Pharmacy Workplace and Well-being Reporting (PWWR)
PWWR Report X
Second Quarter 2024

Introduction

The [Pharmacy Workplace and Well-being Reporting (PWWR)](#), launched in October 2021[1], 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 tenth analysis of PWWR trends and findings. Previous in-depth *PWWR Reports* are available at www.pharmacist.com/pwwr.

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 June 29, 2024

This period's analysis identifies trends and findings from April 1 through June 29, 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.

Period	Completed Submissions This Period	Cumulative Submissions Since Inception (October 2021)
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
1-1-24 thru 3-31-24	122	2110
4-1-24 thru 6-29-24	108	2218

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[1] PWWR was developed by the American Pharmacists Association (APhA) and the National Alliance of State Pharmacy Associations (NAPSA). 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 27% 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[2].
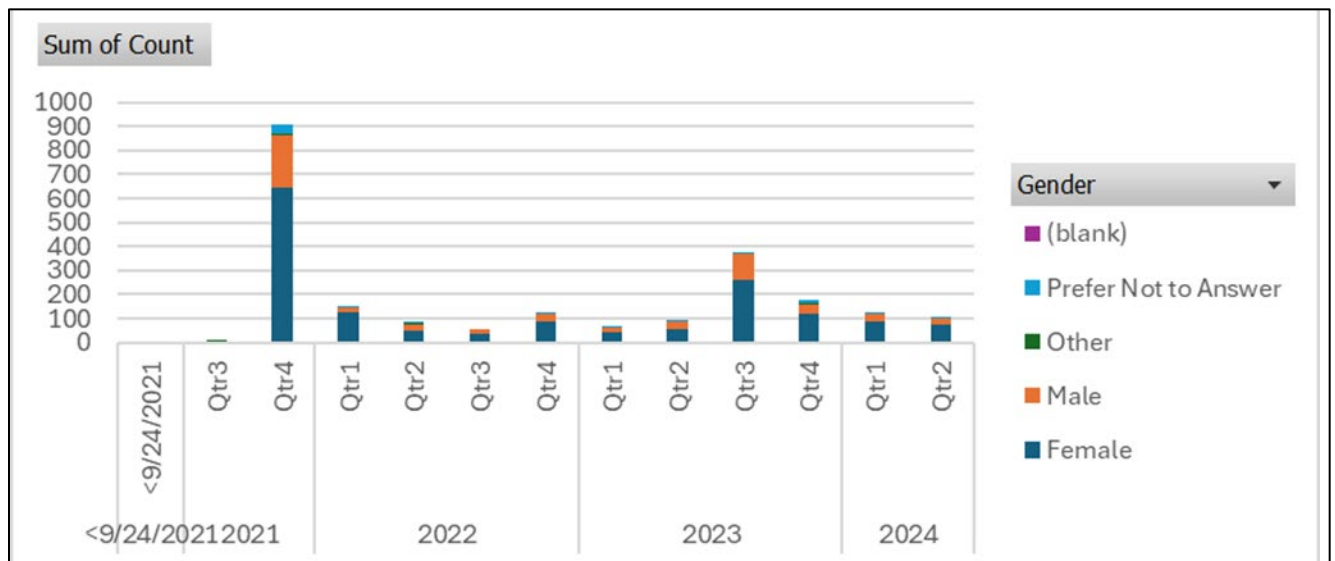

