



Pharmacy Workplace and Well-being Reporting (PWWR) *PWWR Report VIII* Fourth Quarter and Year-End Summary 2023

Introduction

The [Pharmacy Workplace and Well-being Reporting \(PWWR\)](#), launched in October 2021¹, is an online confidential anonymous service for pharmacy personnel to submit both positive and negative experiences across all pharmacy practices. The experiences are submitted to and analyzed by the Alliance for Patient Medication Safety (APMS), a federally recognized Patient Safety Organization (PSO). Submissions are protected by the confidentiality and privilege provisions of the Patient Safety and Quality Improvement Act of 2005 and cannot be disclosed, subpoenaed or subject to discovery in legal proceedings. PWWR is a safe place that gives voice and amplification to pharmacy personnel concerns and suggested solutions while mitigating the fear of reporting.

The analysis of aggregated non-identifiable data will be periodically issued. The analysis will include findings specific to that time period. This is the seventh analysis of PWWR trends and findings. Previous in-depth *PWWR Reports* are available at www.pharmacist.com/pwvr.

It is important to note that PWWR is *not* a survey. It is a confidential reporting service. There is not a required number (“n”) that is needed for the identified trends and learning to be valid. Pharmacy personnel can, and should, submit to PWWR as often as they have an experience they wish to report. Demographic information and standardized questions about the experience are used to categorize and analyze the experiences. The open-ended responses and stories that explain the experiences and suggested solutions are often the most valuable part of submissions. Individuals are encouraged to enrich the submissions of their experiences with this narrative information.

Learnings and themes can be used by the profession in advocacy efforts, contributions to best practices, education, and discussions between management and pharmacy teams.

Trends and Findings as of December 2023

This period’s analysis identifies trends and findings from October 1 through December 31, 2023. Only completed submissions are included. The chart below will be included in each periodic trends and findings analysis as a historical tracking of the number of submitted experiences.

<i>Period</i>	<i>Completed Submissions This Period</i>	<i>Cumulative Submissions Since Inception (October 2021)</i>
10-6-2021 thru 12-10-2021	440	440
12-11-2021 thru 1-9-2022	528	968
1-10-2022 thru 8-11-2022	173	1141
8-12-2022 thru 12-31-2022	147	1288
1-1-2023 thru 3-31-23	63	1351
4-1-23 thru 6-30-23	85	1436
7-1-23 thru 9-30-23	378	1814
10-1-23 thru 12-31-23	174	1988

¹ PWWR was developed by the American Pharmacists Association (APhA) and the National Alliance of State Pharmacy Associations (NASPA). APhA and NASPA do not have access to individual reports and are only provided aggregated data that is used for this report.

Profile of Reporters

Gender

Of those who submitted experiences in this reporting cycle, 67% were female and 24% were male (remaining were other or prefer not to answer). Since the inception of PWWR, the majority of the reporters are female. A year-over-year comparison is provided in Table One below².

