

# Triangulating the research evidence on workload and work-place pressures felt by GB-based pharmacists

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# Manchester

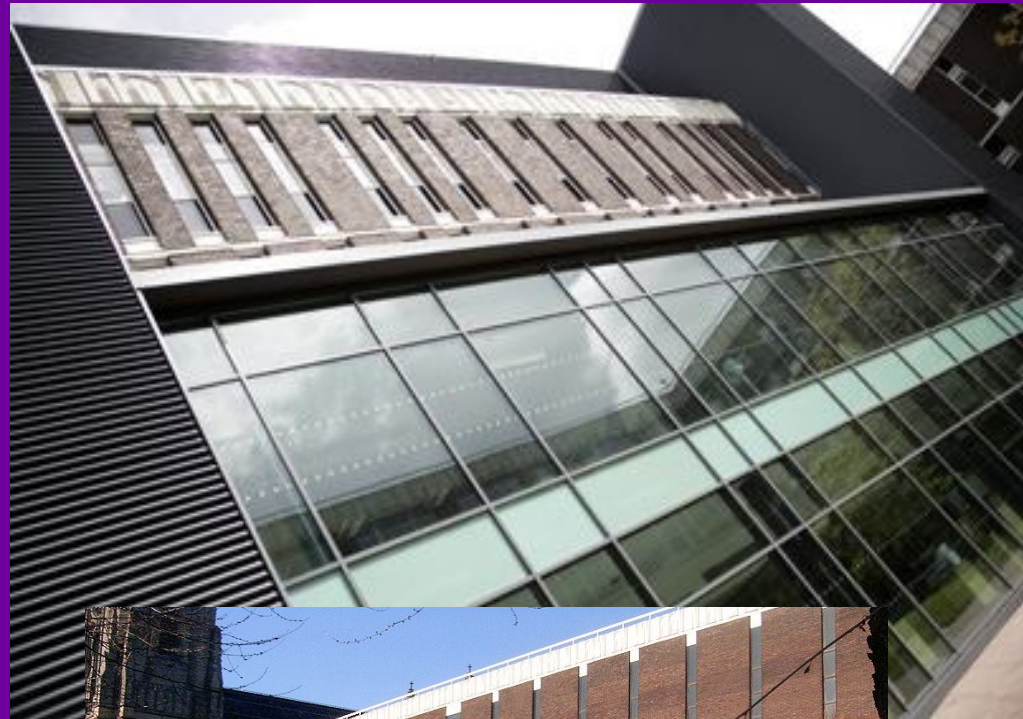


- Population of approx 2.6 million
- Great industrial heritage
- Scientific heritage
- Artistic heritage
- Sporting heritage
- Academic heritage



# The University of Manchester

- >26,000 undergraduates
- >11,400 staff
- Rich academic heritage



# Centre for Pharmacy Workforce Studies

- We undertake research designed to influence policy and practice and inform debate on employment and the world of professional work in pharmacy
- Conducted more than 15 research studies
- Large databases – workforce and employment activity
- Currently 7 staff and 7 PhD students
- £2 million research income since 2000
- Funding from: RPSGB; SDO; PPRT; DH; NCAS



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## Perceptions about workload: source of the evidence

Study	Methodology	Date
Locum study	2 focus groups, 34 telephone interviews and a survey of >200 locum pharmacists	2004
Work patterns of female pharmacists	30 face to face interviews with females over 30 yrs working in community sector	2005/6
Pharmacy workforce censuses (n=4)	Job satisfaction & well-being measures, over >40,000 pharmacists	2002, 2003, 2005, 2008
Leavers study	12 telephone interviews with young pharmacists following 'non-traditional' career paths	2007/8
Cohort study	workload and work-life balance measures of preregistration and early career pharmacists (>500)	2007/8
SDO incentives study	49 face to face interviews with pharmacists, all sectors	2008/9
Job satisfaction (Phd) study	26 face to face interviews with 11 community and 15 hospital pharmacists	2008/9

# Overview

- Context: pharmacy and pharmacists in GB
- Evidence from CPWS studies about workload:
  - causes
  - consequences
- Other evidence about workload
- Conclusions
- Lessons to be learned

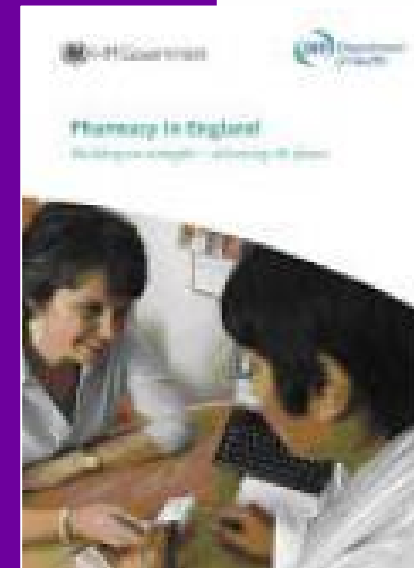
# Pharmacy and pharmacists in Great Britain

# GB pharmacy

- Degree entry profession from 1967
- Now a 4-year (MPharm) degree programme
- 1 year pre-registration training before qualifying
- 25 Schools of Pharmacy throughout UK
- Student numbers rising
- Large chains now dominate private sector
- New contractual framework since 2005