Table One – Gender Practice Role: Year by Quarter

Primary Practice Roles

For this reporting cycle (Q2), the primary practice roles ranged from owners to supervisors to student pharmacists to pharmacy technicians with 60% identifying as "pharmacist," 20% identifying as "pharmacy manager/supervisor/pharmacist in charge," and 3% identifying as "pharmacy owner." Pharmacy technician (CPhT and others) reporter accounted for 3% of the reporters. There were two student pharmacist reporters (not depicted) in the chart below. A year-by-quarter comparison is provided in Table Two below.
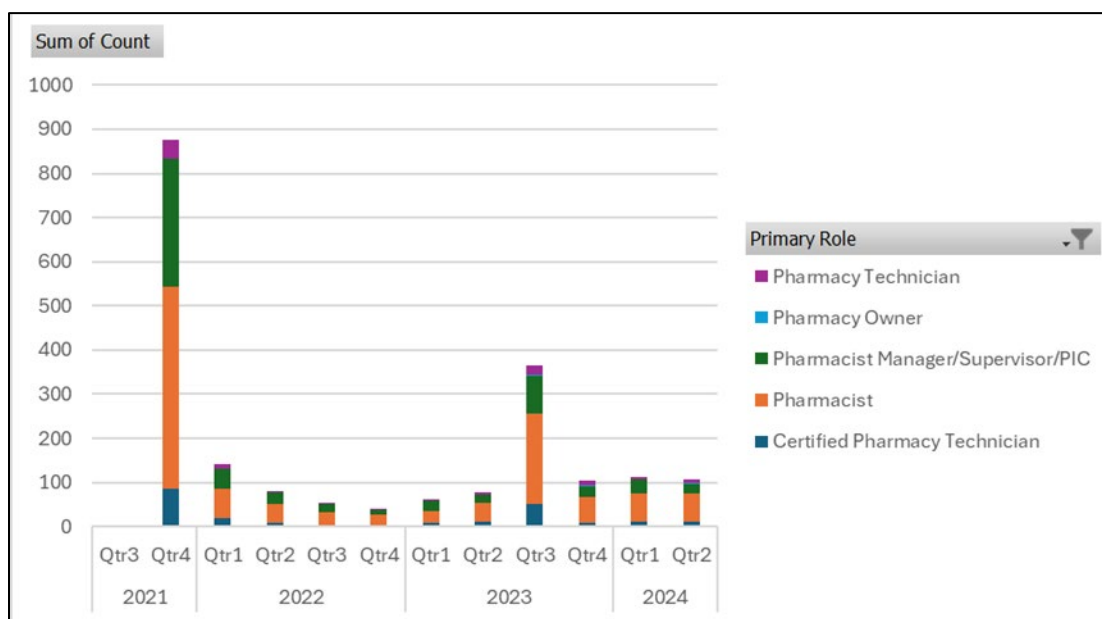

Table Two – Top 5 Primary Practice Role: Year-by-Quarter

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[2] PWWR was launched in October 2021, therefore the year data for 2021 is Q3 and Q4 only.

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 74% of submissions from large community pharmacy employers.[3] Followed by hospital/institutional in-patient pharmacy (12%), independent pharmacy (7%), and other. A year-by-quarter comparison of the top six[4] settings is provided in Table Two below.
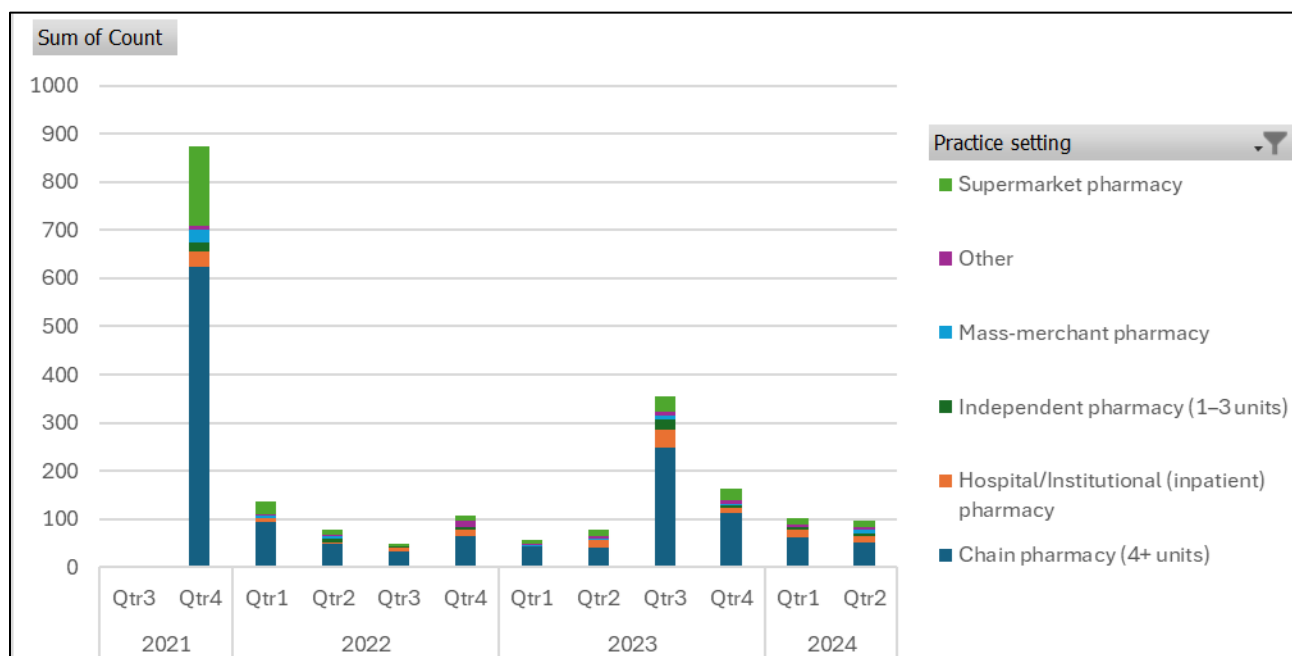

