



MANAGING STRESS IN PHARMACY

CREATING A HEALTHIER WORKING
ENVIRONMENT IN PHARMACY BY
MANAGING WORKPLACE STRESS

Practical advice for Australian pharmacists and pharmacy support staff

2018

MANAGING STRESS IN PHARMACY

Creating a healthier
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We are available every day of the year from 8.00 am to 11.00 pm EST



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INTRODUCTION

Pharmacy practice can be profoundly satisfying, but it can also be extremely stressful. This may be more so in an environment of change, when there are often concerns that events are outside of your control. Feeling stressed at work can be a reasonably common experience and you probably know other pharmacists or pharmacy staff who experience stress too. This might occur only in the short term (for example, unrealistic patient expectations), or it may up build over a longer period of time.

In 2010, the *Pharmacy Times* newsletter reported on a study of practising pharmacists in the United States (US), that found more than 68% experienced job stress and role overload. Respondents cited role ambiguity as a serious concern — they felt they were often unable to provide ideal professional services because mundane tasks took priority.¹

In Australia, according to the National Health and Safety Commission, workplace stress accounts for the longest stretches of absenteeism in the work place.²

Many pharmacists believe that working 10 to 13-hour days under a constant bombardment of prescription requests in a noisy environment is normal. Then they 'beat themselves up' when errors occur. Stress, like laughter, is contagious. This means that stress reduction goals that fail to include managers and co-workers will be ineffective. Co-workers need to discuss workplace stress and be involved in resolving it. Mental health workers call this 'de-escalating the situation' — and it relies on excellent communication. All employees should be comfortable mentioning stressors, for example, and saying things such as, 'Can we turn off the radio and lower the ringer volume on the phone during our rush period?' Table 1 that follows, is an excerpt from the 2010 *Pharmacy Times* article that describes frequent stressors in US pharmacy settings and offers possible solutions.¹

The following diagram (Figure 1, also known as the Yerkes-Dodson Law³), clearly illustrates the relationship between performance and increasing pressure. Pharmacists, pharmacy staff and organisations can minimise the impact of work-related pressure and stress by addressing key areas:⁴

- **Role:** Whether people understand their role within the organisation and whether the organisation ensures that the person does not have conflicting roles
- **Demands:** Whether a person has an acceptable workload, good work patterns and a functional work environment and are able to cope sufficiently with it
- **Control:** How much say a person has in the way they do their work
- **Support:** The encouragement, support from senior staff and resources such as adequate staff, and stock provided by the organisation, managers and colleagues
- **Relationships:** Promoting positive work environments to avoid conflict and dealing with unacceptable behaviour
- **Change:** How organisational change is managed and communicated.

Although not specified as key areas in this guide, the suggested solutions can be applied to the areas described above.

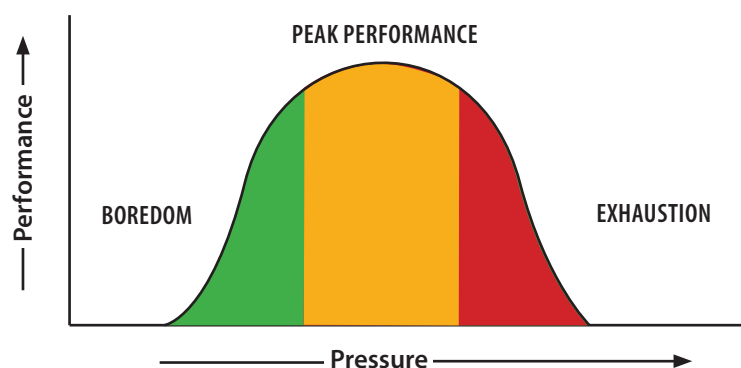


FIGURE 1:
THE PRESSURE/
PERFORMANCE CURVE⁵

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TABLE 1: STRESSORS IN THE PHARMACY¹

| Common Stressor | Subsequent Problem | Possible Solution |
|--|--|--|
| Employees call in sick | Staffing is short | The manager might hire an on-call person or service to cover unanticipated absences |
| Employees are tardy | Staff members either carry the load alone, or cannot leave at their scheduled departure time | The team could discuss this problem and commit to punctuality |
| One employee monopolises the position that allows sitting or always has tasks that are more “fun” | Some staff spend a disproportionate amount of time on their feet or doing tedious work | Staff might rotate positions every hour. Management might find ways to introduce ergonomic solutions in their workplace (more chairs, better counter height, etc). Staff might redistribute work, so that the person doing the “fun” job also has some more tedious responsibilities |
| One employee seems tasked with all decisions by choice or by default | Others may feel like they are not trusted to make decisions, never develop decision-making skills, or the decision maker may feel stressed by the responsibilities | The group can work out an acceptable way to handle decisions fairly |
| Some employees have poorer skills than others | Employees who are less organised or slower impede processes for everyone, creating frustration | Supervisors might arrange training in specific skills for employees who need remedial support |
| Some pharmacists are not prepared by training or in personality to deliver pharmaceutical care | The quality of counselling or clinical work product suffers | Supervisors might arrange training in specific skills |
| Problem prescriptions or orders tend to stagnate work | Staff becomes frustrated | Staff and supervisors might work together to identify a process so problems are resolved without stalling work output |
| Customers perceive the pharmacist’s function as being storewide | The pharmacist is pulled away from more pressing work to help customers who could be helped by other staff | Pharmacy and storefront staff might discuss their competing needs and identify a solution |
| The manager has an unrealistic perception of the pharmacy | Pharmacy staff feels unsupported or unappreciated | Having a manager assist in the pharmacy area during rush periods can be enlightening |
| Pharmacy staff has no authority to correct register errors or handle complaints | Everyone has to wait while a manager is paged | Management might allow pharmacy staff to reconcile problems within reasonable limits |

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PURPOSE

In the current environment, with pharmacists and pharmacy support staff facing increasing environmental work stress, there is a need for guidance. This document provides practical advice, and is intended as a tool for pharmacy to identify the varied factors that can lead to workplace stress and to offer some solutions to put into place. It also provides a guide to organisations and resources for further information and assistance where appropriate.

This document should not be regarded as a complete solution or 'quick fix' to workplace pressure troubles. Best practice takes time to implement.

As noted in the UK's Royal Pharmaceutical Society (RPS) document on empowering pharmacists,⁶ addressing issues causing pharmacy workplace pressure is advantageous to ALL stakeholders as it will contribute to:

- Improved patient safety through reduced errors
- Improved health outcomes through more appropriate use of pharmacist's time
- Improved morale of pharmacists resulting in increased motivation across staff teams
- Improved customer service as a consequence of improved morale and motivation
- Improved productivity and performance
- Improved working relationships between employee and employer
- Enhanced health and wellbeing of employees
- Reduced absence and sickness rates
- Reduced costs due to a lower turnover of staff
- Reduced disruption, wasted efforts and costs of managing grievance or litigation processes between employees and employers.

It is important to be mindful that a practical tool should be just that; and does not include categorical statements about specific issues, such as the number of prescriptions dispensed per pharmacist in a given timeframe.