# 2005 Pharmacy Contractual Framework

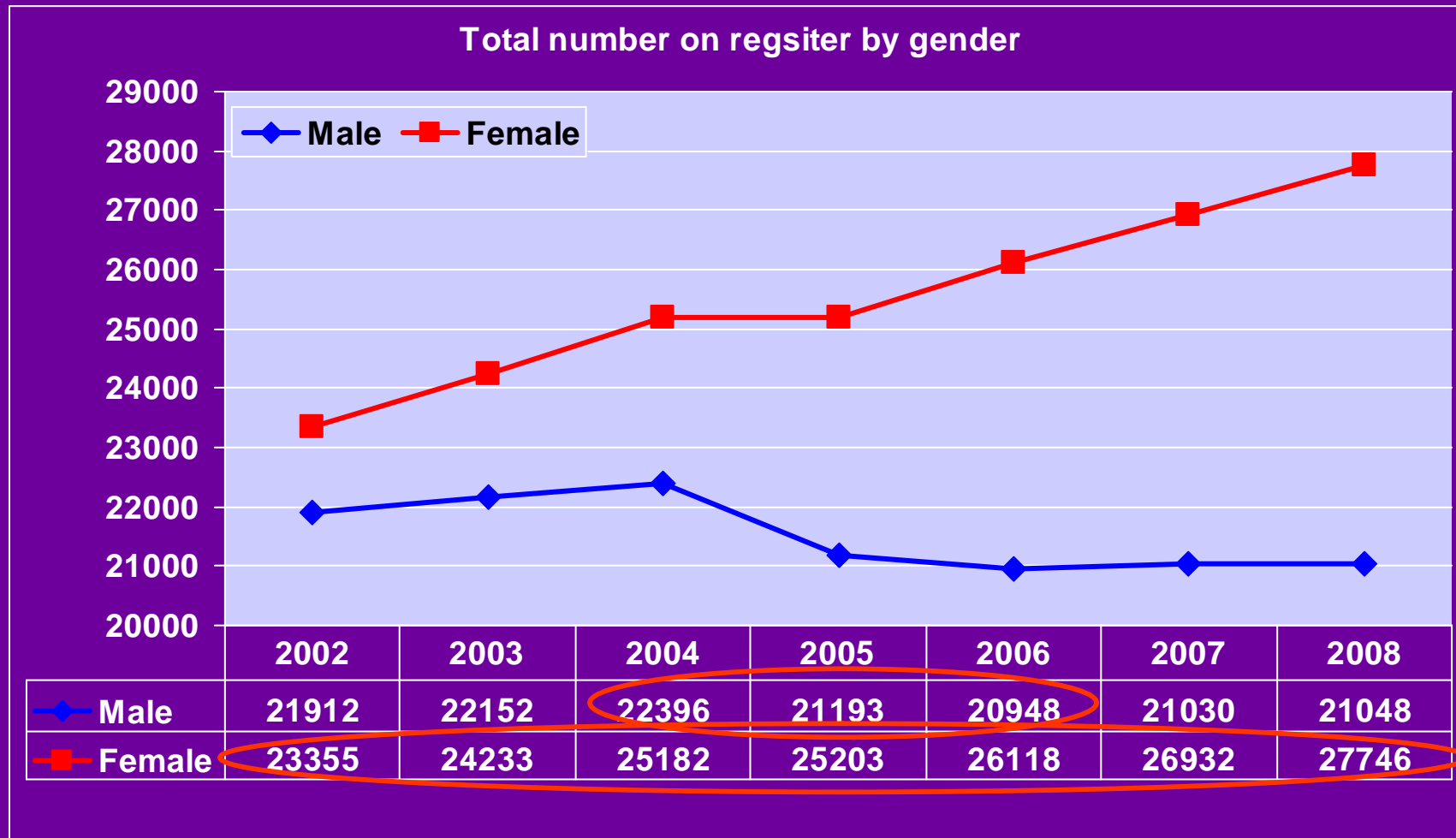
- Integrating community pharmacy into the NHS
- Rewarding quality
- Remunerated for providing:
  - Essential services (all contractors)
  - Advanced services (accredited)
  - Enhanced services (local need)



