WORKPLACE CONDITIONS AND WELL-BEING SURVEY

FINAL REPORT | JUNE 2024

COLORADO PHARMACISTS SOCIETY

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*The taskforce is charged with reporting the results of a survey fielded to the pharmacy workforce in the state of Colorado. The views expressed in this report represent those of the taskforce on behalf of Colorado Pharmacists Society and not necessarily taskforce member employers.

QUESTIONNAIRE TASKFORCE MEMBERS

All members of the Colorado Pharmacists Society (CPS) were invited to participate in the CPS Workplace Conditions and Well-being Taskforce. A broad representative sample of roles (technicians, pharmacists, management, and students) from various settings (inpatient, outpatient, community (independent, chain, supermarket, mass merchant), ambulatory care, academia, and industry) contributed to the final survey.

ACKNOWLEDGEMENT

The Taskforce thanks the Colorado Department of Regulatory Agencies (DORA) for agreeing to send the survey to all pharmacy professionals (licensed and certified) in Colorado.

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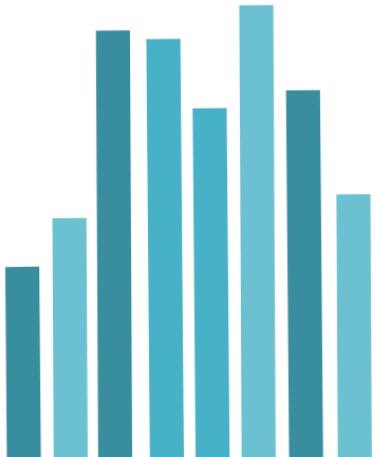
- Data analysis requests: admin@copharm.org
- Press inquiries: admin@copharm.org
- All other inquiries (including use of tables for publication or classroom purposes): admin@copharm.org



2023 COLORADO WORKPLACE CONDITIONS AND WELL-BEING SURVEY

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Executive Summary

INTRODUCTION

Pharmacists, technicians, and interns fulfill a vital role in community health and well-being and serve as a crucial access point for healthcare for most Coloradans. Colorado Pharmacists Society (CPS) strongly supports all Colorado pharmacy professionals and is committed to assessing the landscape of well-being and when necessary, seeking solutions for change to protect both pharmacy workers and patients.

Pharmacy professionals have been dealing with poor workplace conditions and decreased well-being for years, which was heightened by the COVID-19 pandemic. A 2023 survey from Pharmacy Times found that the average burnout score was 5.89 on a scale of 1-7, with a score of 6 out of 7 when asked if the COVID-19 pandemic exacerbated feelings of burnout.[1] According to the Well Being Index (developed and validated by the Mayo Clinic), Colorado pharmacy personnel had a distress percent of 32.67% and ranked 26th in the nation.[2] Pharmacists' heavy workload can be detrimental to employee well-being and increase medication errors. Medication errors harm over 1.5 million people (about the population of West Virginia) yearly and caused 200,000 deaths in 2020.[3] A study published by the American Journal of Health-Systems Pharmacy found that errors increased as the number of orders verified during a shift increased.[4] A 2023 article in the Los Angeles Times revealed data from the California Board of Pharmacy that overworked and understaffed pharmacy personnel make approximately 5 million errors per year.[5]

The CPS Workplace Conditions and Well-being Taskforce was formed in May 2022 to identify core pharmacy workforce-related issues and challenges within the state in order to explore potential solutions. The Taskforce is made up of pharmacists, technicians, and students who range in years of experience and in their areas of practice.

The CPS Workplace Conditions and Well-being Survey was developed to gather objective data about current workplace conditions and pharmacy personnel burnout in Colorado. With these data, the intention is to provide information to stakeholders to be used for meaningful engagement and change, improve current resources available around burnout for pharmacy professionals, and if needed, explore possible policy efforts to address current problems. The survey was focused on identifying contributing factors to burnout and stress, and safety conditions that lead to medication errors.

Overall, issues were consistently identified around workload, work environment, professional burnout and the negative impacts these factors were having on physical and emotional health of many pharmacy workers. Although specific practice settings were more concerning than others, many pharmacy professionals across all healthcare settings are struggling with existing workplace conditions.

METHODS

A Qualtrics™ survey was distributed by CPS communications methods and by the Colorado State Board of Pharmacy, at the request of CPS, to all licensed pharmacists, certified technicians, and licensed interns. The survey was conducted from April 19th to June 16th, 2023. The survey received 1,135 responses from a distribution list that included 9,389 pharmacists, 11,436 technicians, and 1,139 interns. Respondents were asked about various aspects of their work environment including "Employee Engagement and Value in Relation to Burnout," "Culture of Safety," and "Contributors to Stress." Quantitative data was captured by responses to several Likert scale questions. The responses were quantified by both one-way and two-way cross-tabulation analysis.

In one-way tabulations we analyzed simple percentages associated with the responses to each Likert scale question. Two-way cross-tabulations, on the other hand, provided a more comprehensive picture by analyzing the association between responses to Likert scale questions and several categorical variables like practice setting, role of the respondent, employment status, and other. The statistical significance of association was tested by Pearson's chi-square test.

Most survey questions utilized a Likert scale. Composite Indices (CI) were developed for the following sections: "Employee Engagement and Value in Relation to Burnout," "Culture of Safety," and "Contributors to Stress." Each question used for the construction of the CI had 5 possible options- Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree. These responses were numerically coded as –2 (strongly disagree), -1 (disagree), 0 (neutral), 1 (agree), and 2 (strongly agree). Each question was given an equal weight when constructing the corresponding CI and the CI was calculated as the sum of numerical responses to all designated questions within that section. For example, there were three questions in the Contributors to Stress section; thus, the CI for this section was the sum of numerical responses, which resulted in an index score ranging from –6 to 6.

Qualitative comments were coded by four independent reviewers, and discrepancies were resolved through group discussions.

LIMITATIONS

The survey has the following limitations including,

- Results are not derived from a random sample of individuals. The sample is comprised from a specific list of pharmacy and pharmacy-related personnel who were contacts within a state association database and those who are actively licensed or certified within Colorado. Therefore, the results should be acknowledged as providing insight to the Colorado community of pharmacists and associated entities. The results should not be used to make estimates for or to generalize to the entire population of pharmacists and pharmacy personnel.
- The survey was fielded to the entire list of the Colorado Department of Regulatory Agencies licensed individuals and entities (e.g. wholesalers in and out of the state of Colorado).
- The exact number to which the survey was fielded is not known as it was not captured at time of the survey.
- The composition of practice settings across the state varies widely, and survey respondents are mostly from urban areas. Although this does reflect where most professionals practice, this should be considered when interpreting the findings.
- Results are based on personal opinions and feelings, and personal interpretation of each question should be considered.
- The association between the Likert scale responses and variables of interest was evaluated based on two-way cross-tabulation only. No formal multivariate analysis that would allow to control for the effect of other variables was developed.

FINDINGS

Overall, the survey findings indicate a significant response difference between upper management and other positions, as well as clear disparities between chain/mass merchant/supermarket settings and independent pharmacies/ambulatory care settings, with upper management roles and independent pharmacy roles answering more positively versus other positions and settings. The results are consistent with what has been seen in the media, other state surveys, and statements from both National and State pharmacy organizations. The workplace environment and the level of burnout issues identified have impacted employees' current perspectives, as well as their outlook on the profession's future. Based on survey responses, Colorado pharmacy professionals appear to have a diminished commitment to the profession, and more than half of these professionals view the profession as an unattractive healthcare field.

Employee Engagement and Value in Relation to Burnout

- There is a disconnect between upper management and other roles and how they feel they are valued in the workplace. Even within designated roles, it seems individuals are treated differently based on responsibilities. For example, most upper management agree they are supported to maintain professional engagement and education vs. how frontline pharmacists and technicians view this issue. This disconnect is also seen in chain/supermarket versus all other settings. Regarding decision-making, responses suggest a need to involve a broader range of staff in these processes. Upper management believe that current communication channels and policies are supportive, while other roles may not share this view. Positivity existed around immediate supervisors and their availability and openness for discussion within all roles and settings.

Culture of Safety

- Clinical role responses to this section of the survey tended to align with upper management responses. This may be due to a higher level of independent practice and autonomy in these roles. Responses concerning patient care safety policies show a high disparity, which may indicate varying views on whether company policies support the efficiency/time/resources needed to provide high quality and safe care. The largest range of discrepancy regarding safety was seen in pharmacist overlap and workflow, indicating the significant differences in how different roles perceive the adequacy of pharmacist overlap and procedural support for workflow continuity. Survey data also indicates the need for a safer and more open environment for staff to voice their concerns, open-ended comments suggest some element of fear of retaliation or repercussions. Positive responses were seen within all roles regarding breaks and lunches, with setting disparities most evident in chain/supermarket settings.

Contributors to Stress

- The impact of workload and burnout on personal health, both physical and mental, appears to be different across roles. Those in upper management roles and ambulatory care settings tend to lean more positively, as feelings of stress or insufficient support may not be uniformly felt across other roles and settings. Chain and supermarket settings showed strong responses regarding negative physical and mental health consequences from their jobs. A significant portion of respondents across all roles and settings reported increased workload, particularly among pharmacy technicians and pharmacist roles. Top contributors to stress were interruptions from phone calls, inadequate staffing, and patient expectations or demands.

PROPOSED RECOMMENDATIONS AND NEXT STEPS

The CPS Workplace Conditions and Well-being Taskforce is committed to being a leader in the evolution of pharmacy in Colorado. We will continue to advocate for the well-being of the pharmacy profession and promote better workplace conditions, keeping safety of patients as the central goal. While we acknowledge that many practice areas, workplaces, and employers are taking steps to address problems, there is still much work to be done. We also acknowledge that the abysmal payment and reimbursement structure forced upon pharmacy entities by payers and pharmacy benefit managers (PBMs) has led to the pressure seen in many pharmacy settings. This pressure is leading to less-than-optimal policies, procedures and workloads. CPS aims to continue meaningful efforts with all stakeholders to identify and address the detrimental part played by many entities and to work together to find impactful and sustainable long-term solutions.

The following recommendations listed below are for employers, policy makers, pharmacy professionals, and other stakeholders.

1. Optimize use of volume-based performance metrics, and seek to eliminate volume-based quotas particularly in community settings, particularly in community settings. When necessary, seek to align any volume-based metrics with volume-based staffing ratios in all settings.
2. Increase awareness of burnout and offer and encourage strategies and resources to manage employee stress.
3. Review and update workplace policies to ensure appropriate time and physical space is made for uninterrupted breaks and ensure adequate time and overlap between shifts.
4. Encourage all entities, stakeholders and individuals to engage in collaborative and regular advocacy efforts with associations,

regulatory bodies, the state general assembly and other relevant stakeholders to optimize working conditions, optimize the practice of pharmacy and discourage unfair/discriminatory business practices that harm pharmacy settings (e.g. PBMs) and the patient care provided.

5. Advocate for payment reform to eliminate policies and contracts that lead to discriminatory reimbursement practices and impact pharmacy professionals' ability to provide safe patient care. Advocacy efforts should include and protect pharmacists, technicians, students, patients, and the community. This includes increased medication access, price transparency and eliminating or banning egregious PBM/payer policies (arbitrary fees, under-reimbursement, spread pricing, etc.)
6. Provide fair and competitive payment for technician wages to encourage recruitment, retention, and to match the standard of the profession and level of professional training they have accomplished and deserve. Ensure pharmacists' salary and benefits remain commensurate with their high level of education and training.
7. Support legislation to allow for safer work environments (which could include reasonable volume-based staffing requirements, banning quotas/metrics, requiring sufficient training, or adequate time for non-dispensing duties).
8. Encourage pipeline efforts for both technicians and pharmacists, to ensure access to medication remains viable for years to come.
9. Promote the profession of pharmacy in a patient-focused, interdisciplinary manner and discourage the disparagement of the profession by our own professionals or others.

LEADING THE CHARGE: NEXT STEPS ON THE PART OF CPS

CPS will remain committed to our statewide pharmacy professionals' well-being. Specifically:

1. Communicate this report's findings broadly across stakeholders.
   - Stakeholders may include DORA and State Board of Pharmacy, Colorado-based Schools of Pharmacy and Technician –Training Programs, practices and employers from community-based pharmacy settings [chain, mass merchant, supermarket, independently owned] as well as hospitals and health systems, professional and trade/business associations (medical, hospital, retail, technician, national, etc.), pharmaceutical industry, payers and pharmacy benefit managers, media outlets, and others to review the findings.
   - Develop an official slide set of the findings for use by CPS to engage stakeholders.
   - Develop a 1-page summary of findings for stakeholder use.
   - Evolve a dedicated landing page on the CPS website of the ongoing efforts to address professional well-being in Colorado.
2. Explore efforts to formally convene relevant stakeholders (above) to engage in meaningful conversations and actions to support workforce well-being and jumpstart a framework for implementation of the report recommendations.
3. Continue reviewing the data collected and offer other entities the opportunity to obtain more specific or targeted data collected but not provided in this report as requested.
4. Continue to partner with national pharmacy organizations on similar efforts.
5. Ensure that workplace conditions and well-being are at the forefront of future meetings, programming and efforts developed by CPS.
6. Charge the CPS Academies to review and suggest ways to address the recommendations.
7. Provide regular communication between the Taskforce and the CPS Board of Directors.
8. Consider repeating the survey at a future date and cadence pending adequate resources.
9. Seek to leverage and share best practices from settings where workplace conditions are positive/improving within Colorado and across other states.
10. Provide new mechanisms (i.e. town halls, open forums, message boards) for continuing input from pharmacy professionals on workforce well-being and burnout.
11. Liaise with the CPS Legislative Committee to consider/explore how to incorporate the recommendations into potential policy changes. Consider further legislative and/or regulatory proposals around safer and better working conditions and around payer/PBM practices that have detrimental effects on the profession.
12. Continue and increase dialogue and collaboration between CPS and regulatory agencies overseeing the practice of pharmacy and patient safety (i.e. DORA/Board of Pharmacy, etc.).

For more information on CPS and these efforts:

- Well-Being Resources for Pharmacy Professionals (copharm.org)
- Workplace Task Force (copharm.org)
- Colorado Pharmacists Society

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SECTION 6: CONTRIBUTORS TO STRESS

Section 1
Background and Methods

BACKGROUND

An online survey (see Appendix 1) was designed via Qualtrics™ and assessed for readability and face validity by a small group of pharmacists, technicians, and pharmacy residents that were part of the CPS Taskforce. The survey questions were modeled after other validated state workplace conditions survey questions and the APhA National State-Based Pharmacy Workplace Survey.[6-8]

The survey was divided into six sections (48 questions total):

1. Demographics
2. Practice Place, Setting, and Role
3. Employee Engagement and Value in Relation to Burnout
4. Culture of Safety
5. Contributors to Stress
6. Opinions/Additional Comments*

*Opinions/Additional Comments has been given its own section in the report due to the high number of responses.

METHODS

The survey link was disseminated via CPS by all communications methods (email, social media, newsletters and word of mouth at in-person events). Additionally, email communication with the link was sent from the DORA (Board of Pharmacy) to all licensed or certified Colorado pharmacists, technicians, and interns. The DORA distribution list included 9,389 pharmacists, 11,436 technicians, and 1,139 interns. The survey link was open from April 19th, 2023, to June 16th, 2023 and overall, 1,135 responses were collected. Those who were not currently practicing in Colorado were excluded from the analysis. All data was anonymous.

Respondents were asked about various aspects of their work environment including "Employee Engagement and Value in Relation to Burnout," "Culture of Safety," and "Contributors to Stress." Quantitative data was captured by responses to several Likert scale questions. The responses were quantified by both one-way and two-way cross-tabulation analysis. In one-way tabulations we analyzed simple percentages associated with the responses to each Likert scale question. Two-way cross-tabulations, on the other hand, provided a more comprehensive picture by analyzing the association between responses to Likert scale questions and several categorical variables. Specifically, we looked at the association between survey responses to questions related to workplace burnout and the following variables: Primary Role (Learners, Upper Management, Pharmacy Management, Pharmacist, Clinical, Pharmacy technician, Faculty Educator, and Other); Primary Practice Setting (Ambulatory Care, Chain Pharmacy, Clinic Outpatient, Hospital Inpatient, Independent Pharmacy, Supermarket Pharmacy, and Other); Employment Status (Full time, Part-time, PRN, and Other); Practice Region (Mostly urban, Mostly rural). The association was analyzed by developing crosstabulation tables. Pearson's chi-squared was calculated for the hypothesis that the rows and columns in the two-way tables are independent and corresponding p-values for the test are reported.

Survey responses to workplace burnout questions are recorded in a Likert scale form. Most of the questions have 5 levels ranging from Strongly Disagree to Strongly Agree. In addition to looking at the crosstabulations, we have developed composite indexes that have combined responses to Likert scale-type questions into a single index variable. Composite index variables were developed for the following sections of the survey: Employee Engagement and Value in Relation to Burnout, Culture of Safety, and Contributors to Stress. Composite index variables summarize the responses to several Likert scale questions into a single score. In each section, there are different numbers of questions asked. Each question has 5 possible response options: Strongly Disagree, Disagree, Neutral, Agree, and Strongly Agree. We have numerically coded these Likert scale responses as -2, -1, 0, 1, and 2 respectively. Thus, zero represents a Neutral response, negative two corresponds to a Strongly Disagree response and two represents a Strongly Agree response. Each question is given an equal weight and the composite index for each section is calculated as the

sum of all the questions in that section. For example, there are four questions in the Contributors to Stress section; thus, the composite index for this section is the sum of numerical responses to these four questions, which results in an index score ranging from -8 to 8. Given the design we used to develop composite indexes, the score of zero represents mostly neutral responses, positive index scores represent predominantly Agree and Strongly Agree responses and negative scores represent predominantly Disagree and Strongly Disagree responses.

For qualitative comments, four reviewers independently coded their sections to a pre-determined set of coding categories. Concordance of review coding was determined via coding of the same question for each coder; discrepancies were discussed and resolved by unanimous decision from the Taskforce. After data analysis, the taskforce worked as a group to discuss the findings and conclusions were collectively decided.

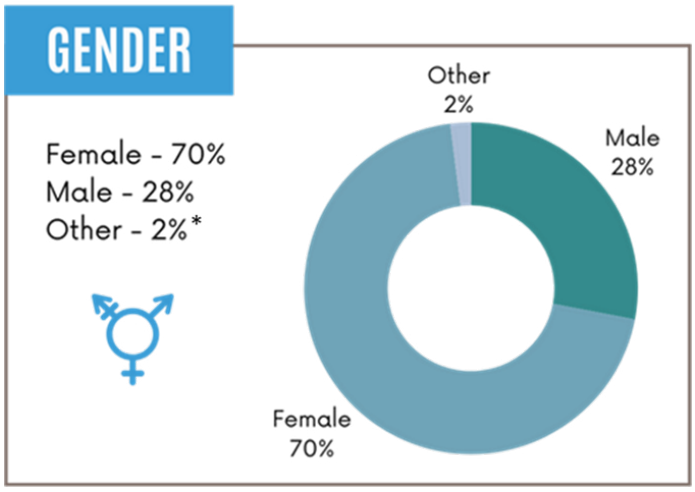
Section 2
Demographics

There were 1,135 respondents to the survey of which 1,012 reside in Colorado. Only results from Colorado residents are provided in this report.

GENDER IDENTIFICATION (FIGURE 1)

Out of the 1,012 Colorado respondents to the survey, 969 (95.8%) responded to this question. Of those who answered, 674 (69.6%) identified as female, 268 (27.6%) identified as male, 5 (0.52%) identified as transgender, 1 (0.1%) identified as non-binary, 19 (1.96%) preferred not to answer, and 2 (0.21%) identified as other.

Figure 1: Gender Identification

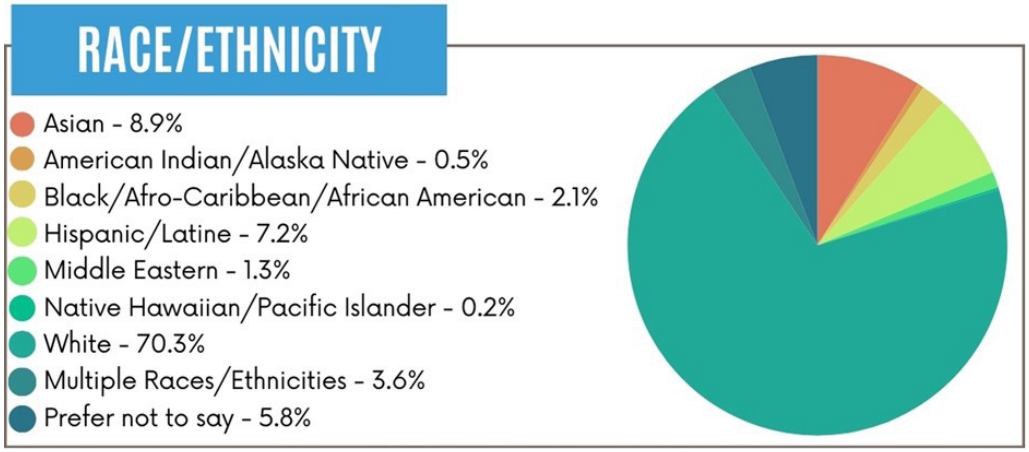


**5 (0.52%) identified as transgender; 1 (0.1%) identified as non-binary; 19 (1.96%) preferred not to answer; 2 (0.21%) identified as other.*

RACE/ETHNICITY IDENTIFICATION (FIGURE 2)

Out of the 1,012 respondents to the survey, 967 (95.5%) responded to this question. Of those who answered, 680 (70.3%) identified as White, 86 (8.9%) identified as Asian, 70 (7.2%) identified as Hispanic/Latine, 20 (2.1%) identified as Black/Afro-Caribbean/African American, 5 (0.5%) identified as American Indian/Alaska Native, 13 (1.3%) identified as Middle Eastern, 2 (0.2%) identified as Native Hawaiian/Pacific Islander, 35 (3.6%) identified as Multiple Race/Ethnicities, and 56 (5.8%) preferred not to answer.

