



## Pharmacy Workplace and Well-being Reporting (PWWR)

### *PWWR Report IX*

First Quarter 2024

### Introduction

The [Pharmacy Workplace and Well-being Reporting \(PWWR\)](#), launched in October 2021<sup>1</sup>, 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 ninth analysis of PWWR trends and findings. Previous in-depth *PWWR Reports* are available at [www.pharmacist.com/pwvr](http://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 March 31, 2024

This period’s analysis identifies trends and findings from January 1 through March 31, 2024. 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
<b>1-1-24 thru 3-31-24</b>	<b>122</b>	<b>2110</b>

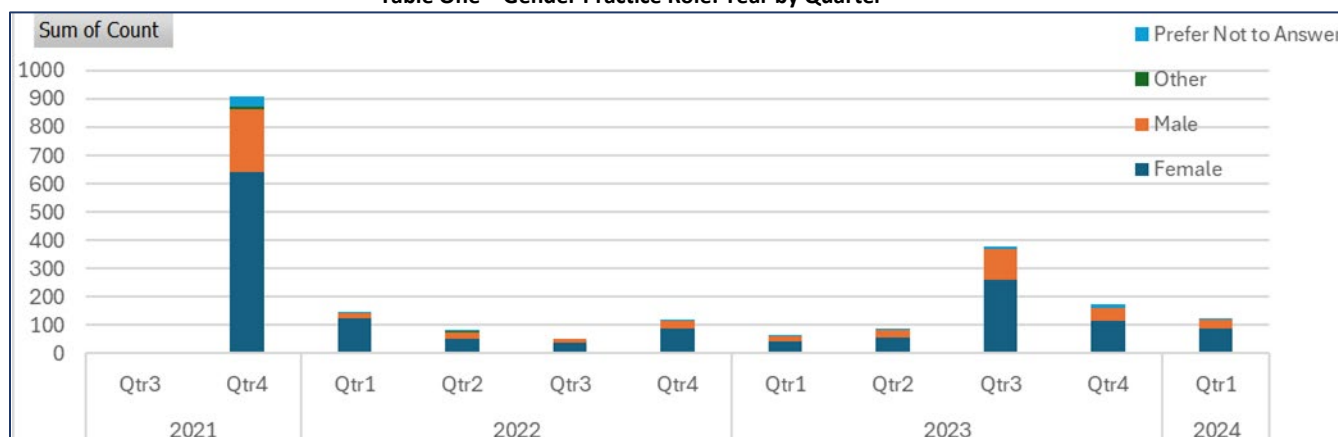
<sup>1</sup> PWWR was developed by the American Pharmacists Association (APhA) and the National Alliance of State Pharmacy Associations (NASPA). APhA and NASPA do not have access to individual reports and are only provided aggregated data that is used for this report.

## Profile of Reporters

### Gender

Of those who submitted experiences in this reporting cycle, 73% 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 by quarter comparison is provided in Table One below<sup>2</sup>.

Table One – Gender Practice Role: Year by Quarter



### Primary Practice Roles

For this reporting cycle (Q1), the primary practice roles ranged from owners to supervisors to student pharmacists to pharmacy technicians with 53% identifying as “pharmacist” and 25% identifying as “pharmacy manager/supervisor/pharmacist in charge.” Pharmacy technician (CPHT and others) reporters accounted for 4% of the reporters and student pharmacists tallied 5%. A year-by-quarter comparison is provided in Table Two below.