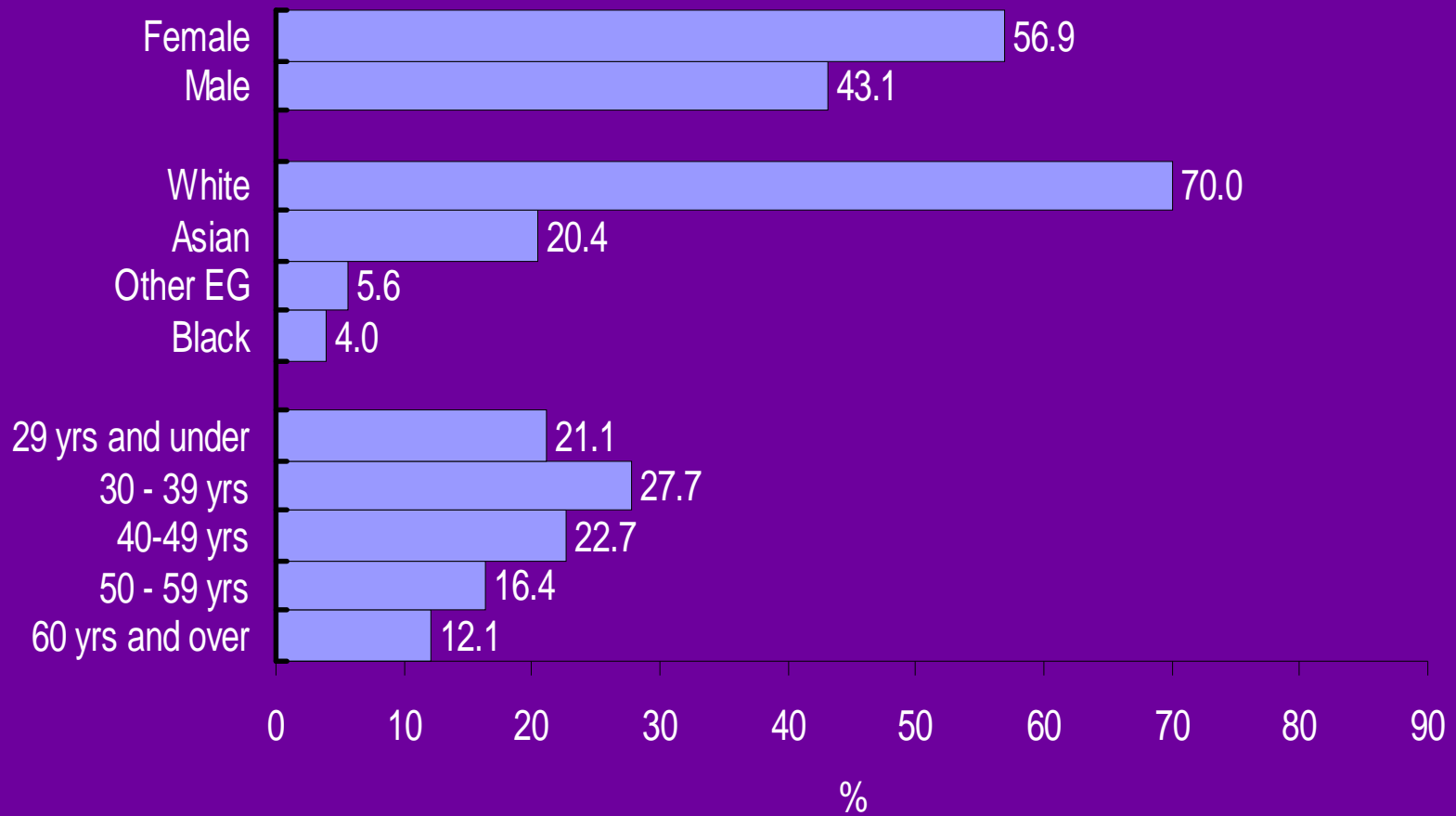
# The GB pharmacy workforce

- Third largest professional group in the health care sector in GB:
  - 48,794 registered pharmacists in 2008
  - estimated 80,000 support workforce
- Size in comparison with other countries:
  - 13,956 (72/100k pop) in Australia (2001 data)
  - > 28,000 (67/100k pop) in Canada (2005 data)
- Approximately 2% growth in number of registered pharmacists per year

# Registered pharmacists: 2002-2008



### Demographic profile of all pharmacists on GB register (2008)



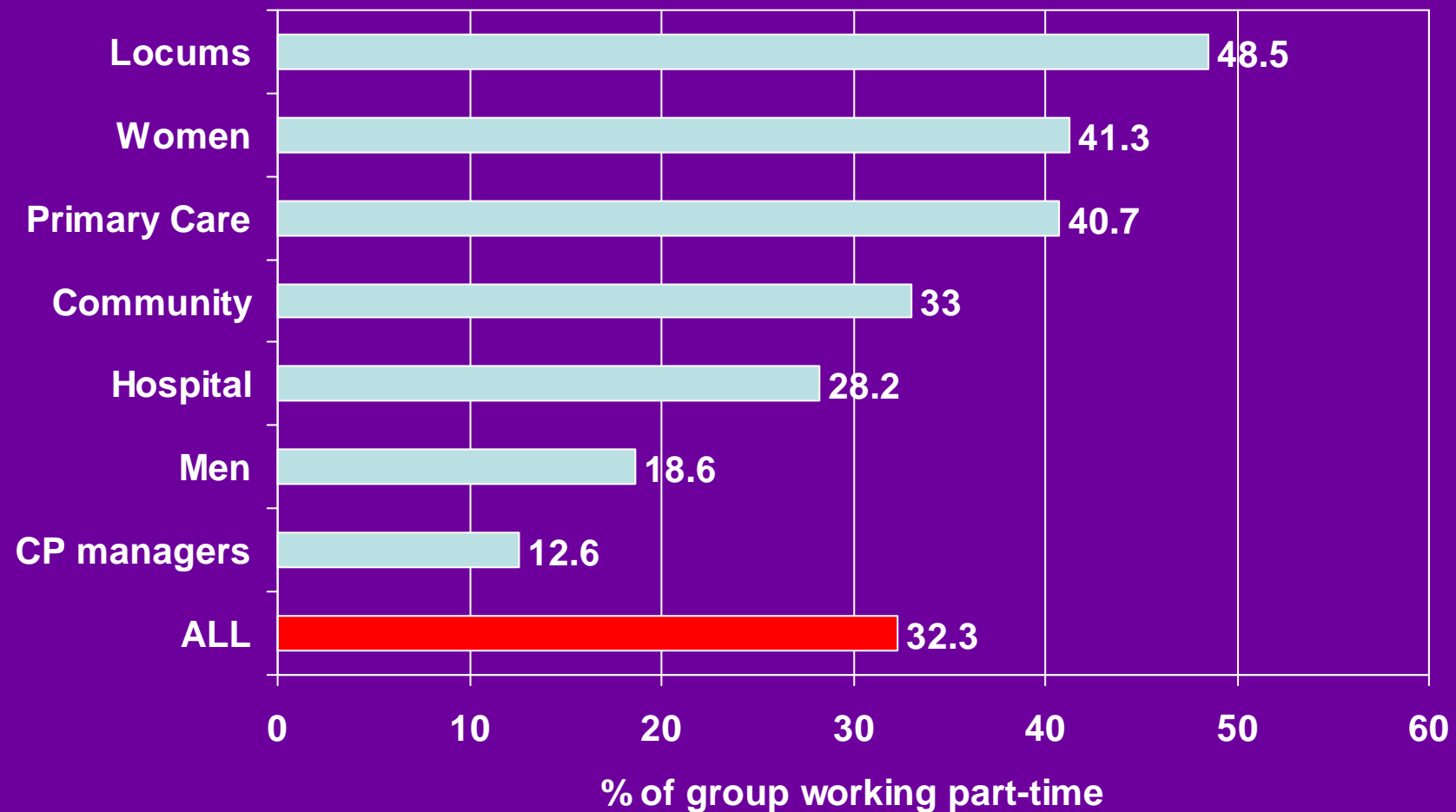
# Where do qualified pharmacists work?