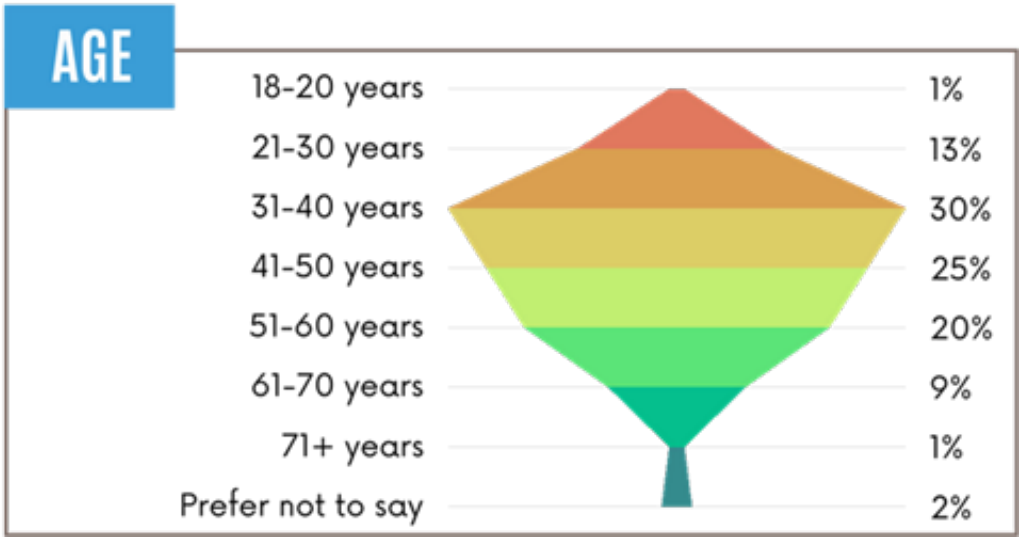
Figure 2: Race/Ethnicity Identification



AGE (FIGURE 3)

Out of the 1,012 respondents to the survey 969 (95.8%) responded to this question. Fifty-five percent of the respondents fell between 31-50 years of age.

Figure 3: Age



YEARS LICENSED (TABLE 1)

Out of the 1,012 respondents to the survey, 968 (95.7%) responded to this question. Pharmacists were equally split, with half of respondents being licensed for less than 15 years and half of them being licensed 15 years or more. Sixty-eight percent of technicians have been licensed for less than 15 years, specifically about 40% of them being licensed for four years or less. Thirty-two percent of technician respondents have been licensed for 15 years or more.

Table 1: Years Licensed

YEAR CATEGORIES	PHARMACISTS (N=703)	TECHNICIANS (N=221)
0-4 years	18.2%	39.2%
5-14 years	32%	28.8%
15-24 years	26.5%	22.1%
25 years or more	23.3%	9.5%

PHARMACIST AND TECHNICIAN WAGES

Out of the 222 technician respondents, all responded to this question. Fifty percent made $22 per hour or less, while 29.7% of technicians made between $20-22 per hour.

Out of the 1,012 respondents to the survey, 687 (67.9%) responded to this question. Fifty-nine percent of pharmacists made $61 or more per hour, while 11.4% made between $40-60 per hour.

Section 3
Practice Place, Setting, and Role

There were fourteen questions developed to characterize the employment environments and associated roles of the survey respondents. They focused on practice region, primary practice setting and role, employment status including length of employment, pay status and hours worked per week, prescriptions filled per week, and how they have evolved in the prior year, as well as assessing pharmacy career commitment and attractiveness.

PRIMARY PRACTICE REGION (FIGURES 4 AND 5)

Out of the 1,012 respondents to the survey, 922 (91.1%) responded to this question. Figure 4 represents the regional breakdown included in the survey for reference to the respondents. The majority of survey respondents practiced in the Metro Area (59%, n=542). Seven percent practiced in the Southern region and 17% practiced in the Northern region. The regions were further characterized by grouping them into "mostly urban" (Pikes Peak, Metro, North Central) and "mostly rural" (Northwest, West Central, Southwest, Southeast, Northeast) with most respondents in "mostly urban" regions. (Figure 5)

Figure 4: Map of Geographic Regions

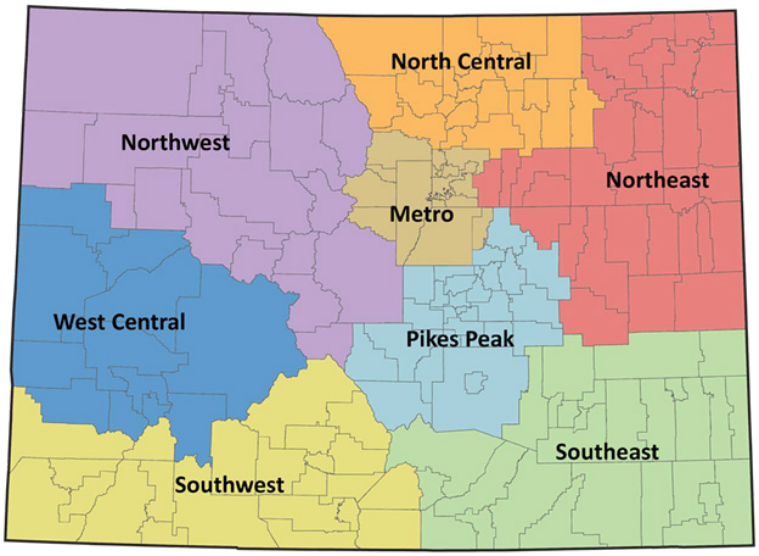
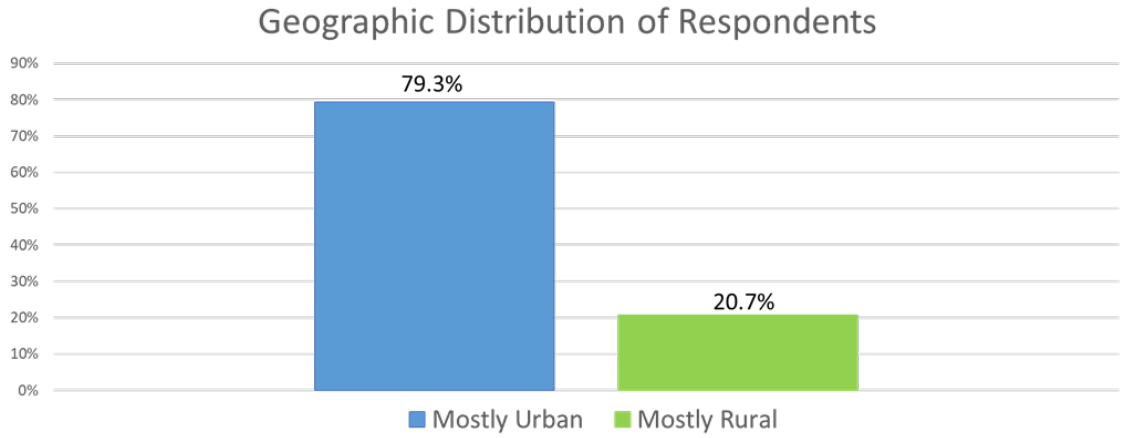


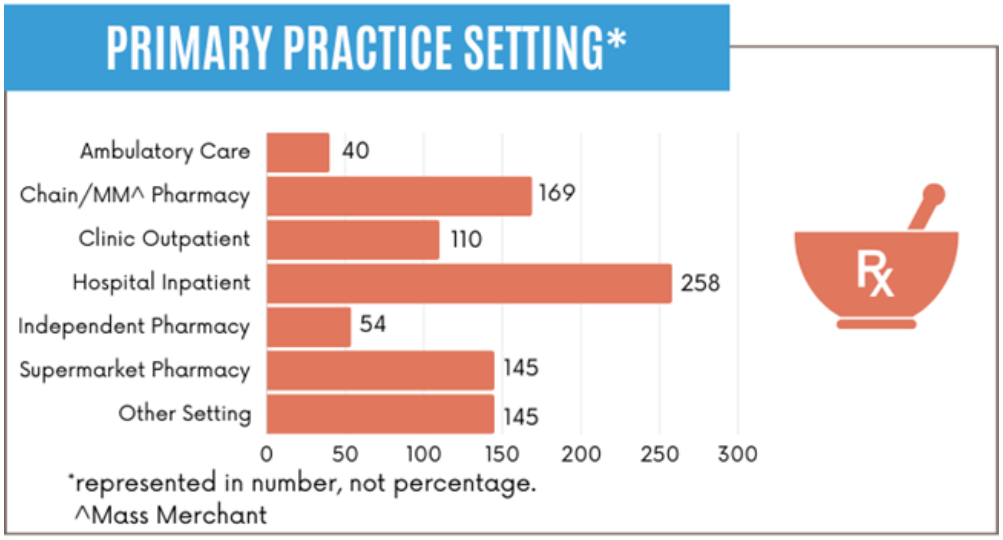
Figure 5: Distribution of Respondents: Urban vs. Rural



PRIMARY PRACTICE SETTING (FIGURE 6)

Out of 1,012 respondents to the survey, 921 (91.0%) responded to this question. Of those who answered, 368 (36%) worked in the community (i.e. chain, supermarket, mass-merchant, or independent) and 258 (25%) worked in hospital settings, as seen in Figure 6. Those in the "other setting" included: 29 (3%) worked in long-term care, 24 (3%) worked in specialty, 14 (1.5%) worked in industry, 12 (1%) worked in academia, 9 (1%) worked in federal/military/Department of Defense, 9 (1%) were currently not working, 5 (0.5%) worked in mail-order pharmacy, 2 (0.2%) worked in nuclear, 2 (0.2%) worked in association/regulatory, and 39 (4%) selected other.

Figure 6: Primary Practice Setting of Respondents



PRIMARY PRACTICE ROLE (FIGURE 7)

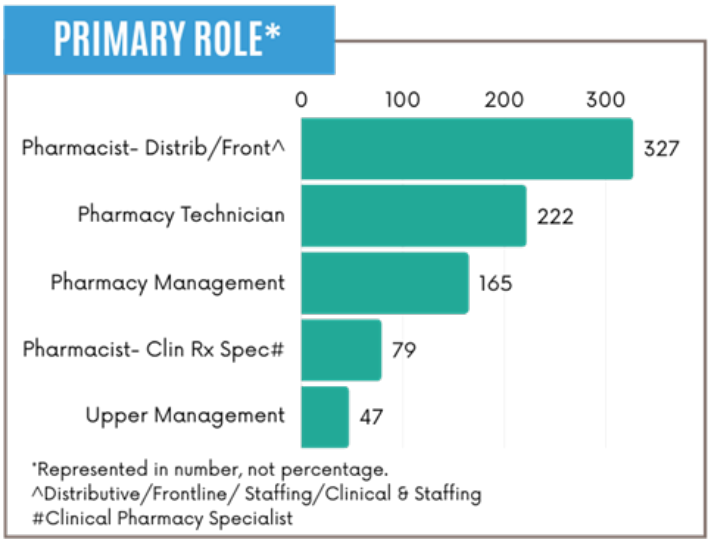
Out of 1,012 respondents to the survey, 919 (90.8%) responded and self-identified their primary role. Figure 7 represents the distribution of respondents as grouped for the purposes of data analysis (for more details see description under Figure 7). The largest group of respondents were clinic/staff pharmacists, and the second largest group of respondents were technicians. Most respondents identified as frontline patient care pharmacists vs. those in other pharmacy-related careers or in management roles.

For the specific roles of those who answered, 317 (34%) were clinic/staff pharmacists, 222 (24%) were pharmacy technicians, 165 (18%) were pharmacy manager/PIC, 79 (9%) were clinical pharmacy specialists, 30 (3%) were student pharmacist/interns, 25 (3%) were corporate executives/directors, 12 (1%) were pharmacy owners, 12 (1%) were faulty/educators, 10 (1%) were consultants/liaisons/specialists, 10 (1%) were district/division managers, 8 (1%) were residents, and 29 (3%) selected other.

The roles were grouped to report the results of the survey and accommodate some groups being below the threshold for reporting as a standalone group. The list below clarifies the role (abbreviations used for various figures) and how the role was worded in the fielded survey:

- Learners (Learners): Residents and Student Pharmacist/Intern
- Upper Management (Upper Mgmt): District/Division Manager; Pharmacy Owner, Corporate Executive/Director
- Pharmacy Management (Pharmacy Mgmt): Pharmacist Manager/Pharmacist in Charge (PIC)
- Pharmacist - Distributive/Frontline/Staffing (Pharmacist: D/F/S/C&S): Clinical/Staff Pharmacist and Consultant/Liaison/Professional Specialist
- Pharmacist - Clinical Pharmacy Specialist (Pharmacist: Clinical): Clinical Pharmacy Specialists (Board certified, etc.)
- Pharmacy Technician (Technician): Pharmacy Technicians across all settings
- Faculty/Educator (F/E): Faculty/Educator
- Other

Figure 7: Primary Roles of Respondents



EMPLOYMENT STATUS

Out of 1,012 respondents to the survey, 920 (90.9%) responded to this question. Of those who answered, 734 (80%) were full time, 116 (13%) were part time, 53 (6%) were PRN, 10 (1%) had multiple jobs, and 7 (0.8%) were retired.

YEARS AT CURRENT JOB

Out of 1,012 respondents to the survey, 922 (91.1%) responded to this question. Of those who answered, 437 (47%) had been at their current job for less than 5 years, 217 (24%) had been at their current job for 5-10 years, 163 (18%) had been at their job for 11-20 years, and 105 (11%) of respondents had been at their job for 21 or more years.

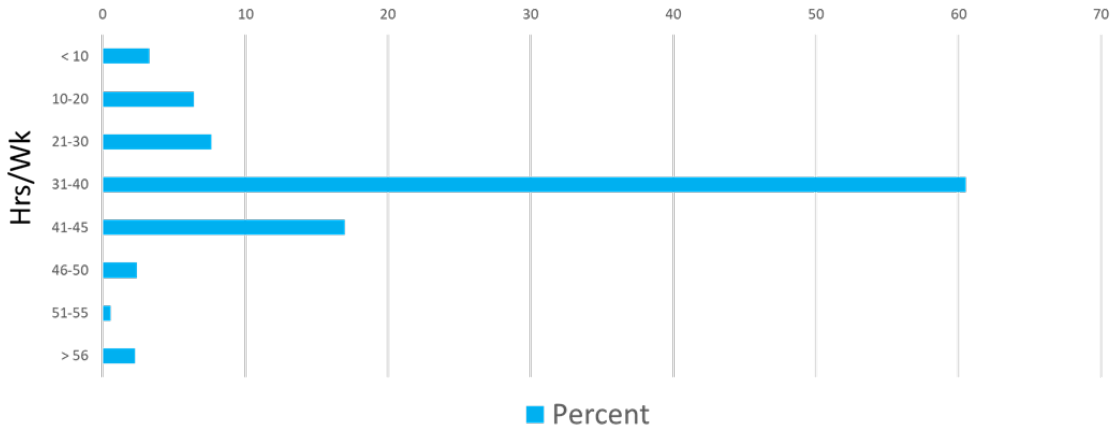
PAY STATUS

Of the 1,012 respondents, 918 (90.7%) responded to this question. Of those who answered, 358 (39%) were salaried and 560 (61%) were paid hourly.

TYPICAL PAID HOURS PER WEEK (FIGURE 8)

Of the 1,012 respondents, 920 (90.9%) responded to this question. Of those who answered, 159 (17.28%) of respondents were paid for 30 hours per week or less, with 445 (44%) of that group being paid for 21-30 hours per week. Next, 557 (61%) were paid for 31-40 hours per week, 156 (17%) were paid for 41-45 hours per week, 27 (3%) were paid for 46-55 hours per week, and 21 (2%) were paid for 56 or more hours per week.

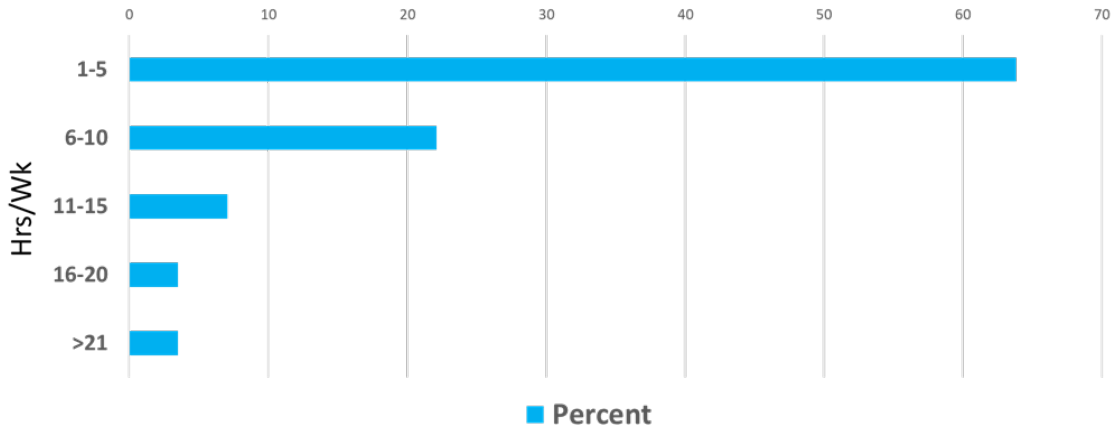
Figure 8: Typical Paid Hours Per Week



TYPICAL UNPAID HOUR PER WEEK (FIGURE 9)

Of the 1,012 respondents, 393 (35%) responded to this question. Of those who answered, 254 (64%) worked 1-5 unpaid hours per week, 88 (22%) worked 6-10 unpaid hours per week, 28 (7%) worked 11-15 unpaid hours per week, and 28 (8%) worked 16 or more unpaid hours per week.

Figure 9: Typical Unpaid Hours Per Week



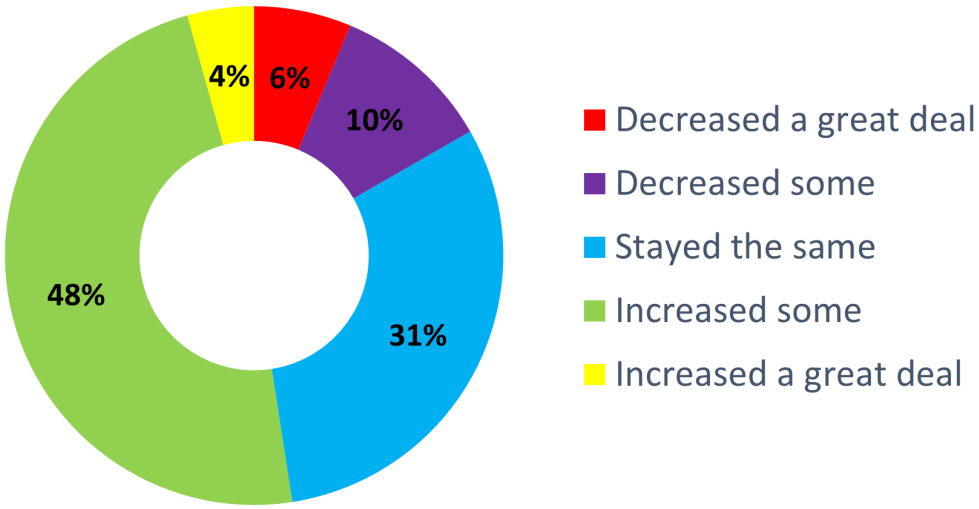
CHANGE IN WORK HOURS VS. PREVIOUS YEAR

The study was conducted in 2023, so "previous year" refers to 2022. Of the 1,012 respondents, 858 (84.8%) responded to this question. Of those who answered, 200 (23%) had hours decrease, 440 (51%) hours stayed the same, and 218 (25%) had work hours increase.

CHANGE IN TOTAL INCOME VS. PREVIOUS YEAR (FIGURE 10)

Of the 1,012 respondents, 856 (84.6%) responded to this question. When comparing 2023 to 2022, 143 (17%) respondents had decreased income, 264 (31%) respondents had their income stay the same, and 449 (52%) respondents increased income.