Table Three – Primary Practice Settings (Top 6): Year-by-quarter

Years in Practice – States – Membership

This cycle there were submissions were received from each "years in practice" range options with the highest percentage of 25 years of greater (31%) and 15-24 years (31%) tied followed by 15-24 years range (23%), and finally by 0–4 years (12%).

At least one submission was received from each of 37 states with Texas having the most this cycle at 11 submissions followed by California and Illinois at 8 each.

Answering the question concerning their membership in a state or national professional association this cycle, a total of 53% 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=90	Pharmacy Technicians n=18
State Association	37%	33%
National Association	40%	33%
Neither	51%	61%
Both	18%	28%

Report Experiences

In this reporting cycle (Q2), most reporters for positive and negative reports were female. This quarter, 55% of the positive reports were submitted by females and 44% male (remaining preferred not to answer gender). For negative reports, 68% of the reporters were female and 25% were mail (remainder

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

[4] The large community employers are separated in this table leading to 6 rather than 4 as listed in this paragraph.

preferred not to answer). A year-by-quarter breakdown of positive and negative reporters follows in Tables 4 and 5.
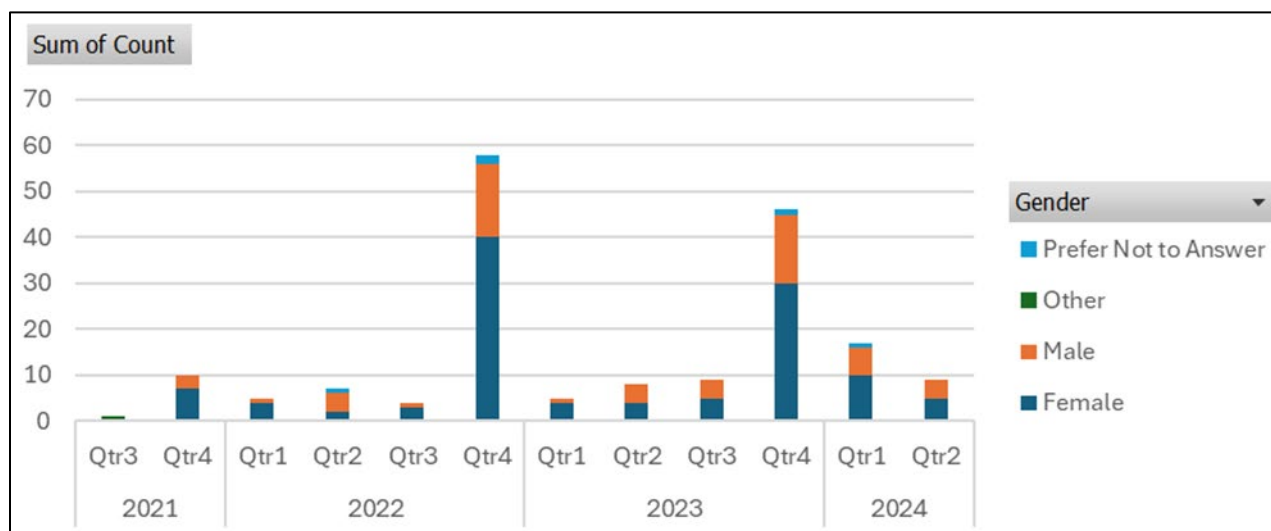
Table Four - Positive Reports by Gender: Year-by-quarter
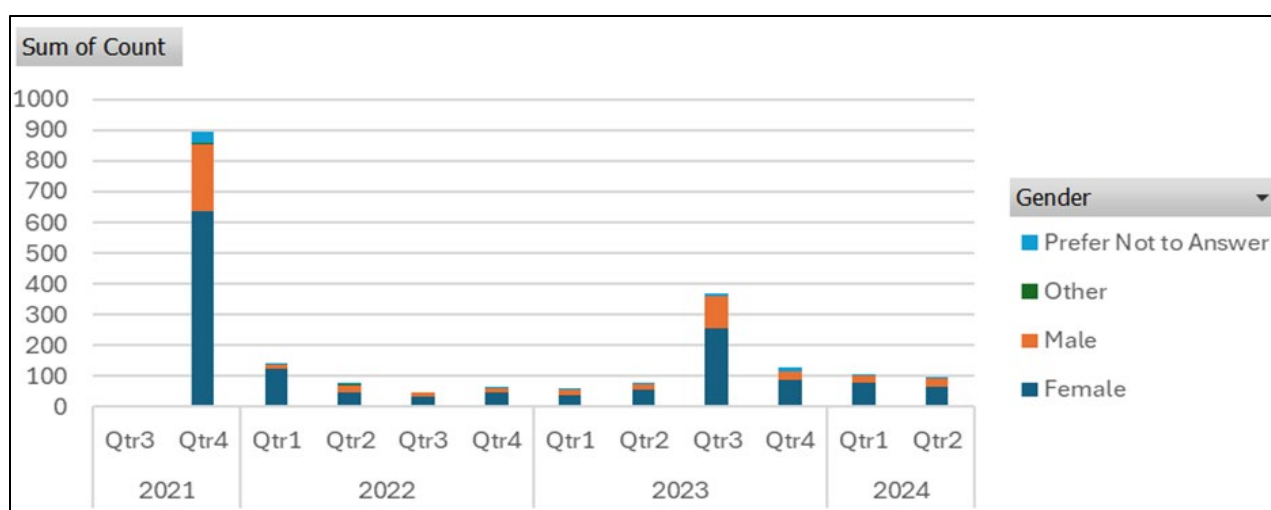
Table Five – Negative Reports by Gender: Year-by-quarter