Workloads vary hour by hour; day-by-day so uncompromising statements related to dispensing levels are of limited importance.

However, for registered pharmacists working in Australia, specific procedural guidance on a safe dispensing and labelling of medicines, as well as the responsibilities of proprietor pharmacists with respect to pharmacy resourcing, can be sourced within the Pharmacy Board of Australia (PBA) resources and publications.⁷

Note 1: Within this document the words 'patient', 'customer' and 'consumer' are all used. Pharmacy is practised in diverse environments and we deal with the public who may be patients, customers or consumers in different settings.

Note 2: 'Pharmacy' in this document includes all practice environments; all pharmacists and staff associated with the practice of pharmacy; and employers where appropriate, including pharmacist employers. By inference, it also incorporates relevant legislation, regulations, codes of practice, and standards impacting on the profession of pharmacy.

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STRESSORS AND SOLUTIONS

Workload Pressure

Pressure in the workplace is unavoidable due to the demands of the contemporary work environment. Many people rely on some level of pressure perceived as acceptable by an individual to keep them alert, motivated, and able to work and learn, depending on the available resources and personal characteristics. However, when that pressure becomes excessive or otherwise unmanageable it leads to stress. Stress² can damage your health and the ability to perform at work consequently affecting the business' performance.

Work-related stress can be caused by:

- Poor work organisation: the way we design jobs and work systems, and the way we manage them
- Poor work design (for example, lack of control over work processes)
- Poor management
- Unsatisfactory working conditions
- Lack of support from colleagues and employers.

Table 2 has been extracted from a 2017 commentary in the *American Journal of Health-System Pharmacy* (AJHP) on 'Burnout syndrome amongst health care professionals' and outlines a series of risk factors (or work-related stress) impacting on pharmacist quality of work life and associated with 'burnout', along with potential strategies to alleviate the risk.⁸ In other words, it is important to manage work-related stress before it leads to 'burnout'. According to the Maslach Burnout Inventory, 'burnout' has three dimensions: emotional exhaustion, depersonalisation and personal accomplishment.⁹

Research findings show that the most stressful type of work is that which values excessive demands and pressures that are not matched to workers' knowledge and abilities, where there is little opportunity to exercise any choice or control, and where there is little support from others.¹⁰

Employers and managers should apply the intent of the relevant Standards, performance criteria and related 'enabling competencies' within the *National Competency Standards Framework for Pharmacists in Australia*¹¹ and integrate a 'no blame' mentality in the workplace. By doing this and being able to bring up and discuss incidents and/or errors that occur in the workplace, it promotes professionalism and accountability, and provides the opportunity for these to be minimised and prevented in the future (*Standards 1.1 (1.1.4 and 1.1.5), 1.4, 1.5 (1.5.3), 1.6, 2.2, 2.3 and 2.5*).

Employers should also ensure that there are sufficient resources such as stock and staff (*Standards 4.4, 4.5, 4.6*). Pharmacists should recognise when to ask for assistance or guidance in relation to work place bullying or discrimination (*Standards 1.4, 2.2, 2.3, 2.4 and 4.1*). Pharmacists should possess the aptitude to delegate and prioritise work tasks in order of importance and for good workflow (*Standard 4.2*). Also the capability to use workflow planning to influence workplace design should be incorporated (*Standard 4.4*).

Pharmacy owners should refer to the *National Competency Standards Framework for Pharmacists in Australia* (*Standards 4.3, 4.4, 4.5, 4.6 and 4.7*) as well as the *PBA Guidelines for proprietor pharmacists*¹² to gain a full understanding of their responsibilities and to ensure:

- The pharmacy is suitably resourced and that staff are trained and appropriately supervised
- Staff have access to the necessary business procedures and policies
- Pharmacists have ready access to essential reference material.

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TABLE 2: RISK FACTORS ASSOCIATED WITH BURNOUT AND STRATEGIES FOR ALLEVIATING BURNOUT RISK⁸

| RISK FACTOR | EXAMPLES | STRATEGY OR STRATEGIES FOR ALLEVIATING RISK |
|-------------------------------|--|--|
| Workload | Job demands exceeding human limits; acute fatigue from a demanding work event (for example, meeting a deadline, dealing with a crisis); limited time to rest, recover, and restore | Permitting time at the workplace to recover from a stressful event |
| Control | Role conflict, absence or direction in the workplace | Clearly defined roles and expectations from organisational leadership |
| Reward | Inadequate financial, institutional, or social reward in the workplace; lack of recognition from stakeholders (patients, managers, colleagues) | Identify suitable rewards to recognise achievements, provide opportunities to teach or mentor trainees |
| Community | Inadequate opportunity for quality social interaction at work; inadequate development in areas related to conflict resolution, provision of mutual support, professional closeness, or team building | Promote participation in professional organisations |
| Fairness | Perception of equity from an organisation, organisation leadership, or supervisor | Transparency in decision making |
| Values | Organisational values are incongruous with an individual's personal values or beliefs; employees need to choose between work they want to do and work they have to do | Align personal expectations with organisational goals |
| Job-person incongruity | Personality does not fit or is misaligned with job expectations and coping abilities | Evaluate and align job responsibilities with personal and professional expectations |

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| WORKLOAD PRESSURE | |
|---|--|
| STRESSOR | SOLUTIONS |
| Unpredictable or inconsistent workflow | Effective communication between shop front staff, dispensary staff and customers should resolve most situations, i.e. safe effective service delivery is more of a priority than fast delivery |
| | Prioritise prescriptions—target patients with greater need (for example, severely ill patients) |
| | Give realistic wait times (include in standard operating procedures (SOPs) for receiving and/or dispensing prescriptions) and ensure everyone in the pharmacy knows what these are |
| | <p>»TIP</p> <p>When prioritising scripts, give a realistic estimate of the dispensing time, taking into consideration the patient's or caregiver's needs, the availability of the medicine, whether it needs to be compounded and the prescription queue. It is important that the pharmacy's procedures at this point do not put the dispensary staff under undue time pressure</p> |
| | Use a peg, annotation or tray system to highlight priority scripts quickly and allow all staff to see how many prescriptions are in the queue at a glance |
| | <p>Hand the message on:</p> <ul style="list-style-type: none"> • Tell patients if there is a hold-up and the wait is 20 minutes, or a realistic time-frame if potentially longer • Warn pharmacy support staff of potential delays or if you 'are not to be interrupted' and for how long |
| | Have in place suitable quality-assurance systems and procedures to manage workload |
| | <p>Develop standard phrases for staff to use:</p> <ul style="list-style-type: none"> • When do you need your prescription by? • Can we deliver it later? (if there is a delivery service) • It will be 15 minutes is there anything else I can help you with while you wait? • Please take a seat in our waiting area • Here is some information (relevant to their condition) to read while you wait |
| | Ensure sole in charge pharmacists take a step away from the prescription at the final check stage so that they come back with fresh eyes |
| | Don't allow dispensary staff to be coerced into compromising accuracy and professionalism for speed. At the same time, work should be purposeful and efficient (Care Principle 1 and Integrity Principle 2, <i>PSA Code of Ethics for Pharmacists</i>). ¹³ |