Figure 10: Changes in Total Income 2022 to 2023



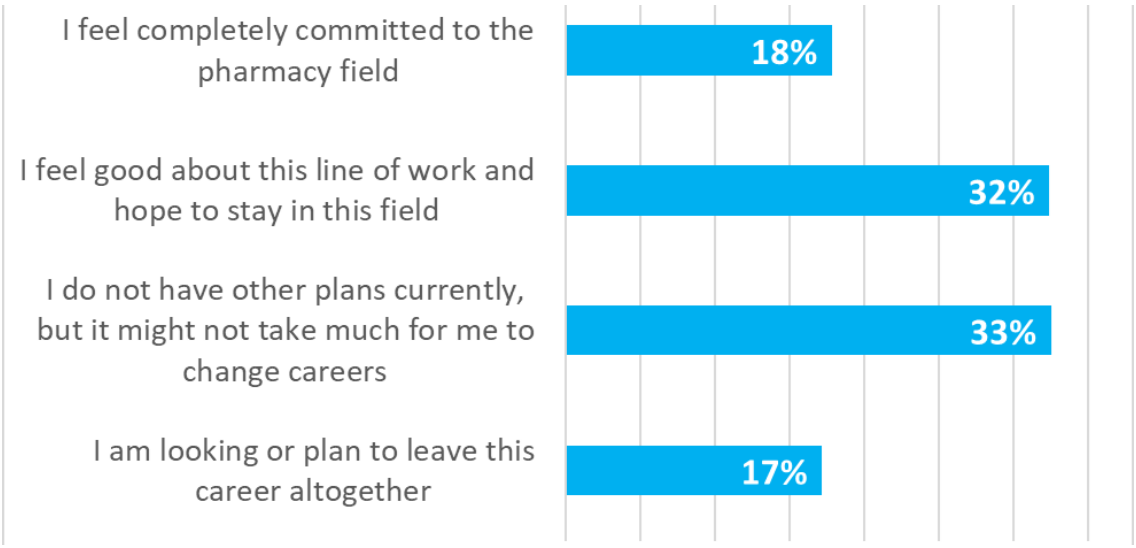
AVERAGE NUMBER OF PRESCRIPTIONS/ORDERS PROCESSED PER DAY

For the question "On average, how many prescriptions/orders are processed per day at your place of employment?", the responses were highly variable due to the free text field, and not consistently answered by respondents. The Taskforce felt it wise to not try to interpret this data and take note for future surveys on how to better word this question to derive meaningful data for analysis.

COMMITMENT/LOYALTY TO PHARMACY (FIGURE 11)

Out of 1,012 respondents, 919 (90.8%) responded to this question and 50% of respondents were either looking to leave their career, or despite not having current plans to leave, would consider doing so.

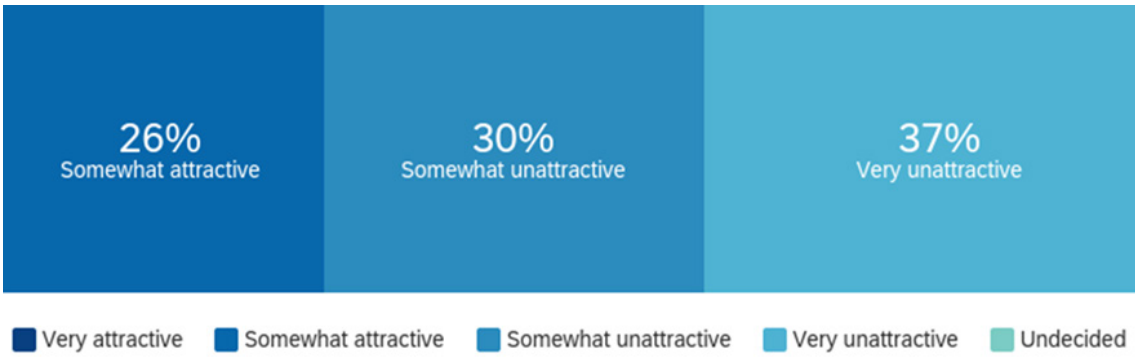
Figure 11: Commitment or Loyalty to a Pharmacy Career



ATTRACTIVENESS OF PHARMACY CAREER (FIGURE 12)

Out of 1,012 respondents to the survey, 920 (90.9%) responded to this question. Amongst all Colorado respondents, 67% rated a pharmacy career today as somewhat or very unattractive.

Figure 12: Attractiveness of a Pharmacy Career



Section 4

Employee Engagement and Value in Relation to Burnout

There were 7 questions in this section that revolved around support and communication. These items are related to the possibility of employee burnout based on employee engagement and value. Questions were answered on a 5-point Likert scale, ranging from Strongly Disagree to Strongly Agree.

1. MY EMPLOYER/COMPANY ACTIVELY SEEKS MY OPINION (FIGURES 13 AND 14).

Figure 13: Results by Role

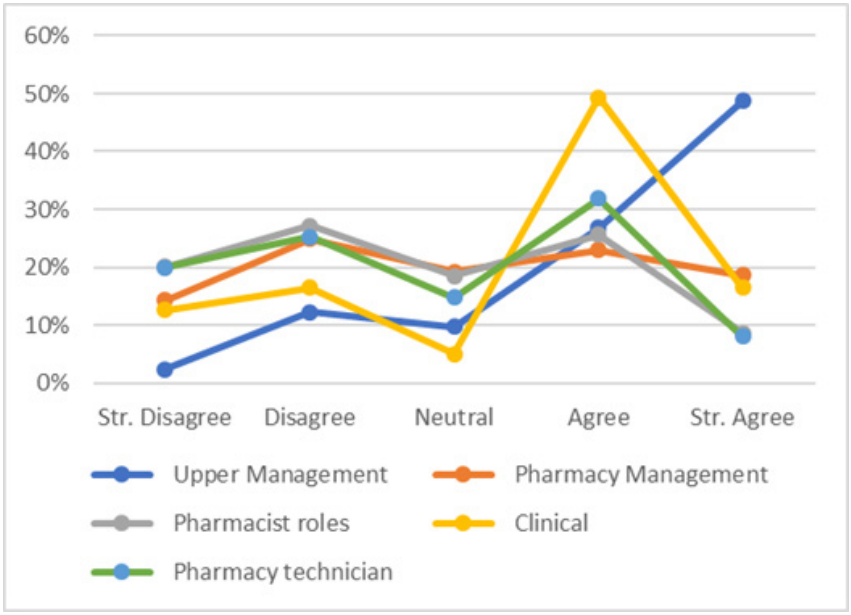
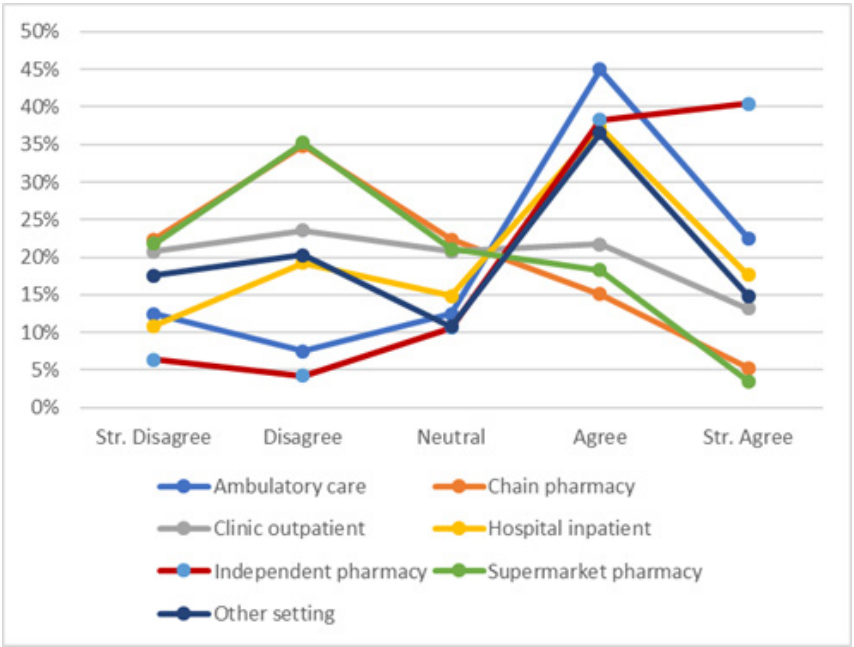


Figure 14: Results by Setting



2. MY EMPLOYER/COMPANY RESPECTS AND VALUES MY INPUT (FIGURES 15 AND 16).

Figure 15: Results by Role

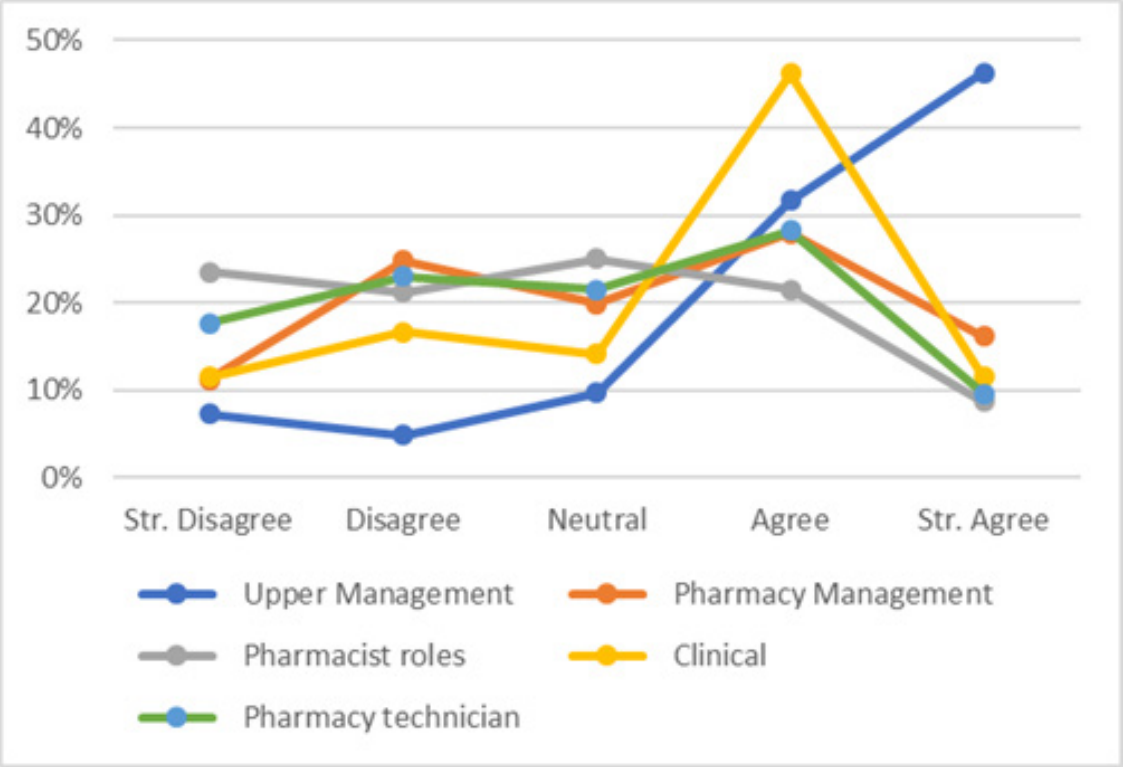
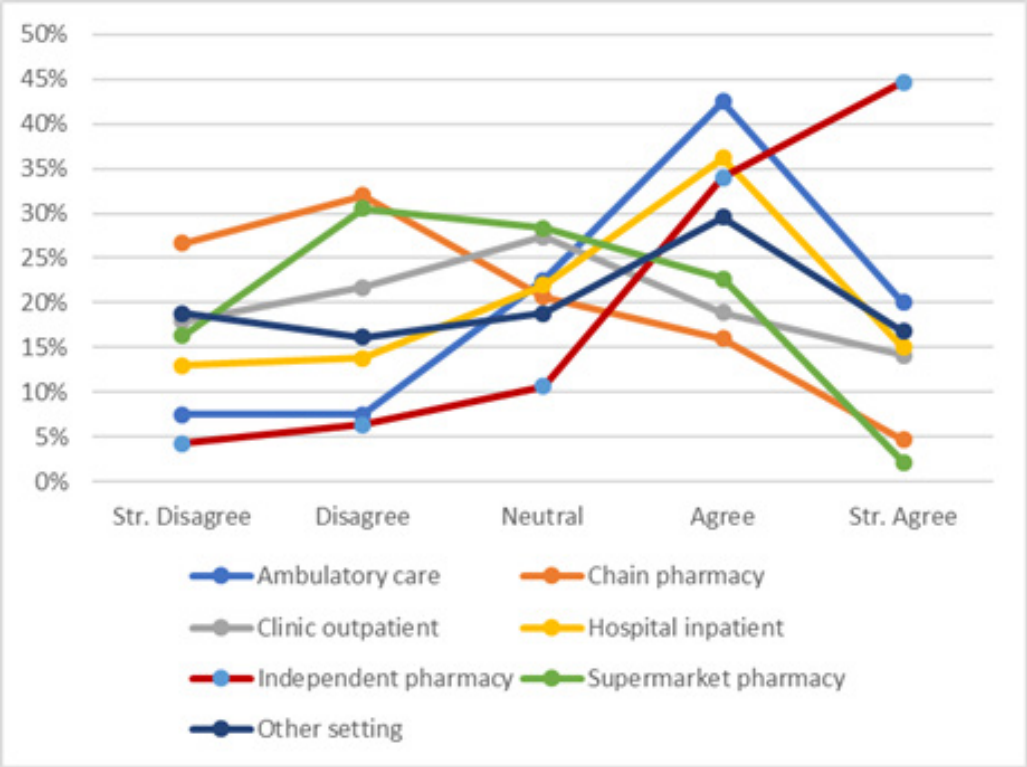


Figure 16: Results by Setting



3. MY EMPLOYER/COMPANY SUPPORTS (FINANCIALLY OR WITH TIME OFF) MY PROFESSIONAL ENGAGEMENT AND EDUCATION (FIGURES 17 AND 18).

Figure 17: Results by Role

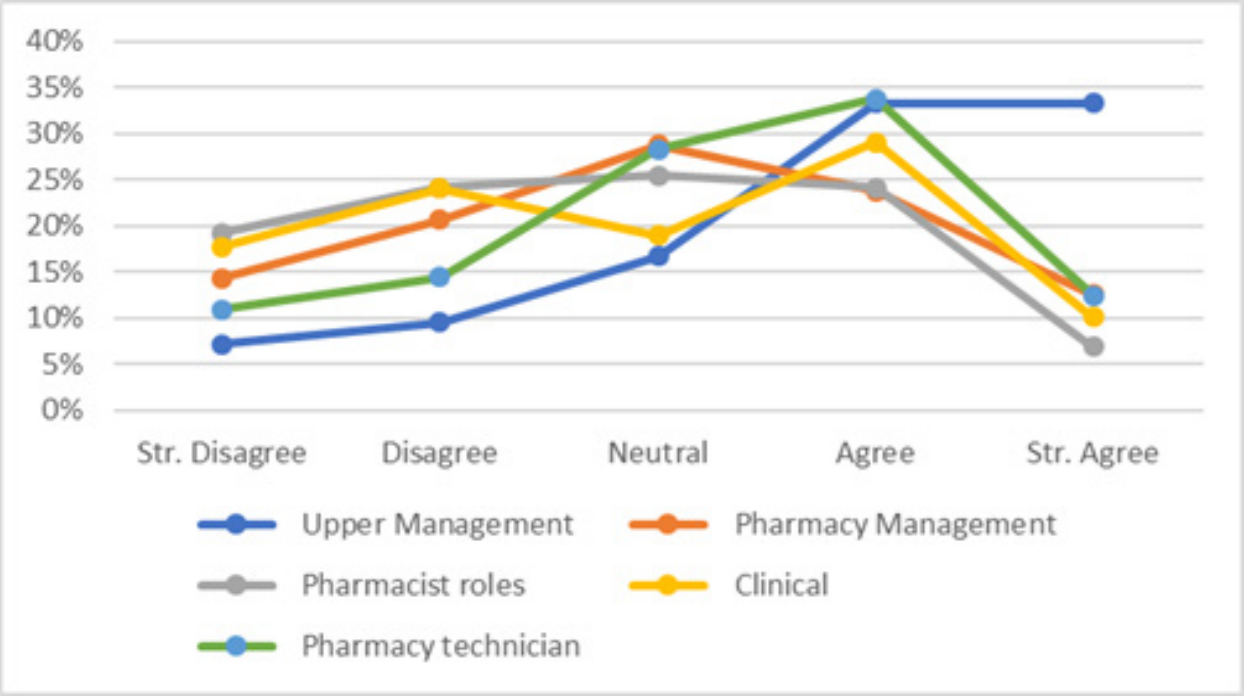
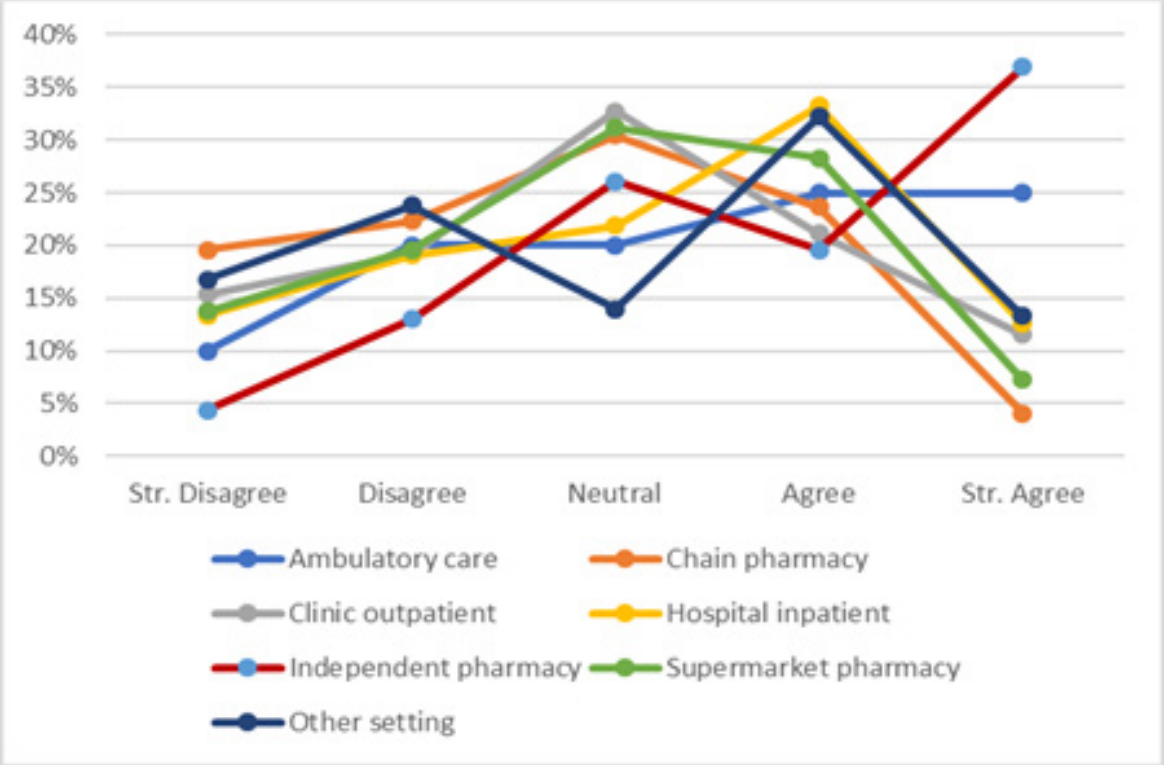


