

Adding years to life; dealing with work-related stress

John Murphy

Director, PDA

General Secretary The PDA Union



Adding years to life; dealing with work-related stress

“Stress?
I’ll give him stress!”

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“Stress?
I’ll give him stress!”
= £64,000

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- HSE model of work related stress
- Scientific approach
- Experiential anecdotal approach

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- Is stress in pharmacy an issue and if it is – why?
- What have we found out?
- How is it manifest in the work place?
- What should we be doing about it?

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- The PDA Stress Audit
 - Why do it?
 - Anecdotal evidence is compelling
 - National evidence is strong
 - Hard evidence in pharmacy is weak
 - No focus on the causes
 - No prioritisation.

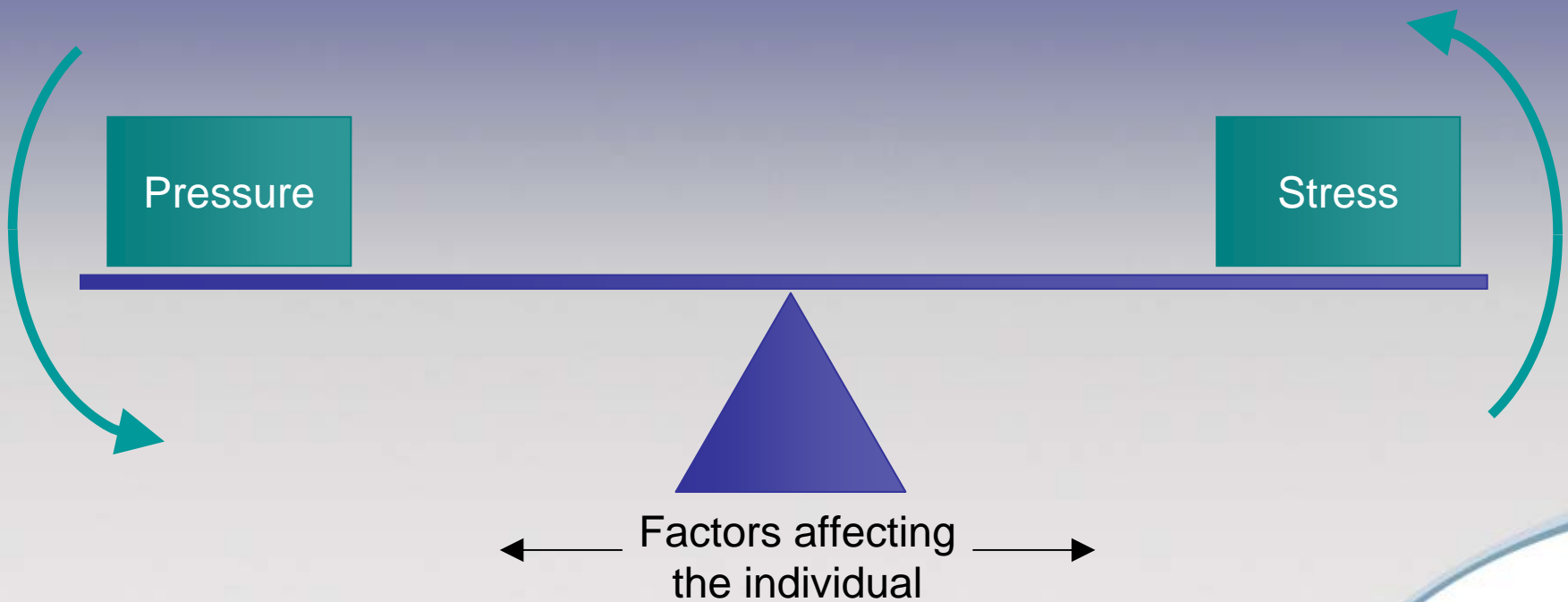
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- The PDA Stress Audit – Why?
 - ‘Head in the Sand’ mentality
 - Government
 - Employer
 - Professional Body
 - Individual pharmacists

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- The PDA Stress Audit
 - The causes of stress
 - We all need pressure to motivate us
 - Stress is unwanted or unrealistic pressure
 - Different people have different thresholds
 - One day may not be the same as the next
 - Different people have different pre-dispositions to mental ill-health
 - People have different coping strategies.

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- The PDA Stress Audit
 - Health and Safety legislation imposes a duty of care on the Employer
 - HSE model
 - Management behaviour
 - Organisational cultural dimensions
 - Consistent model.

