

# Stress and well-being in the Australian pharmacy profession

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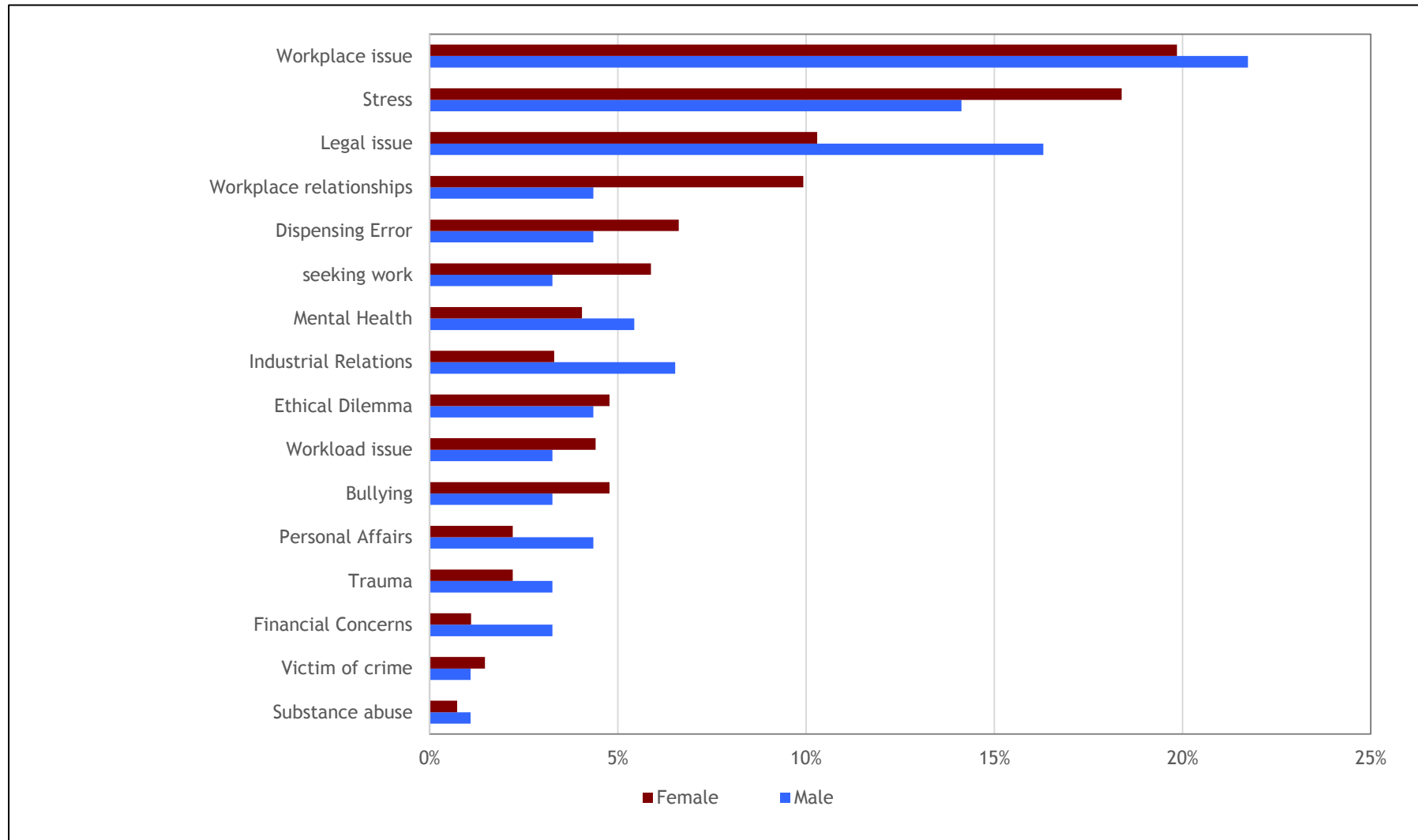
# Brief overview of the Australian health system



# The Research

- ❑ The Australian pharmacy workforce was invited to complete an on-line, voluntary and confidential Stress and Wellbeing survey which also provided opportunity for comments. It included a 10-item version of the Perceived Stress Scale.
- ❑ An audit was undertaken of calls made to the Pharmacists' Support Service between 1 July 2015 and 18 November 2016 to document the nature of calls, frequency, demographics of callers to the service, lengths of interaction and outcomes.
- ❑ A review of literature and websites relevant to the project was undertaken.

# Categories of calls to the Pharmacists' Support Service from 1/7/2015 to 18/11/2016



Number of calls = 252

# Demographics of respondents (n=772)

- ▶ 75% community pharmacy.
- ▶ 25% hospital pharmacy.
- ▶ 13% consultant pharmacist.
- ▶ 5% academia.
- ▶ 2% industry.
- ▶ 1% government.
- ▶ 0.1% military.
- ▶ 5% other.

NB: some pharmacists work across more than one sector.

# Demographics of respondents

The following was also analysed and are broadly representative of the Australian pharmacist population:

- ❑ Location – state and metropolitan/regional/rural.
- ❑ Work status – registered pharmacist, student, intern pharmacist, retired.
- ❑ Working hours.
- ❑ Position classification.
- ❑ Gender 73% (n=799) female.
- ❑ Age and experience.
- ❑ **19% had 2 jobs; 5% had 3 jobs; 3% had >3 jobs.**

# Demographics of respondents

Current Status	n=798
Pharmacist	76%
Intern	8%
Student	15%

Years of experience	n=796
<1 year	6%
1 – <10 years	46%
10 – <30 years	30%
≥ 30 years	18%

# Reported levels of stress

PSS-10 scores by Years of experience	Number of respondents	Mean PSS-10 score	Std Devn.
Never worked in pharmacy	11	17.18	9.29
< 1 year	39	20.97	7.07
1- <5 years	183	21.98	6.73
5-<10 years	172	21.47	6.46
10-<20 years	140	19.41	7.25
20-<30 years	89	18.65	7.64
30-<40 years	104	17.82	7.65
> 40 years	39	15.56	7.62
<b>Total for all respondents</b>	<b>777</b>	<b>20.03</b>	<b>7.32</b>
Pharmacy students	105	20.95	6.75
Intern pharmacists	57	22.68	6.51
Registered pharmacists	586	19.59	7.31



# Causes of stress

- ▶ Pharmacists, intern pharmacists and pharmacy students reported 42% (students) to 60% (interns, pharmacists) workplace-related stressors.
- ▶ Australian pharmacy students had 46% personal stressors.
- ▶ Australian Psychological Society Stress and Wellbeing Survey of the Australian population between 2011 and 2015, workplace issues amounted to an average of 32% of all stressors.