- Not all GB-registered pharmacists work or reside in GB:
  - Overseas
  - Not practising/working
- 71% work in 'community' pharmacy
  - 54% and 12% work in large chains and supermarkets respectively
- 21% work in hospital pharmacy
- 7% work in primary care
- 11% in 'other' areas of practice:
  - Industry
  - Academia
  - Wholesale
  - Prison service
  - Regulatory or professional bodies

## Jobs within community pharmacy (2008 data)

- Owner • 12%
- Manager • 29%
- Relief • 8%
- Second • 9%
- Non-store/other posts • 5%
- Locum • 36%

## Part time working (2008 data)

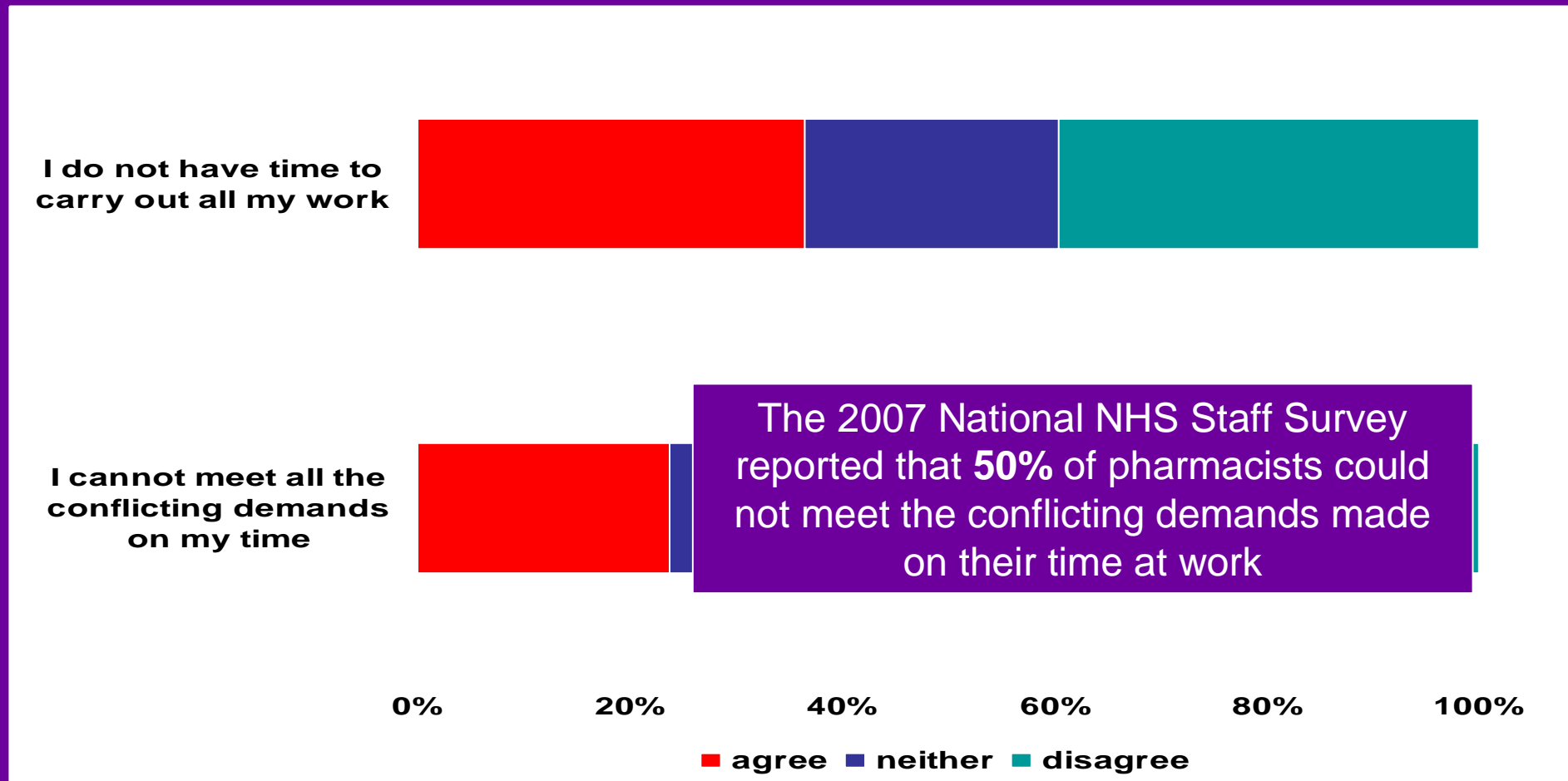


# Workload and work-place pressures

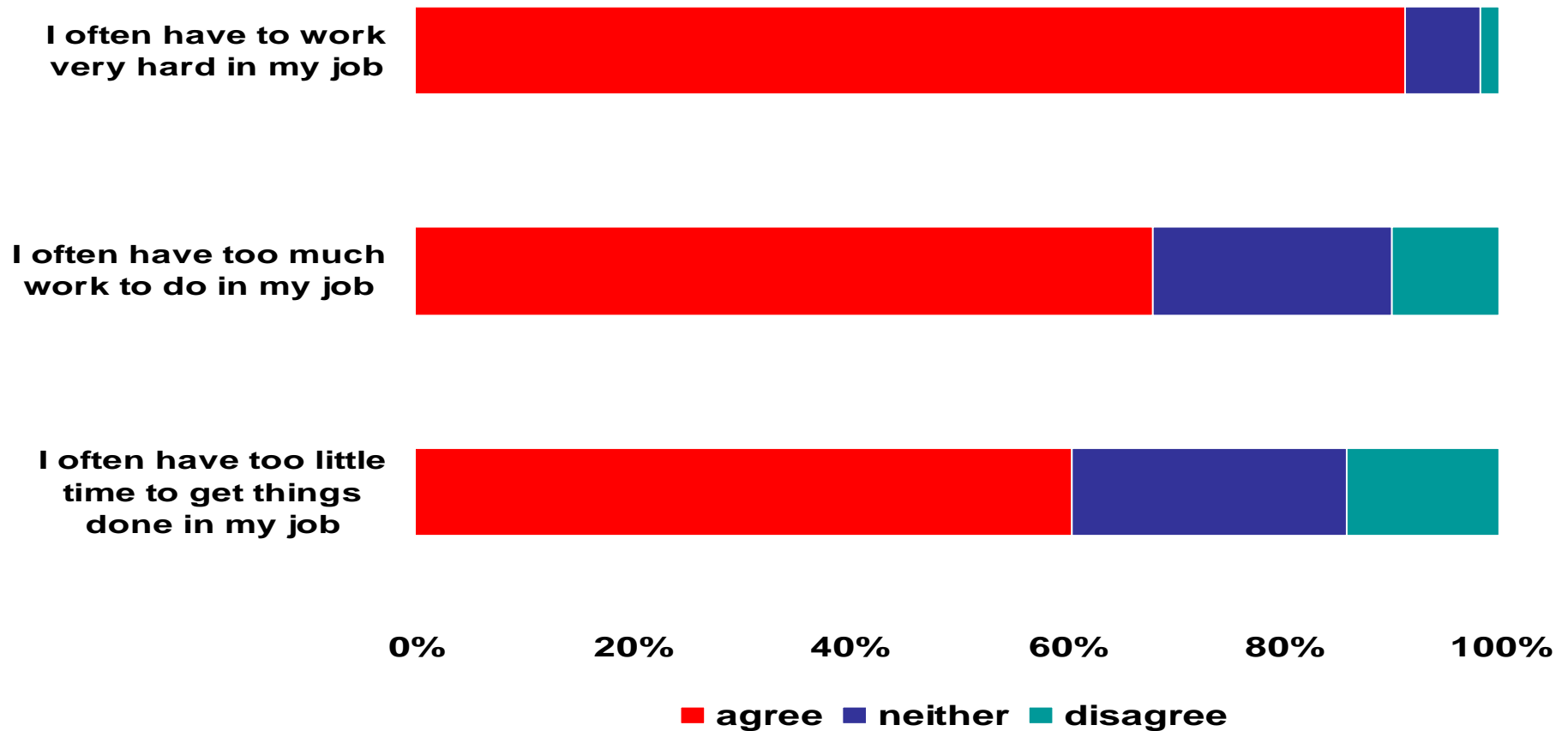
# Work overload

- “They just up it every week and they don’t understand that obviously we have to provide all these new services, but the services we used to provide previously (are) not taken off us. We still have to check, say, 500 items a day, but on top we have to do 9 MURs [medicines use review], we have to do blood pressure monitoring, sugar monitoring, all these extra services”
- “..time constrictions make it very difficult for me to do my job effectively & safely, when I’m told I have an hour & a half to cover a ward”
- “Recently work is quite intrusive, there’s a lot on. We’re involved in a big IT project at the moment that we’re struggling to make headway with. I worked in the department last Saturday, I took work home on Sunday; you know at the moment work intrudes quite a bit at home”
- “I can’t see us having much more help and time and support to do medication reviews, it’s gonna be another thing we’re gonna have to fit it”

# Overload and pre-registration trainees



# Overload and newly qualified pharmacists



Source: Willis S, Seston ES, Hassell K (2009) *Work, employment and the early careers of cohort pharmacists* (London: PPRT)

# Locums' work-place pressures

*“Can you please rate each of the following factors according to how much pressure you experience from each one in your job”.*

Please circle the appropriate number for each item, where: 1 = no pressure, 5 = high pressure					
Increased demands from patients	1	2	3	3.34	5
Inappropriate demands from patients	1	2	3	4	5
Working environment	1	2	3	4	5
Disturbance of home/family life by work	1	2	3	4	5