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- PDA Stress Audit
 - HSE model combined with PDA questions
 - Impact on pharmacists
 - Impact on patient safety
 - Impact on organisation.

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- PDA Stress Audit
 - Four weeks old
 - Statistics cover the first three weeks of the audit
 - 1259 Employee pharmacists
 - 872 Community (48% from two major pharmacy chains)
 - 300 Hospital
 - 87 PCO
 - 440 Self-employed pharmacists.

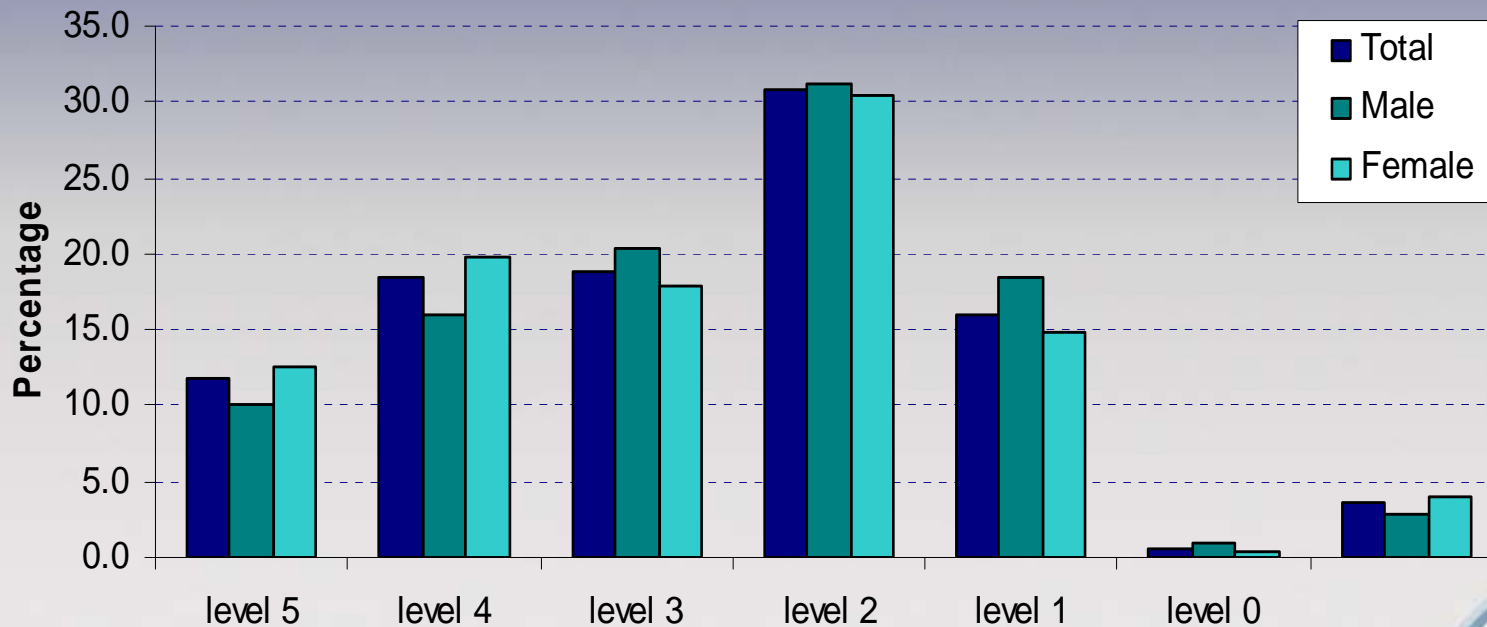
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- PDA Stress Audit - Perceived stress in the job

| | Level |
|---|-------|
| Extremely stressful to the point at which I feel I cannot cope and want to give it up | 5 |
| Extremely stressful to the extent that I am losing sleep and or making myself ill | 4 |
| Stressful enough to leave me frequently worrying about whether my patients are safe | 3 |
| Stressful enough to leave me occasionally worrying about whether my patients are safe | 2 |
| Very occasionally stressful but not sufficiently frequent to unduly concern me | 1 |
| Not stressful at all | 0 |

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Employed pharmacists: perceived stress level



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PDA Stress Audit - Perceived stress in the job

| Level | Percentage (Accumulated) | | |
|-------|--------------------------|--------|---------|
| | Male | Female | Average |
| 5 | 10.2 | 12.6 | 11.8 |
| 4 | 26.2 | 32.4 | 30.3 |
| 3 | 46.5 | 50.4 | 49.1 |
| 2 | 77.7 | 80.9 | 79.8 |
| 1 | 96.1 | 95.6 | 95.8 |
| 0 | 97.1 | 96.0 | 96.3 |

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- The PDA Stress Audit
 - 21% (265) of employee pharmacist respondents have been diagnosed as suffering the symptoms of work-related stress sometime in the last 5 years.
 - 39% of whom (104) have been diagnosed in the last 12 months.