# Comments from survey participants

Female, 26-29yo, Hospital Grade 1

*“I have worked in both hospital and community pharmacy. Community pharmacy - the expectations of script numbers were excessive averaging 350 scripts per day with one pharmacist plus Webster checking (approx. 140/week). The use of guides as opposed to legislated requirements limits the ability of pharmacists to argue script volume to pharmacist ratios. Hospital pharmacy - stressors are more related to staffing. Internal staff are consistently competing for positions sometimes making for a hostile environment. This creates a lack of trust within departments. Management have a strong impact on personal stressors due to a feeling of lack of control of the situation. This comes from not listening/valuing staff among other issues.”*

# Comments from survey participants

Female 60 y.o.

*“ A feeling of inadequacy, life-long lack of self-confidence, inability to project my true feelings.”*

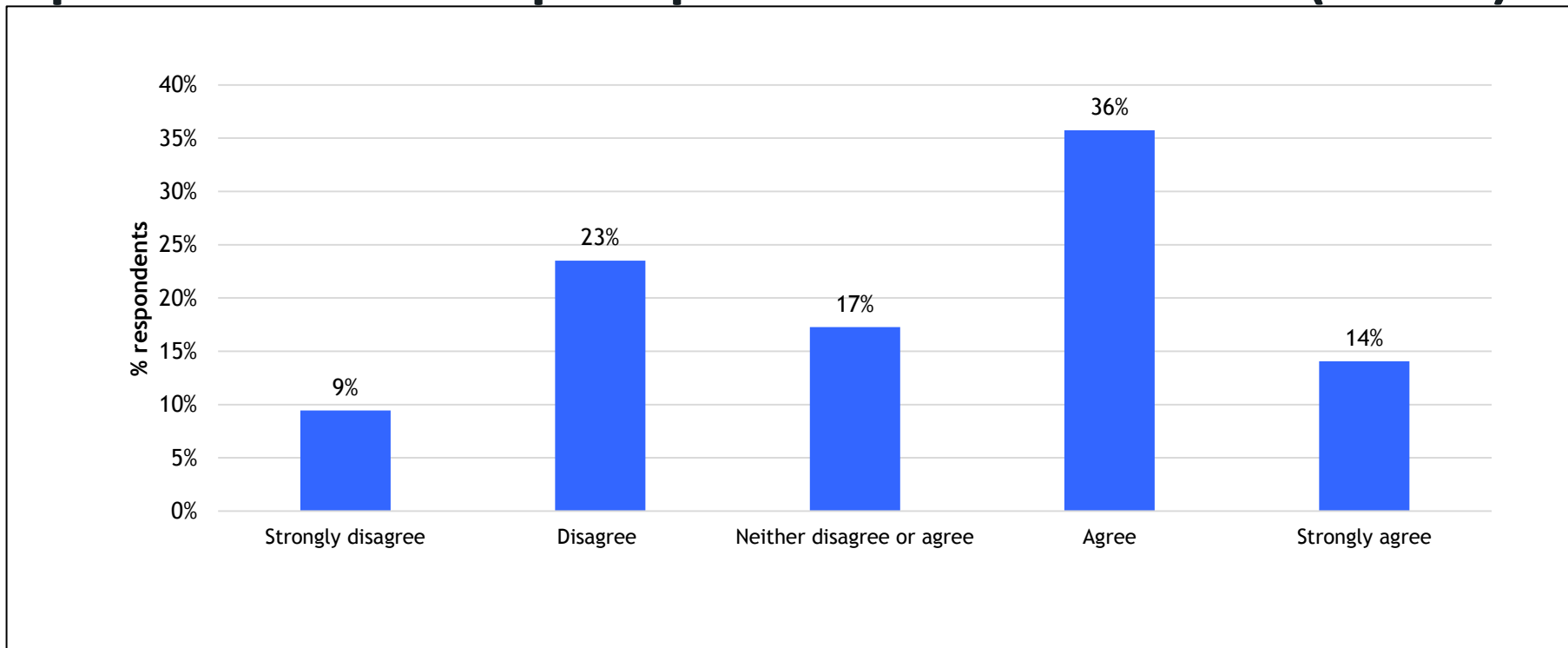
Female 20-25 y.o.

*“As a student I do not feel comfortable voicing my opinion on things even when I know that what they are doing wrong, especially on placement. It is hard to develop professionalism and learn in a negative environment.”*

Male 20-25 y.o.