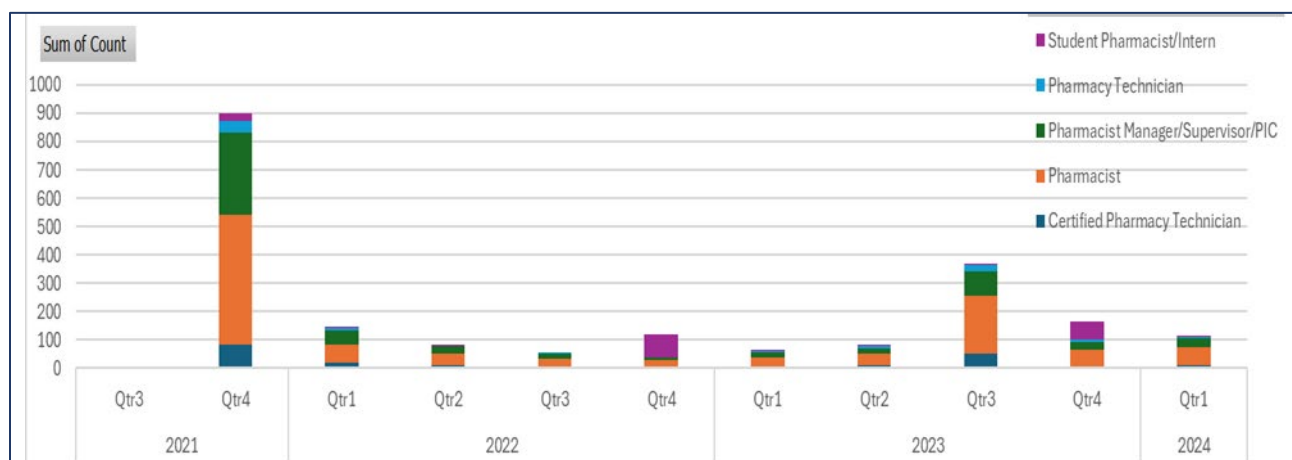


Table Two – Top 5 Primary Practice Role: Year-by-Quarter

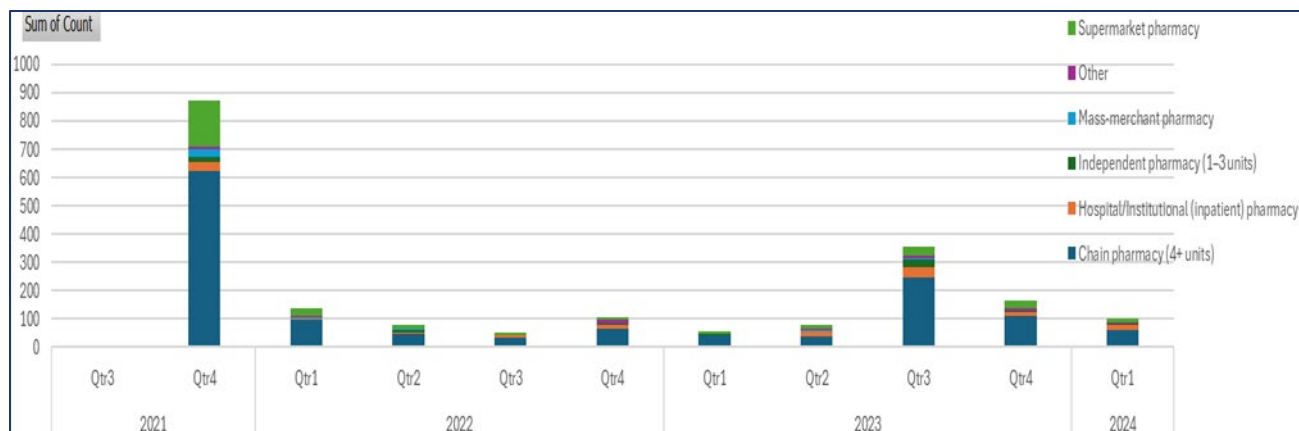
### Practice Settings

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 63% of submissions from large community pharmacy employers.<sup>3</sup> Followed by hospital/institutional in-patient pharmacy (11%), independent pharmacy (5%), and other (3%). A year-by-quarter comparison of the top six<sup>4</sup> settings is provided in Table Two below.

<sup>2</sup> PWWR was launched in October 2021, therefore the year data for 2021 is Q3 and Q4 only.

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

<sup>4</sup> The large community employers are separated in this table leading to 6 rather than 4 as listed in this paragraph.



**Table Three – Primary Practice Settings (Top 6): Year-by-quarter**

### 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 5-14 years range (33%), followed by 25 years of greater (28%), then 15-24 years (20%).and finally by 0–4 years (16%).