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| WORKLOAD PRESSURE | |
|-------------------------------------|--|
| STRESSOR | SOLUTIONS |
| Lack of breaks or meal times | Encourage dispensing staff, including locum pharmacists, to take adequate rest breaks and give them the opportunity to do so |
| | Agree in good faith on rest break and meal break arrangements, and keep to them as much as possible |
| | Allow time for breaks to be both a physical and mental break where possible (for instance, out of a busy dispensary) |
| | Ensure frequency and duration of breaks are appropriate to the working environment |
| | If breaks can't be scheduled due to certain requirements or commitments, they should be taken 'where reasonable and practicable', and within legal boundaries in accordance with an Award, an enterprise agreement or a registered agreement ^{1,14} |
| | Ensure counter staff understand the importance of allowing the pharmacist a break of at least a few minutes, and provide a standard phrase they can use with customers |
| | Recognise if staff are fasting during Ramadan or other religious observances, and vary shifts to accommodate this where possible |
| | Encourage all staff to eat breakfast before coming to work |
| | Reassess staffing levels i.e. ensure sufficient staff numbers and skill mix are available to cover for those on their breaks |

i. As a general guide the Pharmacy Industry Award 2010 states that employees working 4 or more hours on any day will be entitled to a 10 minute paid rest pause; all employees working more than 5 hours on any day will be entitled to an unpaid meal break of not less than 30 minutes and no greater than 1 hour duration plus a 10 minute paid rest pause; all employees working 7.6 or more hours on any day will be entitled to an unpaid meal break of not less than 30 minutes and no greater than 1 hour duration plus two 10 minute paid rest pauses. Provided that:

- the meal breaks are to be taken after at least 2.5 hours and not later than 5 hours work; and
- the rest pauses are not to be taken in the first hour of work or in the first hour after the meal break.

https://www.fwc.gov.au/documents/documents/modern_awards/pdf/ma000012.pdf

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| WORKLOAD PRESSURE | |
|--|--|
| STRESSOR | SOLUTIONS |
| Differences in individual capacity to copeⁱⁱ | Recognise that individuals have different tolerances or susceptibilities to workplace pressure and stress |
| | Ensure everyone knows their own limitations, and that these can be communicated |
| | Reduce workload pressure with suitable hand-over processes, either at the end of shifts or on a day-to-day basis. A communications book should be used to record any information that may be needed by staff on the next or subsequent shifts |
| | Stressors include lack of consulting time; increasing near misses; high absenteeism and increasing customer complaints. Take all reasonably practicable steps to reduce and manage stressors, for example: <ul style="list-style-type: none"> • Accommodate coping differences by having flexible staffing rosters • Enrol staff in a stress management course • Improve the fit between individuals and tasks • Provide solution-driven performance feedback and monitoring of problem areas • Provide appropriate training to improve performance |
| | Recognise that coping mechanisms are different from inter- and intra-pharmacist perspectives |
| | Encourage staff to engage with a mentor if they are feeling an inability to cope |
| RESOURCES | |
| Pharmacy Board of Australia (PBA). Codes, Guidelines and Policies. http://www.pharmacyboard.gov.au/Codes-Guidelines | |
| Pharmacy Guild Australia (PGA) (employers) https://www.guild.org.au | |
| Guild Insurance (risk management) https://www.guildinsurance.com.au | |
| Pharmaceutical Defence Limited (PDL) (risk management) https://www.pdl.org.au | |
| Professional Pharmacists Australia (PPA) (employees) http://www.professionalpharmacists.com.au | |
| Pharmaceutical Society of Australia (PSA) (professional guidelines, professional practice standards, competency standards) http://www.psa.org.au/practice-support-and-tools/psa-professional-practice-standards | |
| Society of Hospital Pharmacists of Australia. SHPA Standards of Practice. https://www.org.au/standards-of-practice | |

ii. Individuals have different tolerances or susceptibilities to workplace stress. These are not likely to be constant with time: as a person changes or has temporary difficulties, there will be times when resilience is less or greater.

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| WORKLOAD PRESSURE | |
|------------------------|--|
| STRESSOR | SOLUTIONS |
| Staffing levels | <p>Ensure sufficient staff numbers are available to cope with variable workload by:</p> <ul style="list-style-type: none"> • Having a flexible staff roster • Having a staff crisis plan to cover unplanned absenteeism • Temporarily withdrawing non-urgent services • Arranging appointment times for non-urgent issues • Keeping communication lines open with customers and the health care team |
| | <p>Staffing levels should take into account:</p> <ul style="list-style-type: none"> • Predictable spikes in activity during specific times, days or months • The mix of prescription types for instance, repeats, extemporaneous, intravenous additives • Staff experience and familiarity with systems • The use of support staff (for example, intern pharmacists, dispensary technicians) • Other dispensing responsibilities, such as counselling, over-the-counter (OTC) advice, medication review, MedsCheck, interventions, etc. • The Pharmacy Board of Australia <i>Guidelines for Dispensing of Medicines</i>, Section 11: Pharmacists' Workload⁷ |
| | <p>Re-deploy staff, for example, have dispensary technicians or dispensary assistants complete technical aspects of dispensing while pharmacists attend to professional aspects (clinical check, final check, counselling)</p> |
| | <p>Recognise that a sole in charge pharmacist may not be able to 'dispense' at the same rate as if s/he had other dispensary staff to help, as s/he may be called away frequently (i.e. the number of staff does impact on the productivity or rate of dispensing)</p> |
| | <p>If introducing new services, ensure allocation of appropriate resources (staff, IT resources and space)</p> |
| | <p>If working alone, and to minimise interruptions by patients, consider having a sign that says: <i>'Thank you for your patience. I will be with you in just a moment. I am currently completing my work on another patient's prescription'</i></p> |
| | <p>Accept that unexpected absentee staff will result in busy periods—some services may not be completed on time (for example, deliveries / blister packing may need to be completed out of hours of business)</p> |
| | <p>For staffing levels in hospital pharmacy, refer the <i>SHPA Standards of practice for clinical pharmacy services</i>, Chapter 9 Staffing Levels and Structure for the Provision of Clinical Pharmacy Services¹⁵</p> |

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WORKLOAD PRESSURE

| STRESSOR | SOLUTIONS |
|--------------------------------|---|
| Non-dispensing workload | Share the workload—delegate tasks where possible and appropriate |
| | Up-skill staff to manage some administration tasks (for example, writing SOPs; processing batches of prescriptions) |
| | Improve time management skills |