Dividing time between work and spouse/family	1	2	3	4	5
Worrying about the finances	1	2	3	4	5
Insufficient resources	1	2	3	4	5
Insufficient time to do justice to the job	1	2	3	3.22	5
Fear of assault while at work	1	2	3	4	5
Long working hours	1	2	3	4	5
Paperwork	1	2	3	4	5
Emphasis on business ethics	1	2	3	4	5
Professional isolation	1	2	3	4	5
Workload	1	2	3	3.18	5

# Work/life balance

At the moment because my job demands it I usually work long hours

There isn't much time to socialise/relax with my partner/see family in the week

I have to take work home most evenings

I often work late or at weekends to deal with paperwork without interruptions

Relaxing and forgetting about work issues is hard to do

I worry about the effect of work stress on my health

My relationship with my partner is suffering because of the pressure or long hours of my work

My family are missing out on my input, either because I don't see enough of them/am too tired

Finding time for hobbies, leisure activities, or to maintain friendships and extended family relationships is difficult

I would like to reduce my working hours and stress levels, but feel I have no control over the current situation

# Work/life balance

- Average score for all employed pharmacists was 18.3
- Higher (19.5) for men than women (17.4)
- Worst work/life balance is experienced by:
  - community pharmacy owners (score of 23)
  - community pharmacy managers (19.94)
  - band 8d hospital pharmacists (19.71)
- Better work/life balance:
  - Locums
  - Second pharmacists
  - Primary care pharmacists

# Work overload

- Leads to stress, anxiety, depression, fatigue, and worse...

“I have to admit, once I actually did take an overdose cos I couldn’t take any more...the children have grown up with an exhausted mother. I’d come home and I’d be tired and I couldn’t give them all that they were entitled to cos I’d given it to my job...” *(Gidman, Hassell et al 2007)*

- 2.1 million suffered illness they believed was caused by their work
- 5.6% of economically inactive GB registered pharmacists are not
- 30% (of 1562) perceive their job to be ‘extremely stressful to the point that it has affected their health’
- 27.5% (of 25,243 pharmacists) “worry about the effect of work stress on my health (GB Pharmacy Workforce Census, 2008)

