment contract of choice (whether it is permanent or temporary); having control over one's job; and high employability. It appears that those who have come into pharmacy primarily because they want to help people bring work overload and stress upon themselves but also seem to be able to cope better with it. The research also shows that men report stress less than women.

Key points:

- Stress among pharmacists is rising to levels above the national average when comparing two studies in 2004 and 2008.
- Workload is the main predictor of stress from this data.
- Workload, overall, has not increased between 2004 and 2008 but the effects of high workload have got worse.
- Employment contract of choice and control over the job appear to contribute to less stress/workplace pressure.
- Although not all elements of the two surveys are directly comparable, the core associations between workload, stress and more negative attitudinal outcomes are consistent and compelling.



Role conflict: Occupational stressors vs. patient safety

Dr Lynette James
Post Doctoral Researcher, Medication Safety,
Pharmaceutical Science Research Division,
King's College London

Automated dispensing systems (ADS) are a key strategy for minimising dispensing errors. Dr James described a study comparing workload, prevented dispensing incidents and occupational stressors at two hospitals: hospital A (manual dispensing system) and hospital B (ADS). Compared to manual dispensing, automation was associated with significantly higher workload but significantly less prevented dispensing incidents, staff stress and overwork. Automation had a negative impact on organisational commitment and job satisfaction, which may be attributable to differences in skill mix within the hospitals.

Dispensing errors were described as deviations from written prescriptions occurring during stock selection, medication assembly, label generation, affixing labels and issue of medication to patients and are subdivided into:

- Unprevented dispensing incident(s) (error): dispensing error(s) detected and reported after medication has left the pharmacy
- Prevented dispensing incident(s) (near-misses): dispensing error(s) identified during dispensing before medication has left the pharmacy

At both hospitals, an increase in dispensing workload was associated with an increase in the occurrence of prevented dispensing incidents. Workforce planning models were described which enabled the hospitals to identify the staffing level required to maintain a pre-determined, safe, permissible dispensary workload. She further commented that staff at hospital A reported more job satisfaction but higher stress. Staff at hospital B reported having less job control and less job satisfaction. Solutions suggested to alleviate the impact of workload on prevented dispensing incidents were providing short breaks and task rotation.

Job control could be improved by providing greater opportunities and activities for staff to enhance their professional knowledge.

A strong positive relationship between interruptions from incoming calls and the incidence of prevented dispensing incidents was also reported. Therefore, removing the telephones from the dispensary was recommended.

Key points:

- As dispensary workload increased, the incidence of prevented dispensing incidents increased.
- Compared to manual dispensing, ADS were associated with increased dispensary workload, less staff stress and fewer prevented dispensing incidents.
- Staff autonomy, job satisfaction and organisational commitment were reduced in hospitals with ADS.
- Error reduction strategies suggested removing telephones, rotating staff tasks and improving staff job control.



Stress? I'll give him stress!

Mr John Murphy
Director, Pharmacists' Defence Association

John Murphy, Director of the Pharmacists' Defence Association (the PDA) suggested that, as health and safety legislation places a duty of care on the employer to provide a safe working environment, employers should utilise the Health and Safety Executive management standards model to prioritise action against stress inducers in the workplace. This model gives an objective measure of the impact that workload demands, management and peer behaviours and other organisational influences have on the workforce.

A PDA survey indicated that around 50% of pharmacists believe they have no choice about how they do their work, feel demoralised and many considered they were not treated with respect. The new responsible pharmacist role will make him or her accountable for the safe working of the pharmacy and staffing levels cannot be disassociated from this responsibility. Two thirds of the pharmacists who responded to the survey indicated they thought they were putting patients at risk by not taking a break. "There needs to be a cultural shift amongst pharmacists and employers that taking breaks is a 'must' and that it's the right thing to do". Such cultural change requires strong leadership and direction to ensure change is driven to the very heart of an organisation.

Greater control needs to be placed in the hands of this role holder with clearly communicated support and monitoring from superintendent pharmacists. One of the coping strategies for pharmacists is to become a locum, although 60% reported working throughout the day without a break as standard practice.

Positive action was called for from the symposium and for research to identify the prevalence of debilitating stress, effects of long working hours and staffing levels. "We also need to educate and lobby the Government to understand the link between an under-funded and overworked service delivered by an over-stretched workforce and the impact on patient safety.