*“Too many times I have seen bad practice that I was expected to turn a blind eye to. Also, I feel that I am not respected in my workplace by my peers and the plans set out for me have not been met due to poor administration from management.”*

# I have observed in other pharmacists, behaviours that are a departure from accepted professional standards (n=932)

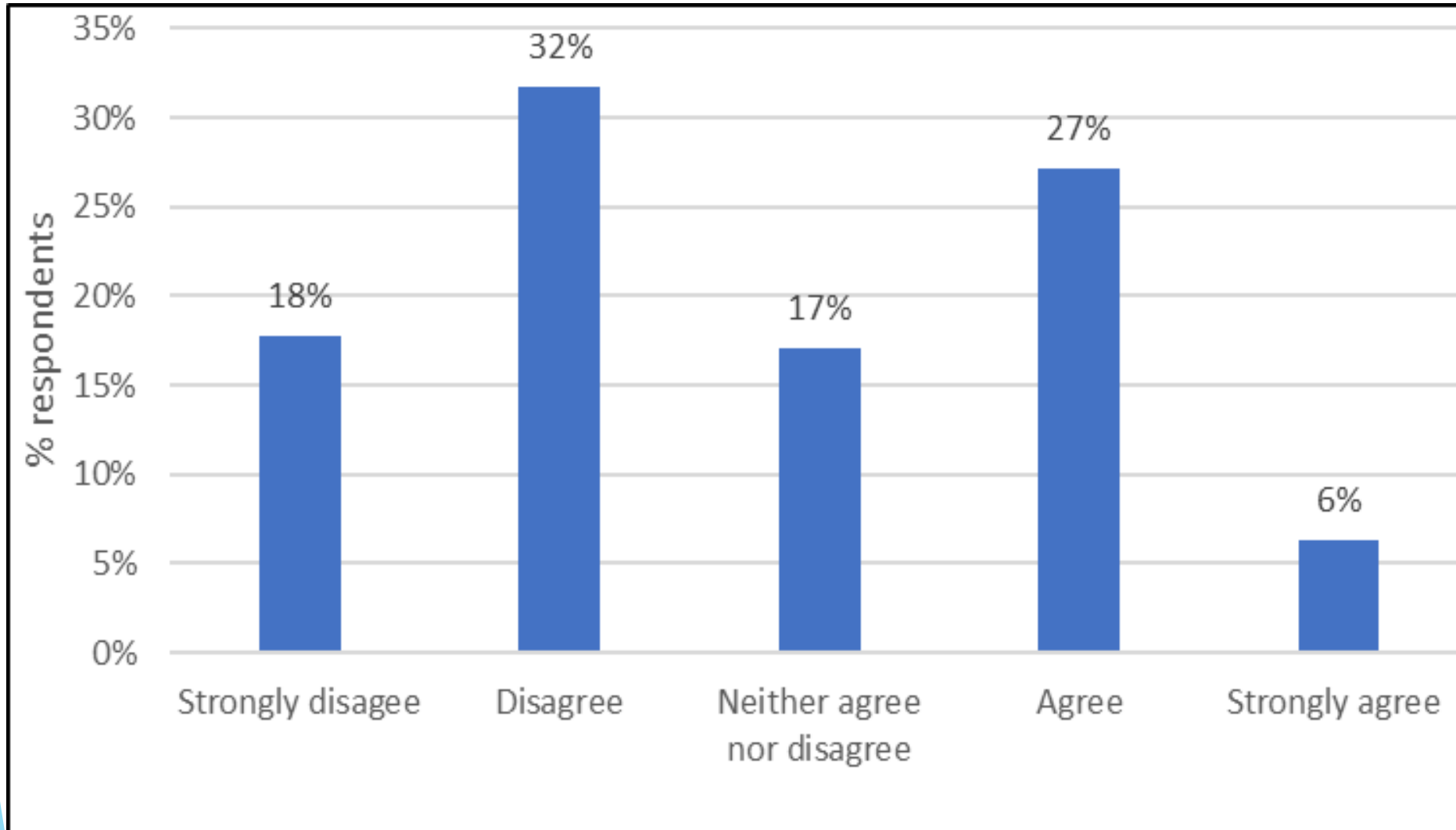


Female, 50-59yo Qld

*“Better help dealing with legal and ethical issues. Support when pharmacist expected to work illegally or unethically. More than half of the 35 pharmacies I have worked at regularly did illegal things like supplying prescription medicine with no expectation of receiving a prescription, or claiming PBS benefits illegally. Its far more prevalent than you realise. Anonymous reporting should be allowed.”*

# Work-life balance

The satisfaction of pharmacists, interns and students with their work-life balance  
(n=927)



# Comments from participants

Male, 26-29yo

*“Working at a single-pharmacist medical centre pharmacy in a regional area. I was unable to enlist the help of a locum today and had to work while suffering from gastro with symptoms of nausea, vomiting, diarrhoea, malaise, fever and tiredness. It will be a miracle if no dispensing error was made. “*

# Comments from participants

Female, 50-59yo, Hosp

*“I am a Chief Pharmacist and the workload is excessive. Not many people within my workplace understand the complexities of my role and don't understand why I stay back at work when everyone else goes home. I feel as though working longer hours is the only way to keep on top of the workload, but I don't enjoy having to work so many hours or missing out on sleep. It is difficult to get multidisciplinary engagement in implementing anything to do with medications.”*

# Comments from participants

Female, 40-49yo, community

*“Very family unfriendly, often expected to work late hours or weekends or should be out. Can't have day off when sick until finds someone to replace and also when kids are sick, told to come to work with sick child to work. When there is store inspection, everyone is told to work till midnight or so. Pay is very bad considering the workload. Pharmacists can't make ethical decisions being afraid to get complaints from customers and professional standards are very low. Having worked both big company and small independent, often small independents are worse and more unethical than larger group.”*