RESOURCES

<https://www.mindtools.com/>
<http://www.mytimemanagement.com/>
<http://www.business.gov.au/>
<http://www.australianbusiness.com.au/home>
<http://www.qcpp.com/qcpp-home>
<http://www.pharmacyboard.gov.au/Codes-Guidelines>
<https://www.shpa.org.au/standards-of-practice>
<http://www.psa.org.au/supporting-practice/professional-practice-standards>
 National Competency Standards Framework for Pharmacists in Australia. 2016.
http://advancedpharmacypractice.com.au/download/resources/5202%20National%20Competency%20Standards%20Framework%20for%20Pharmacists%20in%20Australia%20_FINAL.pdf

| STRESSOR | SOLUTIONS |
|---|---|
| Lack of private counselling area | Separate 'prescription-in' and 'prescription-out' areas to facilitate confidential counselling |
| | Ask the patient about their preferences for being counselled—there may be issues a patient wants to discuss confidentially |
| | Take the patient to a quiet area of the pharmacy for counselling |
| | Know which services require a separate consultation room (for example, to administer vaccinations). Plan to eliminate 'traffic jams' if they are used for different purposes (for example, methadone observed doses, as well as vaccinations) |

RESOURCES

PSA Dispensing Practice Guidelines. <https://www.psa.org.au/wp-content/uploads/Dispensing-Practice-Guidelines-2017-pdf-8.3MB.pdf>
 PGA. Vaccination services. <https://www.guild.org.au/programs/vaccination-services> (accessed December 2017)
 Australian Commission on Safety and Quality in Health Care (ACSQHC). Australian Charter of Healthcare Rights. 2012. <https://www.safetyandquality.gov.au/wp-content/uploads/2012/01/Charter-PDF.pdf>
 Australian Government. Office of the Australian Information Commissioner. Australian privacy principles. 2014. www.oaic.gov.au/privacy-law/privacy-act/australian-privacy-principles
 QCPP requirements. <http://www.qcpp.com>
 Society of Hospital Pharmacists of Australia. SHPA Standards of Practice. <https://www.shpa.org.au/standards-of-practice>
 Society of Hospital Pharmacists of Australia. Standards of practice for the provision of consumer medicines information by pharmacists in hospitals. J Pharm Pract Res 2007; 37: 56-8

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| STRESSOR | SOLUTIONS |
| Workflow design and dispensary layout | Re-plan or redesign work space where possible to ensure an organised, logical workflow |
| | Re-evaluate workspace and workflow regularly (at least every 6–12 months especially in changing environment) |
| | Ensure good lighting in the dispensary |
| | 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 |
| | No personal mobile phones should be used by any staff in the dispensary. Keep texting to that which is work-related |
| | Private emails must be reserved for established 'break period' and out of the dispensary as they are distractors |
| | Ensure that social media is restricted to work-related only |
| | Move Dose Administration Aid (DAA) packing away from the main dispensing desk. Packing should take place in a 'dedicated area' |
| Where a focused checking process is in progress (for example, DAA or compliance packing), provide mechanisms to ensure there is minimal disturbance i.e. 'do not disturb: checking in progress' signs. | |
| RESOURCE | |
| UK NHS. Design for patient safety: a guide for design of the dispensing environment. 2007. http://www.nrls.npsa.nhs.uk/resources/collections/design-for-patient-safety/?entryid45=59830 | |
| STRESSOR | SOLUTIONS |
| Prescription non-payers | Set and communicate boundaries to staff for accepting debt |
| | Notify customers of the acceptable ceiling for patient debt. A statement of in-store policy or 'Customer Service Statement' on display may be a viable option |
| | Re-direct to the local Centrelink office if necessary and appropriate |
| | Ensure ethical versus financial imperatives are clear and that all staff know what they are (for example, supplying antibiotics for children even when there is patient debt) |
| RESOURCES | |
| Income Tax Assessment Act 1997. Chapter 2: Liability rules of general application. Section 25-35 Bad debts. https://www.ato.gov.au/law/view/document?DocID=PAC/19970038/25-35&PiT=99991231235958 (accessed December 2017) | |
| Protecting yourself from bad debts. http://www.resilium.com.au/advice-centre/business-finance/protecting-yourself-bad-debts#.Vb7tV5Oqqko (accessed December 2017) | |
| ASIC. MoneySmart. Debt consolidation and refinancing. https://www.moneysmart.gov.au/managing-your-money/managing-debts/consolidating-and-refinancing-debts | |

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|--|---|
| STRESSOR | SOLUTIONS |
| Dealing with challenging customers | Don't let them get to you—stay out of it emotionally and concentrate on listening non-defensively and actively. Customers may make disparaging and emotional remarks, don't fall for it or 'take the bait' |
| | Listen, listen, and listen—look and sound like you're listening. The customer wants to know that you care and that you're interested in their problem |
| | Apologising and saying sorry helps reassure the customer that you are listening. It is important to apologise for any inconvenience or distress caused, even if you are not responsible. When you say sorry, include it as part of a full sentence. <i>'I'm sorry you haven't received that information as promised Mr Smith'</i> . (It's also good practise to use the customer's name in a difficult situation) |
| | Empathise—using empathy is an effective way to deal with the customer's feelings. Empathy isn't about agreement, only acceptance of what the customer is saying and feeling. The message is— <i>'I understand how you feel'</i> , but it has to be a genuine response. For example: <ul style="list-style-type: none"> • <i>'I can understand that you're angry'</i> • <i>'I see what you mean'</i> |
| | Build rapport—sometimes it's useful to add another phrase to the empathy response, and including yourself in the picture: <i>'I can understand how you feel, I don't like it either when I'm kept waiting'</i> . This has the effect of getting on the customer's side and builds rapport |
| RESOURCES | |
| Better Practice Guide: Managing Unreasonable Complaint Conduct. Practice Manual. 2012. http://www.ombudsman.gov.au/__data/assets/pdf_file/0022/35617/GL_Unreasonable-Complainant-Conduct-Manual-2012_LR.pdf | |
| Dealing with difficult customer behaviour. http://www.davcorp.com.au/wpdata/files/43.pdf | |

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Psychosocial Hazards

Work is generally beneficial to mental health and personal wellbeing. It provides people with structure and purpose and a sense of identity. There are circumstances, however, in which work can have adverse consequences for health and wellbeing. Psychosocial hazards include but aren't limited to stress, violence and other workplace stressors.¹⁶

Violence in the workplace can range from verbal abuse and intimidation, to trauma resulting from violence during the course of a robbery or a holdup.

A survey of pharmacists working in a sample of Australian community pharmacies was conducted to determine the frequency, nature and impact of violence.¹⁷ The results, which were published in 2011, highlighted the significant impact of violent incidents, with one in ten respondents changing employment. A large proportion claimed that they either 'sometimes' or 'never' reported the incident, and over half claimed no post-incident support. It is well understood that intimidating, disruptive or negative behaviours in the workplace undermine team effectiveness and create barriers to co-operation. In 2015, Mary Freer and Dr Catherine Crock AM created Gathering of Kindness, after identifying the direct correlation between organisational negativity and staff wellbeing and effectiveness.ⁱⁱⁱ As a result of one of the 'Gathering of Kindness' sessions in November 2017, a participant created and shared a 'kindfulness tool', which can be found at <https://www.gatheringofkindness.org/blog/a-tool-for-kindfulness>.