Key Points:

- Understaffing (quality and quantity of support staff).
- Pressure to meet financial targets, sometimes contrary to the pharmacist's own professional judgement (in the area of medicines use reviews in particular).
- Fitness-to-practise processes, often for relatively minor or insignificant reasons.
- A cultural shift is needed both individually and by employers about taking breaks.



Pharmacy workforce pressures in the NHS

Ms Susan Sanders
NHS Pharmacy Education and Development
Committee & Director, London Pharmacy Education
and Training

The role of this committee, Susan Sanders explained, is to ensure the development of a competent pharmacy workforce to deliver NHS priorities and to contribute to national policy on pharmacy workforce development, education and training.

Susan Sanders outlined the shortfall in the number of newly qualified Band 6 pharmacists and Band 4 pharmacy technicians available for employment in the NHS compared with the number needed. For example, in May 2008 there was a 22.1% vacancy rate for newly qualified pharmacists. “We are currently not training and retaining enough pharmacists and pharmacy technicians” she said.

One model suggested that 848 preregistration trainee pharmacists are needed each year, but only 536 were in post in May 2008. Similarly 608 first year preregistration trainee pharmacy technicians may be required per annum, but only half of this number is being trained. The impact of these vacant posts is leading to stressed and overworked staff, a lack of human resources for training and pressure on developing services. The workforce model does not allow for service developments such as those articulated in the Pharmacy White Paper and the NHS Next Stage Review and potential future restricted funding at both NHS organisational and SHA level.

Workforce planning needs to focus on both recruitment and retention; particularly supply issues and the new schools of pharmacy, inconsistent banding, the financial resources needed to fund places and the training infrastructure. “Some locations or trusts are less attractive than others,” said Ms Sanders, “for example, mental health has long-suffered a reputation of being an unattractive area in which to work.”

Key points:

- There is a shortage of newly qualified pharmacists and band 4 pharmacy technicians.
- Models suggest that there will not be enough pharmacists or pharmacy technicians to fill posts and not enough are being trained.
- Vacancies are leading to stressed and overworked staff.
- The funding/resource issue is not likely to improve.



The new community pharmacy contract: implications for pharmacy workload and satisfaction

Professor Christine Bond
Department of General Practice and Primary Care,
University of Aberdeen

Professor Christine Bond reported some rather more positive findings from her work on the implications of the new contract which had been funded by the Trust. This investigated levels of participation in the new contract; expectations, experiences and attitudes towards its components; job satisfaction; pressure at work; workforce patterns; and professional relationships.

Although she shared findings in common with the other researchers about the increased workload resulting from the new contract, she also had evidence from this study that many pharmacists were getting increased job satisfaction from the increased opportunities for clinical contact with patients that the new contract offered. There were some indications that as the new services became more embedded they appeared to be more manageable and with time, overall satisfaction was increasing. The negative aspects were increased workload, time pressures and increased working/paperwork.

37% of the community workforce is currently working as a locum but this can present a problem in delivering new services because of lack of continuity - perhaps new ways need to be found of making locums more effective, i.e., through specialisation. Locums can also find their role frustrating as they have no 'voice' or communication route.

She concluded that the new contract had achieved a major role change for pharmacy. At the time of the study, 59% of community pharmacies were providing a MUR service; 40% were providing three or more enhanced services and 87% at least one enhanced service. Learning from the evaluation suggested that earlier consideration to skill mix and support for staff development before the introduction of new roles and services would facilitate the process of change management in the workplace.

Key points:

- Community Pharmacy Contractual Framework has had a largely negative impact on job satisfaction so far (30% less satisfied, 25% less likely to stay, improved relationships with GPs not borne out).
- Respondents were often stressed by daily demands of work
- Pressure came from increased workload and paperwork
- Many perceive no financial reward from the new contract (less fair than previous contract, pharmacy worse off)
- Changes to skill mix could have a positive effect on stress level
- But many pharmacists are getting increased job satisfaction



Summing up

Dr Sue Ambler,
Director,
Pharmacy Practice Research Trust

The symposium presentations indicated that there is obviously an increase in pharmacists' workload, across the profession – although as yet a causal link has not been established between this and patient safety through robust research, the indications of a link are beginning to emerge in the literature. There are many stakeholders involved in these issues who can all play a part to improve the situation; the regulator, the professional body, trade unions and employers but pharmacists themselves also need to take personal responsibility for managing their workload and their own health as part of their professionalism.

