

FEATURE

» PHARMACY LEGAL

Managing work stress

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Many pharmacists may experience increasing workloads due to the financial pressures on the profession with specific reference to the impact of the Pharmaceutical Benefits Scheme Reforms.

Over recent years there have been concerns about increased pharmacists' workloads and the occurrence of dispensing errors. A review of the literature found that workload was the most frequently cited cause of dispensing errors by pharmacists in community and hospital pharmacy settings followed by interruptions, distractions and inadequate lighting.¹ The impact of these factors could therefore be significant and lead to increased rates of dispensing errors.

In terms of workload, the Pharmacy Board of Australia *Guidelines for dispensing medicines*² state the following:

'Pharmacists should ensure that the individual workloads under which they operate are at reasonable and manageable levels to:

- ensure the safety of the patient
- provide an appropriate pharmaceutical service in an accurate, professional and timely manner
- cope with fluctuations in workflow.

Patients' unrealistic expectations in relation to time taken to dispense the prescription, or the need to meet imposed maximum prescription waiting times are considered not conducive to the provision of such a service.

Pharmacist owners and managers are to have in place suitable quality-assurance systems and procedures for the management of pharmacist workload.'

Dispensing errors

Another important factor in making dispensing errors and a decreased ability to identify errors is the impact of work stress. A United States study found that many pharmacists experienced role overload that could lead to work stress.³ Increased workload and work stress could lead to practitioner fatigue that subsequently could impact on patient care. The *Code of Conduct for registered health practitioners* specifically addresses the impact of fatigue on practitioner health and practitioners' ability to care for patients or clients and states that practitioners should endeavour to work safe hours whenever possible.⁴

A guidance document was prepared by a project team led by the Pharmacy Council of New Zealand in 2012 with some practical advice about managing workload pressures in pharmacy practice.⁵ Table 1 provides a summary of the stressors and some solutions highlighted in the document.

Discussion

Although definitions involving the ratio of dispensed prescriptions per pharmacist per hour or day provide some guidance various other services add to pharmacists' workload. There are limitations to the use of volume-based measures of workload in the pharmacy practice setting as pharmacists are required to interact with customers, supply non-prescription medicine and provide advice, deliver professional services and consult with other healthcare professionals. These other activities need to be considered in workload models.

Although workplace pressures are unavoidable it is important to avoid these pressures becoming excessive or unmanageable as this leads to pharmacists' stress which could lead to errors.

References

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Table 1. Workplace pressures with some solutions.⁵

Stressors	Solutions
Unpredictable or inconsistent workflow	<ul style="list-style-type: none"> • Prioritise prescriptions and use a system to highlight priority items • Ensure effective staff communication • Give realistic work times and develop standard phrases for staff to use (i.e. It will be 15 minutes, Please take a seat in our waiting area)
Lack of break or meal times	<ul style="list-style-type: none"> • Agree to rest and meal break arrangements • Allow time for breaks to be both physical and mental breaks when possible • Ensure support staff understand the importance of allowing the pharmacist a break • Encourage all staff to eat breakfast before work
Differences in individual capacity to cope	<ul style="list-style-type: none"> • Recognise individual tolerances and susceptibilities to workplace pressure and stress • Encourage staff to know their own limitations • Ensure smooth handover processes and use a communications book • Identify and manage stressors such as flexible rosters and appropriate training
Staffing levels	<ul style="list-style-type: none"> • Ensure sufficient staff numbers are available to cope with variable workload • Consider predictable spikes, mix of prescription types and staff experience when determining staffing levels • Redeploy staff i.e. allocate support staff to perform technical tasks to enable pharmacists to focus on clinical activities • Recognise that pharmacists may be called away frequently • Ensure appropriate level of resources when new services are introduced • Consider the use of a sign that explains to customers that the pharmacist is busy • Perform suitable activities to be performed after hours during unexpected staff absences
Lack of private counselling area	<ul style="list-style-type: none"> • Separate prescription-in and prescription-out areas to allow for more confidential counselling • Ask customers where they would feel comfortable being counselled • Take customers to a quiet area for counselling of sensitive issues
Prescription non-payers	<ul style="list-style-type: none"> • Set and communicate boundaries to staff and customers for accepting debt • Communicate ethical versus legislative boundaries i.e. supply of antibiotics for children
Workflow design and dispensary layout	<ul style="list-style-type: none"> • Design work space to facilitate an organised, logical workflow • Ensure good lighting • Keep background noise to a minimum • Place the telephone where it will cause minimal disruption to the dispensing process, and will allow confidential conversations to be held without being overheard • Limit the use of personal phones in the dispensary. Keep texting to that which is work-related. • Where a focussed checking process is in progress (for example compliance packing), provide mechanisms to ensure there is minimal disturbance ie "do not disturb: checking in progress" signs • Move compliance packing away from the main dispensing desk
Non-dispensing workload	<ul style="list-style-type: none"> • Pharmacists should delegate tasks when possible and appropriate • Upskill staff to manage administrative tasks
Dealing with challenging customers	<ul style="list-style-type: none"> • Develop strategies to deal with challenging customers.

NEWS BRIEFS

Advanced melanoma on the rise

More people will die in 2014 from advanced melanoma than in car accidents and around 26,000 years of healthy life will be lost due to disability and premature mortality in the same 12 month period. In addition, the total cost to the economy of advanced melanoma this year is estimated to be \$422 million. These are some of the alarming statistics contained in a report *Advanced Melanoma: The real cost of Australia's national cancer*, commissioned by Melanoma Patients Australia (MPA) and prepared by KPMG. MPA CEO Tilly Ryan said the report showed that Australia's national disease was on the march again, despite sun awareness campaigns successfully reducing the incidence of skin cancers.

Opioid overdose guidelines

The World Health Organization (WHO) has launched its first *Guidelines on the Community Management of Opioid Overdose* in a bid to prevent needless drug-related deaths. Each year drug use accounts for more than 150,000 deaths globally, with opioids responsible for a high proportion of fatal drug overdoses, according to the WHO. The Guidelines highlight how increased access to the opioid-reversal medicine naloxone could significantly reduce opioid overdose deaths, particularly in countries with limited access to essential health services for people who inject drugs. Professor Paul Dietze, Head of Alcohol and other Drug Research at Burnet Institute, and a Chief Investigator for the Centre for Research Excellence into Injecting Drug Use (CREIDU) in Australia, was part of the WHO's Guidelines Development Group.