# Work overload

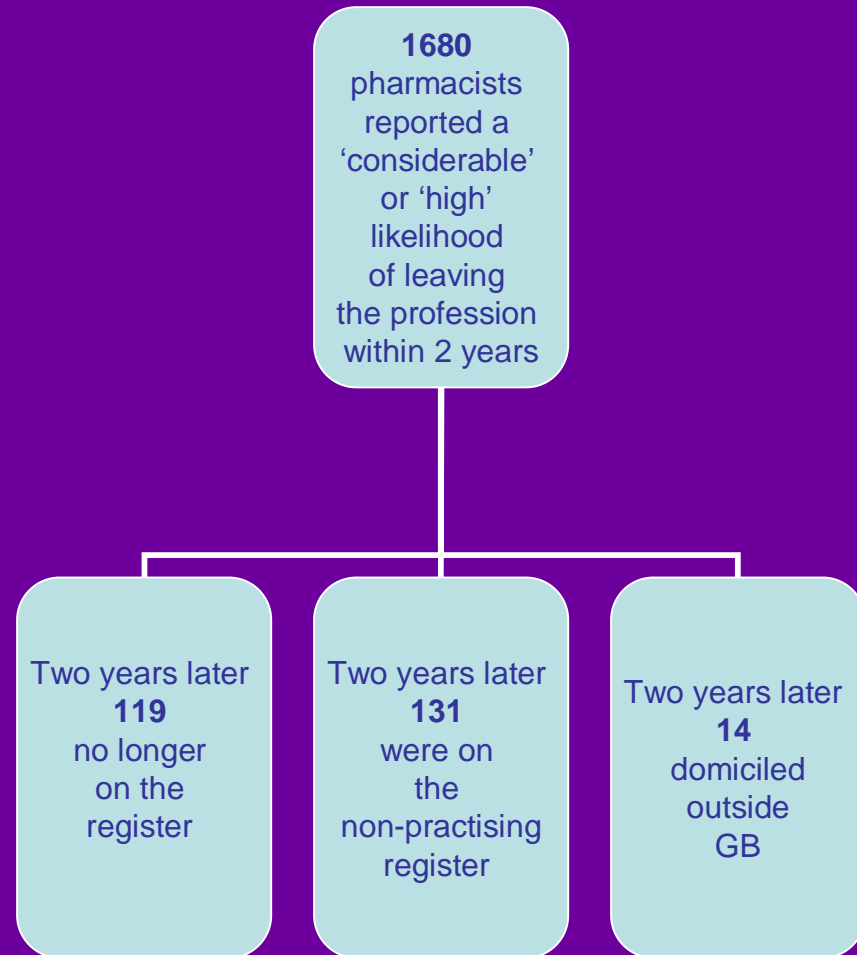
- There are organisational costs too...
  - Loss of goodwill
  - Stifles creativity
  - Loss of productivity/errors/accidents
  - Absence
  - Vacancies
  - Turnover/exit

*“You’re doing so many things at once ...it’s bordering on the dangerous some days”*

- In May 2008 13% of all pharmacists posts in the NHS were vacant
- 22% of band 6 (newly qualified) posts were vacant
- Higher still in some locations

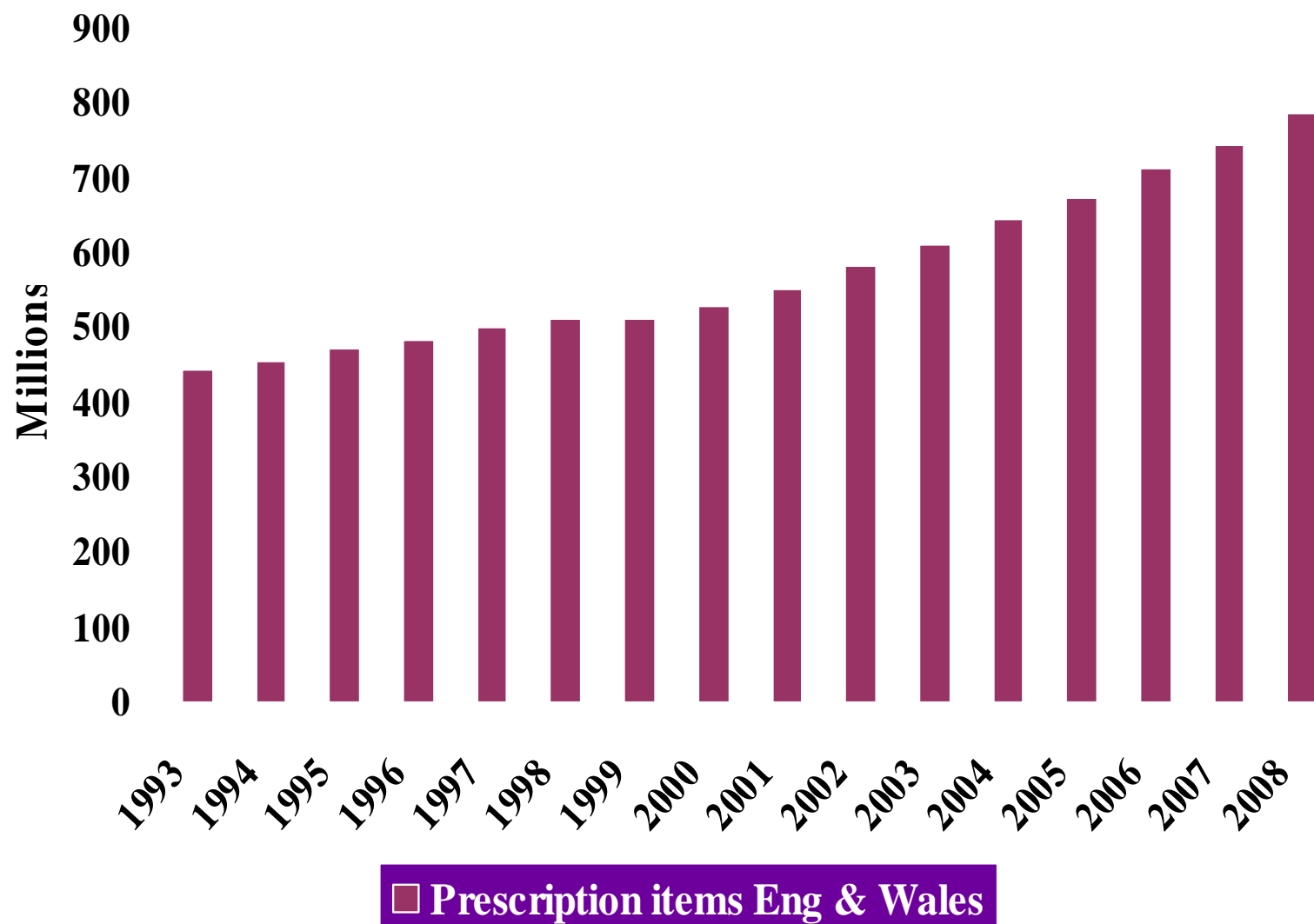
## Turnover and exit

- “ ... two of their technicians were off and subsequently the regular pharmacist had given his notice in because he'd just had enough.”