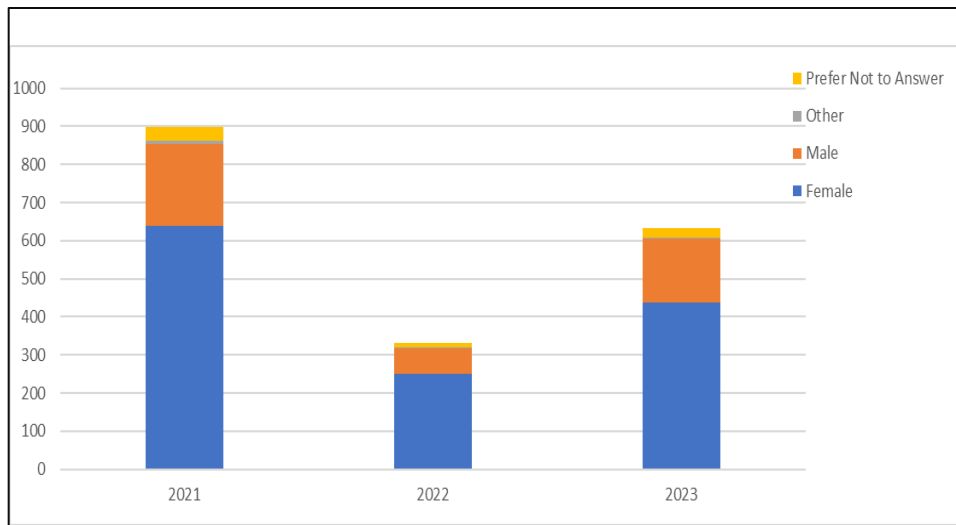


Table One – Gender Practice Role: Year-over-year comparison

Primary Practice Roles

For this reporting cycle, the primary practice roles ranged from owners to supervisors to student pharmacists to pharmacy technicians with 34% identifying as “pharmacist” and 14% identifying as “pharmacy manager/supervisor/pharmacist in charge.” Pharmacy technician (CPHT and others) reporters accounted for 7% of the reporters. As was the case in December 2023, a larger than usual group of student pharmacists (36% - all from one pharmacy program) submitted reports from their experiential or work experiences. A year-over-year comparison is provided in Table Two below.

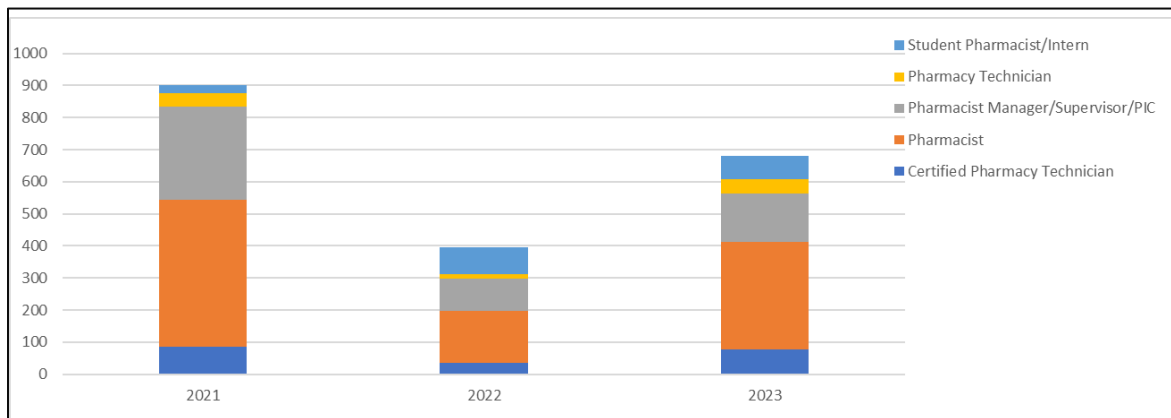


Table Two – Primary Practice Role: Year-over-year comparison

Practice Settings

PWWR Reports continue to come from across practice settings with at least one submission received from each of the listed practice settings this cycle with 78% of submissions from large community pharmacy employers.³ A year-over-year comparison of the top five settings is provided in Table Two below.

² PWWR was launched in October 2021, therefore the Year-over-year data for 2021 is Q3 and Q4 only. It is full year for 2022 and 2023.

³ “Large community pharmacy employers” is defined as those practicing at chain pharmacies (4 or more units), mass merchandisers, and supermarket pharmacies.