There is also undoubtedly a need to address the public's expectation of the pharmacy service and perhaps re-educate them about the speed of service that community pharmacy can continue to deliver whilst maintaining a safe and effective service. Restructuring workflows, re-designing teams, managing change and implementation of new services as well as raising the profile of identifying and dealing with and avoiding stress amongst pharmacists and their employers are all important.

However, acknowledging that there is an emerging problem is an important first step. Representatives from all key stakeholder groups came together to think about the findings from research. They began to plan a programme of joint work to address this growing problem which is a huge step forward. The Trust is pleased to have been able to work with the RPSGB's President to begin the process of turning the emerging evidence base into action.

Broad areas identified by symposium delegates for joint working:

- Celebrate success
- Manage public expectation
- Responsible pharmacist and professionalism
- Further research
- Lobbying
- Culture – how we do things around here
- Standards and guidance
- Education and training
- Manage change, efficient, effective and sustainable
- Workforce planning



Workshop Recommendations

Delegates participated in two workshops led by Anne Adams, Head of Professional Leadership, RPSGB and David Puce, Director of Policy and Communications, RPSGB at which they were asked to recommend practical ways to address identified priority areas relating to workload pressures.

Based on the evidence heard at the symposium the groups were asked to identify:

- What are the key issues that require addressing;
- What can be done by employers to address these problems; and
- What can be done by the pharmacy organisations to support pharmacists and pharmacy employers on these issues in the short, medium and long-term.

The following key recommendations emerged.

Hours

Short Term

- A firm line must be communicated on breaks. This must be enforced by employers and the regulator.
- Training to support pharmacists in managing workload and taking breaks should be developed by the Centre for Pharmacy Postgraduate Education (CPPE), RPSGB, employers and pharmacy management.

Medium Term

- Employers should undertake Health and Safety Executive (HSE) risk assessments.
- The RPSGB and PSNC should negotiate for pay for breaks.
- All stakeholders should reach a consensus on management standards across the profession.

Long Term

- Research on the links between workload, errors and patient safety should be undertaken by the Pharmacy

Practice Research Trust with joint funding from major stakeholders.

Staff

Short Term

- Development opportunities, accessible education and training for pharmacists and staff should be investigated by CPPE, RPSGB, employers and Association of Pharmacy Technicians UK. There should also be guidance on training and development opportunities re: management and delegation.
- The RPSGB and NPA should develop guidance on good practice across sectors.
- Employers should invest in administrative support for pharmacists.
- Employers should undertake staff surveys such as the HSE survey to enable like for like comparisons.
- Employers should clearly define pharmacy roles and responsibilities and give explicit expectations.
- The RPSGB, Primary Care Organisations (PCOs) and employers should help pharmacists to develop management and leadership skills.
- The RPSGB and employers should inform and educate pharmacists on the management of risk and emphasise the importance of work/life balance.

Medium Term

- All stakeholders should lobby for the decriminalisation of dispensing errors.
- Pharmacists, employers and the RPSGB should ensure there is sufficient staff for business/ pharmacy planning. For example, the delivery of enhanced and advanced services vs. responsibilities regarding supervision.
- The RPSGB, PCOs and employers should consider the coming together of pharmacies into group practices with two pharmacists operating in each.
- The NPA and employers should encourage best practice in staff and pharmacists.
- The RPSGB and employers should encourage the

specialisation of pharmacists.

- Employers should instigate common systems of appraisal for staff and pharmacists.

Long Term

- Employers should have transparent staffing policies.
- The RPSGB, employers and PCOs should provide support to develop inter-disciplinary relationships and working. There should be a focus on patient centred care, continuity of care and patient safety, allowing time to listen and care.
- Remuneration to compensate for increased services/responsibilities.

Locums

Short Term

- The RPSGB and employers should develop a common template on staffing levels, competencies and standard operating procedures in the pharmacy.
- The RPSGB and employers should consider how to make better use of locums and provide guidance.

Understanding and Trust

Short term

- The RPSGB and employers should develop support management structures, for example, non-pharmacist managers understanding the role and professional responsibility of pharmacists in the workplace.
- The RPSGB and PCOs should manage patient/public awareness which would include a public awareness campaign.
- The RPSGB should seek government involvement in negotiations
- Employers should encourage trust between organisations and individuals and reassess organisational culture and values with employee participation.