In 2015, the US Pharmacist Mutual Insurance Company published a review of Pharmacists Mutual Experience on Pharmacy Crime, which is an attempt to understand pharmacy crime and managing the threat.¹⁸ The impact of violence committed during the course of a robbery or hold up in commercial premises, such as a community pharmacy, should not be underestimated. Whilst not the direct focus of this guidance document, pharmacy owners should take an approach that aims to minimise the impact of injury as well as providing support as a result of the 'indirect' intangible feelings of vulnerability and fear that staff may experience.

In 2000, the Australian Institute of Criminology released a handbook providing an overview of armed robbery prevention strategies, along with a series of possible policy, strategy and checklist documents.¹⁹

In the event of a break-in, Guild Insurance provides advice to pharmacy owners and their staff that includes providing support to staff who may be impacted.²⁰ In addition, following a series of reported pharmacy break-ins, an article in a 2016 pharmacy newsletter provided some 'safety tips' for pharmacy staff.²¹

Advice on how to look after yourself after a hold-up or traumatic event, can be found on the Pharmacists' Support Services (PSS) website.²²

Your ability to manage workload pressures involves not just what work you are doing, but also how you perceive the work and your mental state at the time. These factors include your cognitive functioning, perceptions of the physical environment of the pharmacy, personal qualities of the people you work with, interpersonal relationships, organisational dynamics, and extra-organisational factors. They all play a role in job satisfaction.

Risks to psychological health due to work should be viewed in the same way as other health and safety risks and a commitment to prevention of work-related stress should be included in an organisation's health and safety policies.

iii. The Gathering of Kindness aims to redress this by building, nurturing and instilling a culture of kindness throughout the healthcare system. We bring together people from inside and outside the healthcare sector—actors, clinicians, artists, musicians and innovators—to imagine that kindness, trust and respect are the fundamental components of the healthcare system, and that bullying is unacceptable. We look for creative pathways to a more compassionate model of health care. <https://www.gatheringofkindness.org/about> (accessed December 2017)

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iv. Excerpt from the Pharmaceutical Society of Australia (PSA)

Code of Ethics for Pharmacists 2017

Integrity Principle 2: *A pharmacist is responsible for their professional decisions and contributions made in practice. A pharmacist is part of a healthcare team working with colleagues, including patients, interns, students, support staff and other health professionals. Respect, good communication and cooperation produce successful teamwork and facilitate delivery of professional services. A pharmacist:*

b. must not override the professional autonomy of another pharmacist unless patient safety is compromised.

g. behaves with respect, and demonstrates good communication and cooperation with all team members, including students, interns, support staff and other health professionals.

PSYCHOSOCIAL HAZARDS

| STRESSOR | SOLUTIONS |
|--|--|
| Professional safety worries when raising concerns | Develop agreed processes for raising concerns that work for all parties—see Appendix 1 |
| | Review processes for raising concerns regularly to ensure they fit the existing workplace conditions and staffing levels |
| | Discuss and develop professional empowerment guidelines that might include: <ul style="list-style-type: none"> mechanisms for raising concerns (not telling tales, but reporting issues through the correct channels/people) increasing confidence through improved management skills for the entire pharmacy team increasing job satisfaction, encouraging feedback about what is good and bad, helpful or a hindrance balancing professionalism with commercial pressure |
| | Provide fair mechanisms to identify and reconcile workplace relationship difficulties and conflict, and ensure everyone knows these |
| | Ensure the influencing skills and personal assertiveness of all staff are good enough to raise concerns |
| | PSA <i>Code of Ethics for Pharmacists 2017</i> , Integrity Principle 2: <i>A pharmacist only practices under conditions, which uphold the professional independence, judgement and integrity of themselves and others</i> (refer to additional excerpt on this page, below left ^{iv}) |
| Develop guidelines for recognising the signs of a stressed employee. These could include indications such as lowered productivity and efficiency, increased absenteeism, impaired personal and interpersonal skills and changes in physical appearance | |

RESOURCES

Royal Pharmaceutical Society (RPS) Reducing workplace pressure through professional empowerment. July 2011. https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/64585_Reducing%20Workplace%20Pressure%20through%20professional%20empowerment%20-%20FINAL.PDF?ver=2017-05-16-133221-170

RPS. Quick reference guide. Raising concerns, whistleblowing and speaking-up safely in pharmacy. <https://www.rpharms.com/resources/quick-reference-guide/raising-concerns-whistleblowing-and-speaking-up-safely-in-pharmacy>

Victorian State Government. Better Health Channel. <https://www.betterhealth.vic.gov.au/health/healthyliving/work-related-stress>

WorkSafe Victoria. A guidebook for employers. Preventing and managing work-related stress. 2017 https://www.worksafe.vic.gov.au/__data/assets/pdf_file/0006/211299/ISBN-Preventing-and-managing-work-related-stress-guidebook-2017-06.pdf

Queensland Government. Department of Education, Training and Employment. Injury Management Fact Sheet. Identifying Stress. <http://education.qld.gov.au/health/docs/identifying-stress.pdf>

Australian Government. Comcare. Work-related Mental Stress. https://www.comcare.gov.au/preventing/hazards/psychosocial_hazards/work-related_mental_stress

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PSYCHOSOCIAL HAZARDS

| STRESSOR | SOLUTIONS |
|---|---|
| Not recognising / learning from mistakes and 'near misses' | Document, discuss and evaluate all 'near misses' detected as learning opportunities (identify trends, patterns and possible contributing factors) |
| | Document, discuss and evaluate all 'dispensing errors' and take steps to minimise the possibility of reoccurrence (refer to excerpt from the relevant PBA guidelines below ^v) |
| | Display a procedure for staff that explains what to do in the event of a dispensing error. Include relevant professional indemnity information and how to seek confidential counselling if required |
| | Develop agreed processes for raising and addressing concerns that work for all parties |
| | Encourage pharmacists to focus on safe effective service delivery. If they are struggling to cope, allow them to say so. Act on the disclosure if at all possible to resolve the problem or issue |

RESOURCES

PBA Guidelines for dispensing medicines. 2015.

<http://www.pharmacyboard.gov.au/Codes-Guidelines>

PBA Code of conduct for pharmacists. 2014.

<http://www.pharmacyboard.gov.au/Codes-Guidelines>

SHPA Standards of practice for medication safety

<https://www.shpa.org.au/resources/shpa-standards-of-practice-for-medication-safety>

Professional indemnity providers, including:

- PDL — **<https://www.pdl.org.au>**
- PPA — **<http://www.professionalpharmacists.com.au>**

^v. Excerpt from the Pharmacy Board of Australia (PBA), *Guidelines for dispensing of medicines*. Section 10: Dispensing errors and near misses

Pharmacists should take all reasonable steps to minimise the occurrence of dispensing errors. Good practice dictates there should be a systematic approach in dealing with errors and near misses so that lessons can be learned from them and corrective action taken. Pharmacists should refer to Section 6.2 Risk management of the Board's Code of conduct for pharmacists, which describes good practice in relation to risk management.