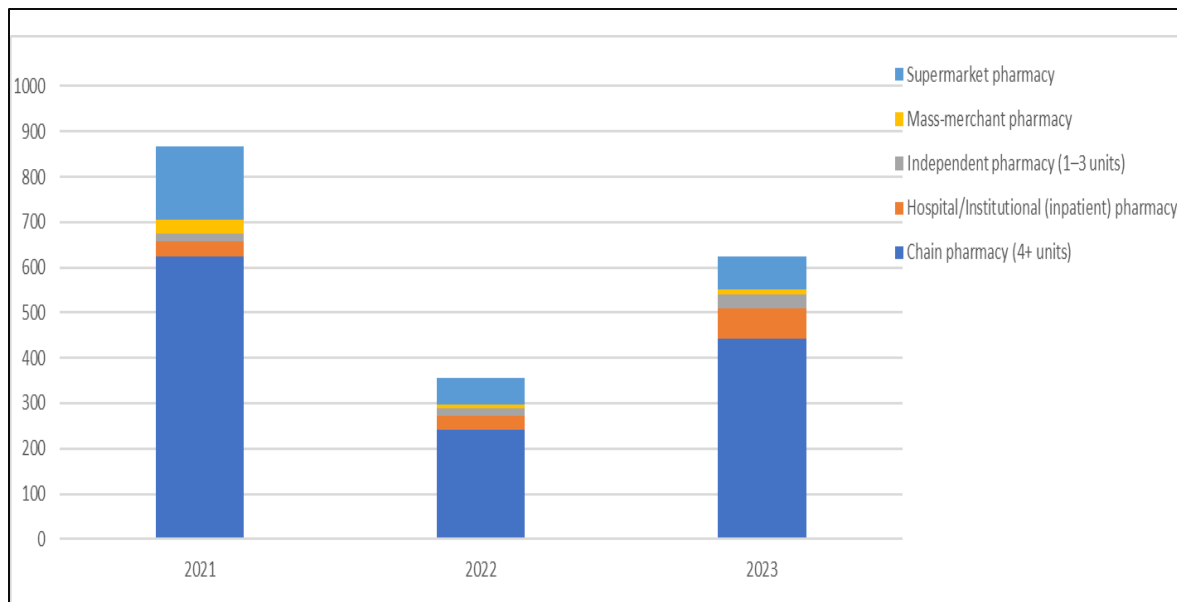


Table Three – Primary Practice Settings (Top 5): Year-over-year comparison

Years in Practice – States – Membership

This cycle there were submissions were received from each “years in practice” range options with the highest percentage in the 0–4 years (27%), followed by 5-14 years (25%), then 25 years of greater (21%), and finally 15-24 years (15%).

At least one submission was received from each of 37 states with Illinois having the most at 74⁴ submissions followed by California at 12.

The breakdown of reporters answering the question concerning their membership in a professional association this cycle is as follows:

	Pharmacists Residents Student Pharmacists n=149	Pharmacy Technicians n=19	Other Roles n=6
State Association	48%	14%	67%
National Association	47%	16%	83%
Neither	40%	74%	17%
Both	35%	0%	67%

Report Experiences

The 2023 positive and negative reports were submitted by a majority of females; however, more of the male reporters submitted positive experiences over negative. Table Four and Five show the comparisons.

Of the submissions this period, 46 were positive experiences and 128 were negative. A description of each type follows Tables Four and Five.

⁴ This includes the 62 reports submitted by student pharmacists as part of their Doctor of Pharmacy program requirement.

