



Royal  
Pharmaceutical  
Society  
of Great Britain

The  
Pharmacy  
Practice  
Research  
Trust



## A truly integrated approach needed to alleviate workplace pressure

### Report of PPRT/Society meeting discussing workload pressure

#### Introduction

*Workload pressure and the pharmacy workforce* was a joint symposium held by the Pharmacy Practice Research Trust (the Trust) and the Royal Pharmaceutical Society (the Society) on 27 and 28<sup>th</sup> of April.

Employers, policy makers, pharmacy academics and leaders of the profession attended the meeting and heard presentations from leading academics and pharmacy organisations reporting on research and evidence which illustrated the many factors which are contributing to workload pressure and the effects this is having on the workforce.

Only a truly integrated approach involving all stakeholders can alleviate this serious issue, agreed the delegates at a two day meeting organised as part of the President's Workplace Pressure campaign.

“We all need to act in the best interests of the pharmacy profession and the public they serve” said Steve Churton, President of the RPSGB, “by identifying and highlighting the issues and the impact or potential impact of these on patient safety. This important two day event has brought together a group of like-minded people and identified many of the key issues facing the profession. We need to keep this momentum going and not let it drift.”

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## Summary reports of presentations

According to **Professor Karen Hassell**, the rising number of prescriptions, more than 50% over the last 10 years, and the additional work generated by the contractual framework for community pharmacy, for example, Medicines Use Reviews, which have risen from 150,000 undertaken in 2006 to over 1 million in 2008, have contributed to the increased workload of pharmacists. For many this is resulting in work overload and is leading to stress, dissatisfaction, anxiety and fatigue in a significant number of the profession. Workplace culture, management support, and social support from colleagues, friends and family can all help moderate stress caused by overwork, but there is evidence to indicate these are also problematic for many pharmacists.

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.

The impact of shift systems and long working hours on the performance and wellbeing of a workforce was reported by **Dr Phil Tucker**. “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 the recommended 8 hour day,” he said. He also pointed out the importance of taking regular breaks. “There’s an increase in risk of accidents and errors even two hours into a shift but this drops off after a rest break.”

**Professor David Guest** referred to two workforce planning studies where workload issues kept cropping up. “Stress amongst pharmacists appears to be rising to levels above the national average and the data shows that workload is the main predictor of stress. Some pharmacists are very highly involved in their work and choose to work long hours, with a heavy workload. Should we actively discourage this?” Professor Guest pointed out some of the factors that appear to reduce the risk of stress such as having a contract of choice, employability and also that men appear to report stress less than women.

Occupational stressors vs patient safety were discussed by **Dr Lynette James**. “Automated dispensing systems are widely advocated as a key strategy for minimising dispensing errors. A study comparing two hospitals, one using an automated dispensing system and other a manual system, showed that although there was a significant difference in prevented dispensing incidents (near misses) with less reported in the automated dispensing hospital, there was also a negative impact on organisational commitment and job satisfaction. However, this may be attributed to differences in skill mix within the hospitals. At both hospitals, an increase in dispensary workload was associated with an increase in the occurrence of prevented dispensing incidents. Solutions suggested to alleviate these problems were short breaks, task rotation and increasing job control by providing greater opportunities for enhancing professional knowledge and activities. Other factors that affected near misses included interruptions by incoming telephone calls – to reduce the risk, removing the telephones from the dispensary area was recommended.

According to **David Qualter**, of Pharmacist Support, the results of excessive amounts of stress can have very damaging effects on both personal and professional lives. “We have noticed an increased number of pharmacists who have been affected by stress in recent months and have called on our support. It was great to see so many groups represented at the Symposium and we hope that this marks the beginning of this journey to addressing the causes of workplace pressures among pharmacists. We fully support the President's Workplace Pressure Campaign.”

**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 their workforce. “There needs to be a cultural shift amongst pharmacists and employers that taking breaks is a ‘must’. Such cultural change requires strong leadership and direction to ensure change is driven to the very heart of an organisation.

The 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 are not treated with respect. The new responsible pharmacist's role will make him or her accountable for the safe working of the pharmacy and staffing levels cannot be disassociated from this responsibility. Greater control needs to be placed in the hands of this role holder with clearly communicated support and monitoring from superintendent pharmacists."

He called for positive action 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."

**Susan Sanders** addressed the shortfall in the number of newly qualified band 6 pharmacists and band 4 pharmacy technicians available for employment in the NHS compared to the number needed. "We are currently not training and retaining enough pharmacists and pharmacy technicians." It was 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 these were in post. "The impact of these vacant posts is leading to stressed and overworked staff and a lack of human resources for training."

**Professor Christine Bond** reported some more positive findings from her work on the implications of the new contract. Although she shared findings in common with the other researchers about the increased workload resulting from the new contract, she had also evidence 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.

She concluded that the new contract had achieved a major role change for pharmacy. Learning from the evaluation suggested that earlier consideration to the support mechanisms required for such a change, such as the use of technology, and support for staff development, before the introduction of new roles and services would facilitate the process of change management in the workplace.

### **Concluding remarks**

Summing up, Sue Ambler, Director of the Trust said: “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 developing aspects of 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, 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. The fact that representatives from all key stakeholder groups came together for a day and half and invested time and effort to think about the findings from research and began to plan a programme of joint work to address this growing problem is a huge step forward. The Trust is pleased to have been able to work with the Society’s President to begin the process of turning the emerging knowledge base into action.”

## Areas identified by symposium delegates for joint working

### High Level Action List:

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

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### 1. Speakers quoted:

Professor Karen Hassell, The Centre for Pharmacy Workforce Studies, School of Pharmacy, The University of Manchester.

Dr Phil Tucker, Department of Psychology, Swansea University

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

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

Mr David Qualter, Manager: Pharmacist Support

Mr John Murphy, Director: Pharmacists' Defence Association

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

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

### 2. The President's Workplace Pressure Campaign

<http://www.rpsgb.org/societyfunctions/aboutthesociety/#wp>

### 3. The programme and presentations from the two day meeting are available at:

<http://www.pprt.org.uk/Events/EventsHeld.aspx>

### 4. The Pharmacy Practice Research Trust

The Pharmacy Practice Research Trust was established by the Royal Pharmaceutical Society of GB in July 1999 as an independent research charity with a broad objective to promote and develop the field of pharmacy practice research.

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Its trustees are drawn from senior health policy makers, leading academics, industry and retailers.

The Trust has invested over £1.5m in research; 30% supporting capacity building in pharmacy practice research and 70% on commissioned research. Annual grants from the Pharmaceutical Trust for Education and Charitable Objectives and the Leverhulme Trades Charities Trust contribute to the funds of the Pharmacy Practice Research Trust. For further information and to access reports of Trust commissioned research go to: [www.pprt.org.uk](http://www.pprt.org.uk)