A. Positive Experiences

The nine positive experience submissions for this cycle were received under four categories.
- Communication, feedback, psychological safety (2)
- Safety and Quality by Design (1)
- Preventing errors and improving quality (3)
- Other (3)

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 received positive feedback from a co-worker about an action I took to keep patients safe or improve quality of medication use.	*Pharmacist* *Pharmacy research facility*	*It seems another pharmacist like myself is providing valuable input into a research project of mine and she is enthusiastic about life.*	*A lasting positive effect on my overall well-being.*
I received positive feedback from a co-worker about an action I took to keep patients safe or improve quality of medication use.	*Student* *Chain pharmacy (4+ units)*	*Empathetic*	*No expected 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?
Targeted safety practices prevented a potential error involving high alert medications.	*Pharmacist* *Chain pharmacy (4+ units)*	*No response*	*A temporary positive effect on my overall well-being.*
Our technology prevented a potential medication error from reaching the patient.	*Pharmacist* *Supermarket*	*No response*	*A lasting positive effect on my overall well-being.*
Our technology prevented a potential medication error from reaching the patient.	*Pharmacist* *Supermarket*	*High adaptation of automation technology at pharmacy operation*	*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?
Other	*Pharmacist* *Chain Pharmacy 4+ units*	*I believe that you are collecting data and information to intentionally tarnish community pharmacy, especially the chains. Not sure what your motivation is but it is not only workplace safety. Pharmacists are educated individuals who should know how to care for themselves, bathroom breaks, safety checks, meals, are all*	*A lasting positive effect on my overall well-being.*