Figure 18: Results by Setting



4. MY IMMEDIATE SUPERVISOR IS AVAILABLE FOR AND OPEN TO DISCUSSING ISSUES IMPACTING PATIENT CARE (FIGURES 19 AND 20).

Figure 19: Results by Role

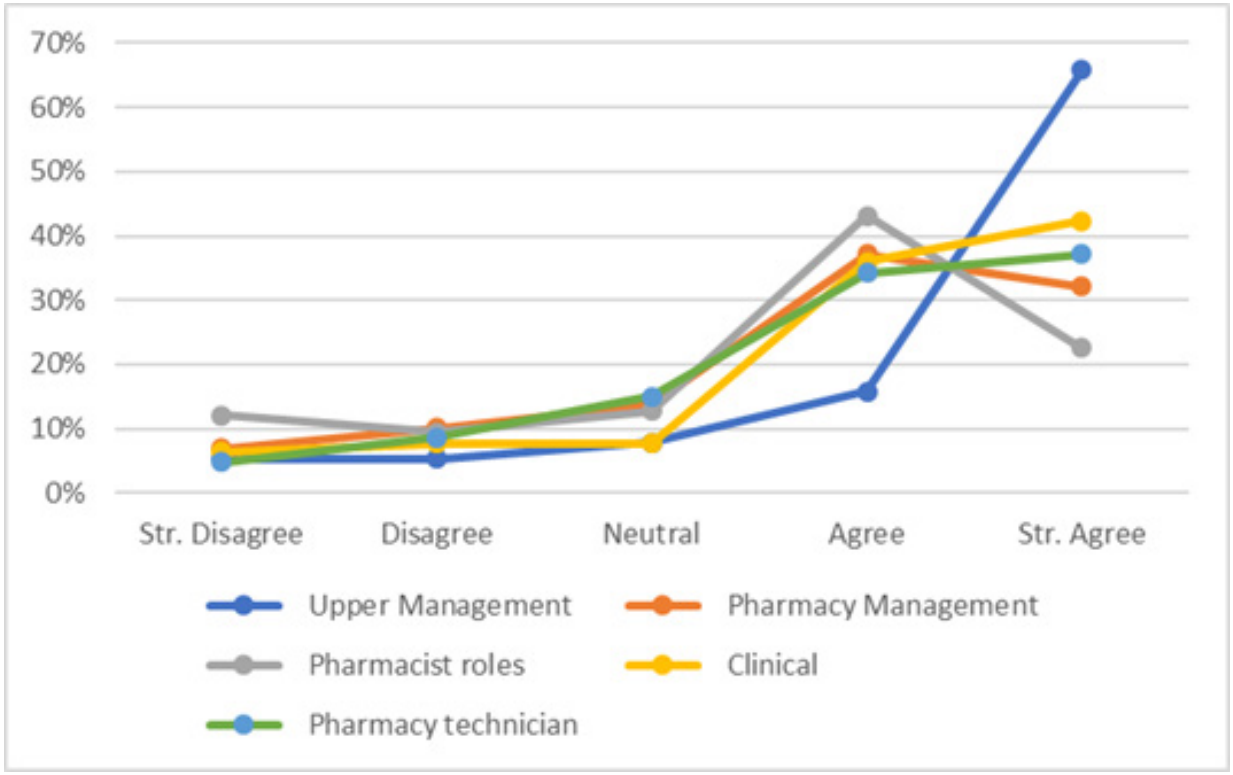
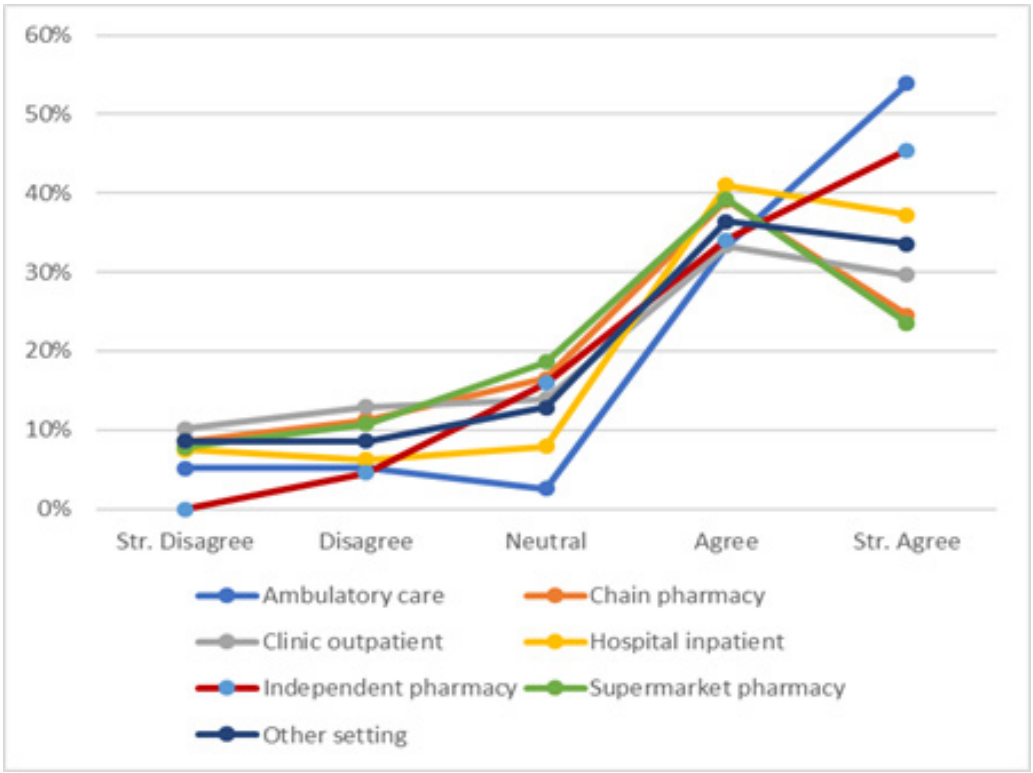


Figure 20: Results by Setting



5. MY IMMEDIATE SUPERVISOR ASKS FOR MY INPUT BEFORE IMPLEMENTING A NEW WORKFLOW, POLICY, OR OTHER CHANGE IN THE PHARMACY (FIGURES 21 AND 22).

Figure 21: Results by Role

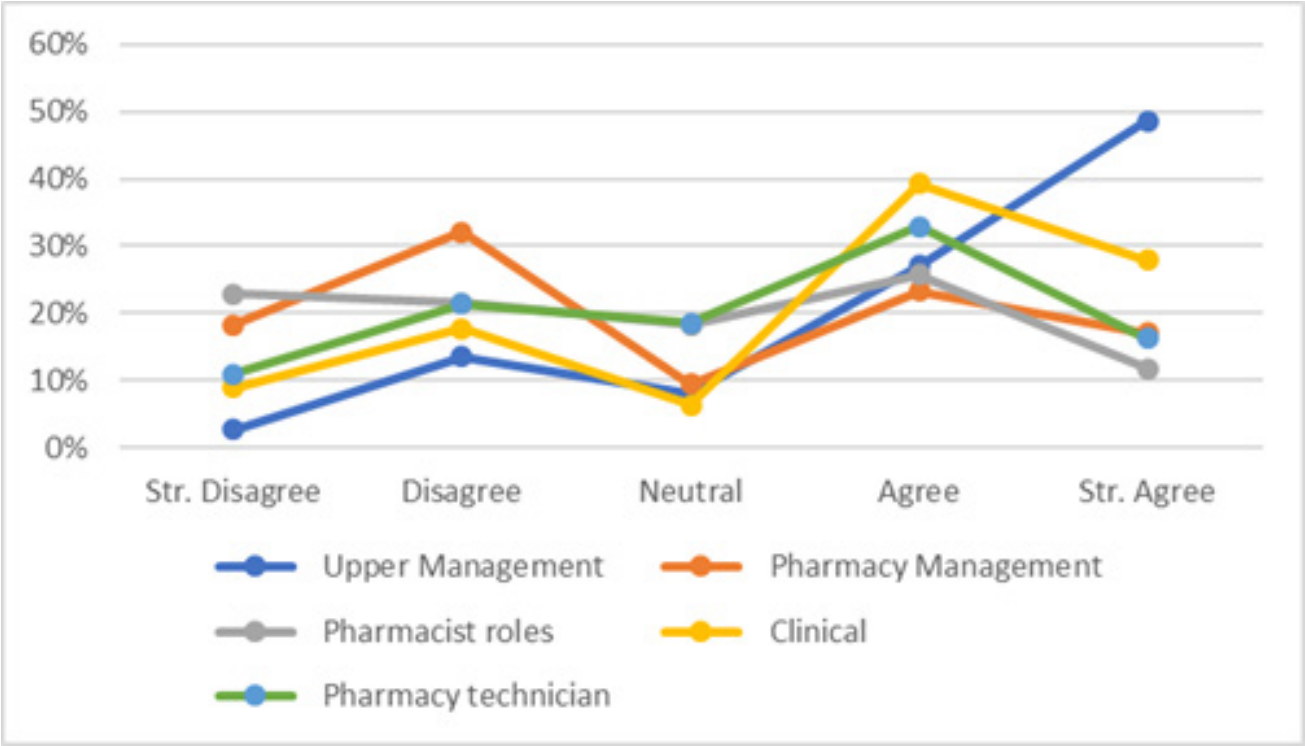
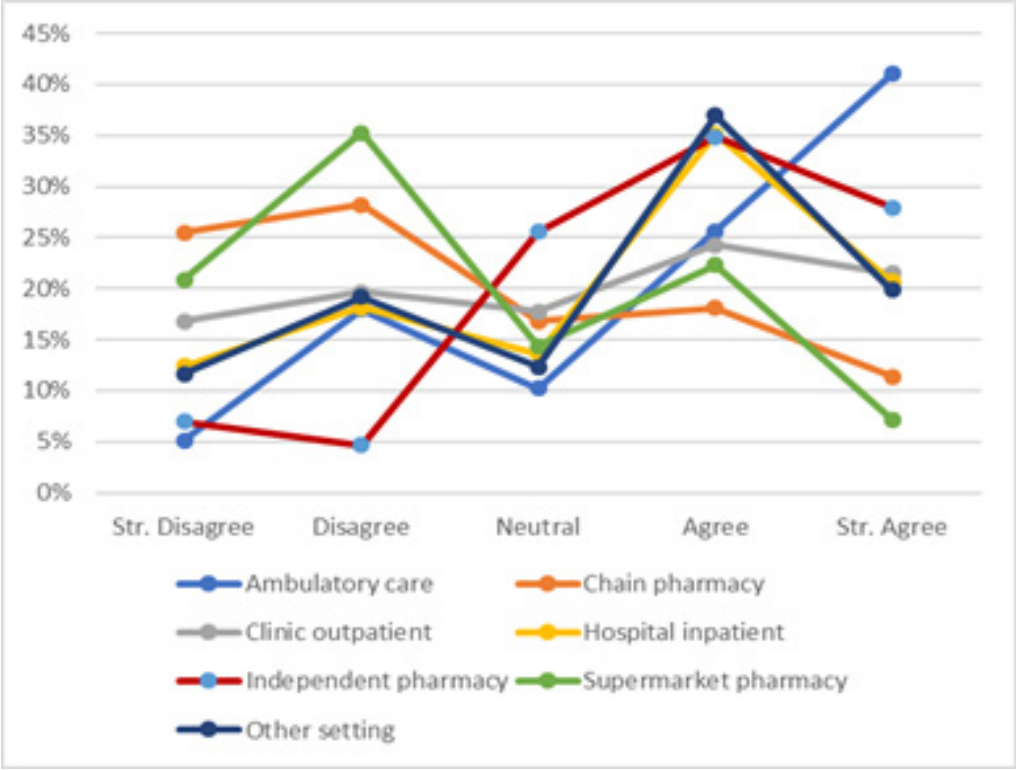


Figure 22: Results by Setting



6. MY IMMEDIATE SUPERVISOR ASKS FOR MY INPUT IN EVALUATING A RECENTLY IMPLEMENTED WORKFLOW, POLICY, TECHNOLOGY, OR OTHER CHANGES IN THE PHARMACY (FIGURES 23 AND 24).

Figure 23: Results by Role

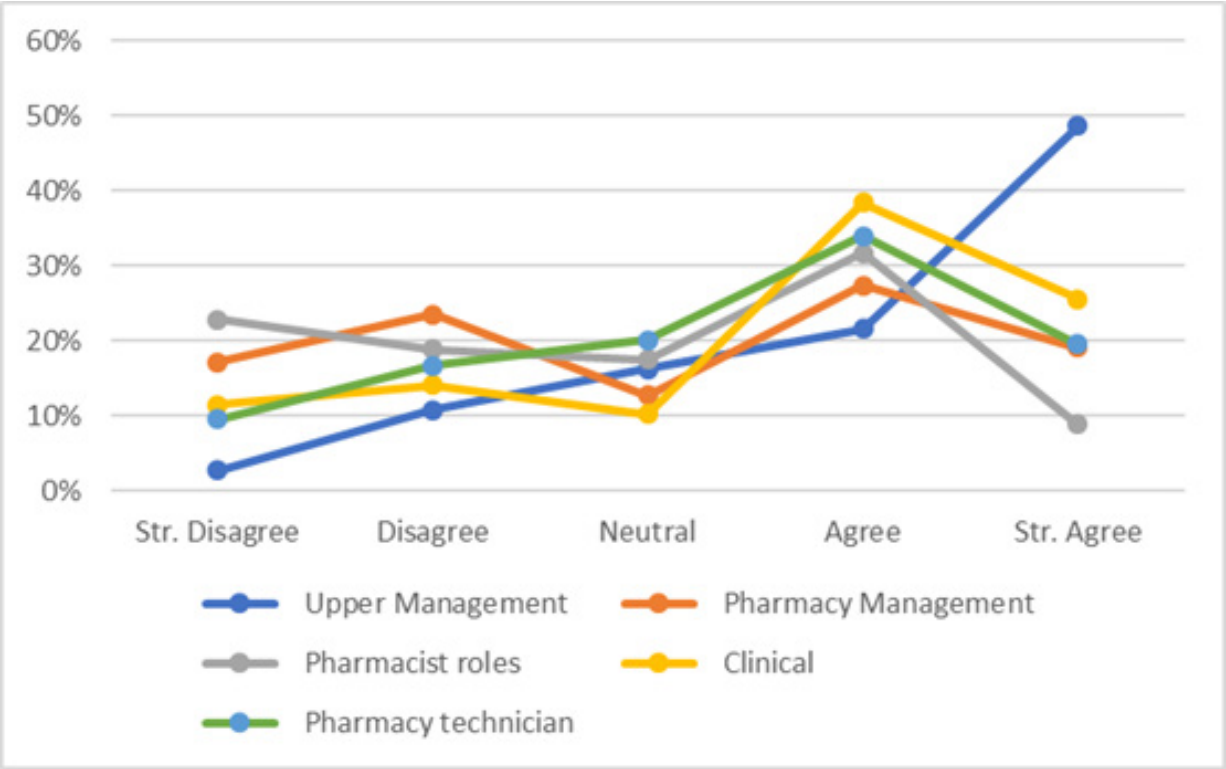
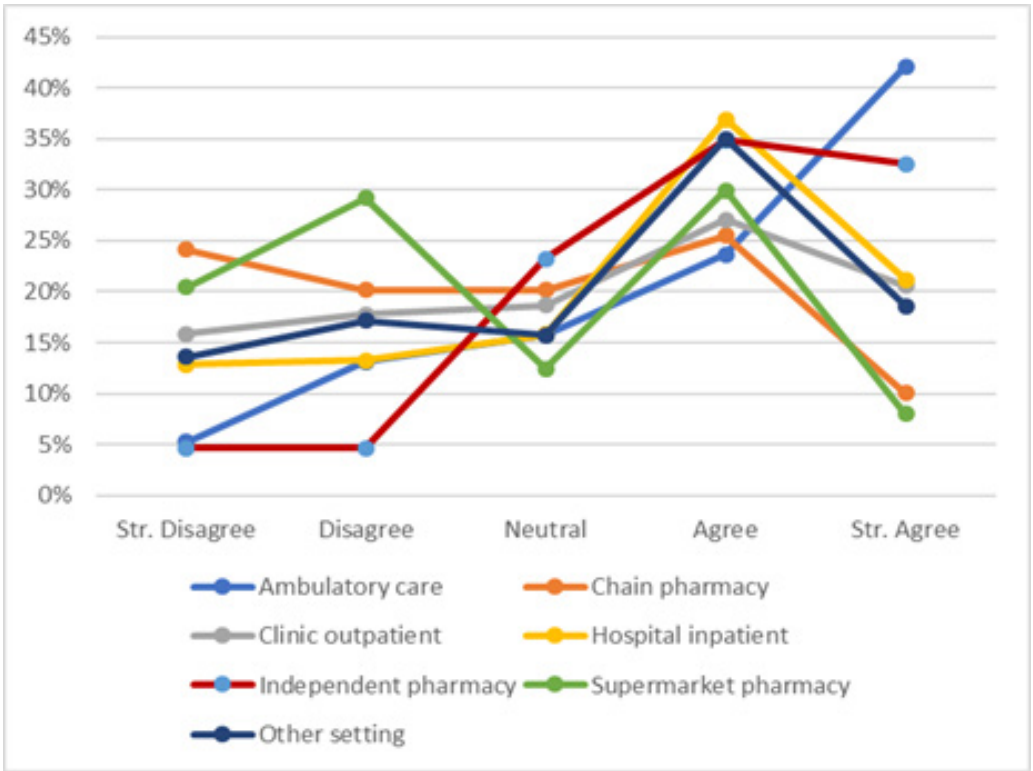


Figure 24: Results by Setting



7. COMMUNICATION CHANNELS EXIST WITHIN MY COMPANY TO ENABLE ME TO VOICE IDEAS AND SUGGESTIONS FOR PROCESS IMPROVEMENT (FIGURES 25 AND 26).

Figure 25: Results by Role

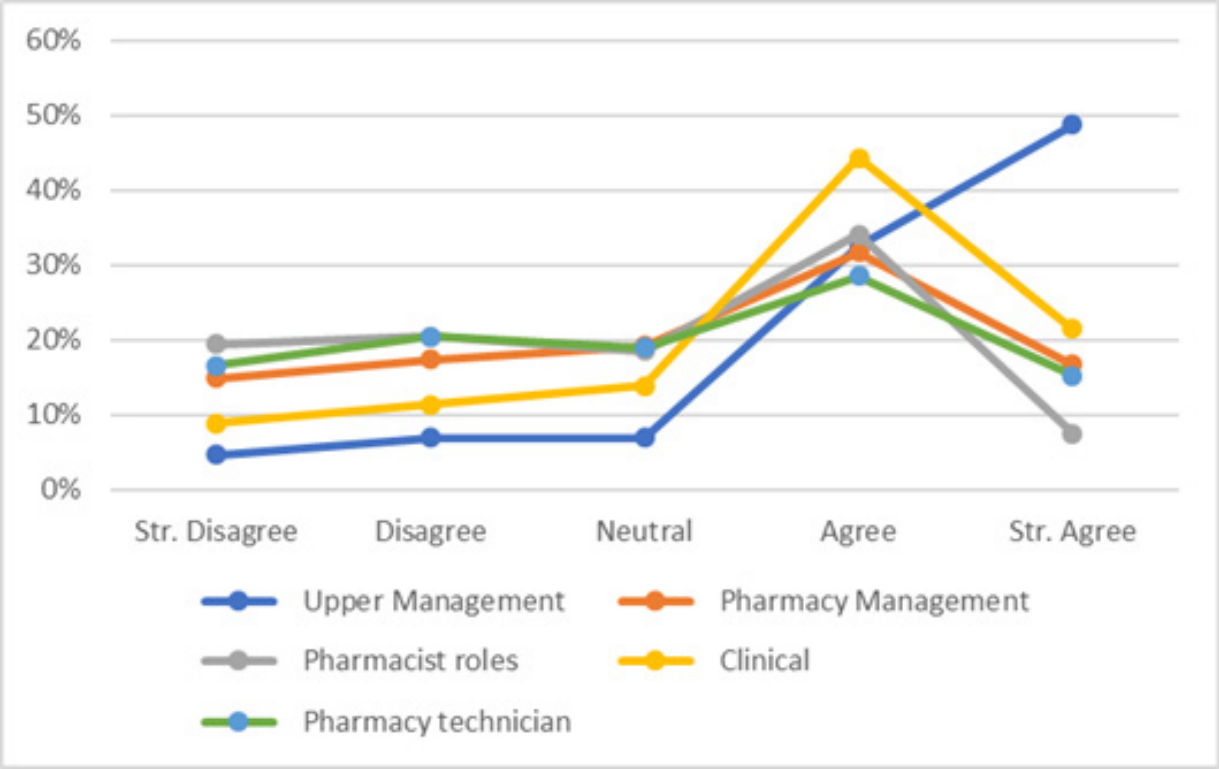
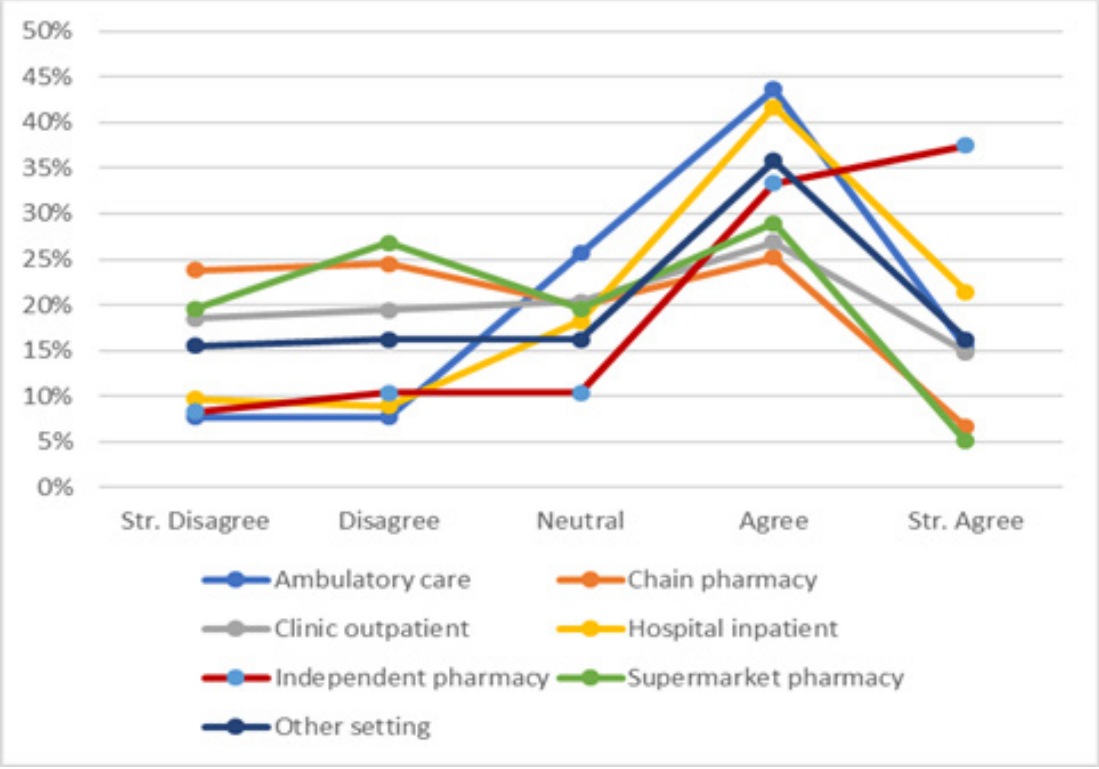


Figure 26: Results by Setting



COMPOSITE INDEX RESULTS

Questions Relating to Employer/Company

The CI was used to look at results by role and setting for the group of questions soliciting input on the respondents' employer/company and their supervisor. In order to present key findings, the scores for each of the 4 survey items listed below figures 27 and 28, were summed into an overall Composite Index Score. Respondents rated each item from -2 = strongly disagree to 2 = strongly agree. Therefore, the range for this CI Score was from -8 to 8. The blue bars represent the median response score and the errors represent the interquartile range (lower end = 25th percentile; upper end = 75th percentile). Higher scores (above zero) reveal a higher level of agreement with the questions listed below figures 27 and 28. While values below zero indicate disagreement with the questions listed below figures 27 and 28.