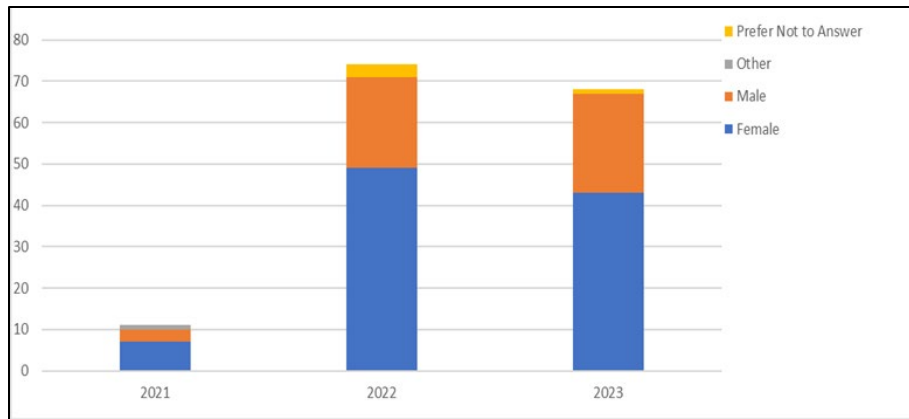


Table Four - Positive Reports by Gender: Year-over-Year Comparison

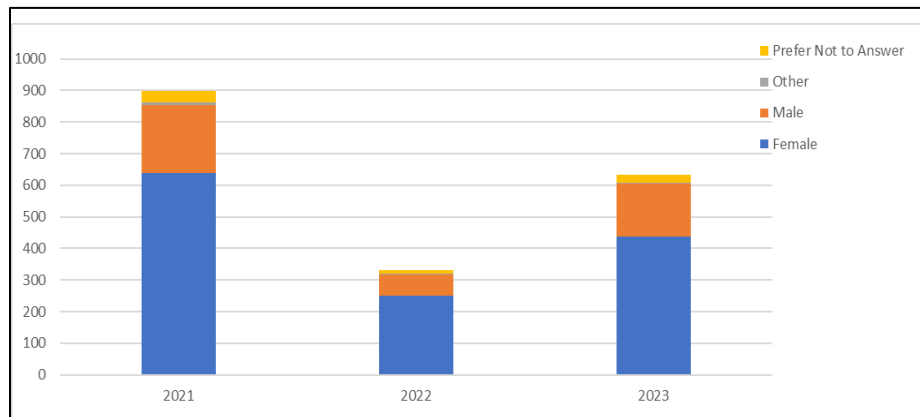


Table Five - Negative Reports by Gender: Year-over-Year Comparison

A. Positive Experiences

The positive experience submissions for this cycle were received under four categories.

- Communication, feedback, psychological safety (25)
- Safety and Quality by Design (6)
- Preventing errors and improving quality (13)
- Other (2)

The following charts include a sample of positive reports by category. Each includes the reporter’s role, practice setting, and effect on their well-being.

Selected Positive Experiences for Communication, Feedback, Psychological Safety

Sub-category	Practice Setting/Role	Narrative	How has this positive situation effected or may effect your personal well-being?
<i>I effectively used my communication skills in discussing a medication concern with a prescriber.</i>	Hospital/Institutional (inpatient) pharmacy Student Pharmacist	When identified that a new prescription for a drug that the patient was already on, but dose was different. I called to confirm it wasn’t an input error and it was.	A lasting positive effect on my overall well-being.
<i>I received positive feedback from a patient about an action I took related to their medication and/or its use.</i>	Independent pharmacy (1–3 units) Pharmacist Manager/Supervisor/PIC	A husband and wife had questions regarding their choices of vaccines and the timing of those vaccines. We talked for a few minutes about the options they had, their health conditions, previous experiences with vaccines, and what they had planned in their	A lasting positive effect on my overall well-being.

		lives in the next few months. We made a plan for which vaccines they would need that would protect their health and impact holiday plans with family the least amount possible. Afterwards, they asked for a clinical consultation on their medications, and we planned a CMR for a later date. Both emphasized how they trust us as their pharmacists to take care of their health and well-being. They also commented on the vaccine being the most pain-free they've ever had!	
<i>I had a positive patient interaction that improved the patient's understanding of the medication and/or its use.</i>	Supermarket Pharmacy Student Pharmacist	I had a positive interaction with a patient prescribed a new injectable medication. The patient was confused about the injection process. I addressed their worries, and explained the medication's purpose, benefits, and possible side effects. I used visual aids to demonstrate the proper injection technique and the importance of consistent timing and dosage. The patient left the interaction feeling more confident and grateful for the comprehensive information.	I am unsure how this may effect my overall well-being.
<i>I had a positive patient interaction that improved the patient's understanding of the medication and/or its use.</i>	Chain pharmacy (4+ units) Student Pharmacist	I had a positive interaction with a patient when I worked with them in figuring out what vaccinations are recommended for them based on their age and health status and showed them the CDC resources to better track the needed vaccines. The patient appreciated my time and effort.	A lasting positive effect on my overall well-being.