# Barriers to accessing assistance

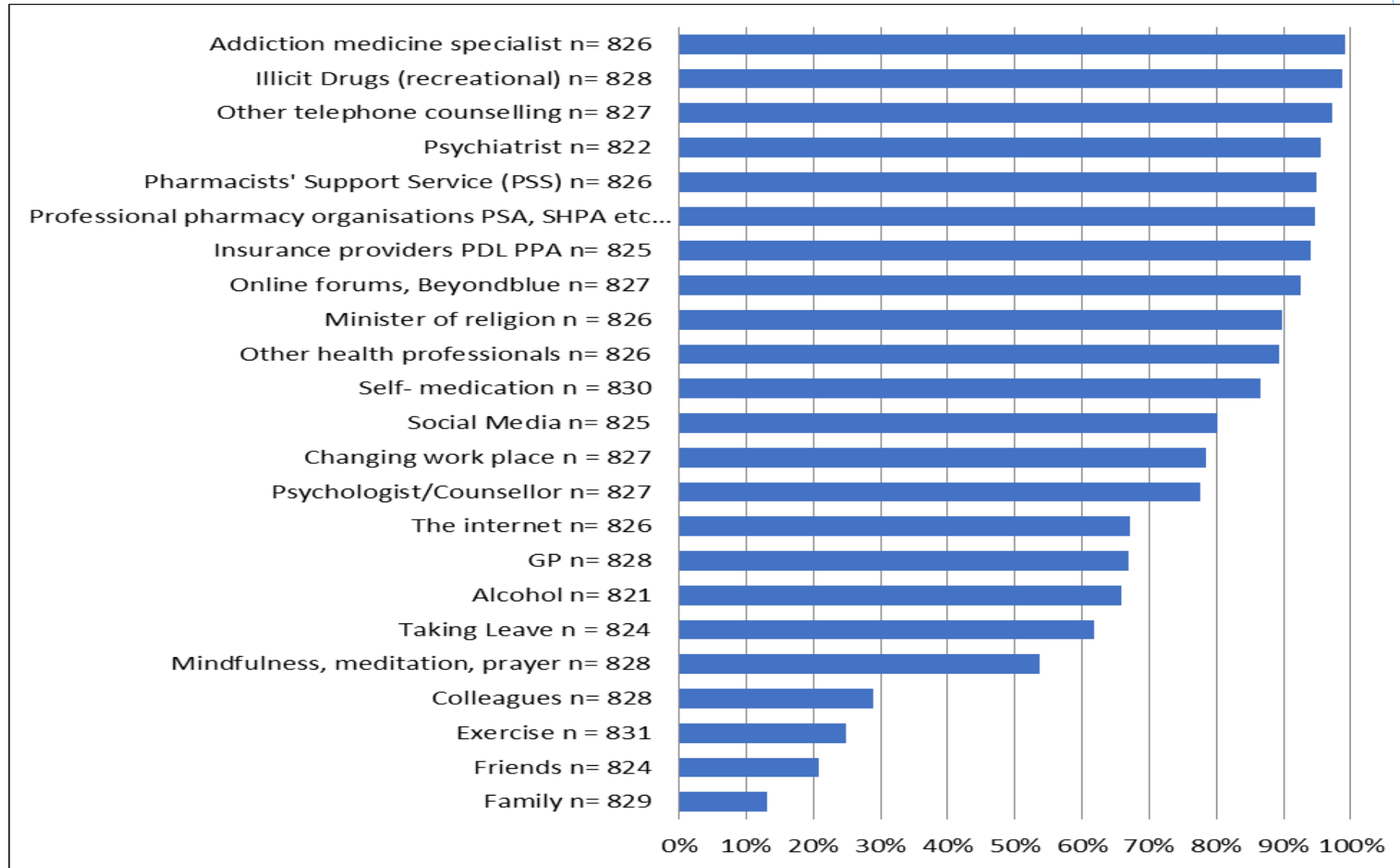
Barriers	n	++++	+++	++	+	Not a barrier
Did not know what to do	810	9%	7.5%	24%	33%	26%
Not nature / culture to seek help	808	9%	14%	22%	30%	25%
Fear of reprisal	789	17%	13%	17%	20%	33%
Impact on future employment	805	24%	14%	16%	18%	28%
Fear of impact on registration	767	13%	8%	12%	15%	51%
Lack of time	824	16%	17%	24%	28%	15%
Loss of face	801	15%	13%	20%	24%	27%
Preference not to seek help	820	11%	19%	21%	29%	19%

# Comments from participants

Female, 30-39yo Hospital Grade 3

*“Awareness is key, it would be good for people who have experienced workplace stress to share their experience with others so they can be aware and do something about it before it becomes a major problem e.g. anxiety, depression etc. What does work life balance look like? I found it difficult to manage work because generally pharmacist have such high expectations of themselves and each other and that puts a lot of pressure on ourselves when we are not given enough resources. The fear of making a mistake, the fear of the consequences e.g. causing harm, the fear of litigation, the fear of disappointing others, letting people down, these are all barriers to seeking help. We need to be told when it is alright and not our fault if we are not able to finish all the work. We need to know what is a reasonable expectation of our work.”*