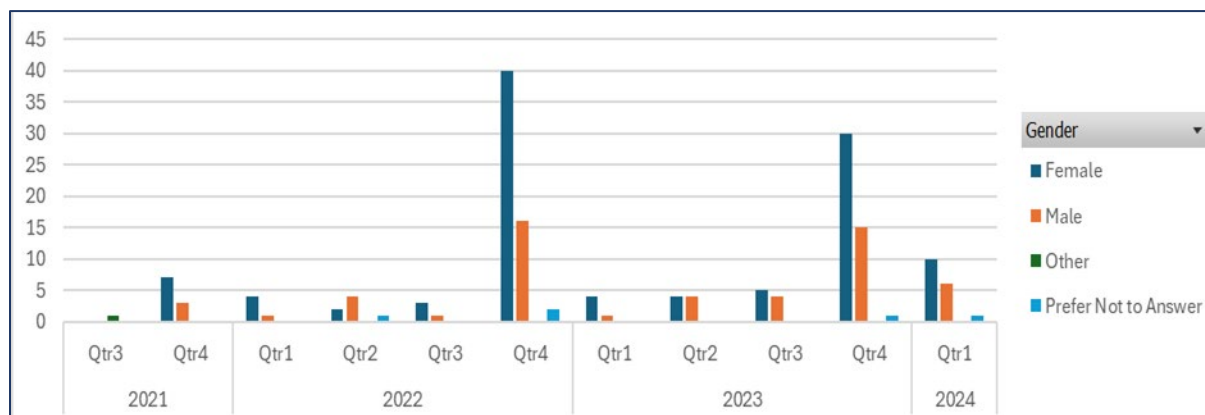
At least one submission was received from each of 38 states (including DC) with Tennessee having the most at 10 submissions followed by California at 9.

Answering the question concerning their membership in a state or national professional association this cycle, a total of 56% of all reporters indicated that they were not a member. A breakdown of membership by type of reporters is as follows:

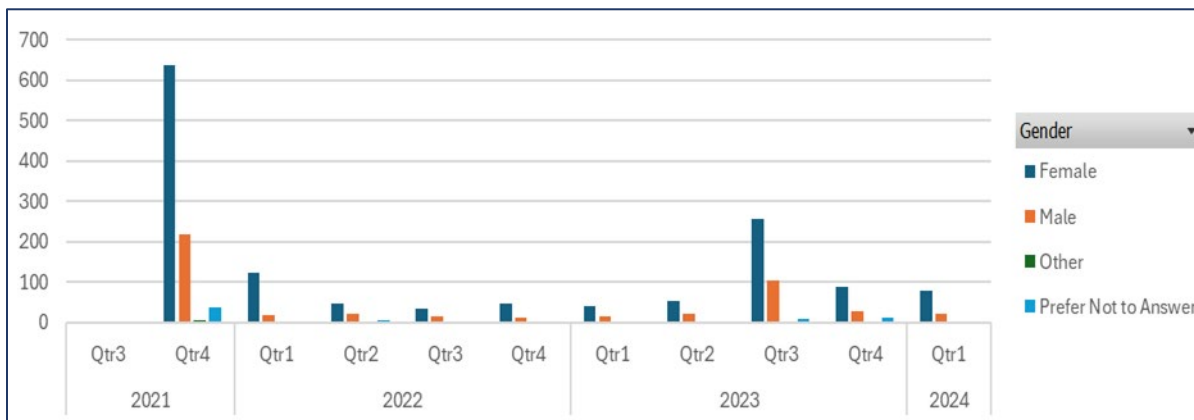
	Pharmacists Residents Student Pharmacists n=102	Pharmacy Technicians n=15	Other Roles n=5
State Association	35%	20%	20%
National Association	27%	33%	20%
Neither	55%	53%	80%
Both	18%	7%	20%

### Report Experiences

In this reporting cycle (Q1), the majority of reporters for positive and negative reports were female. This quarter, 59% of the positive reports were submitted by females and 35% male (remaining preferred not to answer gender). For negative reports, 75% of the reporters were female and 22% were mail (remainder preferred not to answer). A year-by-quarter breakdown of positive and negative reporters follows in Tables 4 and 5.