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- The PDA Stress Audit
 - 52% of those that have been diagnosed in the last five years perceived their stress levels to be either 5 or 4
 - 73% of those diagnosed in the last year perceived their levels to be either 5 or 4.

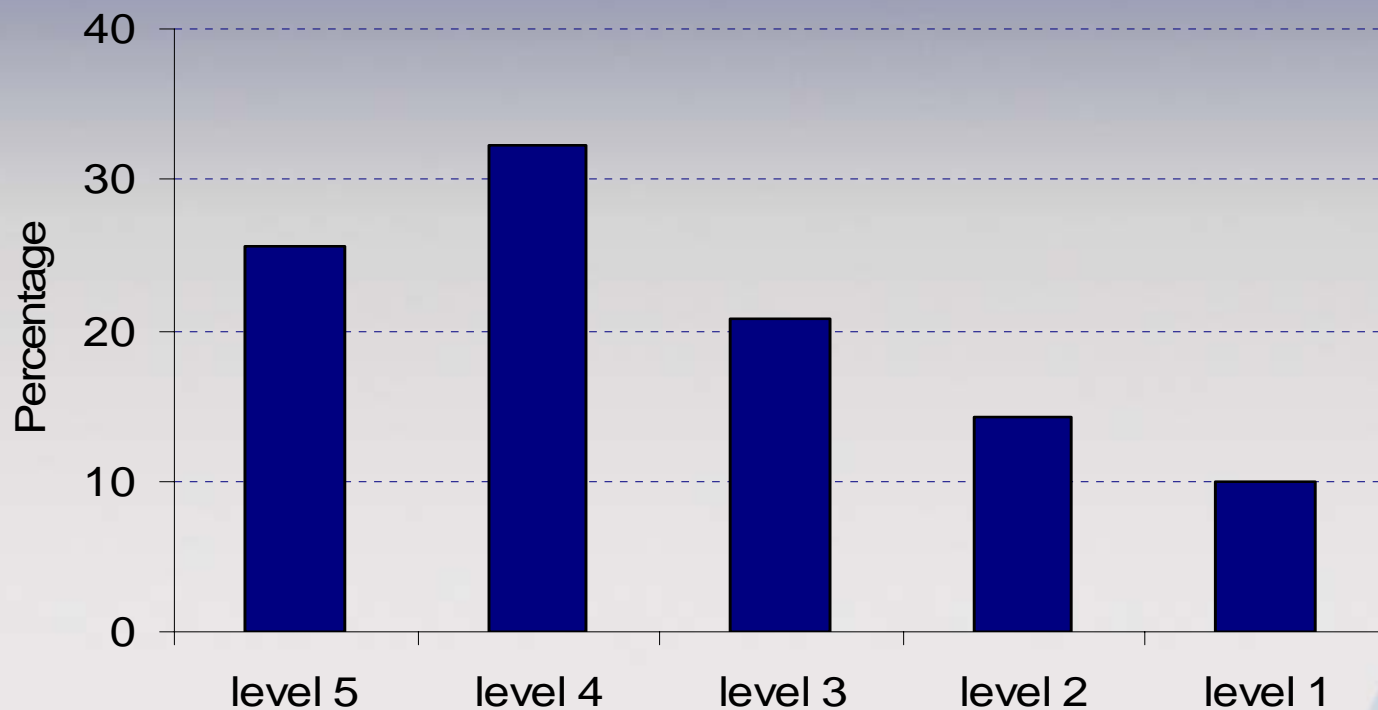
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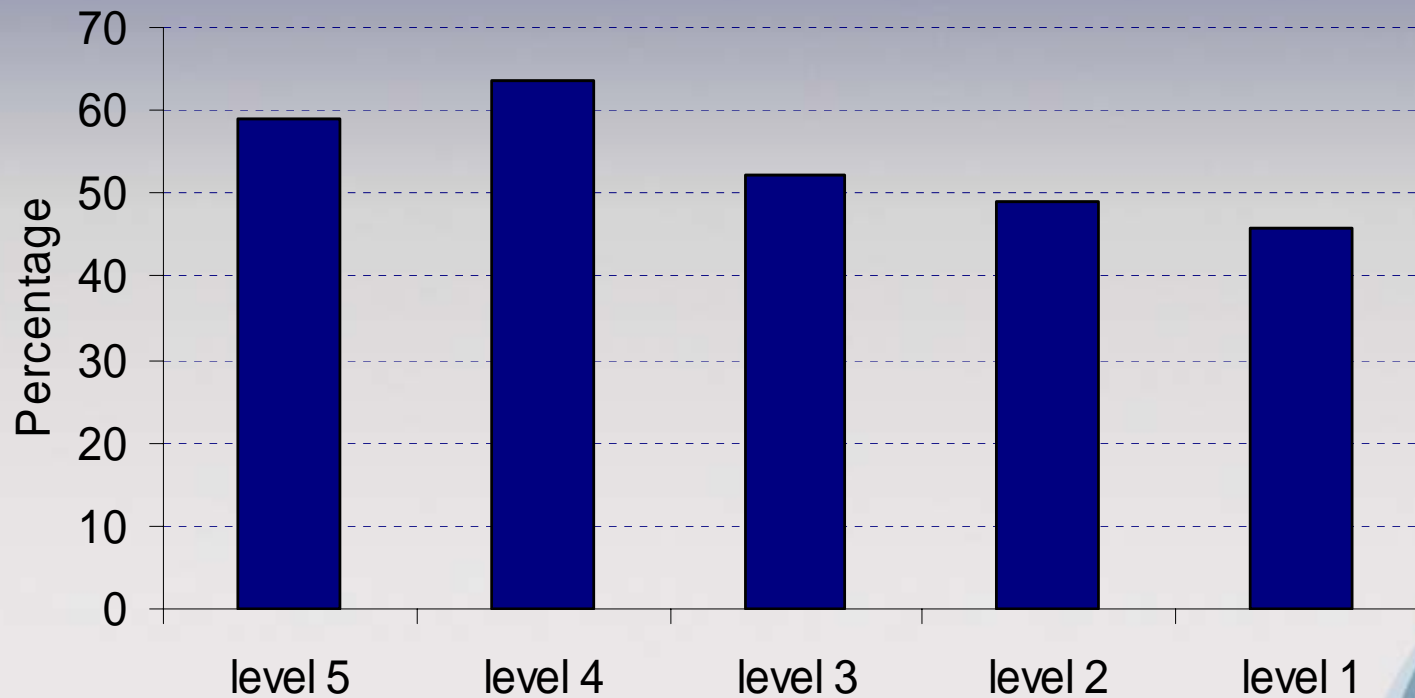
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Employees - time off for W/R stress per perceived stress level in last five years