# Coping strategies: Coping strategies NOT being used at all

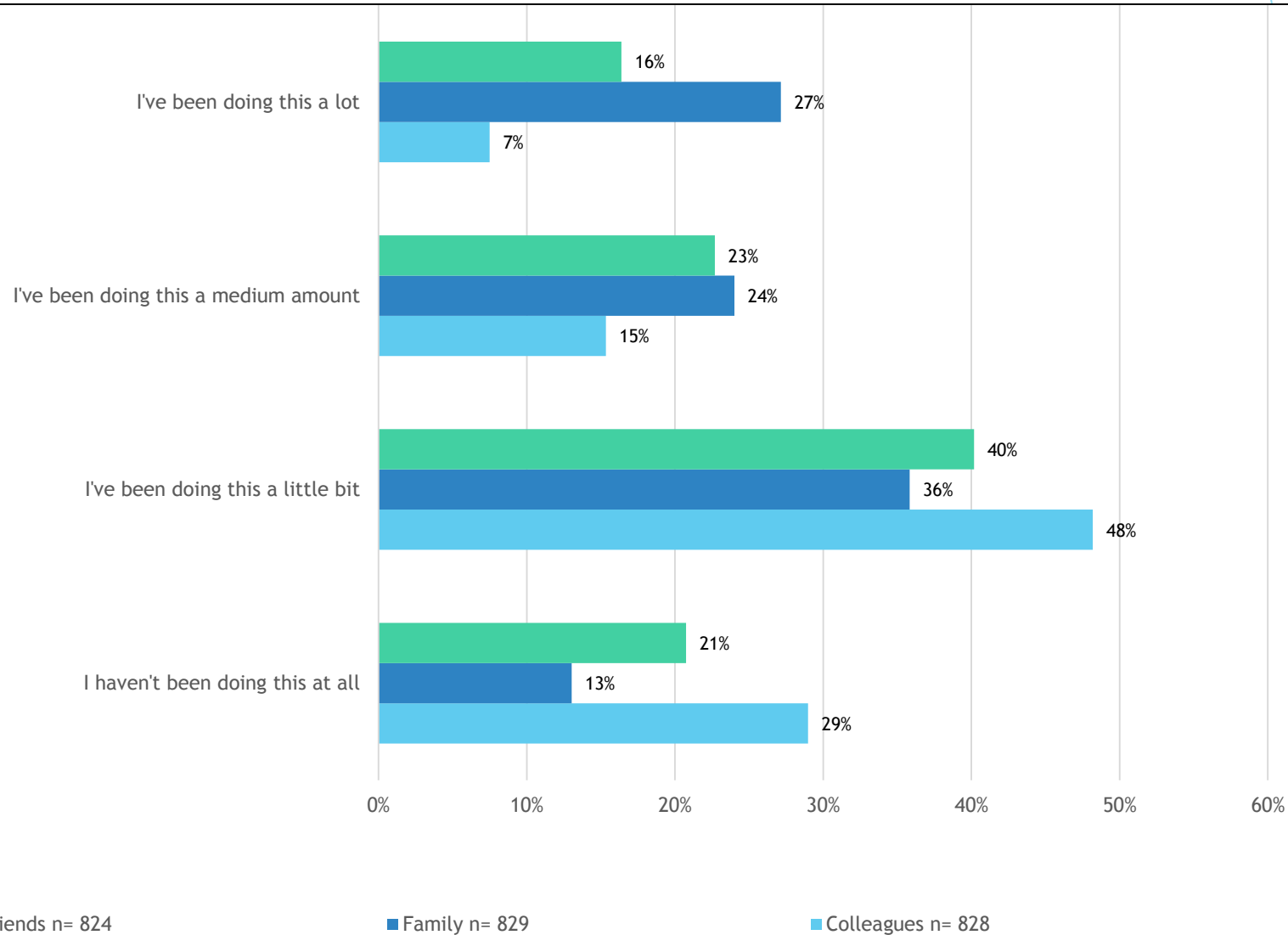


% of respondents

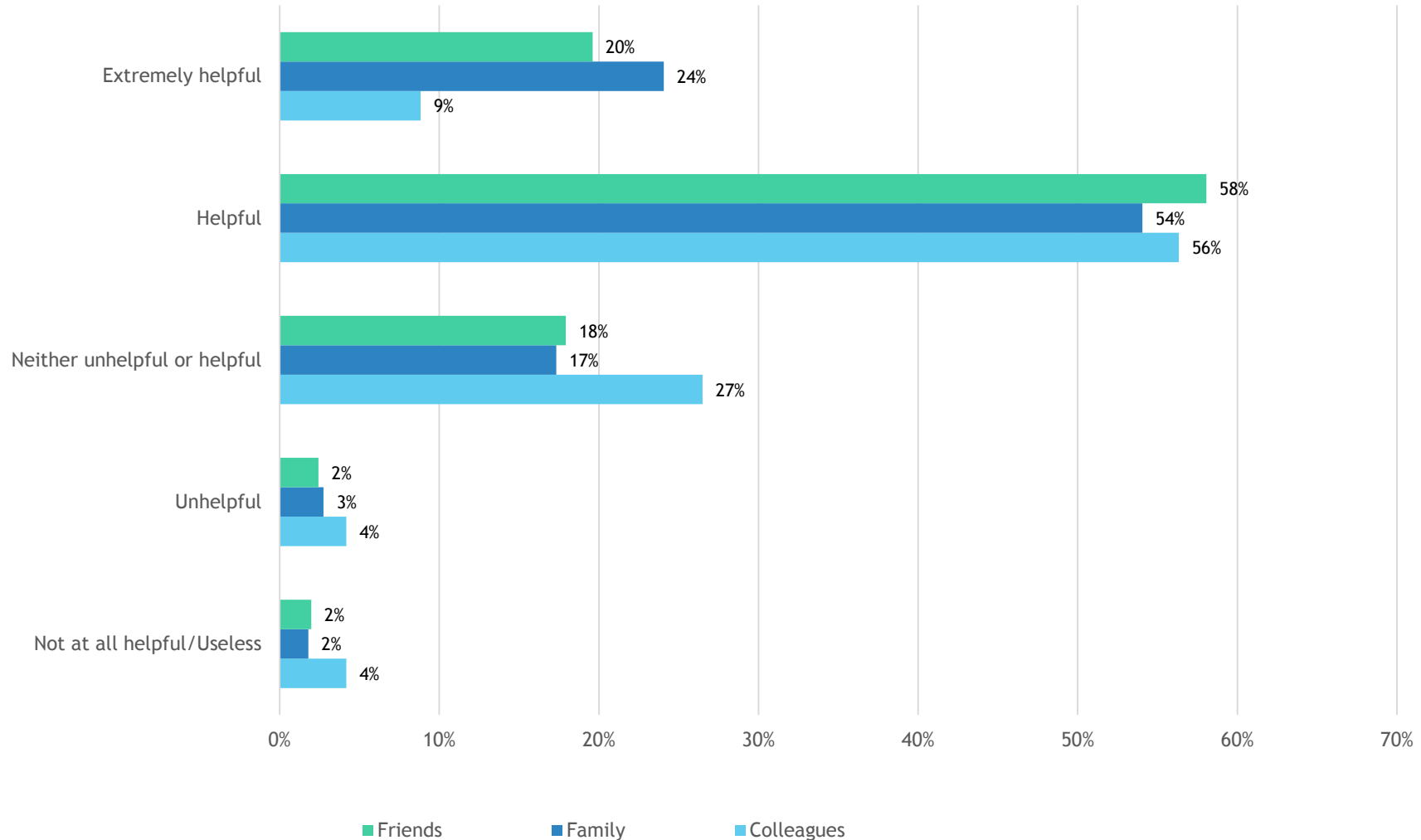
# Coping strategies not being used very much