Figure 27: Results by Role

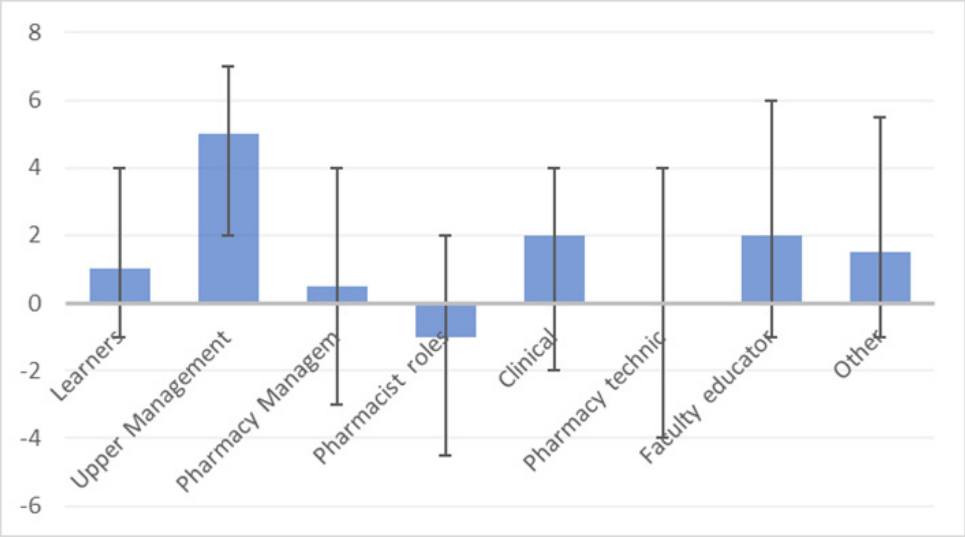
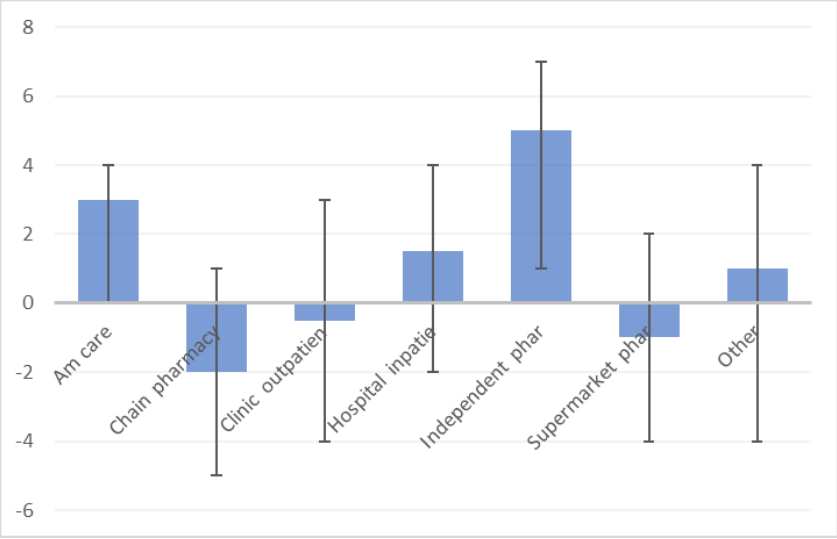


Figure 28: Results by Setting



Survey questions used for the above figures (27 and 28) included:

- 2.1. My employer/company actively seeks my opinion.
- 2.2. My employer/company respects and values my input.
- 2.3. My employer/company supports (financially or with time off) my professional engagement and education.
- 2.7. Communication channels exist within my company to enable me to voice ideas and suggestions for process improvement.

Questions Relating to Respondents' Immediate Supervisor

In order to present key findings, the scores for each of the 3 survey items listed below figures 29 and 30, were summed into an overall CI Score. Respondents rated each item from -2 = strongly disagree to 2 = strongly agree. Therefore, the range for the CI Score was from -6 to 6. The blue bars represent the median response score and the errors represent the interquartile range (lower end = 25th percentile; upper end = 75th percentile). Higher scores reveal a higher level of agreement with the questions listed below figures 29 and 30.

Figure 29: Results by Role

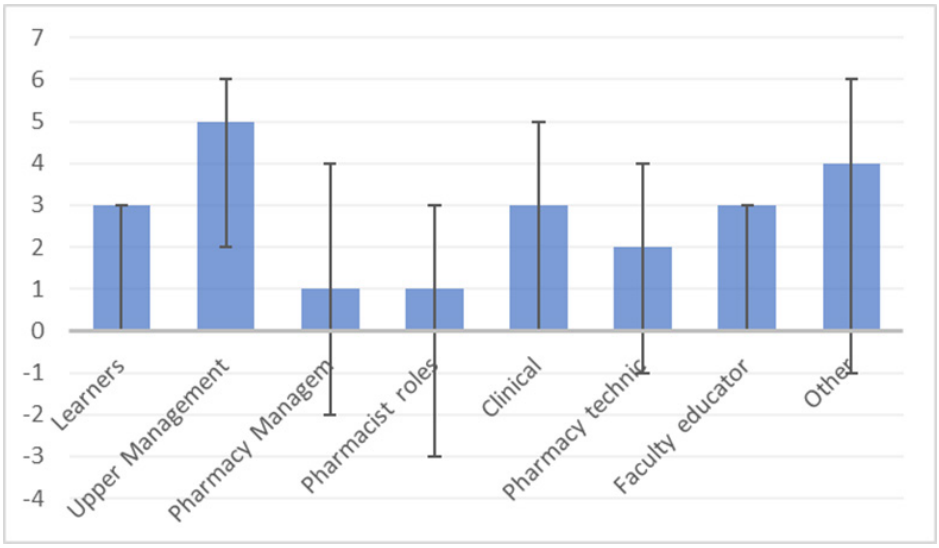
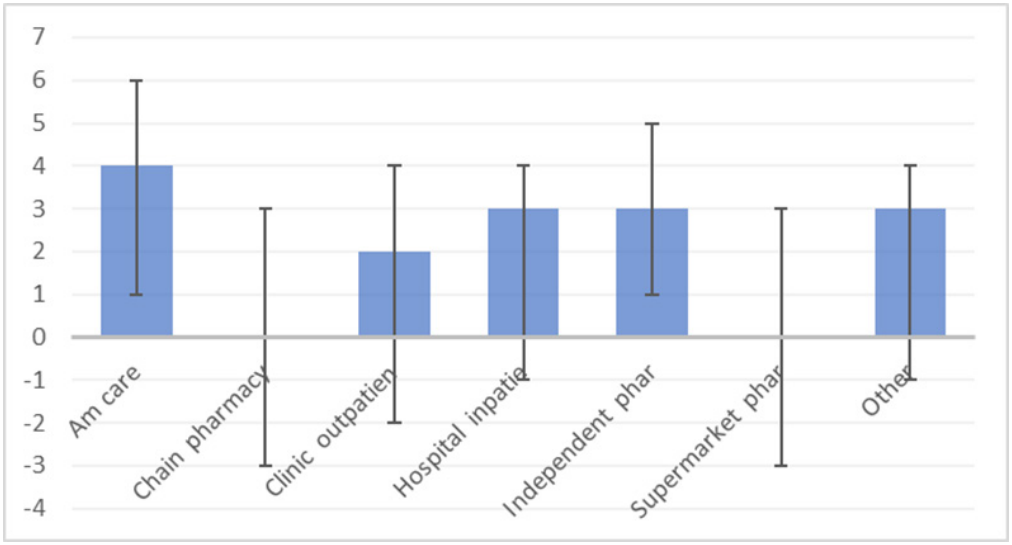


Figure 30: Results by Setting



Survey question for the above figures (29 and 30) included:

- 2.4. My immediate supervisor is available for and open to discussing issues impacting patient care.
- 2.5. My immediate supervisor asks for my input before implementing a new workflow policy, or other change in the pharmacy.
- 2.6. My immediate supervisor asks for my input in evaluating a recently implemented workflow, policy, technology, or other changes in the pharmacy.

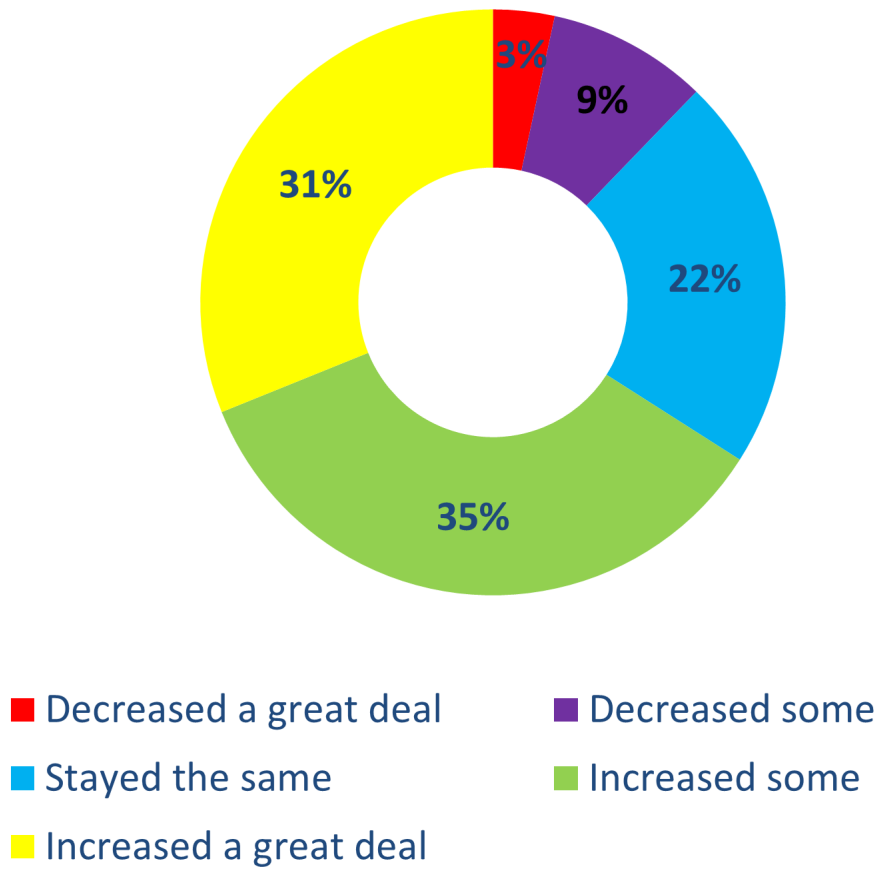
Section 5
Culture of Safety

Culture of safety is a shared commitment between leadership and employees to prioritize the safety of patients and workers while minimizing harm within a healthcare organization.

There were ten questions that helped to describe the respondent's perspective on the culture of safety within their organization. These included questions on sufficient staff, company policies, payment/reimbursement for services, adequate time for work related tasks, workload changes, self-well-being and safety with voicing concerns. Questions were answered on a 5-point Likert scale, ranging from Strongly Disagree to Strongly Agree.

Out of 1,012 respondents to the survey, 826 (81.6%) responded to a question about changes in workload. Compared to this same time previous year, 65.9% (545/826) of respondents felt their workload (work hours) had increased.

Figure 31: Changes in workload from 2022 to 2023



SUFFICIENT STAFF:

1. Sufficient non-pharmacist staff is available for me to safely perform patient care (Figures 32 and 33).

Figure 32: Results by Role

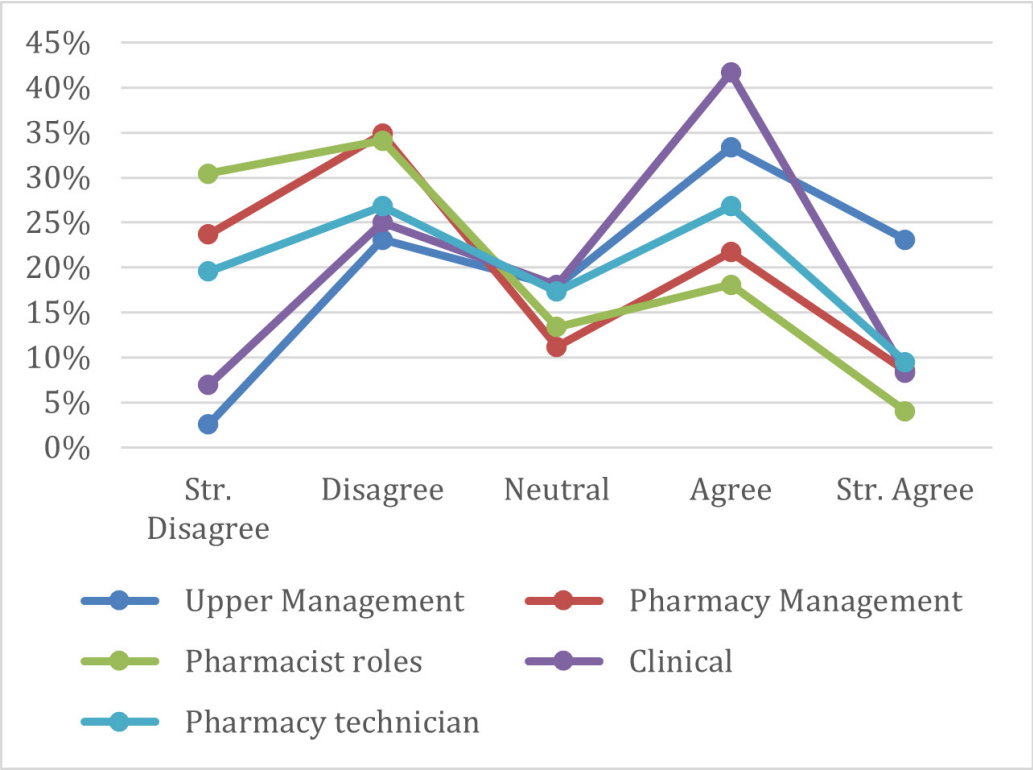
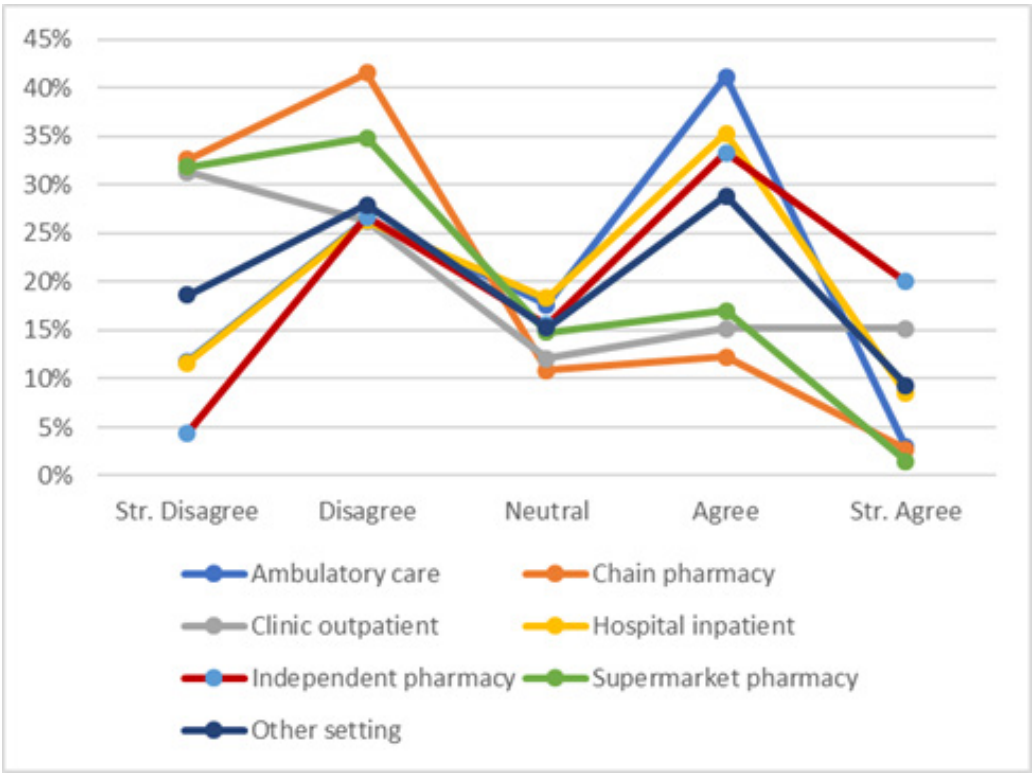


Figure 33: Results by Setting



2. Sufficient number of pharmacists are available for me to safely perform administrative/nonclinical duties (Figures 34 and 35).

Figure 34: Results by Role

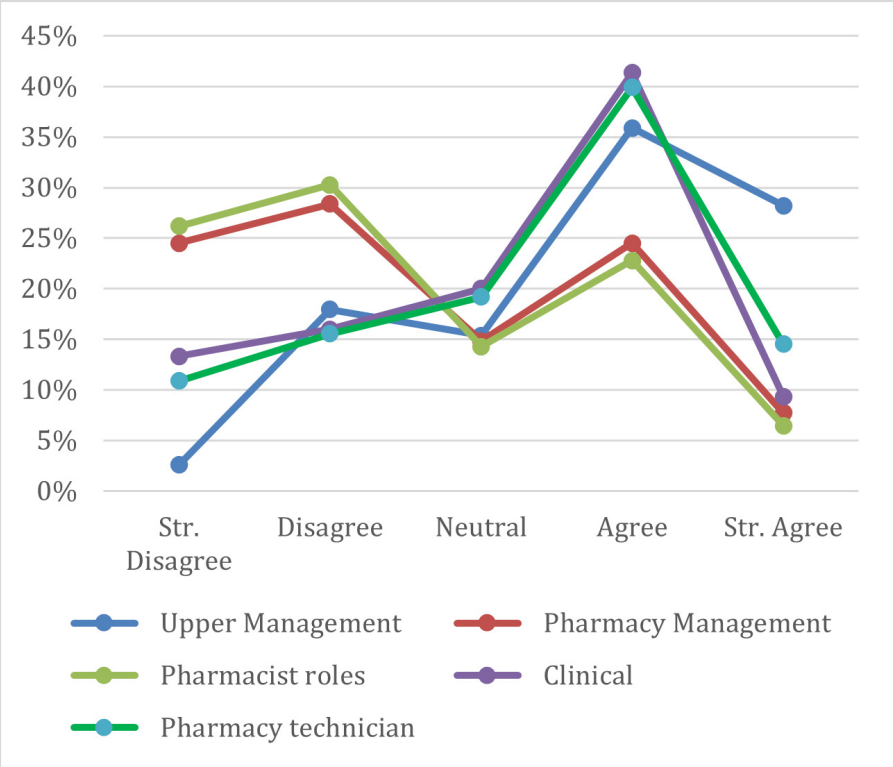
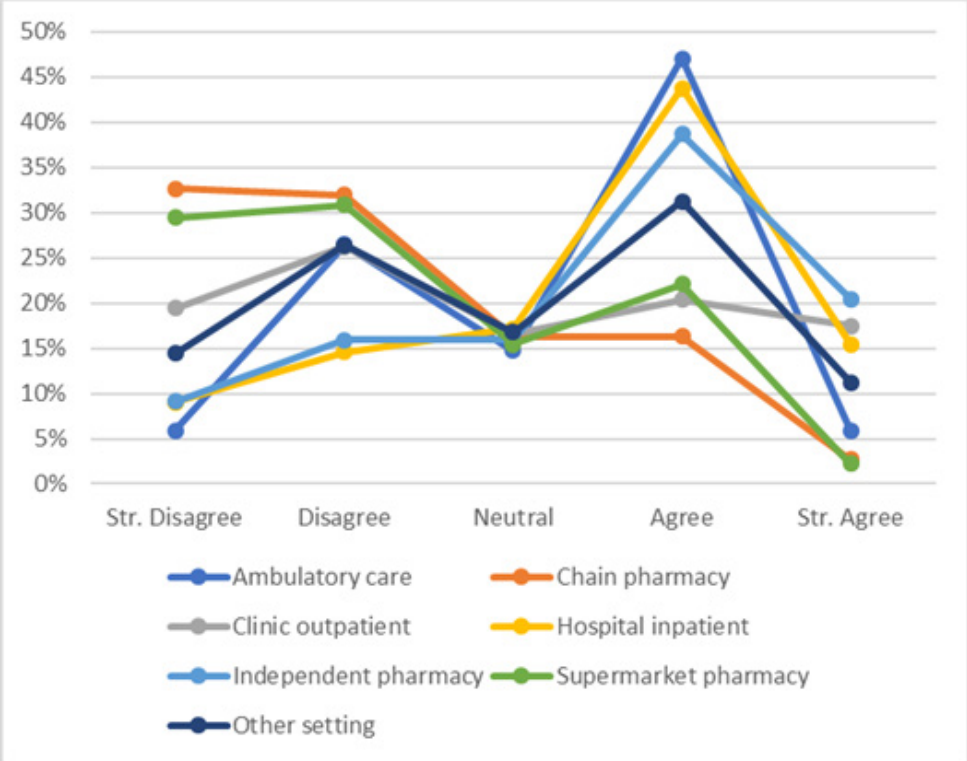