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Employees - absence for any illness over last twelve months by perceived stress level



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- HSE Stress measurement tool
 - Management standards
 - Demands
 - Control
 - Management support
 - Peer support
 - Relationships
 - Role
 - Change.

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- HSE measurement tool
 - Doing very well 
 - Good, but need for improvement. 
 - Clear need for improvement. 
 - Urgent action needed. 

Data set; psychological working conditions in Britain 2004

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| All Employee Pharmacists | PDA Audit | Targets |
|--------------------------|-----------|---------|
| Demands | 2.59 | 4.25 |
| Control | 2.95 | 4.33 |
| Managers' Support | 2.80 | 4.60 |
| Peer Support | 3.34 | 4.75 |
| Relationships | 3.51 | 4.75 |
| Role | 3.99 | 5.00 |
| Change | 2.64 | 4.00 |

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All Pharmacist employees: Demands

(Overall Red)

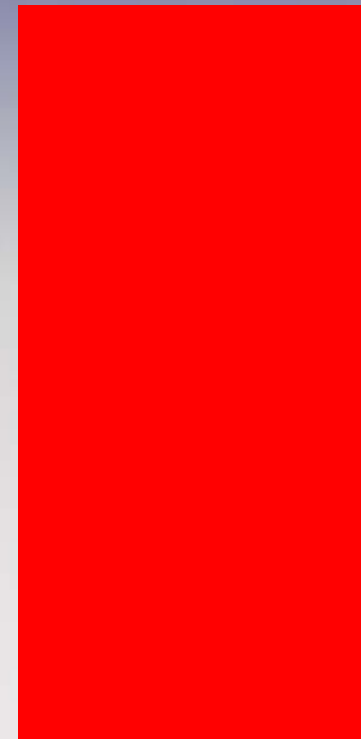
Different groups at work demand things from me that are hard to combine