- ▶ Minimal use of alcohol, illicit drugs, self-medication (maladaptive).
- ▶ Little use of GPs, psychologists or counsellors (potentially valuable).
- ▶ Little use of the internet and social media (potentially helpful).
- ▶ Minimal use of telephone counselling and online forums (potentially helpful).
- ▶ Minimal use of indemnity insurers and professional pharmacy organisations (potentially helpful).
- ▶ Little use of changing workplace or taking leave (? useful or maladaptive).

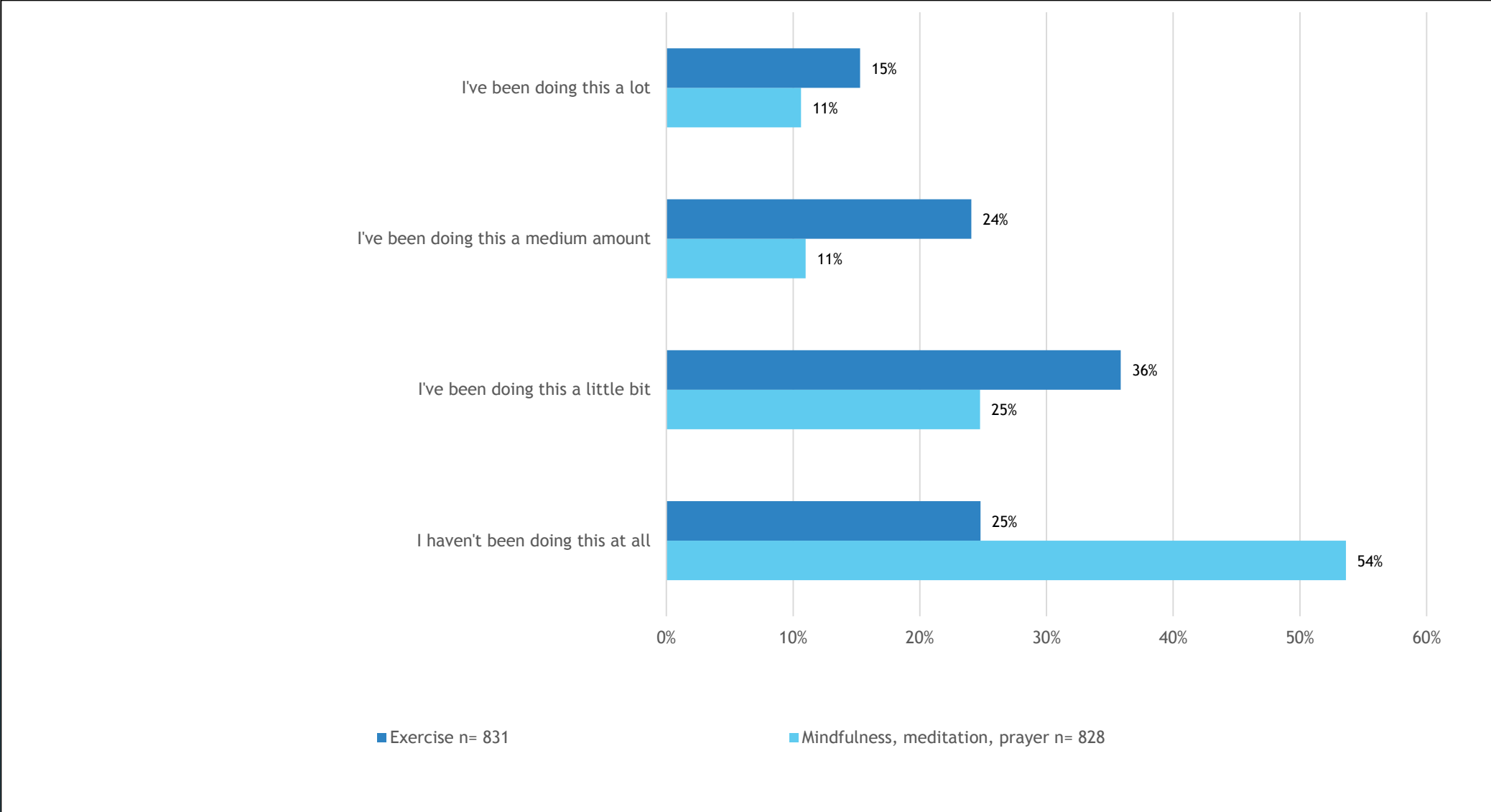
# Coping strategies – family, friends and colleagues