		things that you "just have to do" without fear or intimidation. It is too easy to blame the workplace for your misgivings, take ownership, learn, grow up, move on like others that are influencing the profession have done - don't like it get another position! *I learned the system, methods to communicate, ways to be successful and transitioned to a role where I was able to teach and train community pharmacists to be successful. APhA has taken the stand to make community pharmacy, the chains, the evil emperors, when in fact that is not the case.* *Your stand on community practice is driving a wedge among your members and your association will struggle in the future.*	
Other	*Pharmacist* *Chair Pharmacy 4+ units*	*Pharmacists in the outpatient setting should be empowered to provide more clinical services based on their clinical experience and comfort level at retail pharmacy locations. This feature should not be added on to be done within a specified time frame along with doing tech work and clerk work during staff shortages but rather the tech and clerk shortages should be addressed so that pharmacists are able to expand their roles otherwise retail pharmacies will start dwindling. Much of this work may be performed off-site and this can address the provider shortages that are currently weighing down the healthcare industry. The entire outpatient pharmacy should be redesigned with windows and chairs providing a more inviting clinic setting rather than a fast food service. This in turn will invite more patients in that would otherwise have to wait months for an appointment just to get their bp meds or glucose meds adjusted. Based on our current level of education we can do much more in the retail setting and refer out what some of us may not be comfortable with addressing.*	

Learning

As has been the case in previous reports, positive experiences do not have to be a big undertaking (such as positive feedback from a co-worker) 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. To clarify, PWWR is a confidential reporting service to gather positive and negative experiences from pharmacy personnel. It is not a tool to collect data to tarnish any practice setting or practice role. The information from the reports is contributes to learnings for the profession to emulate and/or address.

B. Negative Experiences

Type

The categories for the 99 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 2024 (Q1 and Q2) and 2023 are listed below. The order of the frequency of reports this cycle match the 2023 year-end and 2024 Q1 with staffing/scheduling cited the most.

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 2023	Frequency of Reports Q4 2023	Frequency of Reports Q1 2024	Frequency of Reports Q2 2024
Staffing/Scheduling	491	104	68	59
Volume/workload expectation mismatched to available staffing and shift hours	485	103	67	57
Working Conditions	420	82	63	51
Pharmacy Metrics	399	76	59	49
Training or Education	165	41	28	22
Professional Judgement restricted or supported when caring for a patient	139	33	23	23
Medication Error - near miss with no patient harm	142	37	17	14
Personal Safety Concerns	123	31	12	11
Technology/Automation	80	18	14	12
Insurance or Billing Issues	80	18	14	16
Medication Error - patient harm	27	6	1	0

New versus Recurring Experience

Of those submitting negative experiences in this cycle, 91% indicated that they were recurring problems compared to 95% (IX), 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) – 13
  - Manager/Assistant Manager-Non-Pharmacy – 3
  - Supervisor – 3
  - Co-worker - 7
- Sexual Harassment – 3
  - Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 1
  - Co-worker – 2
- Physical Harm-Threatened or Actual – 5
  - Patients and Customers – 4
  - Manager/Assistant Manager-Non-Pharmacy – 1

- Discrimination or microaggression based on Race, Ethnicity, Gender, Religion* – 9
    - Manager-Pharmacy (i.e., Director of Pharmacy, District Pharmacy Manager, Department Head) – 6 female reporters and 1 male reporters
    - Manager/Assistant Manager-Non-Pharmacy – 1
    - Co-worker – 2 female reporters
    - Patients/Customers – 1 female reporter
    - Other – 1 female reporter

    Religion was a new category this cycle.

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, 31% indicated that at the time of the negative experience the staffing was less than the normally scheduled level, 21% indicated that staffing was at the normally scheduled level, 7% indicated that staffing was at normally scheduled level but using float or per diem staff, 3% indicated that staffing was not a root cause**, and 37% did not respond. In comparison, PWWR Report IX, 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.

    *Please note: *"At normally scheduled level" does not imply that that the staffing level was appropriate and safe for the workload. **While 3 reporters selected this option with unknown intent (i.e., they had also marked staffing and ratios as root causes), one reporter stated that: "Again, the issue is not ratios! It is allowing too many unqualified cashiers and not enough qualified techs on duty. They are replacing techs with cashiers and sometimes they wear tech outfit so the public doesn't know the difference."*

- *Specific Root Causes*

    Specific root causes (individuals could select more than one) (99 negative reports):

Root Cause	Frequency
Inadequate staffing	59
Metrics	47
Workflow design/policies	47
Corporate/Organizational policies or requirements beyond the pharmacy department or local pharmacy control]	42
Inadequate pharmacist to pharmacy technician staffing	36
Patient (or patient caregiver) expectations and/or demands	31
Unexpected influx of patients/patient surge	21
Training/Education	27
Medication availability/shortages	20
Break policy and practices	28
Drive Thru Window/Hospital Staff Window	17
Insurance/Prior Authorization/Payment	20
Technology/Automation	17
Floater/Per diem staffing	12
State/federal law or regulation	11
Other (includes: DM preferences that are not company policy, PBMs, poor management, retribution, refusal to discipline problem employee, insubordination, workplace politics created by incompetent leadership, inability of pharmacy manager to enforce policy due to lack of upper management support, race and work culture, hostile environment)	25*

In the ninth reporting period (2024 Q1), reporters listed causes such as 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.