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PSYCHOSOCIAL HAZARDS

| STRESSOR | SOLUTIONS |
|-----------------------------|--|
| Working in isolation | Access peer support with advice from organisations, for example, Pharmaceutical Society of Australia (PSA), Pharmacists' Support Service (PSS), Pharmaceutical Defence Limited (PDL), Professional Pharmacists Australia (PPA) |
| | Enrol in discussion forums or special interest groups provided by professional organisations, for example, Pharmaceutical Society of Australia (PSA), Society of Hospital Pharmacists of Australia (SHPA) |
| | Build awareness around boundaries—what is OK and not OK; safe and unsafe; appropriate and not appropriate, given the environment |
| | Be aware of changes within the environment and review boundaries to reflect them in a timely fashion |
| | If taking a position as a locum pharmacist, working alone, ensure you establish what resources are available before accepting a booking in a pharmacy you are unfamiliar with |
| | Develop a file of resources for your staff: contact numbers for doctors, other pharmacies nearby, poisons information centres |
| | Have a suite of up-to-date resources (hardcopy or electronic) the pharmacist can refer to including those considered essential by the PBA <i>Guidelines on Practice-specific Issues</i> , Guideline 1: Reference texts for Pharmacists ²³ |
| | Familiarise yourself with codes of ethics, codes of conduct, practice standards and competency standards relevant to the profession |

RESOURCES

PBA Code of conduct for pharmacists. 2014.

<http://www.pharmacyboard.gov.au/Codes-Guidelines.aspx>

PSA Code of Ethics for Pharmacists. 2017.

<https://www.psa.org.au/downloads/codes/PSA-Code-of-Ethics-2017.pdf>

National Competency Standards Framework for Pharmacists in Australia. 2016.

http://advancedpharmacypractice.com.au/download/resources/5202%20National%20Competency%20Standards%20Framework%20for%20Pharmacists%20in%20Australia%20_FINAL.pdf

PSA. Professional Practice Standards.

<http://www.psa.org.au/practice-support-and-tools/psa-professional-practice-standards>

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PSYCHOSOCIAL HAZARDS

| STRESSOR | SOLUTIONS |
|---|---|
| Culture of blame | Promote an environment that encourages and ensures open communication |
| | Maintain an open door policy and make it 'safe' to discuss issues that the senior staff (for example, proprietors) may be causing |
| | Hold regular staff meetings to discuss issues in a timely and appropriate manner, then act on the discussion |
| | Ensure a transparent complaints procedure is in place for staff as well as patients/customers |
| | Support pharmacists to recognise their legal, ethical and professional responsibility to take action if health or competence concerns are not adequately addressed <ul style="list-style-type: none"> • PBA. <i>Code of conduct for pharmacists</i>. 2014. http://www.pharmacyboard.gov.au/Codes-Guidelines.aspx • Community Pharmacy Service Charter—This document must be displayed as a Medicare requirement for pharmacies claiming the PPI incentives. It is available at: http://6cpa.com.au/resources/community-pharmacy-service-charter/ |
| | Encourage culture of openness—acknowledge mistakes will occur and identify these as learning opportunities. Refer: <ul style="list-style-type: none"> • ACSQHC. <i>Australian Open Disclosure Framework. Better communication, a better way to care</i>. 2014. http://www.safetyandquality.gov.au/wp-content/uploads/2013/03/Australian-Open-Disclosure-Framework-Feb-2014.pdf |
| | Respect the employer's position when there is no latitude available |
| | Praise success of others at work |
| Work on maintaining healthy personal relationships; understand the difference between giving way and giving in, and that all can do both when appropriate | |

RESOURCES

PBA. Codes, guidelines and policies.

<http://www.pharmacyboard.gov.au/Codes-Guidelines.aspx>

QLD Government. Healthier happier workplaces. <http://workplaces.healthier.qld.gov.au/>

Safe Work SA. Work life balance in the workplace. Getting started.

https://www.safework.sa.gov.au/uploaded_files/Getting_Started.pdf

Heads Up. Health workplaces. <https://www.headsup.org.au/healthy-workplaces>

Action for Happiness. Action 47: Get a good balance between work and life.

<http://www.actionforhappiness.org/take-action/get-a-good-balance-between-work-and-life>

Tom Rath and Donald O. Clifton. *How Full is Your Bucket? Positive Strategies for Work and Life*. 2005.

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PSYCHOSOCIAL HAZARDS

| STRESSOR | SOLUTIONS |
|---------------------------|---|
| Workplace bullying | Recognise that workplace bullying can take many forms: for example, spreading rumours or insulting someone; copying emails about someone to others who don't need to know; making threats about job security, and inappropriate posts on social media |
| | Make it clear that bullying is not acceptable |
| | Take steps to prevent bullying from occurring and respond quickly if it does occur. The longer the bullying behaviour continues, the more difficult it is to address and the harder it becomes to repair working relationships |
| | If necessary, remind staff of their professional obligations according to relevant codes of conduct and ethics |
| | Seek advice from professional organisations, for instance, Professional Pharmacists Australia (PPA), Pharmacy Guild of Australia (PGA), Pharmaceutical Society of Australia (PSA), and Pharmacists' Support Service (PSS), if uncomfortable about approaching your employer/employee/work colleague |
| | If available, seek advice from the organisation's human resources department, or employee assistance program, or state or territory bullying help-line |
| | Establish a neutral representative with whom staff can consult on a confidential basis |

RESOURCES

Australian Human Rights Commission. Fact sheet: Workplace bullying.

<https://www.humanrights.gov.au/workplace-bullying-violence-harassment-and-bullying-fact-sheet>

Fair Work Ombudsman. Employee entitlements. Bullying & harassment.

<http://www.fairwork.gov.au/employee-entitlements/bullying-and-harassment>

Reach out Australia. Everyday issues. Workplace bullying.

<http://au.reachout.com/about-workplace-bullying>

Safe Work SA. General risk and workplace management. Bullying.

https://www.safework.sa.gov.au/show_page.jsp?id=5082

Safe Work Australia. Guide for preventing and responding to workplace bullying.

<https://www.safeworkaustralia.gov.au/doc/guide-preventing-and-responding-workplace-bullying>

Victorian State Government. Bullying—Brodie's Law.

<http://www.justice.vic.gov.au/home/safer+communities/crime+prevention/bullying+-+brodies+law>

PBA Social media policy. 2014.

<http://www.pharmacyboard.gov.au/Codes-Guidelines>

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Professional versus Commercial

It is a necessary fact of life that budgets and targets are commonplace in business. They can be useful to manage and help predict the resource requirements within a pharmacy. However, the act of producing a target is often the point at which the commercial driver to run a pharmacy economically comes into conflict with the professional autonomy of the pharmacist.

Implementing targets determined by Head Office, absentee owners, or hospital CEO's without local 'buy in' could become a battleground. This may impact detrimentally upon patient safety, staff morale, or the wider reputation of the profession.

It is the right of employers to set targets for people to achieve, but this should be done sensitively. Business practices should be managed in a way in which the consumer's interest is put first and foremost as stated in the *PSA Code of Ethics for Pharmacists 2017* (<https://www.psa.org.au/downloads/codes/PSA-Code-of-Ethics-2017.pdf>).