**Table Four - Positive Reports by Gender: Year-by-quarter**



**Table Five – Negative Reports by Gender: Year-by-quarter**

### A. Positive Experiences

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

- Communication, feedback, psychological safety (7)
- Safety and Quality by Design (2)
- Preventing errors and improving quality (6)
- 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	Role/Practice Setting	Narrative	How has this positive situation affected or may affect your personal well-being?
<i>I received positive feedback from a co-worker about an action I took to keep patients safe or improve quality of medication use.</i>	Pharmacist Manager/Supervisor/PIC  Hospital/Institutional (in-patient) Pharmacy	Discussed "Just Culture" at our department meeting. Several coworkers told me afterwards that they had not been reporting medication safety events previously because they felt it would be punitive, but now that they understand they will start reporting.	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>	Chain pharmacy (4+ units)  Student Pharmacist/Intern	Solved an insurance issue for the patient which was critical for him. He previously was not going to be able to get it because it was too expensive	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>	Clinic (outpatient) Pharmacy  Pharmacist Manager/Supervisor/PIC	I was able to help the patient coordinate with their provider to get a prescription for a medication they could afford. Then with counseling and additional interactions after the first experience, the patient has lost weight, A1C is down and is overall doing better and feeling better.	A temporary 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>Our technology prevented a potential medication error from reaching the patient.</i>	Chain Pharmacy (4+ units)  Student Pharmacist	A new technology has prevented multiple wrong NDC's when filling prescriptions.	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>	Ambulatory Care Clinic  Clinical Pharmacist Practitioner	I have practiced as a clinical pharmacist prescriber providing direct patient care for nearly 13 years. I have directly seen the positive impact that applying the principles of advanced drug information, pharmacokinetics, pharmaceuticals, and pharmacotherapy have had on my patients.	A lasting positive effect on my overall well-being.
<i>Our technology prevented a potential medication error from reaching the patient.</i>	Long-term Care pharmacy  Pharmacist Manager/Supervisor/PIC	Since our opening 11 years ago, we have incorporated automation and workflow elements that allow us to detect and correct all dispensing errors before patients are administered their meds. We track all dispensing internally and externally guaranteeing both medication compliance and accuracy. Our metrics/analytics well exceed all industry standards and for that we are pleased.	A lasting 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>	Supermarket pharmacy  Pharmacist Manager/Supervisor/PIC	Create jobs for pharmacists that are talented and smart but unable to physically meet the standing challenges at work.  Telepharmacy for pharmacists that have a lot to give to the profession but don't have the physical ability to stand all day and still have their clinical expertise. Utilize the great knowledge and experiences older pharmacists or physically disabled pharmacists, provide more opportunities to work and help consumers. Help pharmacists age out of their careers while maxing out their potential based on their abilities.	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 (such as time to help patients and special services) 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 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 Q1 2024	Frequency of Reports Q4 2023	Frequency of Reports for 2023
Staffing/Scheduling	68	104	491
Volume/Workload Expectation Mismatched to Available Staffing and Shift Hours	67	103	485
Working Conditions	63	82	420
Pharmacy Metrics	59	76	399
Training or Education	28	41	165
Medication Error - Near Miss with No Patient Harm	17	37	142
Professional Judgement Restricted or Supported When Caring for a Patient	23	33	139
Personal Safety Concerns	12	31	123
Technology/Automation	14	18	80
Insurance or Billing Issues	14	18	80
Medication Error - Patient Harm	1	6	27

#### *New versus Recurring Experience*

Of those submitting negative experiences in this cycle, 95% indicated that they were recurring problems compared to 94% (VIII), 95% (VII), 96% (VI), and 98% (V) in 2023 PWWR Reports. 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 –30
  - Patient/Customers – 11
  - Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 12
  - Manager/Assistant Manager-Non-Pharmacy – 2
  - Supervisor – 2
  - Co-worker - 3
- Sexual Harassment – 3
  - Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 1
  - Supervisor-pharmacy (i.e., PIC, shift supervisor) – 2