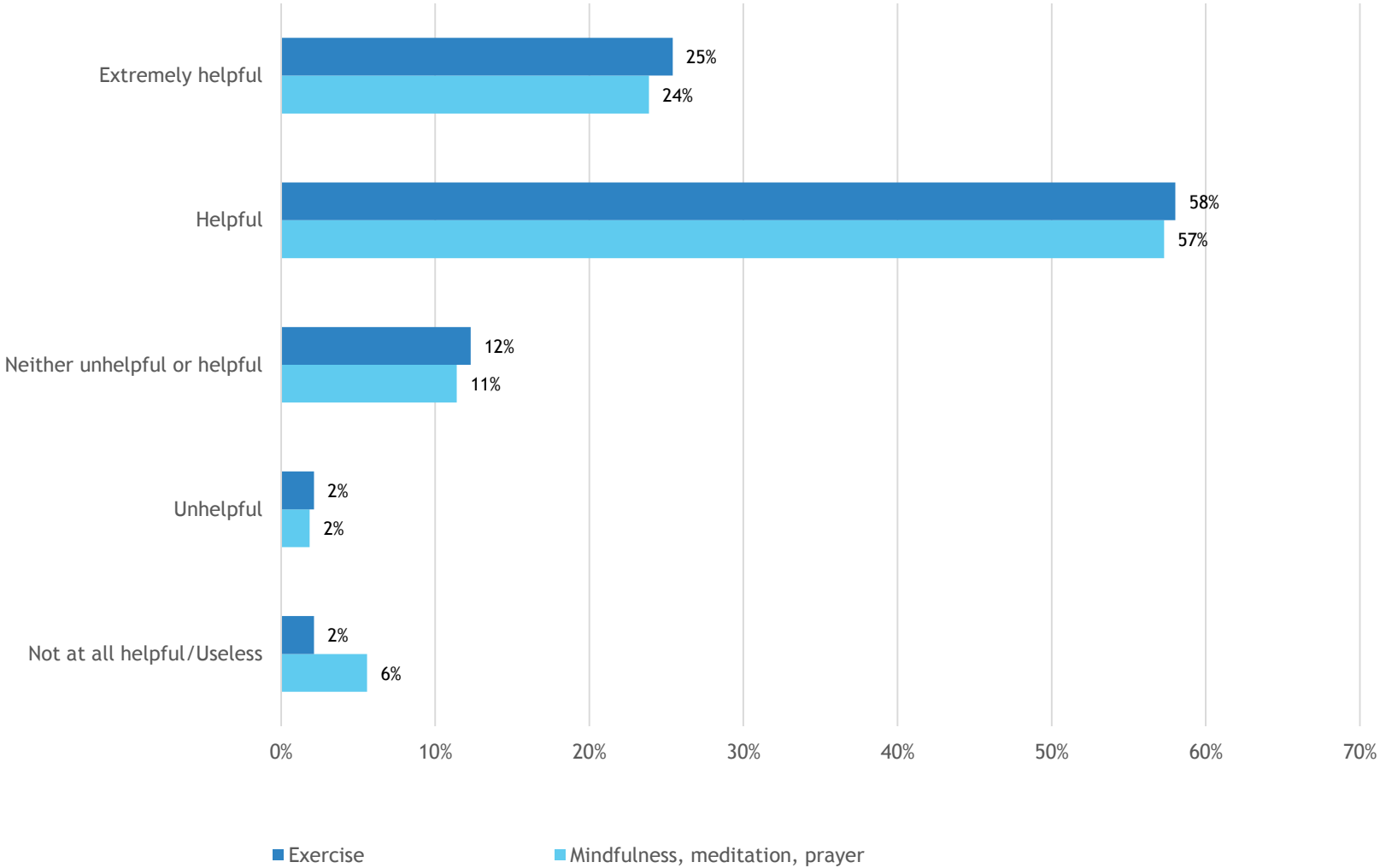
# Effectiveness of turning to family friends and colleagues as a coping strategy