In the same way that pharmacy as an industry often argues that medicines are not an ordinary item of trade, pharmacy services that are focused on patients' wellbeing at the end of them, should not be treated in the same manner as telephone or utility costs.⁶

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PROFESSIONAL VERSUS COMMERCIAL

| STRESSOR | SOLUTIONS |
|--|--|
| Management and business skills requirements | Make sure that consumers (the customers) are at the centre of all decision making |
| | Determine the management and business skills training required, and realistic timeframe/s to complete |
| | Provide a clear training structure and career progression pathway, especially for early career pharmacists; referring to professional development frameworks may be useful ¹¹ |
| | Encourage staff to develop and document a professional development plan each year—for pharmacists, this can be aligned with meeting their CPD requirements. ²⁴ Support your staff to meet these professional development goals |
| | Consider implementing peer review, such as 'SHPA clinCAT' ^{vi} |
| | Choose a mentor to help build management skills and competencies, and professional wisdom <ul style="list-style-type: none"> • Pharmacy Guild of Australia (PGA) • Pharmaceutical Society of Australia (PSA) • The Society of Hospital Pharmacists of Australia (SHPA) • Employers (previous or current), peers, older experienced pharmacists |
| | Build or refresh knowledge of employment law to deal with staff situations (for example, repeated absences) |
| | Select professional role models and champions for advice and support |
| | Utilise the skills and knowledge of organisations' practice pharmacists, for example, PSA or PGA. (There are also non-pharmacists who may be of assistance, for instance the manager, workplace relations.) |
| | Ensure all pharmacists have the appropriate managerial competencies needed to do the role they have been employed to do |

RESOURCES

<https://www.dalecarnegie.com> (Training and skills development)

Government of WA. Small Business Development Corporation. Starting your business.

<https://www.smallbusiness.wa.gov.au/business-advice/starting-your-business>

<https://www.smartcompany.com.au/business-advice/>

SmartCompany is the leading online publication in Australia for free news, information and resources catering to Australia's entrepreneurs, small and medium business owners and business managers.

vi. The Society of Hospital Pharmacists of Australia (SHPA) Clinical Competency Assessment Tool (SHPA ClinCAT) is a competency framework that supports Australian pharmacists' professional development. (<https://www.shpa.org.au/shpa-clincat>)

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PROFESSIONAL VERSUS COMMERCIAL

| STRESSOR | SOLUTIONS |
|--|---|
| Managing business viability / organisational expectations versus safe effective service delivery | Ensure that public safety rather than commercialism, is at the heart of pharmacy service delivery |
| | Set performance targets that maximise professionalism and that impact positively on patient safety and health outcomes |
| | Incentivise innovation but not at the expense of patient safety and service delivery |
| | Allow staff to move job boundaries along the continuum and thus shift roles upwards, ensuring there are no gaps at the bottom of the scope |
| | Match shift in job boundaries and roles with commercial imperatives |
| | Ensure that non-pharmacist managers, and non-pharmacist senior staff understand the pharmacy environment and the obligations of pharmacists as professionals |
| | Disseminate policies and procedures to staff, and allow for their input and judgement in the delivery of patient care |
| | Agree on guidelines for managing 'deals' offered by sponsorship companies, wholesalers, and pharmaceutical industry, and that provide transparency regarding actual or perceived conflict of interest |
| | Ensure compliance with advertising codes for services and medicines |
| Ensure that business expectations (for example, key performance indicators (KPIs) that involve sales targets), are not used as tools for dismissal | |

RESOURCES

PSA Code of Ethics for Pharmacists. 2017.

<https://www.psa.org.au/downloads/codes/PSA-Code-of-Ethics-2017.pdf>

SHPA Code of ethics. 2016.

https://www.shpa.org.au/sites/default/files/uploaded-content/website-content/6._shpa_code_of_ethics.pdf

Quality Care Pharmacy Program (QCPP) Requirements Manual. <http://www.qcpp.com>

PBA. Codes, guidelines and policies.

<http://www.pharmacyboard.gov.au/Codes-Guidelines>

- Code of Conduct for pharmacists
- Guidelines for advertising regulated health services
- Guidelines for pharmacy proprietors

Medicines Australia Code of Conduct.

<https://medicinesaustralia.com.au/code-of-conduct/>

Guidance documents for liaison with the pharmaceutical industry:

- http://www.watag.org.au/watag/docs/Guidance_Liaison_Pharmaceutical_Industry.pdf
- <https://www.ciap.health.nsw.gov.au/nswtag/documents/publications/position-statements/pharma-liaison-july-2008.pdf>

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PROFESSIONAL VERSUS COMMERCIAL

| STRESSOR | SOLUTIONS |
|-----------------------------|--|
| Employment contracts | Seek advice on reasonable expectations, for instance: <ul style="list-style-type: none"> • Hourly rates • Hours of work • Dress/uniform codes • Expenses, such as clothing allowance, professional development (for example, CPD) course registration fees |
| | Clarify professional responsibilities if the role changes for example, not employed as Pharmacist in charge, but is expected to act as Pharmacist in charge on occasions |
| | Support employees in their role by ensuring that skills and performance identified as needing improvement are addressed in planned development |
| | »TIP Planned development should include identifying professional development activities that match needs rather than the desires of employees |

RESOURCES

Australian Fairwork Commission

<https://www.fwc.gov.au>

Australian Fairwork Ombudsman

<https://www.fairwork.gov.au>

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Professional Satisfaction

Poor job satisfaction is a contributing factor towards the stress an individual may experience. However, when workplace stress is minimised, it will increase job satisfaction.

Various factors that are amenable to action by employers can positively affect the job satisfaction of pharmacists and pharmacy staff. These include:

- the opportunity for career development
- feeling valued by the employer, patients and other healthcare professionals
- fair remuneration
- opportunity for professional development
- support structures
- morale
- self-esteem.

Appendix 2, *Job Satisfaction in Pharmacy Flow Chart* is included on page 30 as an additional resource. The flowchart lists some questions that might be useful to ask yourself when reflecting on your professional satisfaction.

MANAGING STRESS IN PHARMACY

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| PROFESSIONAL SATISFACTION | |
|---|--|
| STRESSOR | SOLUTIONS |
| Lack of professional empowerment | Develop agreed job description and KPIs, key competencies or set of indicators of performance that are positive and affirming |
| | Develop formal mentoring processes, but ensure that an informal mentor is also available to support staff |
| | Discuss and develop professional empowerment guidelines that include, but are not limited to: <ul style="list-style-type: none"> • Increasing confidence through improved management skills • Increasing job satisfaction • Balancing professionalism with commercial pressure • Encouraging realistic expectations of remuneration • Mechanisms for raising and resolving concerns |
| | Provide a clear training structure and career progression pathway, especially for early career pharmacists, which is supported by peers. Referring to professional development frameworks may be useful ¹¹ |
| Mundane tasks | Encourage staff to develop and document a professional development plan each year—for pharmacists, this can be aligned with meeting their CPD requirements. ²⁴ Support your staff to meet these professional development goals |
| | Build clinical knowledge through CPD and create opportunities to apply it |
| | Look for new opportunities to extend scope of practice, encourage staff to trial new ways to deliver service |
| | Approach practice change like research: encourage publication of findings, or presentation (sharing) at conferences |
| | Rotate tasks, for example, pharmacist moves through dispensary, front of shop, management tasks, compounding where possible |
| | Encourage technicians to complete technical aspects of dispensing while pharmacists attend to professional aspects (clinical check, final check, counselling) |
| | Match tasks and people where possible. Consider skill set, suitability, training and level of engagement |
| | Consider additional clinical services if appropriate |
| | Where practicable share less interesting tasks with other employees |
| Limited professional acknowledgement from doctors, patients, allied health professionals | Take opportunities to build trust and relationships with other health care professionals and patients |
| | Discuss expanded roles and on-going collaborative opportunities with local GPs and practice nurses |
| | Talk about the roles of other members of the health care team when engaging in clinically focused conversations |
| | Consider additional clinical services, and if appropriate, deliver in collaboration with other health care professionals |
| | Offer update sessions to local GP practices, for example, monthly schedule changes |