- Physical Harm-Threatened or Actual – 5
  - Patients and Customers – 4
  - Manager – 1
- Discrimination or microaggression based on Race, Ethnicity, or Gender – 9
  - Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 3 female reporters and 1 male (reporter)
  - Co-worker – 2 female reporters
  - Patients/Customers – 1 female reporter and 1 prefer not to answer reporter
  - Other – 1 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, 20% indicated that at the time of the negative experience the staffing was less than the normally scheduled level, 24% indicated that staffing was at the normally scheduled level, 3% indicated that staffing was at normally scheduled level but using float or per diem staff, 8% indicated that staffing was not a root cause, and 16% did not respond. In comparison, PWWR Report VIII found that 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, and 7% 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) (105 negative reports):

Root Cause	Frequency
Inadequate staffing	65
Metrics	56
Workflow design/policies	51
Corporate/Organizational policies or requirements beyond the pharmacy department or local pharmacy control	53
Inadequate pharmacist to pharmacy technician staffing	37
Patient (or patient caregiver) expectations and/or demands	32
Unexpected influx of patients/patient surge	17
Training/Education	34
Medication availability/shortages	24
Break policy and practices	26
Drive Thru Window/Hospital Staff Window	20
Insurance/Prior Authorization/Payment	21
Technology/Automation	19
Floater/Per diem staffing	19
State/federal law or regulation	15
Other (e.g., Priorities of metrics over quality, lack of knowledge or desire to understand, will not take the time to understand or learn, internal hatred for people of color, poor communication from supporting corporate supervisors, greed)	18

### 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 in previous reports, the stories in the Negative Reports tell a highly personal account of the difficulties in working in community pharmacy practice. As seen in the table of Root Causes, reporters identified multiple reasons for a given negative experience.

There were 507 total root causes listed for the 105 negative experiences reported, averaging nearly 4.8 root causes per event. Nearly all the negative experience reports (95%) were described as a “recurring problem”.

As has been the findings since the 2021 launch of PWWR, female reporters were the target of 78% of the discrimination and microaggression incidents; 66% of the sexual harassment incidents; and 80% of the verbal or emotional harassment/bullying incidents reported.

As been noted in the past reports, harassment and microaggressions towards pharmacy personnel persist. Different this cycle were several reports of discrimination, harassment, and aggression that resulted in staff taking legal action. It is critical that organizations review policies related to discrimination and harassment with management and staff. In addition, managers/supervisors (especially those not within the pharmacy proper) must be held accountable to support pharmacy personnel that find themselves in situations of harassment and abuse from patients and patient caregivers. Pharmacy personnel must be trained on how to deescalate these situations, if possible, and how to seek assistance from others in the pharmacy or security. A zero-tolerance policy should be adopted, supported, and posted. A zero-tolerance flyer is available for download/printing [here](#).

Specific root causes that were attributed to the negative experience included staffing, metrics, and corporate policies that are beyond the local pharmacy staff control. 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 VIII*, when a specific recommendation was provided to the supervisor, the reporter stated that they either did not know if an action was taken (24%) or state that there was no plan for action to be taken (70%). The fact that 24% indicated that they did not know if management planned to take action or communicate why they could not is a further indicator that the lack of communication continues to be an issue.

A deep dive into responses individuals received when discussing recommendations are similar to previous PWWR Reports. The report form does not specifically ask if these responses affected the reporter’s likelihood of making future recommendations; however, comments from individual reporters indicate a negative effect on communications and trust.

One intriguing constructive comment that stands out in this period is centered on finding ways to use AI to reengineer the insurance process, decreasing the burden of work at the pharmacy.

### *No Offer of Recommendations*

Reporting in this ninth analysis period continues to include multiple reports focused on problems with staffing, metrics, unsafe working conditions, unresponsive or abusive management, angry customers, and negative internal team relationships. Several reporters highlighted problems with outdated or broken technology and inadequate pharmacy space to do work, each problem leading to errors and staff frustration. Thematically, these reports tell stories of physical and emotional fatigue, hopelessness, and isolation due to a management disconnect. These negative experiences also have a “carry over” effect to weakened family/personal relationships outside the workplace. Profits and metrics continue to supersede quality, safety, and professionalism, despite states that have regulations against using metrics for performance evaluations. Several reporters have identified corporate workarounds that attempt to skirt these regulations. Only a single experience report was associated with an error/patient harm (there were 119 total reports during the previous 8 analysis periods. Since the inception of PWWR, this represents 6% of all negative experience reports coded with this problem.