**Selected Positive Experiences for
Safety and quality by design**

Sub-category	Role/Practice Setting	Narrative	How has this positive situation affected or may affect your personal well-being?
<i>My supervisor asked for my input in evaluating a recently implemented workflow, policy, technology, or other change in the pharmacy.</i>	Clinic (Outpatient) Pharmacy Pharmacy Owner	In this pharmacy, organization is so good.	A temporary positive effect on my overall well-being.
<i>My co-workers, supervisors and I worked collaboratively as a team to resolve a difficult workflow problem that created an unsafe condition.</i>	Chain Pharmacy (4+ units) Pharmacy Clerk	We worked together to make a safe workplace to help our patients and support each other.	A lasting positive effect on my overall well-being.
<i>My supervisor created a learning opportunity for me to grow professionally and/or as a person.</i>	Chain Pharmacy (4+ units) Pharmacy Technician	My manager always wants my feedback on how to improve pharmacy safety while offering the best and most efficient services	A lasting positive effect on my overall well-being.

**Selected Positive Experiences for
Preventing errors and improving quality**

Sub-category	Role/Practice Setting	Narrative	How has this positive situation affected or may affect your personal well-being?
<i>Targeted safety practices prevented a potential error involving high alert medications.</i>	Chain pharmacy (4+ units) Student pharmacist	The system caught a medication allergy and we then removed it from the patient profile because it actually wasn't true.	A temporary positive effect on my overall well-being.
<i>I used my clinical skills, training, and expertise to prevent a potential medication error from reaching the patient.</i>	Chain pharmacy (4+ units) Student pharmacist	The pharmacist manager was always very professional and always greeted everyone by their name. He was super organized, helpful and willing to teach. Honestly, the days leading up to this positive day involved a lot of hard work.	A lasting positive effect on my overall well-being.
<i>I used my clinical skills, training, and expertise to prevent a potential medication error from reaching the patient.</i>	Pharmacist Clinic (outpatient) pharmacy	Our pharmacy system is integrated with a service provider that allowed me to see that the dose of the med was too high for the patient with renal dysfunction. I was able to quickly reach the emergency dept and have the dose changed before the patient left the facility, both preventing a gap in treatment and an inappropriate dose.	A temporary positive effect on my overall well-being.

**Selected Positive Experience for
Other**

Sub-category	Role/Practice Setting	Narrative	How has this positive situation affected or may affect your personal well-being?
<i>Other</i>	Outpatient Academic Medical Center/Retail/Specialty Pharmacy Pharmacist Manager/Supervisor/PIC	Our institution has been very dedicated to wellness and employee retention. They have created unique scheduling like half days off during the week since most pharmacists are already working 9-10 hours a day without additional time off. They allow some WFH when appropriate or 4 ten-hour days if that is what is needed for balance. It is also HIGHLY encouraged to not have email or other work communication on your personal device to not work off the clock to allow employees to decompress.	A lasting positive effect on my overall well-being.

Learning

As has been the case in previous reports, positive experiences do not have to be a big undertaking – respect of clinical knowledge, time to help patients, freedom to use clinical judgement – to have positive effects. Like last quarter, the majority of positive reports indicated that their positive experiences would have a lasting positive effect on their well-being.

B. Negative Experiences

Type

The categories for the 128 negative experience submissions this cycle focused primarily on staffing/scheduling followed closely by volume/workload expectation mismatched to hours available.

The frequency of reports by category for this cycle and all of 2023 are listed below. The order of the frequency of reports this cycle match the year-end.

Note: Reporters could select more than one category. Also, experiences specific to harm, harassment, sexual, or microaggressions are not included here. They are described later in this report.

Category of Experience	Frequency of Reports Q4 2023	Frequency of Reports for 2023
Staffing/Scheduling	104	491
Volume/Workload Expectation Mismatched to Available Staffing and Shift Hours	103	485
Working Conditions	82	420
Pharmacy Metrics	76	399
Training or Education	41	165
Medication Error - Near Miss with No Patient Harm	37	142
Professional Judgement Restricted or Supported When Caring for a Patient	33	139
Personal Safety Concerns	31	123
Technology/Automation	18	80
Insurance or Billing Issues	18	80
Medication Error - Patient Harm	6	27

New versus Recurring Experience

Of those submitting negative experiences in this cycle, 94% indicated that they were recurring problems compared to 95%, 96%, and 98% in the other 2023 PWR Reports (VII, VI, V). The recurring problems were across all practice settings, but the majority were from reporters in chain pharmacy practice.