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CONCLUSION

Well-managed workplaces are proactive about working through issues as they arise, and are prepared to resolve or minimise the impact these issues may have on staff and health consumers.

In addition, strategies to increase opportunities for career progression, better use of pharmacists' knowledge and skills and involvement in patient care are required to increase job satisfaction and work life balance.

All pharmacists and pharmacy support staff are encouraged to use this guide as a personal resource and to share it with employers, where appropriate.

USEFUL WEBSITES

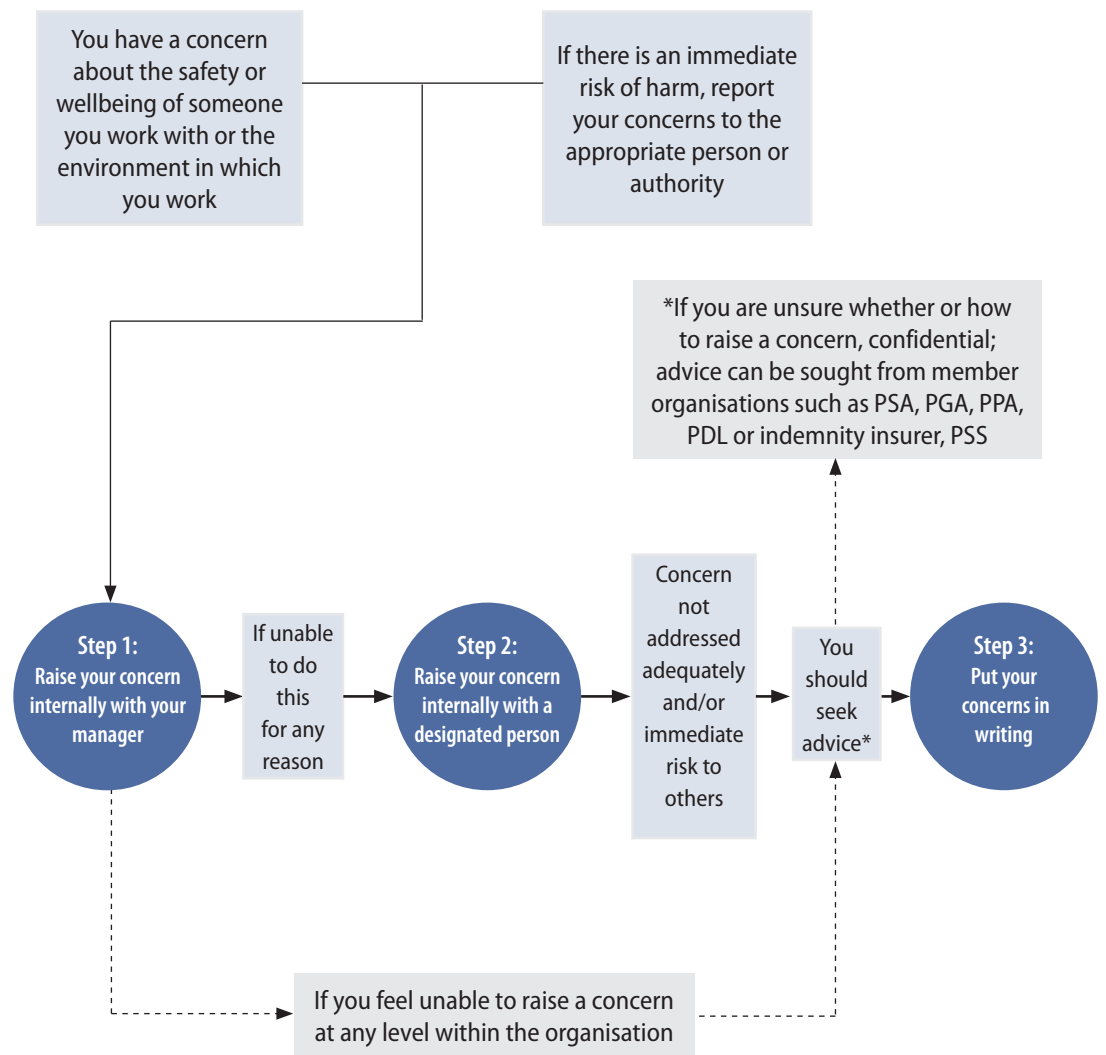
<http://www.supportforpharmacists.org.au>
<http://www.pharmacyboard.gov.au>
<https://www.guild.org.au>
<https://www.guildinsurance.com.au>
<https://www.pdl.org.au>
<http://www.professionalpharmacists.com.au>
<http://www.psa.org.au>
<https://www.shpa.org.au>
<http://workplaces.healthier.qld.gov.au>
<https://www.betterhealth.vic.gov.au/health/healthyliving/work-related-stress>
<https://www.mindtools.com>
<http://www.mytimemanagement.com>
<http://www.business.gov.au>
<http://www.australianbusiness.com.au/home>
<http://www.qcpp.com>
www.pharmacytimes.com/publications/issue/2010/October2010/BeatingJobStress-1010
http://www.ucl.ac.uk/hr/occ_health/health_advice/managing_pressure.php
<https://www.rpharms.com>
<https://www.previousnext.com.au/mind-health-connect>
<https://headtohealth.gov.au>
<http://www.comcare.gov.au/home>
<https://www.helpguide.org/articles/stress/stress-in-the-workplace.htm>
<https://www.fwc.gov.au>
<https://www.fairwork.gov.au>
<https://www.humanrights.gov.au>
<http://www.psa.org.au/membership/ethics-advisory-service>

All websites and hyperlinks are correct at the time of publication. The authors do not take responsibility for legislative changes that may make some information in this booklet obsolete.
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APPENDIX 1: 'RAISING CONCERNS' FLOW CHART



Flowchart adapted from UK Nursing and Midwifery Council guidance: Raising and escalating concerns found at: <https://www.nmc.org.uk/standards/guidance/raising-concerns-guidance-for-nurses-and-midwives/>

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APPENDIX 2: JOB SATISFACTION IN PHARMACY FLOW CHART

What can I do if I am dissatisfied with my pharmacy work?



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REFERENCES

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