Pharmacists’ occupational well-being needs to be improved in order to avoid dispensing errors

By Sarah Willis and Karen Hassell, Centre for Pharmacy Workforce Studies, University of Manchester

As a result of mounting workplace pressures, high levels of job stress have been reported among pharmacists. Given this evidence, we therefore decided to investigate pharmacists’ stress qualitatively, with the aim of identifying what it is that is stressful about their work.

Methods
We randomly selected members of a cohort of pharmacists who graduated from British pharmacy schools in 2006 taking part in a longitudinal programme of research and invited them to take part in a semi-structured telephone interview. The interview schedule was designed to explore a number of themes, including job stress during a pharmacist’s early career.

Interviews were conducted with those working as either managers in community pharmacy or as clinical pharmacists in hospital pharmacy. Recordings were transcribed and analysed following a framework approach.

Results
From an initial sample of 167 pharmacists, 33 consented to take part and 22 interviews were completed. Interviewees comprised six female and three male community pharmacists, and 11 female and two male hospital pharmacists.

Analysis of the transcripts suggests that stress was something that pharmacists became accustomed to in practice. Stress was viewed as both an everyday aspect of a pharmacist’s role and the product of insufficient resources. We also found that job stress was particularly prevalent among respondents who felt they were unable to practice pharmacy in the way they wanted; a number of factors, including pressure to meet targets in the community sector, and staff shortages in hospitals, were identified as the main stressors. For those working in the private sector, role expansion was most commonly associated with feeling unable to manage work demands and pressures. One community pharmacy manager commented:

“They’re trying to push more onto us and demanding more and more all the time for less and less. (Female community pharmacist)”

Increased workload resulting from demands to deliver new services and to meet commercial targets was also linked to a potential for making dispensing errors among community pharmacists.

“I think about how many [errors] I might have missed. . . . I’m spotting them only when it’s calm and I’ve had time to look at the prescription properly, you know, ask that essential question. (Female community pharmacist)”

Here it appears that the fear of making dispensing errors mediates an indirect relationship between stress and workload, whereby it is not the heavy workload per se that causes stress, but the increased likelihood in making dispensing errors associated with a heavy workload that provoked a stress response.

The most commonly occurring stressor for hospital pharmacists was also associated with patient safety, but here it was a lack of resources (especially a lack of time to spend on clinical activities arising from being short-staffed):

“Even if there’s less of you there you still need to get the work done . . . you’ve got to try and work faster . . . be a bit more selective about the patients you do see. (Female hospital pharmacist)”

“On your ward round you’d like to see every single patient [but] you can’t . . . That’s when you get . . . a bit stressed, . . . I had a patient that received a medicine and they shouldn’t have received it but because I didn’t get to see that patient I didn’t get a chance to intervene. (Female hospital pharmacist)”

However, while staff shortages were cited as a major factor contributing to job stress, some clinical pharmacists reported that having a degree of autonomy moderated or modified the extent to which they experienced job stress:

“There are . . . wards you’re expected to complete in certain amounts of time, but if you thought it was unreasonable to do . . . then you could say . . . “Well, I’m struggling to do that, I need a bit more time”’. (Female hospital pharmacist)

Discussion
In the study reported here we have found job stress was endemic among early career pharmacists, with job stress perceived as having a negative impact on patient care, adding to a growing body of evidence of the negative impacts of high workload. Findings also demonstrate the ways that context (sector) was important in determining factors causing job stress.

Because results of this study are based on a small number of qualitative interviews with pharmacists early in their careers, findings are not generalisable to the pharmacist workforce as a whole. However, the qualitative methodology has allowed us to see the complexities of job stress, to unpack the reasons pharmacists feel stressed and to indentify how other factors may moderate or mediate this stress.

Conclusion
This research adds to the growing evidence that pharmacists’ workplace is stressful, and involves working under pressure in order to meet the demands of heavy workloads. We have found that an important mediator of the relationship between job stress and workload was the fear of making a dispensing error; findings also suggest that stress resulting from a heavy workload may be moderated by autonomy at work. These findings should be of particular interest to the regulator and pharmacist employers if they want to improve pharmacists’ occupational well-being and prevent dispensing errors.

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References