Harassment of Pharmacy Staff is Real

Negative experience submissions related to harassment from patients/customers and co-workers continues again this analysis cycle. The following are the types of harassment with the total number submitted and further broken down by the source of harassment under each category.

- Verbal or Emotional Harassment –40
 - Patient/Customers – 17
 - Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 12
 - Supervisor – 5
 - Manager/Assistant Manager-Non-Pharmacy – 5
 - Co-worker - 1
- Sexual Harassment – 3
 - Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 1
 - Patient/Customer – 1
 - Supervisor-pharmacy (i.e., PIC, shift supervisor) – 1
- Physical Harm-Threatened or Actual – 9
 - Patients and Customers – 8
 - Manager – 1
- Discrimination or microaggression based on Race, Ethnicity, or Gender – 15
 - Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 7 (female reporters)
 - Manager/Assistant Manager-Non-Pharmacy – 2 (female reporters)
 - Supervisor – 4 (female reporters)
 - Co-worker – 1 (female reporter) and 1 (male reporter)
 - Patients and Customers – 1 (female reporter)
 - Other – 3 (male reporter)

Root Causes

Delving into the root causes that triggered negative experiences, the report this cycle looks at staffing at the time of the experience and specific items that were identified as root causes.

- *Staffing at Time of Experience*

Those submitting a negative experience were asked about root causes, including staffing, at the time of the negative experience. In this cycle, 53% indicated that at the time of the negative experience the staffing was less than the normally scheduled level, 34% indicated that staffing was at the normally scheduled level, 4% indicated that staffing was at normally scheduled level but using float or per diem staff, 7% indicated that staffing was not a root cause, and 70% did not respond. In comparison, PWWR Report VII found that 38% indicated that at the time of the negative experience the staffing was less than the normally scheduled level, 30% indicated that staffing was at the normally scheduled level, and 8% indicated that staffing was not the root cause. *Please note: "At normally scheduled level" does not imply that the staffing level was appropriate and safe for the workload.*

- *Specific Root Causes*

Specific root causes (individuals could select more than one) (174 negative reports):

Root Cause	Frequency
Inadequate staffing	90
Metrics	69
Workflow design/policies	69
Corporate/Organizational policies or requirements beyond the pharmacy department or local pharmacy control]	58
Inadequate pharmacist to pharmacy technician staffing	56
Patient (or patient caregiver) expectations and/or demands	47
Unexpected influx of patients/patient surge	45
Training/Education	41
Medication availability/shortages	36
Break policy and practices	34
Drive Thru Window/Hospital Staff Window	34
Insurance/Prior Authorization/Payment	25
Technology/Automation	23
Floater/Per diem staffing	19
State/federal law or regulation	19
Other (e.g., staffing did not increase with prescription surge, overreach of insurance with more power than the board, high turnover, corporate incompetence)	10

Learnings

The negative reported experiences in this cycle included many of the same threatening and abusive stories described in detail in the previous analysis. As noted in Report VII, these stories speak loudly and boldly about the difficulties in working in community-chain pharmacy. As seen in the table of Root Causes, reporters identified multiple reasons for a given negative experience. There were 675 total root causes listed for the 128 negative experiences reported, averaging nearly 5.3 root causes per reported experience. Nearly all the negative experience reports (95%) were described as a "recurring problem". Female reporters submitted and were the target of 73% of the discrimination and microaggression incidents; 66% of the sexual harassment incidents; and 60% of the verbal or emotional harassment/bullying incidents reported.