# Coping strategies – exercise, mindfulness, meditation and prayer



# Effectiveness of exercise, mindfulness, meditation and prayer as a coping strategy

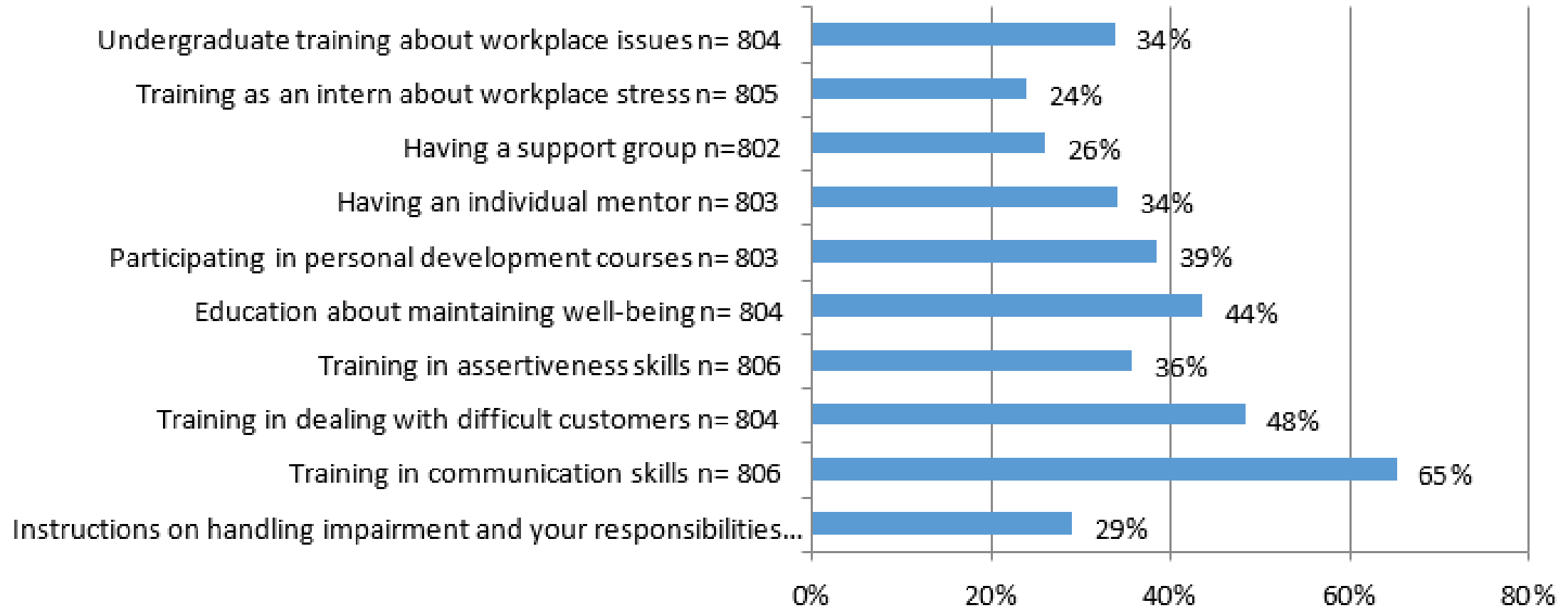




# Coping strategies: Summary

- Pharmacists, interns and students generally deal with irritations themselves and prefer not to seek help with coping with stressful situations.
- Most do not have coping strategies in place.
- Where coping strategies are in place, two categories stand out: turning to colleagues, family and friends; undertaking mindfulness/meditation/prayer and exercise. Both considered effective.

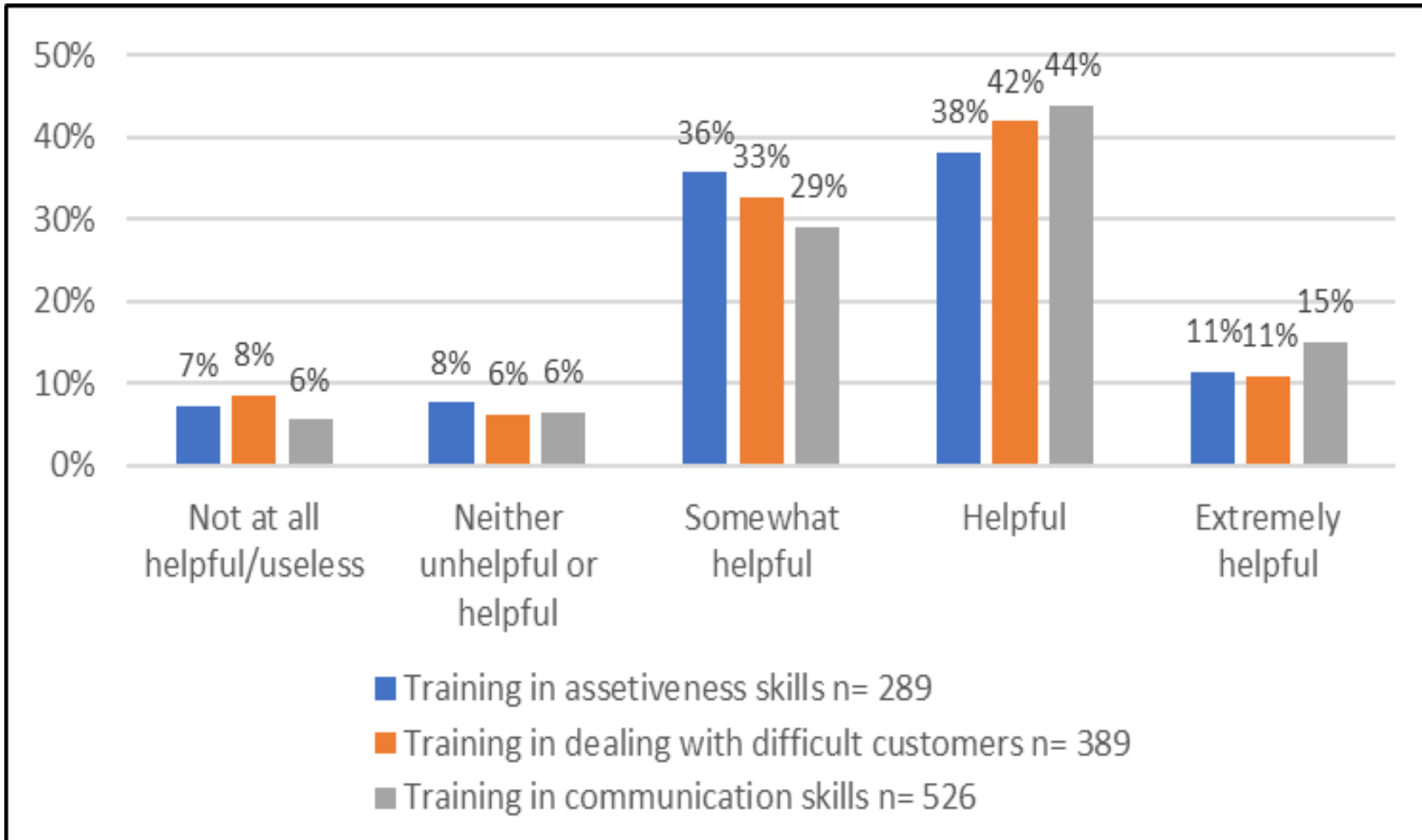
# Preparedness for workplace stress



**Prevalence of training provided**

# Preparedness for workplace stress

Effectiveness of training provided (when available)



# Conclusion

## What we know:

- ▶ Australian pharmacists, interns and students are stressed.
- ▶ Stress is more common in those under 30 years and early career pharmacists (<10 years experience).
- ▶ Limited coping strategies.
- ▶ Under-prepared to deal with workplace stress.

## What we can do:

- ▶ Consider student selection attributes.
- ▶ Education modules to prepare students for workplace stress.
- ▶ Ongoing education with respect to coping strategies throughout career.
- ▶ Address workplace factors which contribute to stress.

# Support services for health practitioners in Australia

- ▶ **Pharmacists' Support Service** – listening ear over the phone every day of the year 8.00am to 11.00pm provided by trained volunteers who are peers, funded by donations from the profession.
- ▶ **Doctors' health advisory services** in every state of Australia – face to face and telephone services, funded by registration body (AHPRA) but operate independently.
- ▶ **Nurse and Midwife Support** 24/7 phone support and advice, funded by registration body (AHPRA) but operates independently.