Reporters continue to indicate that fear of retaliation, supervisor hands are tied, and supervisor has a take it or leave it attitude as primary reasons why they don't discuss situations or offer recommendations to management.

### Learnings

Emerging issues this cycle focused on technology including:

- The system technology is old and not safe due to constant glitches, records/data disappearing, and final check system not working.
- Technology systems that are not regularly updated that have led to errors.
- Technology components are broken with no information on replacement.

While many of the other reasons for negative reports are similar as in previous reporting cycles, while not explicitly stated, there is a concern that there is high risk that medication errors. It is the belief that some errors may be happening due to the working conditions but are not necessarily being detected or reported.

### 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. *Each of 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		
	Frequency of combined scores	Total experiences reported	Percentage of combined scores to total experiences reported
Year			
2021	884	909	97%
2022	318	404	79%
2023	605	700	86%
2024 – Q1	104	122	85%

**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		
	Frequency of combined scores	Total experiences reported	Percentage of combined scores to total experiences reported
Year			
2021	883	909	97%
2022	311	404	77%
2023	591	700	84%
2024 – Q1	100	122	82%

**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%
2024 – Q1	77	122	63%

**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%
2024 – Q1	95	122	78%

## PWWR REPORT IX – OVERALL SUMMARY

The themes overtly expressed in this ninth analysis period continue to be the lack of staffing, lack of support staff, lack of training time, and an increase in demand to “do more with less”, that has created an unhealthy and unsafe work environment. Reporters are also raising the alarm that new employees are under-trained and expected to independently do work they are not qualified to do. Managers lack the skills to effectively lead their teams, to use conflict resolution tools, and to provide meaningful feedback on error reports and suggestions for improvements, among other skill or execution deficiencies. Similar to previous analysis periods, reporters are also describing cases of managers failing to apply ADA accommodations when required by law. Staff feel they are being coerced to violate laws and contractual obligations related to discussing PBM pricing/reimbursement with consumers and refusing to dispense prescriptions when this would result in significant financial loss for the pharmacy.

At a national level, the fragmentation in delivering quality and safe pharmacy care (healthcare) is a widely recognized problem but often this is focused on interoperability, communications, and handoffs between healthcare providers/organizations. While internal corporate policies can add to this fragmentation, reporters are telling the story that insurance and PBM companies are a significant driver of fragmentation in medication delivery. National efforts are making progress in reducing DIR fees; however, the multitude of adjudication systems, rules, and other factors negatively impact the availability and delivery of appropriate medication care from a front-line perspective.

Positive experiences were infrequently reported. There were 17 reports this period. Each of the 17 reports had at least one positive outcome associated with the experience. Most commonly, 76% were likely to “Take actions that help my co-workers have a similar positive experience” or “Be more vigilant for opportunities to improve quality and safety in our pharmacy”. About 50% of reports indicated that the positive experience would: “Invest more emotional energy in improving the patient experience” or “Increase my engagement with and awareness of the pharmacy’s safety goals” or “Increase my reporting of “good-catch events” and potential unsafe conditions”.

## PWWR REPORT IX – OVERALL LEARNINGS

While most

- Implement a zero-tolerance policy that addresses aggressive/abusive behavior experienced by pharmacy personnel from patients. A flyer available to download/print is available [here](#).
- Review and remind staff of procedures to report and address harassment in the workplace.
- Conduct a systematic review of all technology software and hardware to determine needed updates and replacements.

## 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](http://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](mailto:bgroves@aphanet.org) for media inquiries. Contact APhA's April Shaughnessy at [ashaughnessy@aphanet.org](mailto:ashaughnessy@aphanet.org) for permissions to use data and tables.

American Pharmacists Association. Copyright 2024.

###