Figure 35: Results by Setting



3. Sufficient pharmacists overlap and procedures exist to ensure transfer of information and status (Figures 36 and 37).

Figure 36: Results by Role

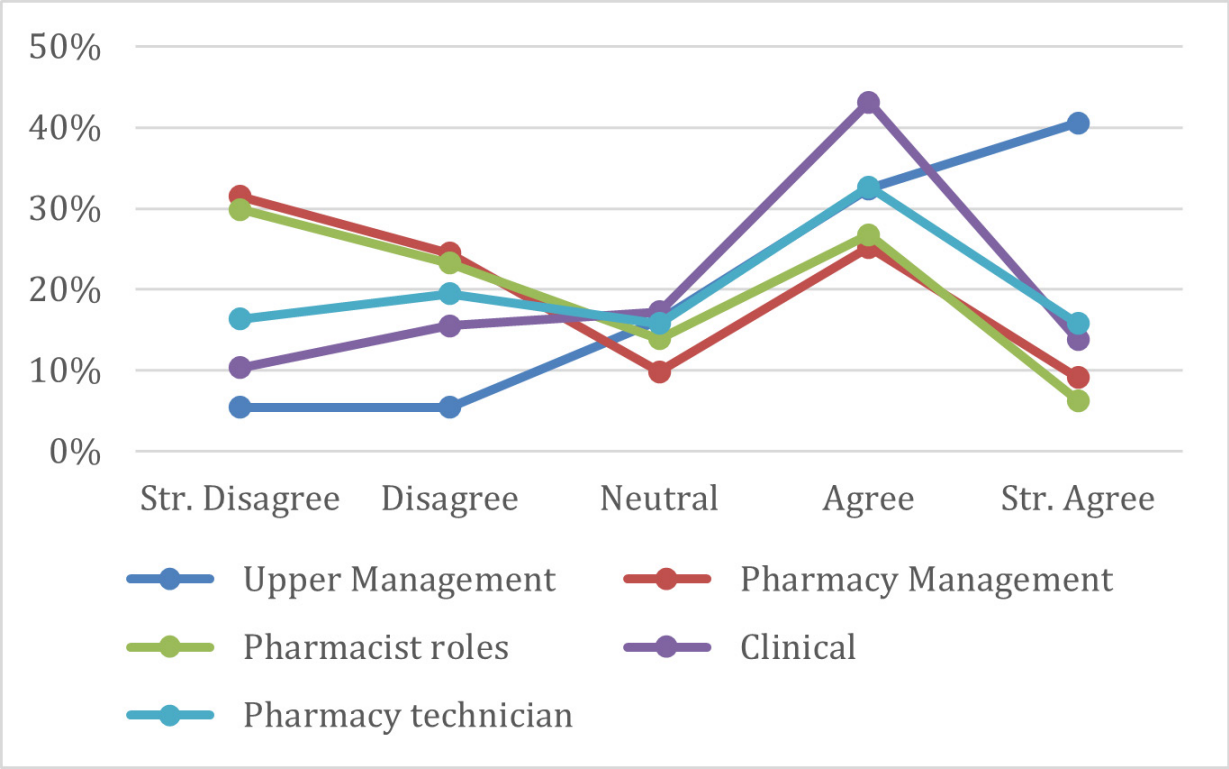
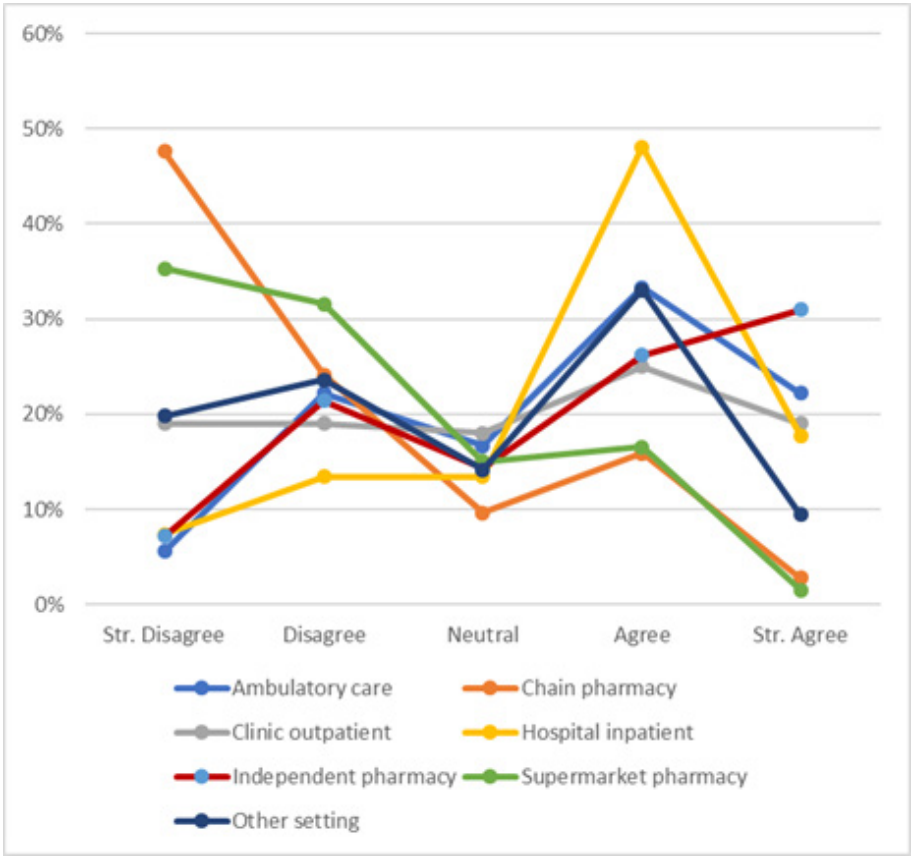


Figure 37: Results by Setting



POLICIES:

4. My employer/company policies facilitate my ability to safely perform administrative duties (Figures 38 and 39).

Figure 38: Results by Role

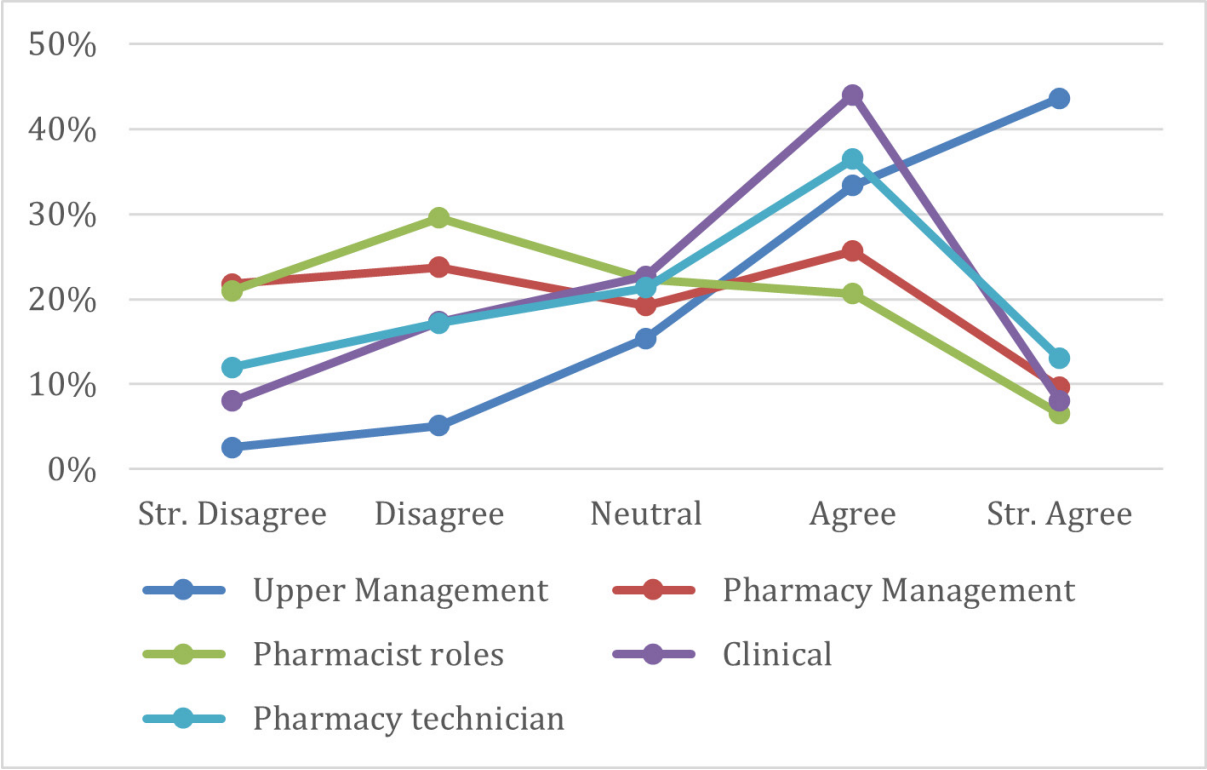
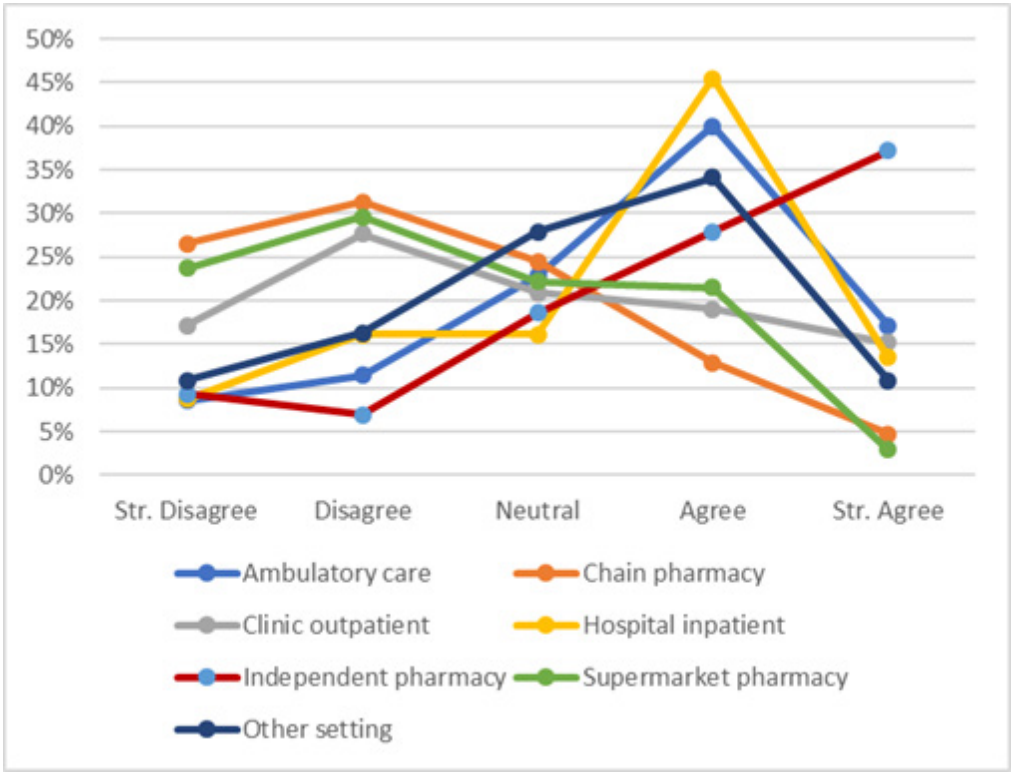


Figure 39: Results by Setting



5. My employer/company policies facilitate my ability to safely perform patient care/clinical duties (Figures 40 and 41).

Figure 40: Results by Role

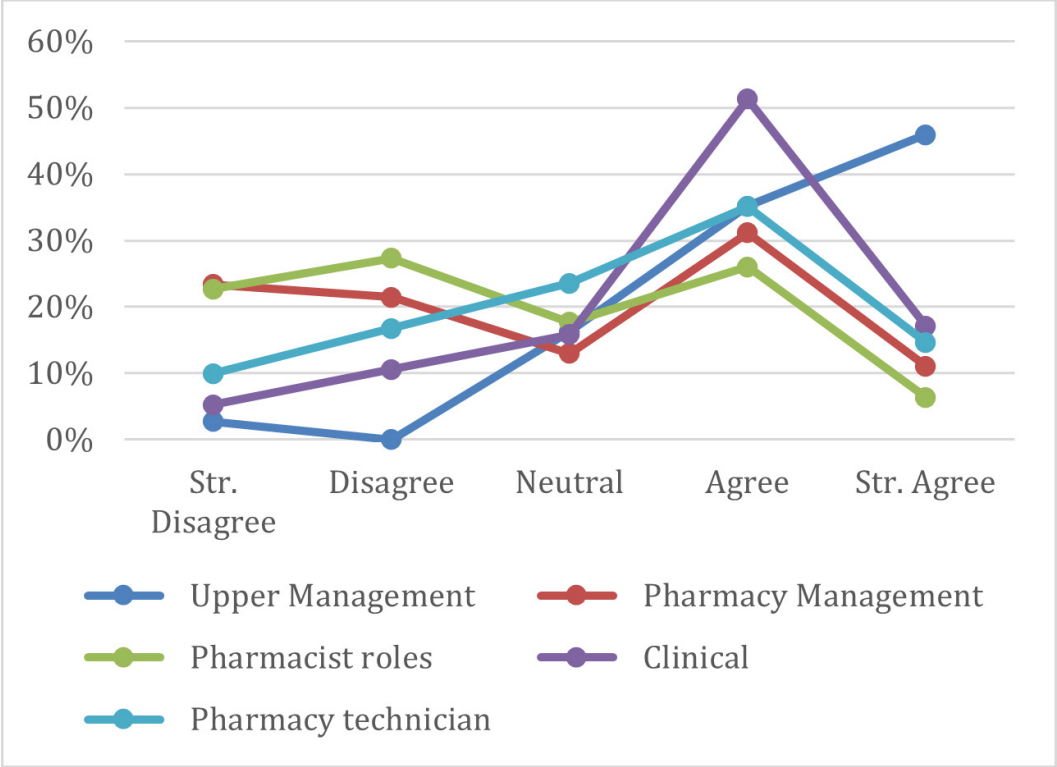
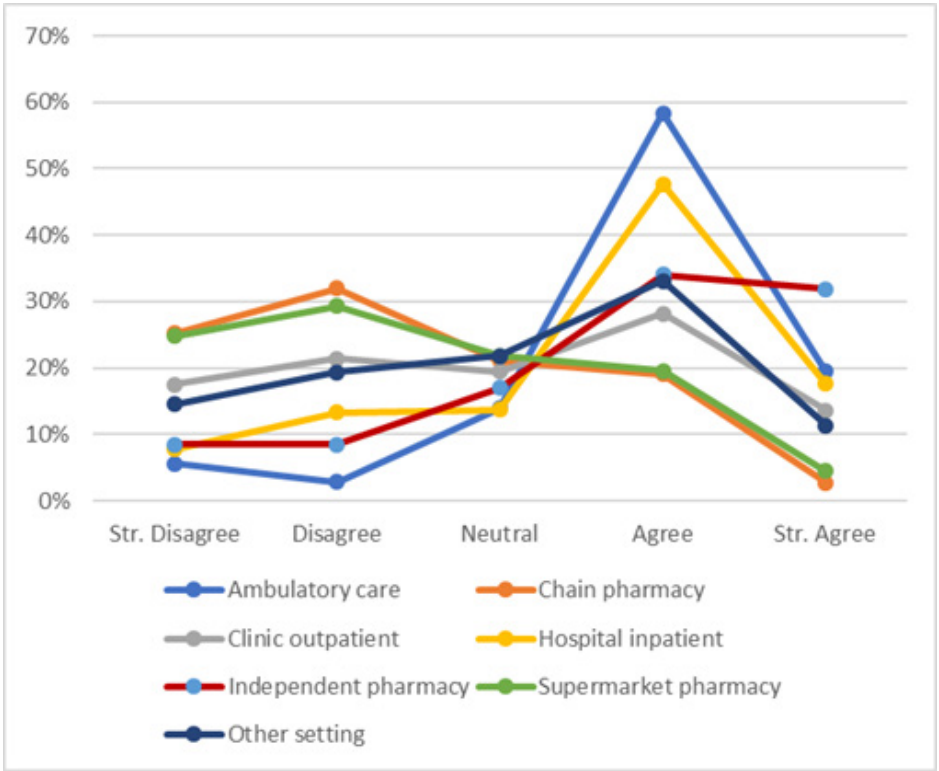


Figure 41: Results by Setting



6. My employer/company provides a work environment that is conducive to providing safe and effective patient care (Figures 42 and 43).

Figure 42: Results by Role

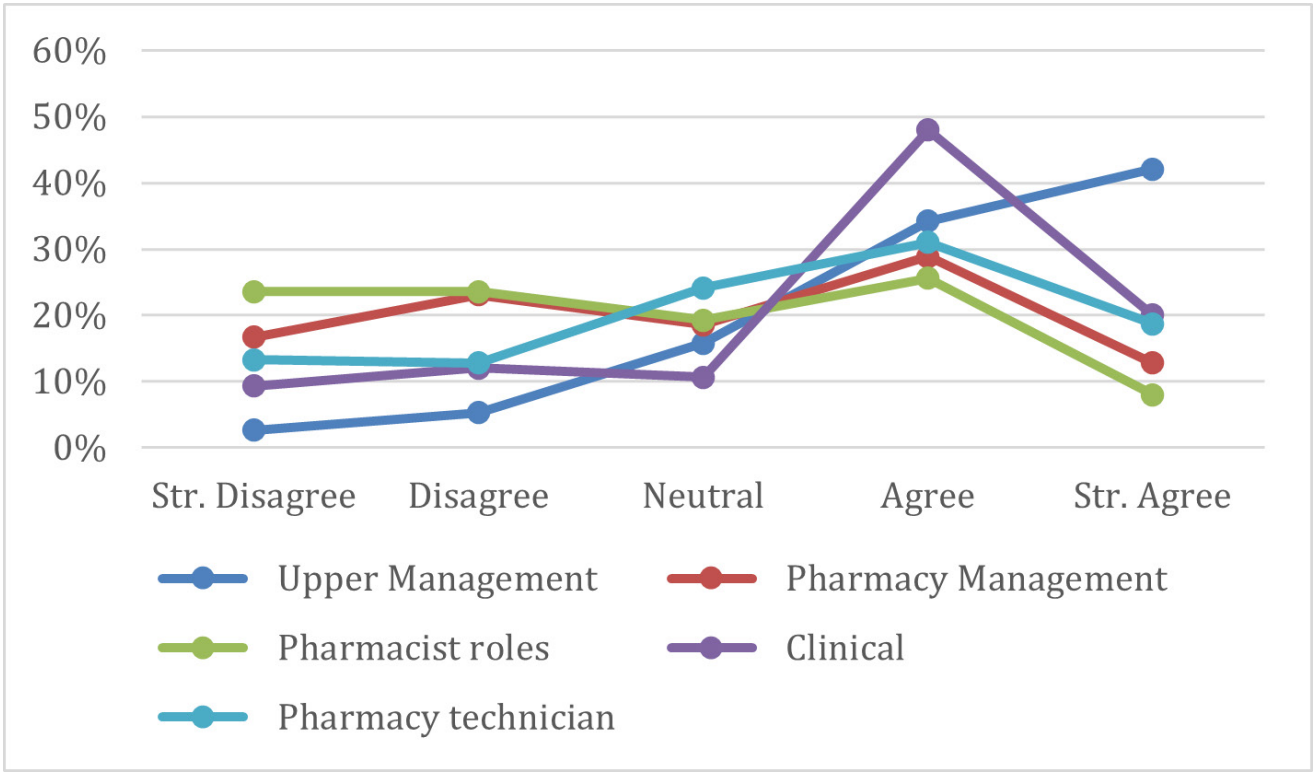
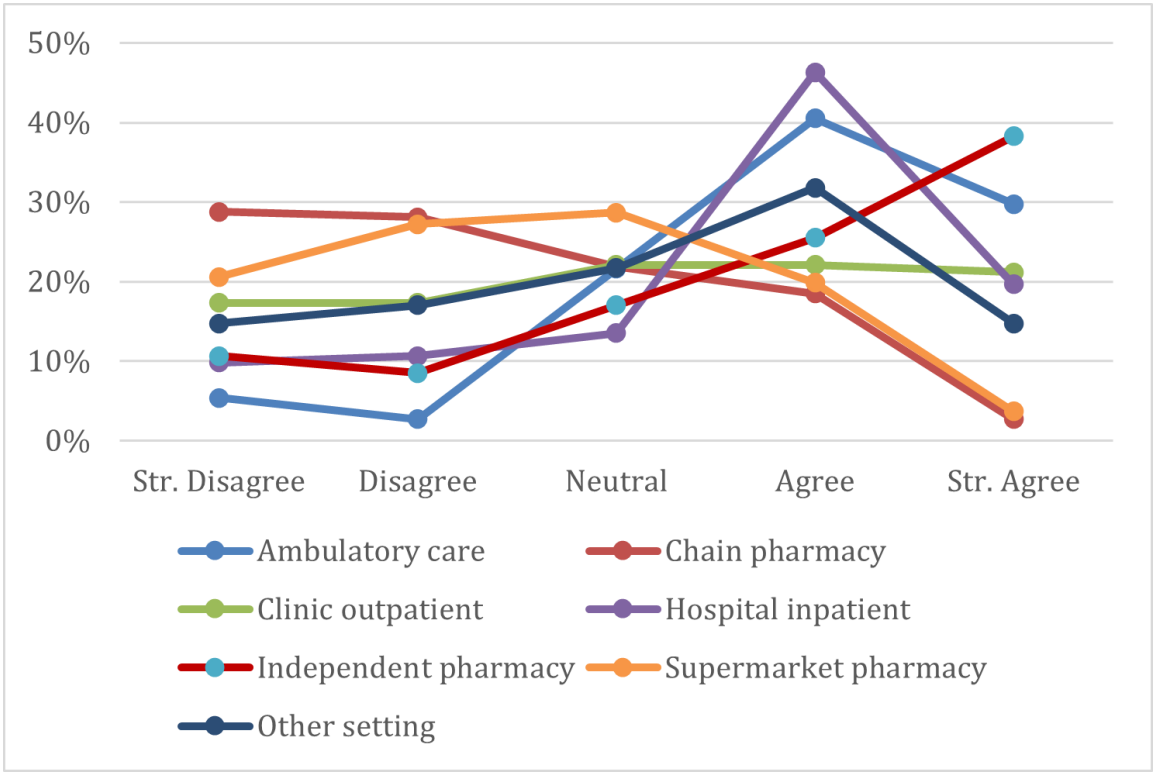