I have unachievable deadlines

I have to work very intensively

I am unable to take sufficient breaks

I have unrealistic time pressures



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All Pharmacists Employees: Demands

(Overall Red)

I have to neglect some tasks because I have too much to do

I am pressured to work long hours

I have to work very fast



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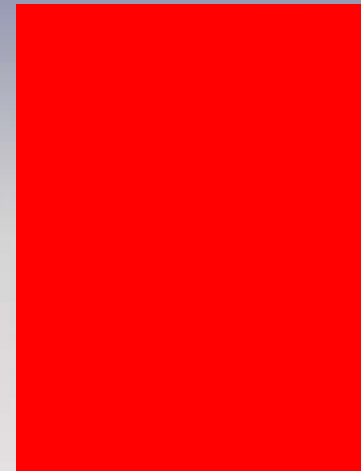
All Pharmacist Employees: Control

(Overall Amber)

I have a say in my own work speed

I have a choice in deciding what I do at work

I have some say over the way I work



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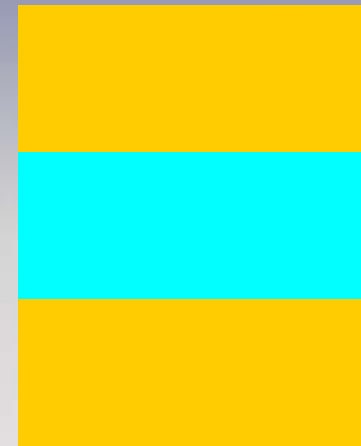
All Pharmacist Employees: Control

(Overall Amber)

I can decide when to take a break

I have a choice in deciding how I do my work

My working time can be flexible



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- **All Employee Pharmacists: Manager support (Red)**

I am given supportive feedback on the work I do

I can rely on my line manager to help me out with a work problem

I can talk to my line manager about something that has upset or annoyed me about work

I am supported through emotionally demanding work

My line manager encourages me at work

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All Employee Pharmacists: Peer support

(Amber)

If work gets difficult, my colleagues will help me

I get help and support I need from colleagues

I receive the respect at work I deserve from my colleagues

My colleagues are willing to listen to my work-related problems



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All Employee Pharmacists: Relationships

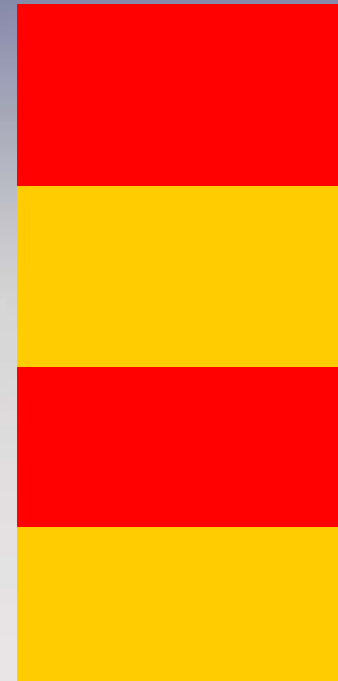
(Red)

I am subject to personal harassment in the form of unkind words or behaviour

There is friction or anger between colleagues

I am subject to bullying at work

Relationships at work are strained



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All Employee Pharmacists: Role

(Red)

I am clear what is expected of me at work

I know how to go about getting my job done

I am clear what my duties and responsibilities are

I am clear about the goals and objectives for my department

I understand how my work fits into the overall aim of the organisation



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All Employee Pharmacists: Change

(Red)

I have sufficient opportunities to question managers about change at work

Staff are always consulted about change at work

When changes are made at work, I am clear how they will work out in practice



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| | All Emp'ees | Multiple Emp'ees | Self-emp'ed | Gold Standard |
|-----------------|-------------|------------------|-------------|---------------|
| Demands | 2.59 | 2.35 | 2.72 | 4.25 |
| Control | 2.95 | 2.58 | 2.81 | 4.33 |
| Manager Support | 2.80 | 2.64 | 2.45 | 4.60 |
| Peer Support | 3.34 | 3.27 | 3.25 | 4.75 |
| Relationships | 3.51 | 3.34 | 3.54 | 4.75 |
| Role | 3.99 | 3.98 | 3.97 | 5.00 |
| Change | 2.64 | 2.41 | 2.36 | 4.00 |

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– Causes

- Demands

- Commercial pressures
- Less support staff
- Increasing number of prescriptions
- Taking breaks
- Expanding roles
- Excessive regulation, legislation and litigation
- Patient expectations.