Medium Term

- Employers and the RPSGB should encourage quality and commercial balance, for example, accountability for target setting.
- The RPSGB, Pharmacists' Defence Assn (PDA), NPA, PSNC, Community Pharmacy Scotland and Wales should work on a new model for remuneration.
- There should be open and honest engagement between pharmacists and employers.
- Employers, in tandem with management training, CPPE and RPSGB, should encourage pharmacists to enhance their understanding of commercial/NHS pressures.

Support

Short Term

- With joint funding from stakeholders, Pharmacist Support and the National Clinical Assessment Service (NCAS) research should be undertaken into existing services and future need.
- Employers and the PDA should issue guidance and support on the acceptance of workload and reporting stress.
- The RPSGB should provide guidance on coping strategies and benchmarking good practice.
- The RPSGB should provide support re the exercising of professional judgment.

Medium Term

- Employers and the RPSGB should encourage the development of professional career structures in community pharmacy.
- Employers and the RPSGB should encourage management training as part of CPD.
- The RPSGB, Pharmacist Support, NCAS, employers and pharmacists should encourage mentoring and individual support to eradicate professional isolation.

Policy and Environment

Short Term

- Employers should reevaluate the organisation of the workforce in the pharmacy and investigate the idea of service delivery redesign.
- PCOs, SHAs and employers should provide examples of business models.
- The government, RPSGB and employers should take accountability for target setting and put in place the structures to adequately deal with the consequences.

Medium Term

- The RPSGB and employers should lobby government against unrealistic target setting.
- The government, RPSGB and employers should develop an infrastructure to match needs and expectation. This would need a public awareness programme
- Employers should undertake a skill mix review to explore how to use all staff to full competency. They should consider technology and increasing administrative support. It is also suggested that professionalisation/deprofessionalisation of the workforce and its implications should be considered.
- PCOs setting their own minimum standards for services causes problems with delivery. The RPSGB, PCOs and employers should work towards national standards and service agreements.
- Research institutions and national bodies need to undertake local needs assessments and if necessary develop metrics around the standards to be achieved.
- The RPSGB and employers need to work together to make government policy and operating environment meet stakeholder's expectations. They need to develop a number of different business models.
- Employers, PCOs and SHAs need to undertake local needs assessment into the demographics of the population and the demand for specific services.

Long Term

- Government and the RPSGB should consider the role that pharmaceutical companies can play.
- The RPSGB, employers, PCOs and government should work towards the integration of healthcare professional's agenda. This will enable the government's vision to be taken up in practice and gain interprofessional buy in. Lobbying should be undertaken to promulgate and support down through organisations including Royal College of GPs and patient groups.
- The RPSGB should look at each home country separately. They should explore best practice and share and develop standard working.



Turning evidence into action

Progress already made

Issues explored by the delegates have already generated a number of key outcomes which are shaping the profession moving towards making real differences in the working lives of pharmacists.

The RPSGB campaign to decriminalise single dispensing errors has gained greater momentum with the tabling of an Early Day Motion (a Parliamentary Petition). The wording of EDM no 1561, which all constituency MPs can sign, calls for the government to amend the law that dictates such harsh treatment for pharmacists and replace it with a more proportionate response. The RPSGB is using its greatest strength – its members – to add their weight to the campaign by the signing of a draft letter, downloadable from the Society website to urge their MP to sign the EDM. When parliament broke for the summer recess, over 220 MPs had already supported the Motion.

The RPSGB has issued an important Council statement to the profession – which has the support and endorsement of many of the leading employers. This statement explicitly calls upon all those who have influence, to ensure that pharmacists and members of their support teams are given appropriate adequate rest breaks - and calls upon all members of the profession to ensure that they take them. The statement is based on research presented at the symposium which highlighted the effects on patient safety of long hours and the failure to take rest breaks. Poor employment practices should not place unwelcome pressure on professionals, and put patient safety at risk. This decisive action will result in real change for thousands of pharmacists.

A number of other initiatives are underway to support pharmacists and their staff deal with workplace pressure. These will continue to deliver long term benefits to the profession for years to come.

One such initiative is research commissioned by the RPSGB to gather information from other UK regulatory bodies and professional organisations on their projects related to professional workload. This will bring together the RPSGB President's campaign on pharmacy workplace pressure; research findings on pharmacy workload and its impact; stakeholder engagement within pharmacy; and collaboration with the National Patient Safety Agency (NPSA) on safety issues arising from workload. The report of this work has now been published.

And finally, the findings of the work load pressures symposium are informing the planning of future events to help pharmacists gain a deeper understanding of and the ability to combat factors contributing to stress and pressured working conditions.



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