As has been the findings since the 2021 launch of PWWR, reporters continue to submit experiences indicating that harassment/threat situations stem from individuals in positions of authority (both the pharmacy proper and non-pharmacy) and from patients/consumers. It continues to be critical that organizations review and update policies and training on the types of harassment and microaggressions within the pharmacy and how to report. In addition, training continues to be needed for pharmacy staff members on how to deescalate or walk away from these situations when they occur. It is important that

managers/supervisors (especially those not within the pharmacy proper) are trained in the importance of supporting the pharmacy staff that find themselves in these situations. Simply put – the patient is not always right.

Specific root causes that were attributed to the negative experience included staffing, metrics, and workflow. All three are also the most noted primary reasons for the negative reports. Perhaps the ones attributed slightly less frequently (such as drive-thru/hospital window, floater policies, surge staffing, technology) could be addressed first through a review of the current workflow design (at the individual pharmacy level), policies, and training to make enhancements.

Communication and Engagement

Offer of Recommendations

Feeling that you are heard and valued are important factors to minimize the risk of occupational burnout. Similar to *PWWR Report VII*, 65% of those who had a negative experience indicated that they offered recommendations to their supervisor. Of those who reported that they offered a recommendation, 32% indicated that the recommendation was not considered and/or applied. Only 8% indicated that their recommendation was considered and applied. Several indicated that when they offered a recommendation, they were told it's the way it is to take or leave it.

A deep dive into responses individuals received when discussing recommendations are similar to previous PWWR Reports; however, a few new themes emerged in this analysis cycle that included the push for vaccinations and not being able to tend to prescriptions, PBM rules at odds with pharmacy practice, and profitability.

No Offer of Recommendations

In this analysis period, many of the themes for not acting on the reporter's recommendations have been identified in past reporting periods. One theme that stands out in this period is that "corporate" is stating that there is a shortage of healthcare providers including pharmacists, yet the reporter notes that pharmacy graduates and experienced pharmacist can't get jobs or even interviews from the company because they don't have the money to train them. The reporter believes the real intention is to cover up the real truth which is the corporate bottom line.

A second theme is that management only determines staffing levels on "new" prescriptions filled. Not on "refills" and not on new or refill prescriptions picked up - when consultation is needed.

A third theme involves dangerous environmental safety problems, highlighted in two reports for which management took no action.

Learnings

While many of the reasons for negative reports are the same as in previous reports, the troubling learning is the lack of response, inaction taken, or flippant replies by supervisors/management when offered recommendations. It has been well documented that feeling valued and heard are key factors to preventing occupational burn-out. A "take it or leave it" response is a quick way to lose staff. Maybe nothing can be done, but a serious response or an indication why a recommendation can't be implemented would be beneficial to addressing these key factors.

Emerging this cycle is the perception that the value of administering vaccines was far more important than addressing the prescription side of the pharmacy practice. This is coupled with a decrease in staffing. Many have surmised that this is profit driven. An explanation of the shift in philosophy (if there was one) and addressing staffing to meet this shift would be welcomed by the pharmacy staff and help alleviate some of the stress experienced of trying to do everything for their patients but they can't.

Effect on Well-Being

As it relates to negative experiences, individuals were asked to what degree they believed four factors adversely affected their personal well-being. The four factors are increased stress, increased burnout, weakened family/personal relationships, and lessened happiness. As in previous PWWR Reports, most

individuals submitting negative experiences reported that these experiences had a significant negative affect on all four factors suggesting that these factors are inter-related and not presented in isolation. Positive experiences can, and do, have lasting effects on well-being. A comparison of well-being factors experienced by those submitting negative reports since the inception of the PWWR are provided in Tables Six through Nine. The Tables combine responses 3 and 4 on a Scale of 0 to 4 where 0 is none and 4 is significant.