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- Causes

- 81.6% of all pharmacists say that they have to work intensely either always or often
- 69% of pharmacists say that they have to work “very fast” always or often.

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- Causes
 - Control
 - Professional judgement
 - Accuracy checking technicians
 - The weight of work and the organisational culture dictating pharmacists work patterns.

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- Control

- 58% of pharmacists say that they have worked through the day without a break because either they had to or were expected to do so
- 25% said they chose not to
- Only 17% took regular breaks.
- Of those that worked through 61% say they do it frequently or that it is standard practise

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- Control
 - Of those who had worked throughout the day 67% felt that at some time they had put their patients at risk

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- Causes

- Management and Peer Support and Relationship

- Relationship/Task dynamic
- Managers are under pressure too!
- Lack of training and appreciation of professional nuances
- Short cuts to short term success
- The soft option; to suspend or discipline pharmacists for charges of harassment and bullying.

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- Support and relationships
 - 40% of pharmacists in level 5 and 34% in level 4 said that they had been subjected to ‘Bullying’
 - Only 53% of all pharmacists get the respect that they feel they deserve
 - These categories (support and relationships) show the most significant changes as the perceived level of stress increases.

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- Causes
 - Role
 - Amber light is deceiving.

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All Employee Pharmacists: Role

(Red)

I am clear what is expected of me at work

I know how to go about getting my job done

I am clear what my duties and responsibilities are

I am clear about the goals and objectives for my department

I understand how my work fits into the overall aim of the organisation



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- Causes

- Role

- Amber light is deceiving
 - Can you believe it!
 - ACTs
 - Management pressure to be subservient to the commercial agenda
 - Confusion over roles, responsibilities and authority.

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- Change
 - Change is upon us
 - Management needs to
 - consult
 - explain
 - Engage.

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- What to do?
 - The PDA intend to be proactive not reactive
 - Actively encourage employers to work with PDA to undertake a stress audit using the HSE management standards model as part of their duty of care towards employees
 - Call for the new professional body, the employers and the representative organisations to seriously address the causes of stress amongst pharmacists.

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- What to do?
 - Call for new research to assess the
 - The personal affect on pharmacists and commercial impact on organisations as a consequence of the unreasonable demands placed on pharmacists
 - Management behaviour models and the impact on pharmacists' well-being
 - Influences of the working environment on stress.

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- What to do?
 - Government to understand;
 - the link between an under-funded over-worked service delivered by an over-stressed workforce **and** the impact on patient safety.

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- *“I am carer for a child with special needs, my job is stressful but a welcome relief from caring role. However I feel unable to tell line managers that it is too stressful in my current position in case he feels I cant do my job and should leave or offers me poor quality job such as evenings in 100 hour pharmacy”*

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- *“Harassed by area manager who phone me at home when ill due to pregnancy demanding my return to [staff] the pharmacy and do MURs. Once [I received] a call while in hospital; he was not asking about my welfare but demanding my return to work [on] a bank holiday without offering any help at all. I felt obliged and bullied to work when extremely unwell.”*

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- *“Within the structure of the NHS in all the establishments that I have worked, staff are made to work long hours, late nights on-calls etc by way of being emotionally blackmailed and told that professional responsibility dictates that when it is needed you should provide the service required even if outside contracted hours”*

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- *“I currently work in primary care, having left hospital pharmacy as it made [me] so stressed and grumpy that my husband threatened to leave me unless I left my job”*
- *“I have left one job [because of the stress] and I have started another. I can’t manage this one either. I am beginning to worry about whether I can manage the family’s Sunday lunch!”*

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- *“My replies would have been very different had I undertaken this survey a year ago: I quit working for XXXX in Dec precisely because I felt the pressure and bullying by the management was excessive [and] unacceptable. My current place of employment is much better, much lower stress levels even if the working hours are longer: there is more support staff, and their morale is much better too.”*

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