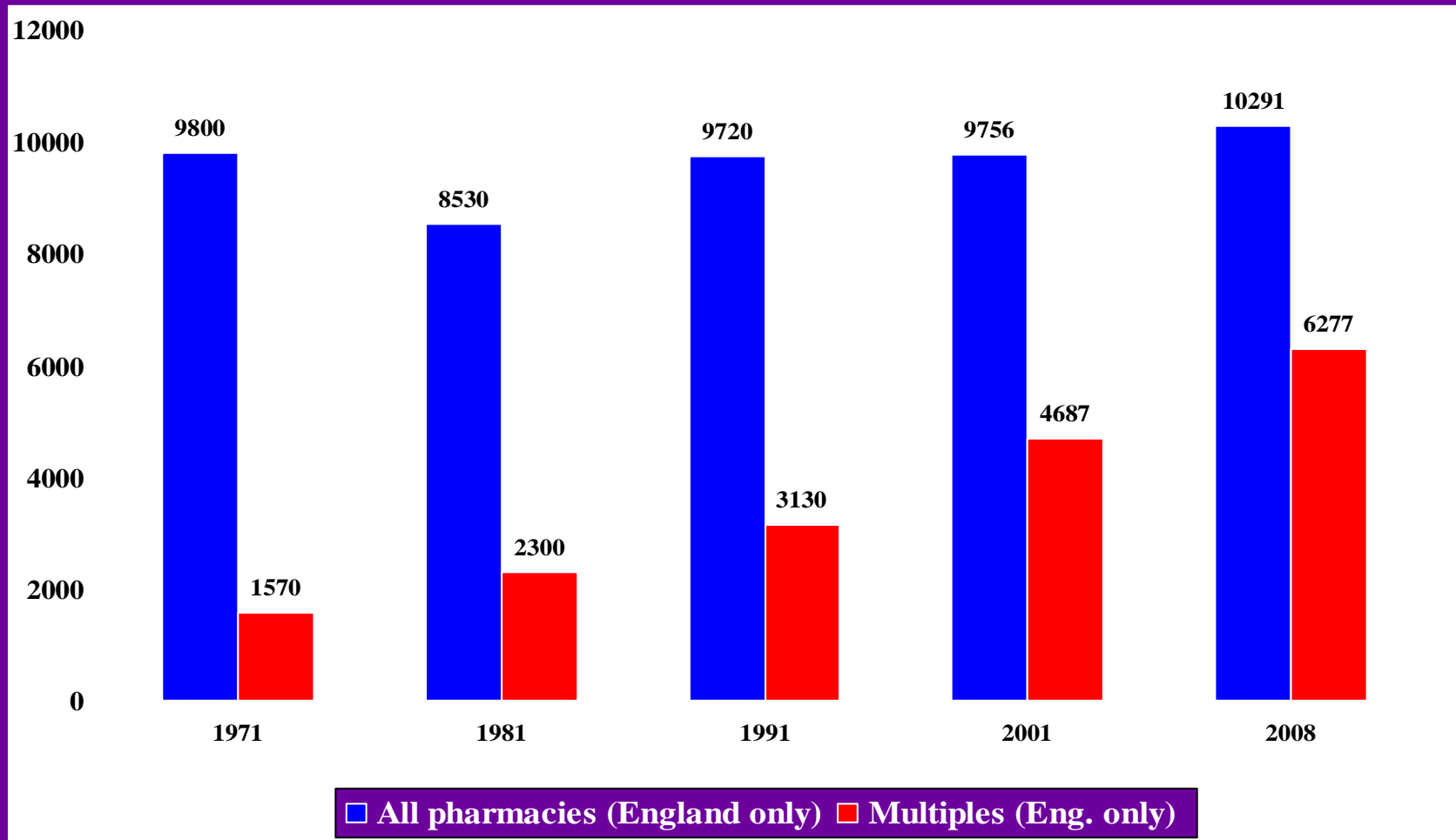


So *has* pharmacy workload increased?