Table Six – Frequency of Responses for Increased Stress – Year Comparison of 3 and 4 Scores Combined

On a scale of 0 to 4 where 0 is None and 4 is Significant, to what degree do you believe the situation in your report adversely affected your personal well-being for <i>increased stress</i> ?	Increased Stress Scores 3 and 4 Combined			
	Year	Frequency of combined scores	Total experiences reported	Percentage of combined scores to total experiences reported
	2021	884	909	97%
	2022	318	404	79%
	2023	605	700	86%

Table Seven - Frequency of Responses for Increased Burnout – Year Comparison 3 & 4 Scores Combined

On a scale of 0 to 4 where 0 is None and 4 is Significant, to what degree do you believe the situation in your report adversely affected your personal well-being for <i>increased burnout</i> ?	Increased Burnout Scores 3 and 4 Combined			
	Year	Frequency of combined scores	Total experiences reported	Percentage of combined scores to total experiences reported
	2021	883	909	97%
	2022	311	404	77%
	2023	591	700	84%

Table Eight - Frequency of Responses for Weakened Relationships – Year Comparison of 3 & 4 Scores Combined

On a scale of 0 to 4 where 0 is None and 4 is Significant, to what degree do you believe the situation in your report adversely affected your personal well-being for <i>weakened family/personal relationships</i> ?	Weakened Family/Personal Relationship Scores 3 and 4 Combined			
	Year	Frequency of combined scores	Total experiences reported	Percentage of combined scores to total experiences reported
	2021	723	909	80%
	2022	244	404	60%
	2023	453	700	65%

Table Nine - Frequency of Lessened Happiness – Year Comparison of 3 & 4 Scores Combined

On a scale of 0 to 4 where 0 is None and 4 is Significant, to what degree do you believe the situation in your report adversely affected your personal well-being for <i>lessened happiness</i> ?	Lessened Happiness Scores 3 and 4 Combined			
	Year	Frequency of combined scores	Total experiences reported	Percentage of combined scores to total experiences reported
	2021	841	909	93%
	2022	294	404	73%
	2023	563	700	80%

PWWR REPORT VIII – OVERALL SUMMARY

The themes overtly expressed in this analysis period continue to focus on the lack of staffing (at all levels), lack of training time, and an increase in demand that have created an unhealthy and unsafe work environment. More importantly, however, the underlying themes continue to appear to be the disconnect between upper management actions, metrics, cultures that are perceived to prioritize volume and profit over safety or quality, and difficult frontline conditions and concerns. Several reporters this cycle highlighted how PBMs have adversely changed the pharmacy landscape, especially as it relates to profitability of providing immunizations over prescription fulfillment and patient care. Related to profitability goals, reporters indicated that the formulas used to allocate staffing hours are not aligned with workload at the individual pharmacy level.

Additionally, several reporters have noted that:

- The skill level of technicians is adversely affected by shortened (or very limited) training times.
- The hiring of “assistants” at a lower labor cost to do work that is beyond the scope of their training affects performance and safety.
- The “training” of new pharmacists being limited to 'on-the-job' experiences with neglect to important emergency procedures, etc.

Positive experiences were infrequently reported. There were 46 positive reports this period with 35 originating from the student pharmacists and only 11 reports from non-students. There were no new signals in this analysis period based on the non-student reports. With few exceptions, many of the pharmacy student reports were complementary on their experience and the ability to take care of patients.

PWWR REPORT VIII – OVERALL LEARNINGS

With the conclusion of the third year of PWWR, the overarching learning from nearly 2,000 reported experiences is that while many of the negative reports identify issues and concerns are not easily fixed, there are many that can be addressed with a concerted effort between organizational management and pharmacy personnel including:

- Open lines for real communication, address staffing issues by including all factors into formulas that set staffing levels.
- Implement policies that address aggressive/abusive behavior experienced by pharmacy personnel from patients.
- Immediately address unsafe environmental conditions in the pharmacy.
- Implement or enhance non-pharmacy management training to understand their role in oversight of the pharmacy.

FUTURE PWWR REPORTS and CONTACTS

PWWR Reports outlining trends and findings on new experiences submitted will be issued periodically and posted at www.pharmacist.com/pwvr. New trends and findings will be compared to previous report findings where applicable.

Contact APhA’s Brigid Groves bgroves@aphanet.org for media inquiries. Contact APhA’s April Shaughnessy at ashaughnessy@aphanet.org for permissions to use data and tables.

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