Learnings
The negative experiences this cycle included many of the same threatening and abusive stories described in detail in the previous analysis. As previously noted, these stories tell a highly personal account of the difficulties in working in retail pharmacy. As seen in the table of Root Causes, reporters identified multiple reasons for a given negative experience. There were 460 total root causes listed for the 99 negative experiences reported, averaging nearly 4.7 root causes per event (compared to 4.8 root causes per event in the last reporting cycle). Nearly all the negative experience reports (91%) were described as a "recurring problem".

As has been the findings since the 2021 launch of PWWR, female reporters submitted and were the target of 80% of the discrimination and microaggression incidents, 100% of the sexual harassment incidents, and 78% of the verbal or emotional harassment/bullying incidents reported.

As has been noted in the past reports, harassment and microaggressions towards pharmacy personnel persist. It continues to be critical for organizations to undertake a review of 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. These are also two of the three most noted primary reasons for the negative reports.

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*, of those who indicated that they offered a to their supervisor, the reporter stated that they either did not know if an action was taken (26%) or state that there was no plan for action to be taken (68%). The fact that 26% (up 2% from last cycle) 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.

No Offer of Recommendations
In this tenth analysis period, many of the themes for not reporting the negative situation have been identified in past reporting periods. Perceived/actual retaliation and the manager lacking the authority/control needed to make changes were two reasons that reporters did not discuss the negative experience with their supervisor. In addition to those comments, there were 73 experience reports that were discussed with the supervisor. In 19 of these 73 negative experiences the reporter was not aware of any actions taken and in 50 instances, the reporter stated no action was taken. Therefore, 95% of the time, nothing positive was known to have happened following the discussion.

Learnings

While many of the other reasons for negative reports are similar as in previous reporting cycles, the fear of retaliation and one report of actual retaliation for offering a recommendation or "speaking up" was prevalent. Enhancing the workplace conditions for pharmacy personnel can not occur without open and honest communication.

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 Reponses 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 *increased stress*?	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%
2024 – Q1 and Q2	201	230	87%

Table Seven - Frequency of Reponses 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*ncreased burnout*?	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%
2024 – Q1 and Q2	194	230	84%

Table Eight - Frequency of Reponses 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 *weakened family/personal relationships*?	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 and Q2	145	230	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 *lessened happiness*?	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 and Q2	180	230	78%

PWWR REPORT X – OVERALL SUMMARY

In this tenth analysis period**,** positive experiences were infrequently reported. There were nine reports this period. These reports did not offer compelling stories that have not been described in previous analyses (e.g., use of technology and targeted safety practices to improve patient safety, positive feedback from supervisors or peers).

The themes overtly expressed in the negative experiences submitted in this tenth analysis period remain fundamentally unchanged when compared to previous periods. There were two notable and unique findings that were not seen in previous analyses. One reporter questioned APhA's intentions in collecting PWWR Experience Reports. A different reporter called out APhA, NCPA, and Congress for failing to fix systemic problems in pharmacy. The other notable finding is that several reporters are stating that the Israeli-Hamas conflict has affected co-worker and customer relationships in an overtly negative way. External politics being brought into the workplace is not unexpected and mostly likely an unavoidable circumstance; however, the reporters who were adversely affected did not mention if there were workplace rules about how these conflicts would be managed or if there were administrative systems to do so.

PWWR REPORT X – OVERALL LEARNINGS

Many of the experience report themes have persisted over the nearly three years of PWWR. It is important for the profession, employers, policy-makers, and stakeholders to review the learnings and take action where necessary. Highlighted learnings this report:
- 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.
- Address pharmacy personnel's fear to talk with supervisor/managers due to the perception of retaliation.
- Address learnings that find when staff offer recommendations they are not heard or responded to. Individuals want to feel valued in the organization they work in.

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/pwwr. 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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