# Prescription volume

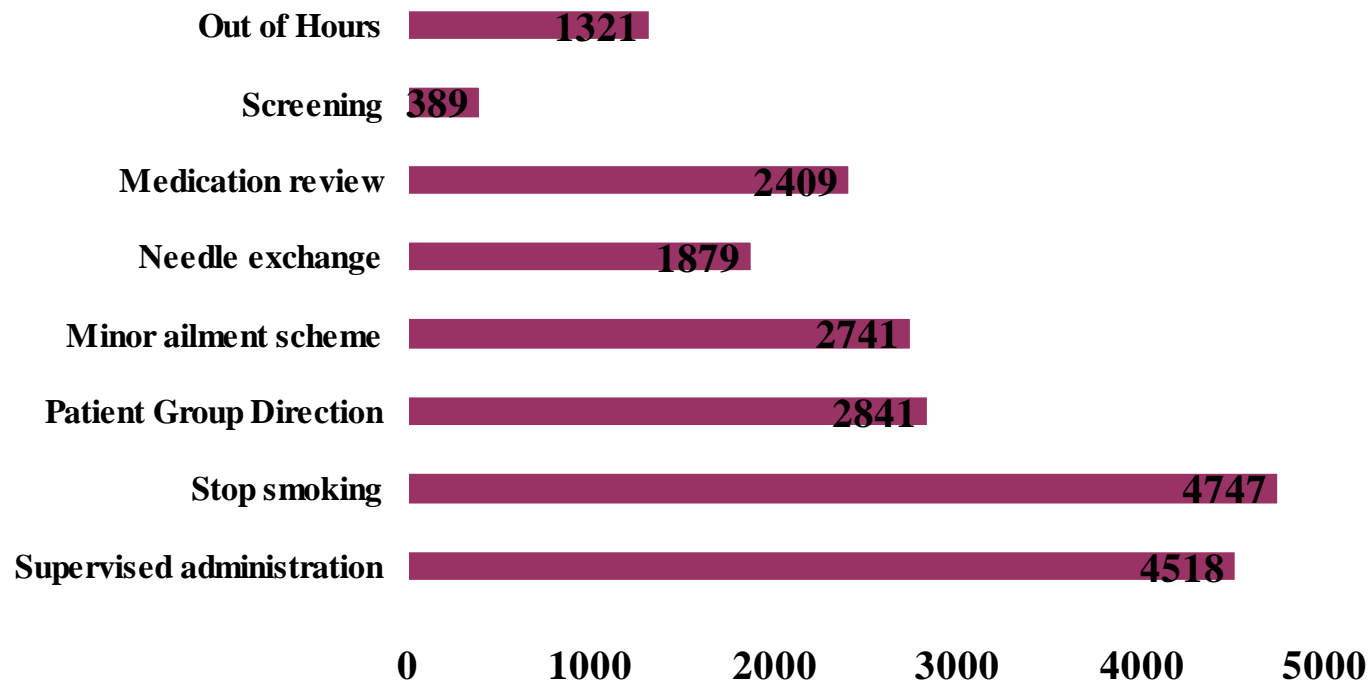


# Pharmacy organisations: growth in multiples



# Additional services under the new contract

**Local enhanced services provided by contractors  
(E & W 2007-08)**



## Work overload caused by or linked to:

- Time *in* work (and *getting* to work)
- New information & communication technology
- Organisational norms
- 'Organisational anorexia'
  
- Working mothers
- Dual income earners
- Workers who care for other dependents

## Time in work?

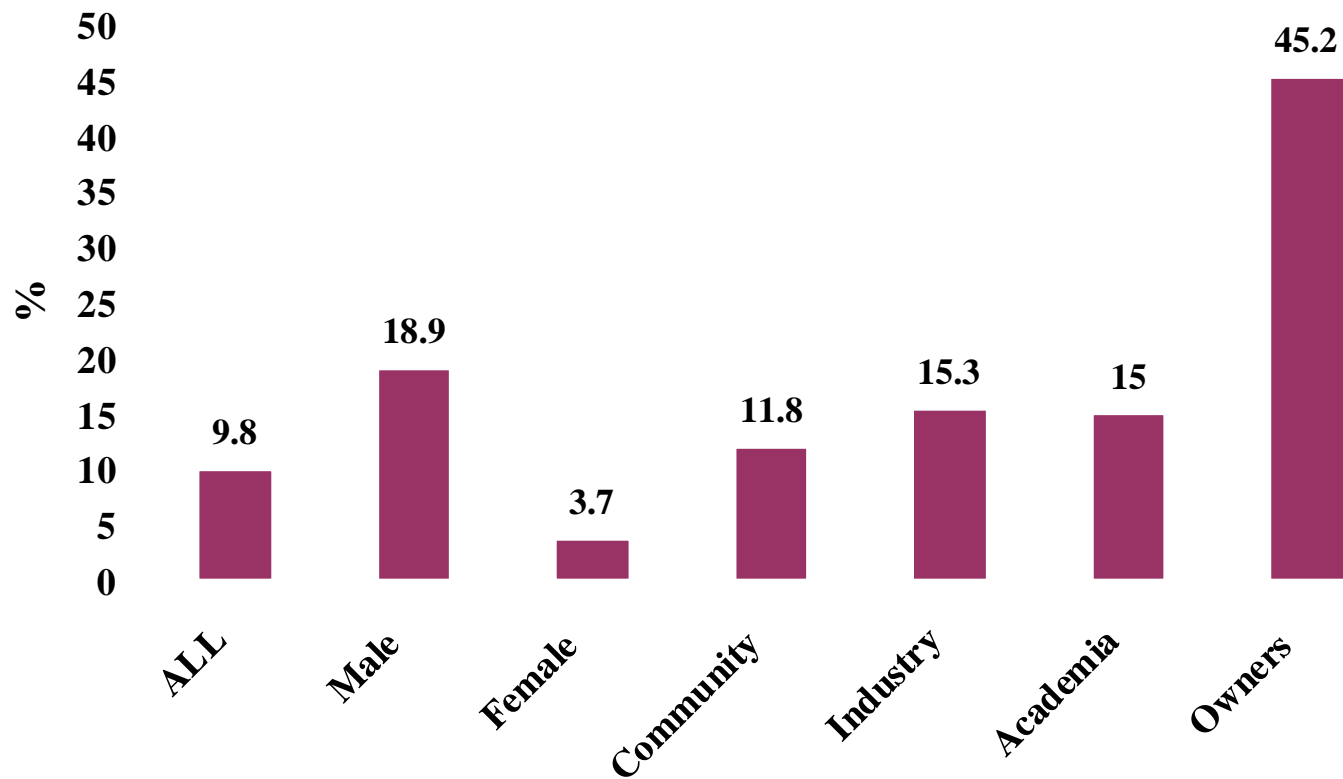
42% agreed with the following statement: *“At the moment, because my post demands it, I usually work long hours”*  
(From 2008 Pharmacy Workforce Census)

BUT

- No changes in average weekly hours worked by pharmacists:
  - 35.00 hours in 2008
  - 35.09 hours in 2005
- 10% work long hours - some work longer than others

# Who's working longest?

## Percentage working 49 hours a week or more



## Organisational anorexia: lack of staff

- “..there does seem to be a shortage of staff, and that impacts on how you feel about your job. It leads to stress and all that kind of thing”
- “So they want you to increase the number of prescriptions that you do, do MURs, and [provide] other services but cope with the same number of people you’ve had”
- “... and sometimes, as a locum, I’ll go to different branches and I don’t have enough staff to support me”
- “You have to sit in a consulting room for half an hour at a time the whole dispensing process is held up while you’re doing that consultation...if I had an ACT I wouldn’t get any of these problems.”
- “...you have to do this many, you have to get these done. But they’re not bringing extra staff in to help you out with it”

# Conclusions

- Difficult to ignore the 'proxy' evidence that workload has increased
- Pharmacists *are* currently feeling overwhelmed with work
- Stress levels and proportions experiencing stress reasonably high
- Absence rates from work
- Exit rates from the profession
- Equivocal evidence about working long(er) hours
  - Some are
  - Taking work home?
  - Role impinging on work/life balance
- Working *harder* not longer (leading to overload)

## So, lessons from the UK?

- Understand your workforce:
  - Don't lose sight of who your pharmacists are
  - Meaning of work and career is very different now
  - Is delivering 'patient care' achievable with the workforce you have?
- Measure and monitor workload and understand consequences of overwork
- Ensure pharmacist's well-being at work
  - Good support from management; peers
- High workload and patient safety?