Figure 43: Results by Setting



TIME:

7. Sufficient time is available for me to safely dispense prescriptions and/or review orders (Figures 44 and 45).

Figure 44: Results by Role

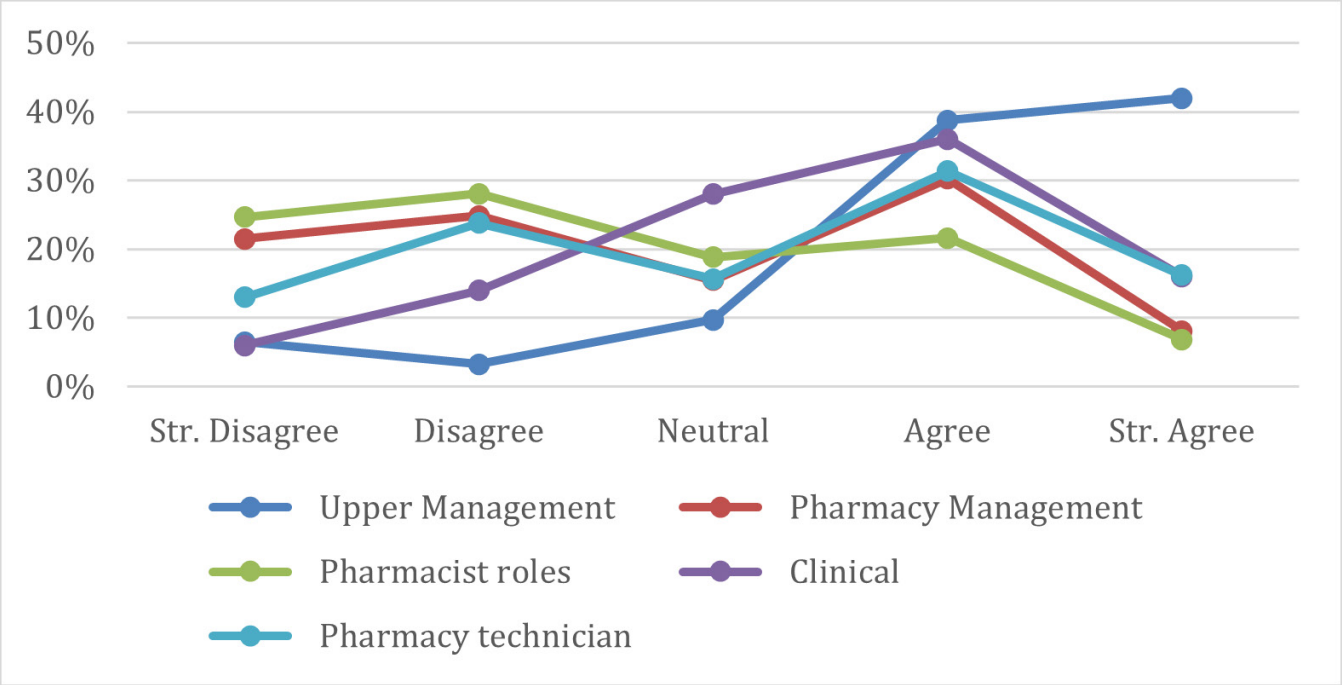
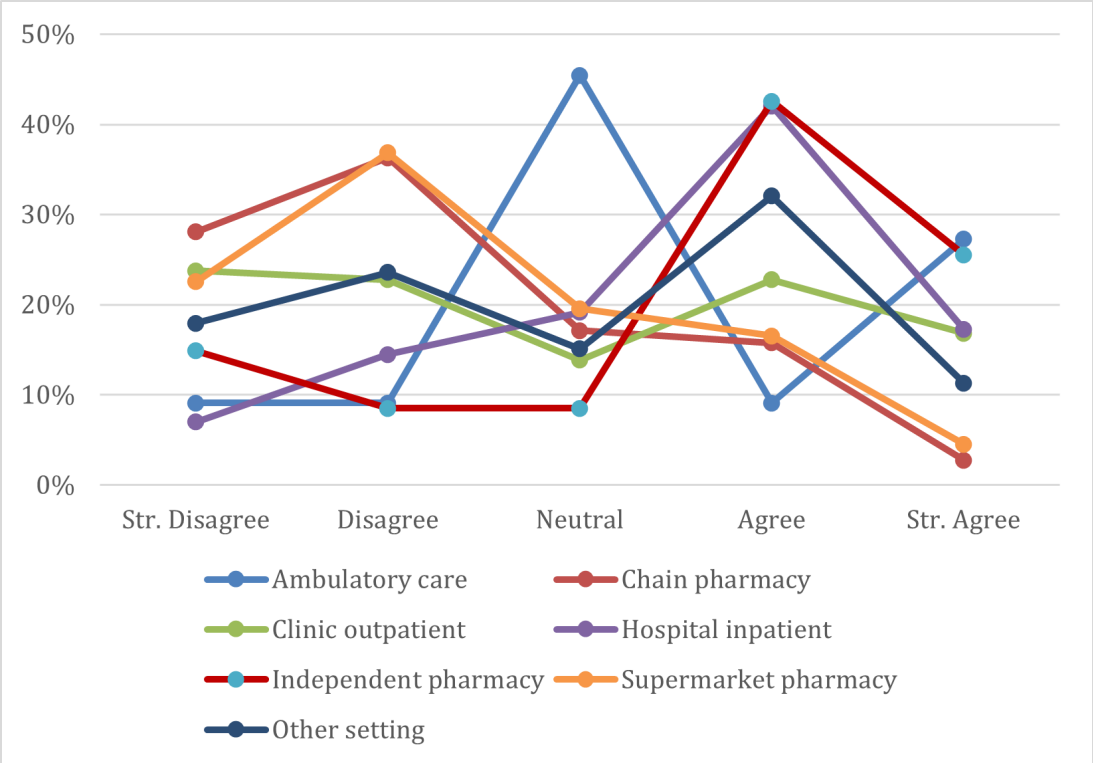


Figure 45: Results by Setting



8. I have adequate time for breaks/lunches at my primary practice site (Figures 46 and 47).

Figure 46: Results by Role

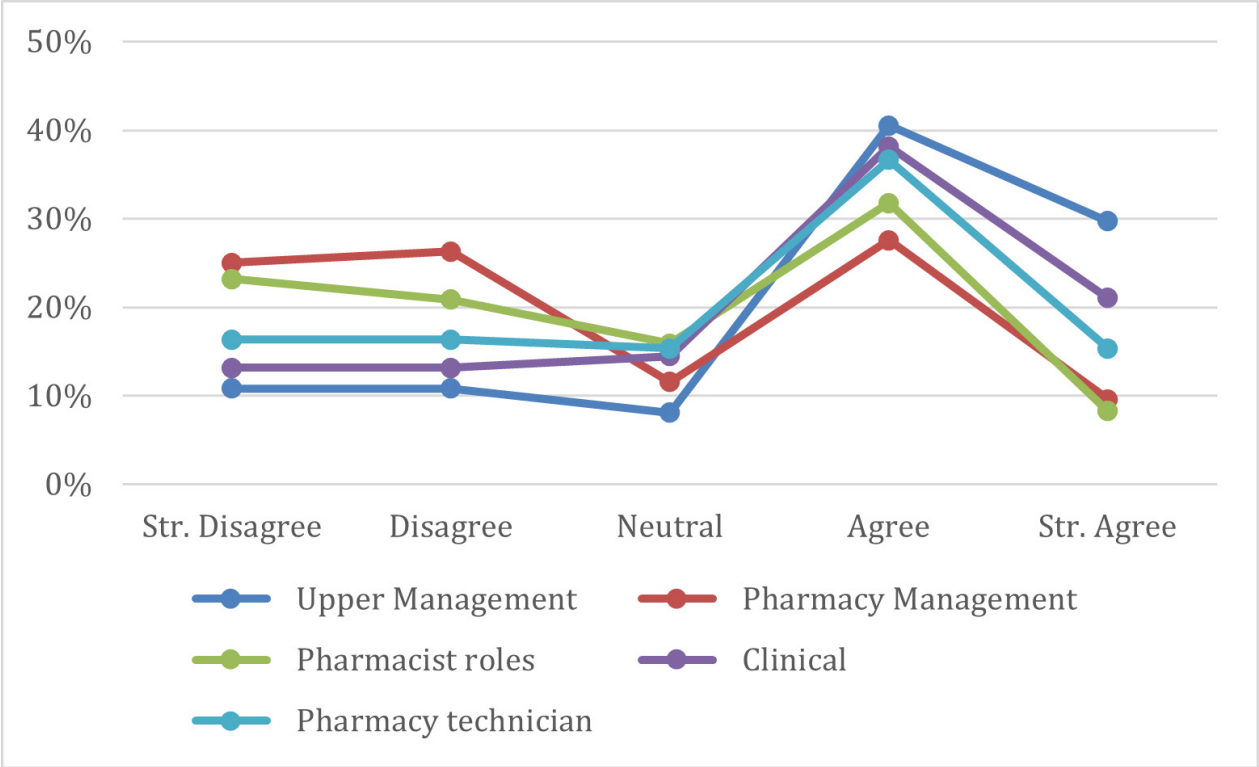
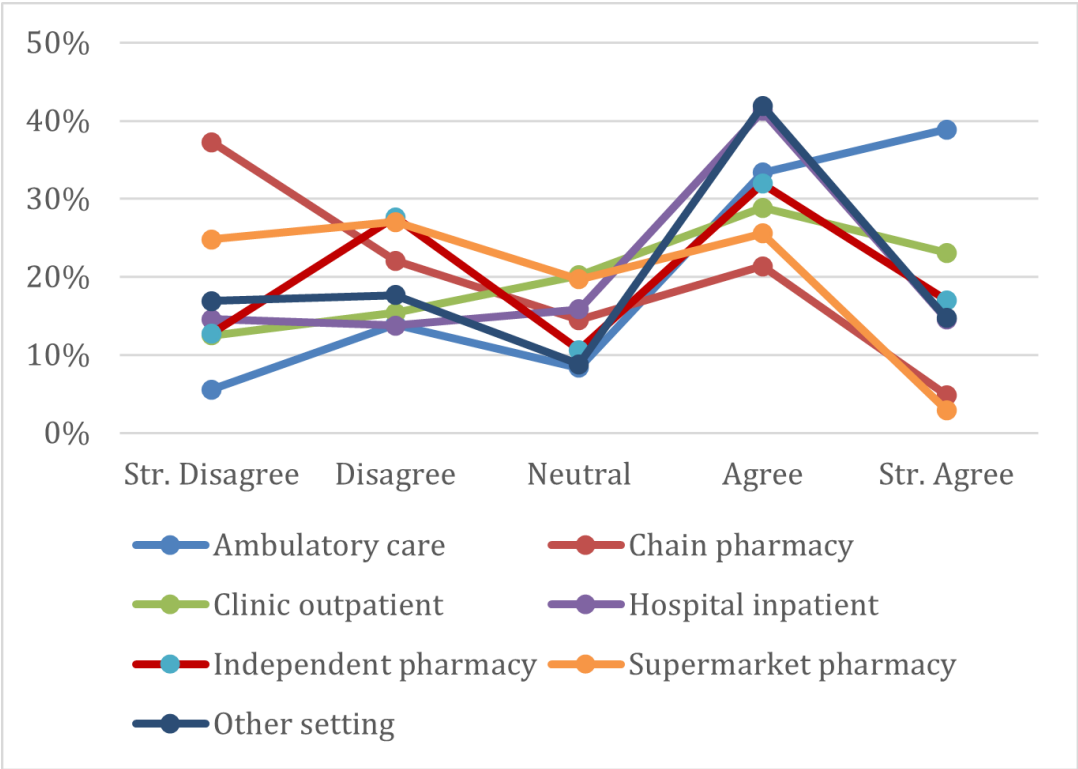


Figure 47: Results by Setting



PAYMENT:

9. Payment for pharmacy service supports our ability to meet clinical and nonclinical duties (Figures 48 and 49).

Figure 48: Results by Role

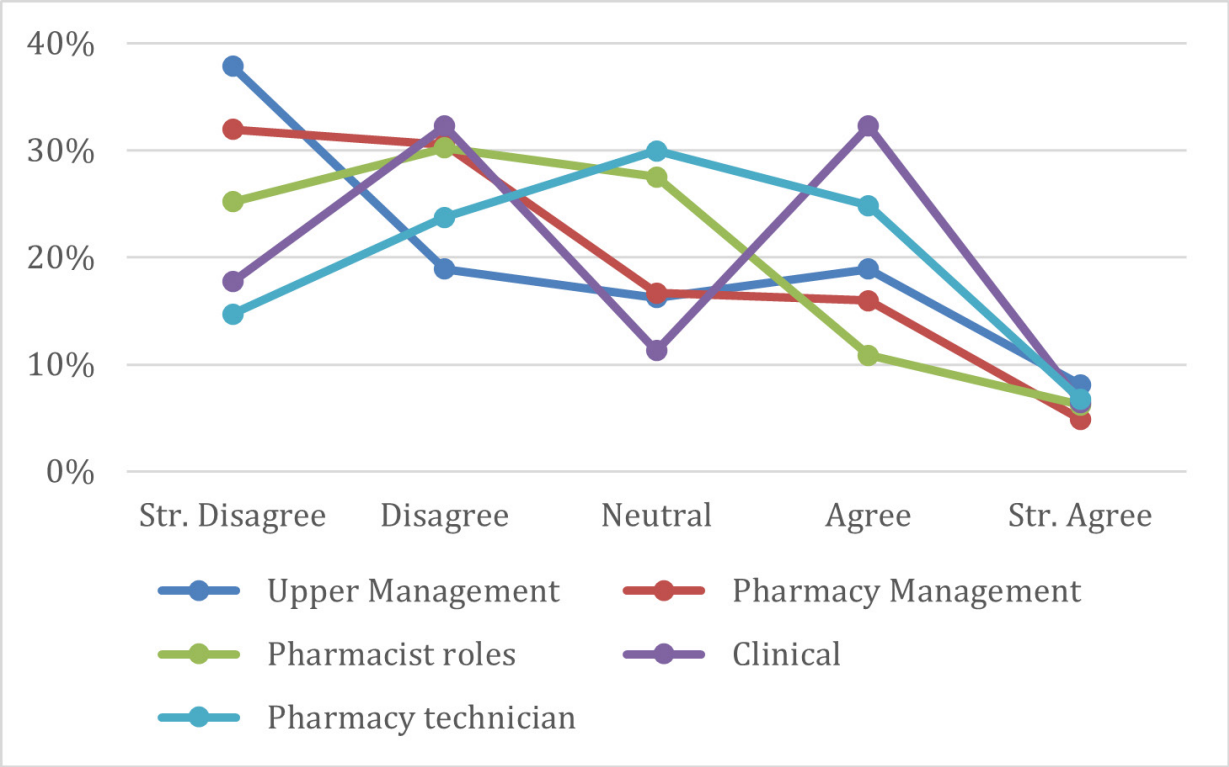
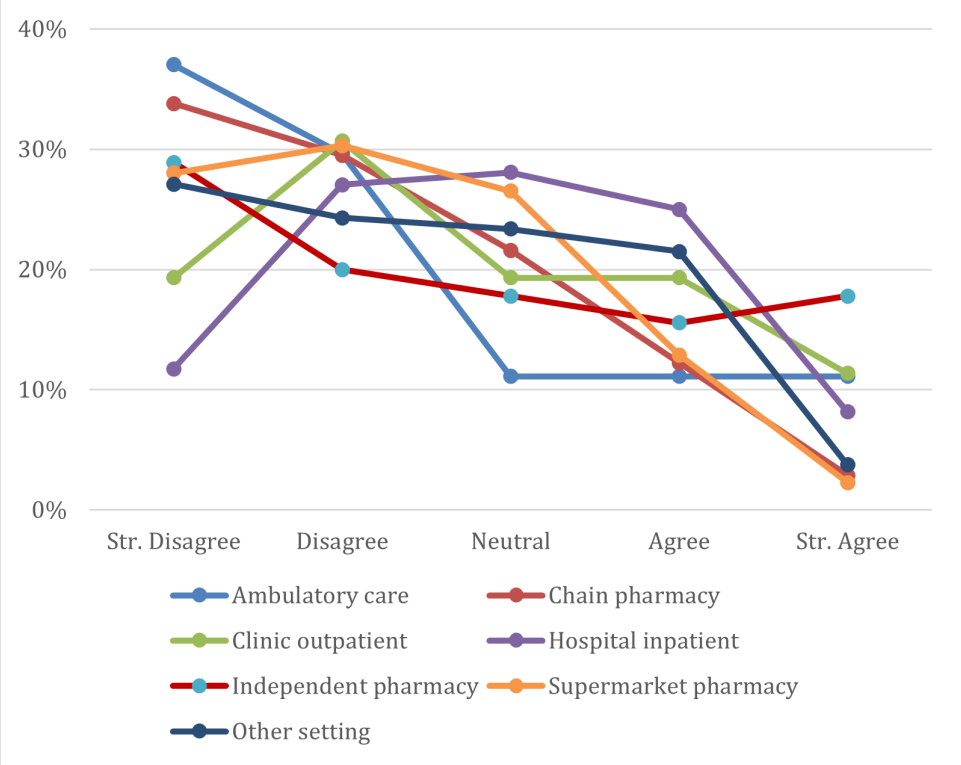


Figure 49: Results by Setting



SAFETY:

10. I feel safe voicing my concerns to my employer/company or supervisor (Figures 50 and 51).

Figure 50: Results by Role

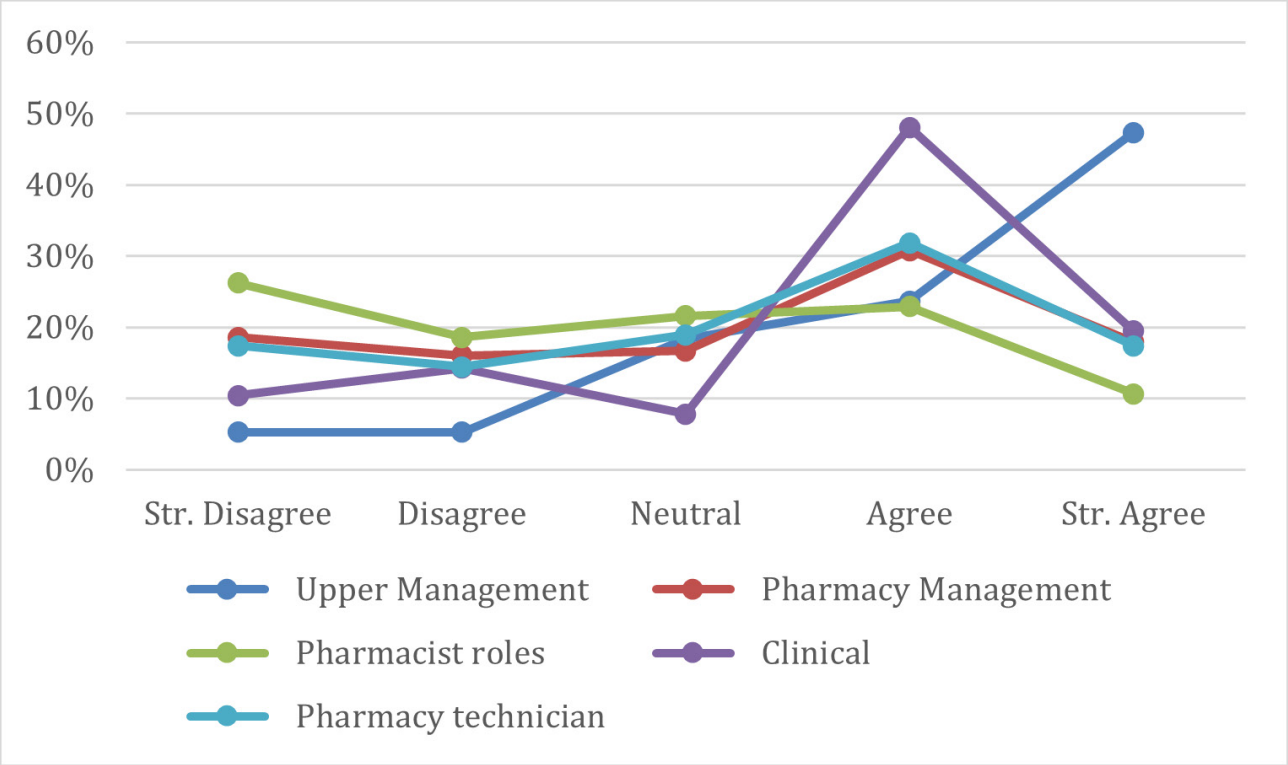
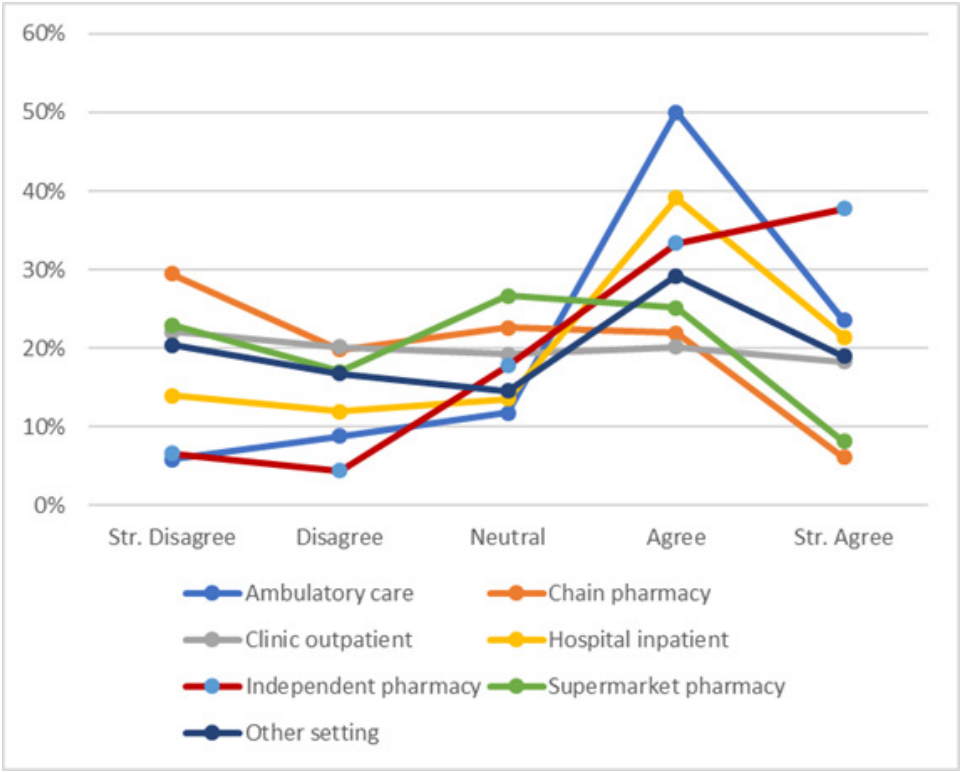


Figure 51: Results by Setting



COMPOSITE INDEX RESULTS

The composite index was used to look at results by role and setting for the group of questions soliciting input on the respondents' sense of the culture of safety within their organization. To present key findings, the scores for each of the 10 survey items listed below figures 52 and 53, were summed into an overall Composite Index Score. Respondents rated each item from -2 = strongly disagree to 2 = strongly agree. Therefore, the range for the CI Score was from -20 to 20. The blue bars represent the median response score and the error bars represent the interquartile range (lower end = 25th percentile; upper end = 75th percentile). Higher scores (above zero) reveal a higher level of agreement with the questions listed below figures 52 and 53. While values below zero indicated disagreement with the questions listed below figures 52 and 53.

Figure 52: Results by Role

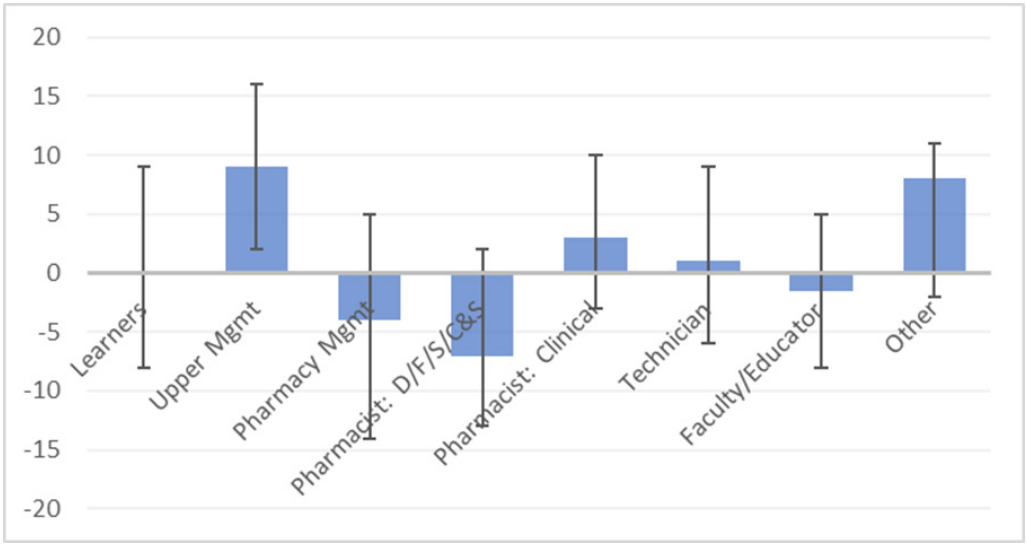
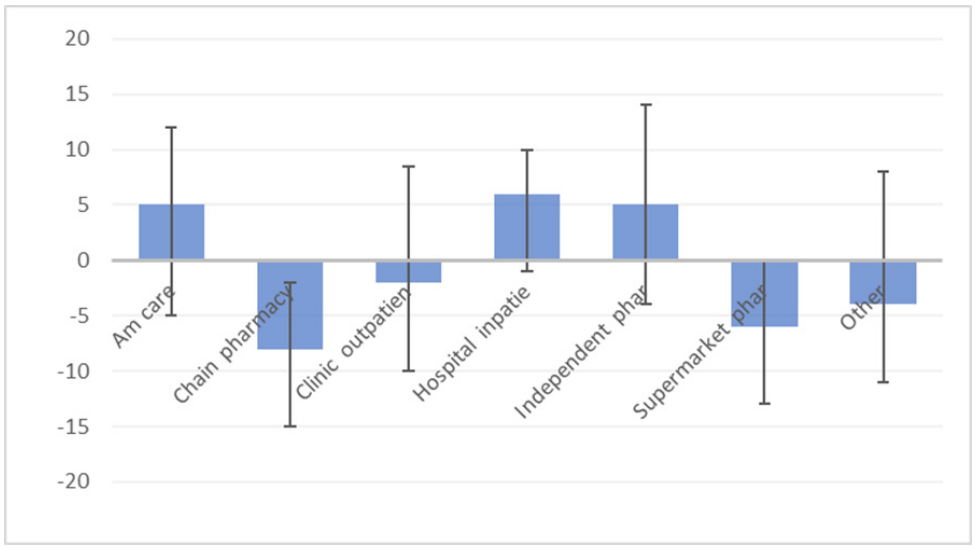


Figure 53: Results by Setting



Survey questions for the above figures (52 and 53) included:

- 3.1. Sufficient time is available for me to safely dispense prescriptions/review orders.
- 3.2. Sufficient non-pharmacist staff is available for me to safely perform patient care/clinical duties.
- 3.3. Sufficient number of pharmacists are available for me to safely perform administrative/nonclinical duties.
- 3.4. My employer/company policies facilitate my ability to safely perform administrative/nonclinical duties.
- 3.5. My employer/company policies facilitate my ability to safely perform patient care/clinical duties.
- 3.6. Sufficient pharmacists overlap and procedures exist to ensure transfer of information and status.
- 3.7. Payment for pharmacy services supports our ability to meet clinical and nonclinical duties.
- 3.8. I have adequate time for breaks/lunches at my primary practice site.
- 3.9. My employer/company provides a work environment that is conducive to providing safe and effective patient care.
- 3.10. I feel safe voicing my concerns to my employer/company or supervisor.

Section 6
Contributors to Stress

Survey participants were asked to rate thirteen situations on their relative likelihood to contribute to medication errors or near misses in their workplace. These situations were identical to those asked in the APhA/NASPA national survey.[8] Table 2 shows the proportion of respondents who responded likely or most likely to each situation. The situations are ranked from highest to lowest based on likelihood of contributing to medication errors or near misses.

Table 2: Various situations and their likelihood to contribute to medication errors or near misses

Survey Item	% Likely + Most Likely
Interruptions from phone calls	74%
Inadequate staffing	74%
Patient expectations or demands	60%
Inadequately trained pharmacy personnel	53%
Inability to practice pharmacy in a patient-focused manner	49%
Insurance issues	48%
Harassment/bullying from patients/customers	45%
Nonpharmacy managers lack of understanding or knowledge of pharmacy practice regulations	45%
Inconsistent enforcement of workplace policies	35%
Completion of paperwork reports	32%
Lack of constructive performance feedback	29%
Lack of workplace safety	24%
Harassment/bullying from manager or coworkers	22%

Providing additional details are Figures 54 – 57 that outline by role and setting key situations that contribute to medication errors or near misses. Although interruptions from phone calls, inadequate staffing, patient demands, and training are most highly ranked, personal safety is of considerable concern. Over two thirds of respondents working in supermarkets and chain pharmacies feel harassment/bullying from patients/customers may contribute to errors. Approximately half of pharmacy managers, technicians, and staff/clinical pharmacists (Figure 54) across all settings feel this way. Chains and supermarket settings have the most concern with harassment and bullying by patients/customers (Figure 55).

Additionally, a minority of all respondents feel a lack of workplace safety (Figure 56) and 34% of those in chain pharmacies and 30% in supermarket pharmacies feel a lack of workplace safety is affecting their work (Figure 57).

Figure 54: Harassment/Bullying from Patients/Customer by Role

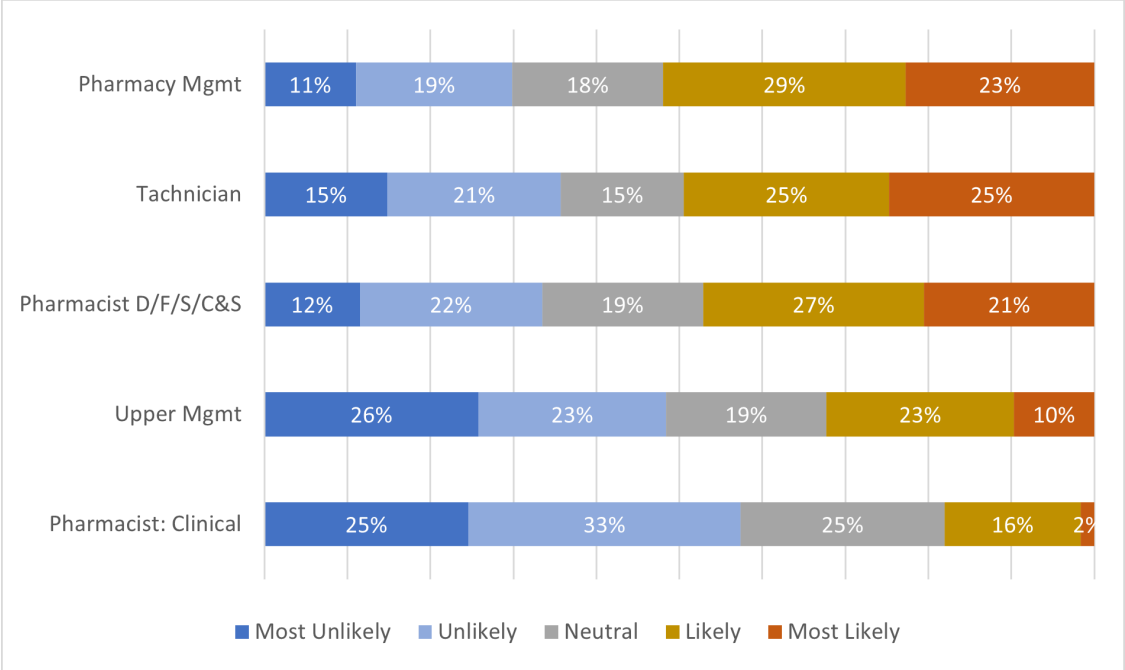


Figure 55: Harassment/Bullying from Patients/Customers by Setting

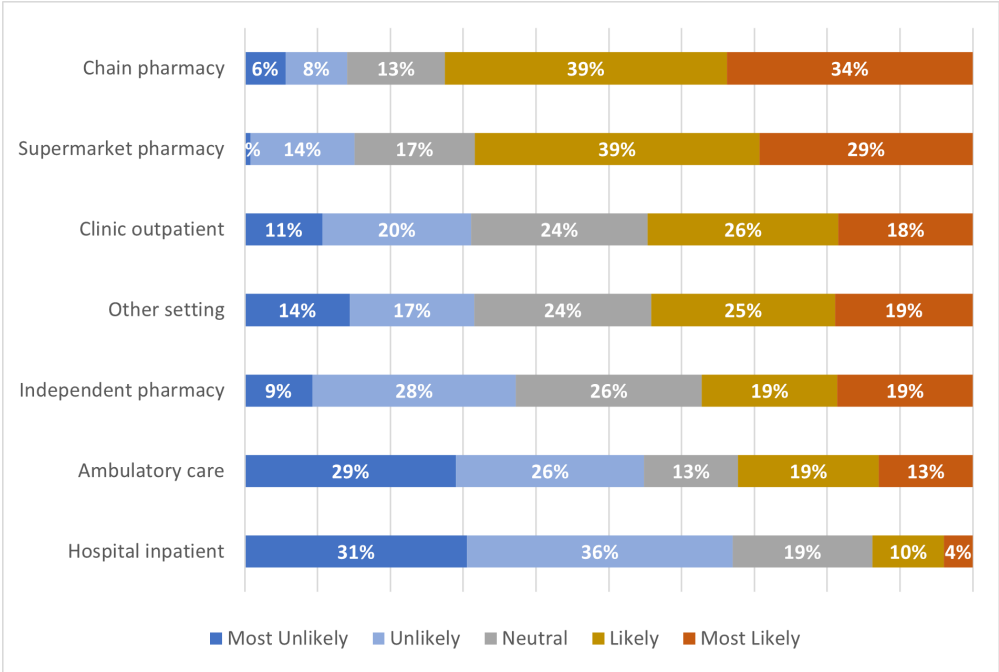


Figure 56: Lack of Workplace Safety by Role

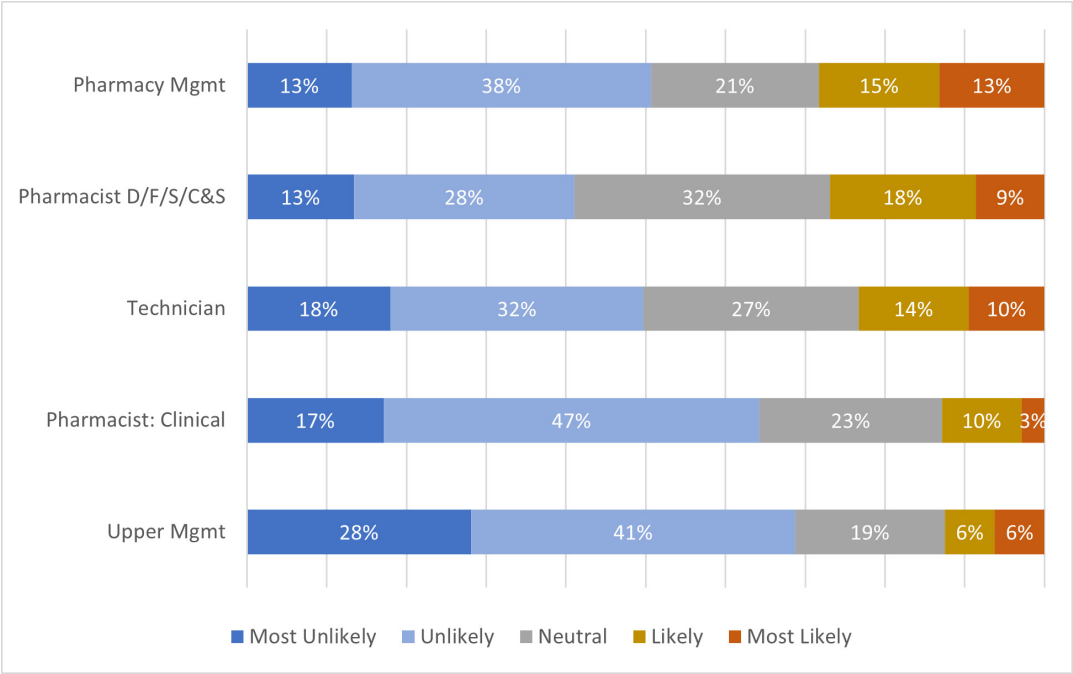
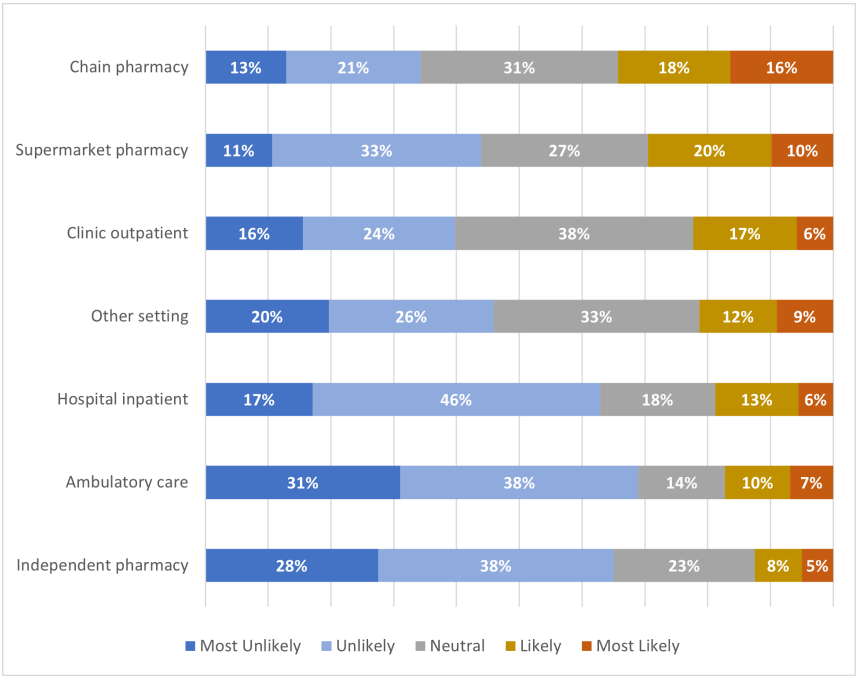


Figure 57: Lack of Workplace Safety by Setting



The next series of questions asked survey participants about whether workload was taking a negative toll on their physical health, mental/emotional health, motivation to work, and the effect of precepting on their work-related stress.

PHYSICAL HEALTH

By role, the pharmacy management and staff/clinical pharmacists reported the most negative impact on their physical health, and half of pharmacy technicians agree/strongly agree that their workload has negatively affected their physical health. Clinical specialists and upper management have experienced the least impact on physical health (Figure 58). By setting, respondents working in chain pharmacies (76%) and supermarket pharmacies (74%) reported a negative impact on physical health with those working in outpatient clinics (61%) not far behind. All settings except hospital inpatient and ambulatory care had >50% response indicating a negative impact on their physical health (Figure 59).

Figure 58: My Workload is Having a Negative Impact on My Physical Health by Role

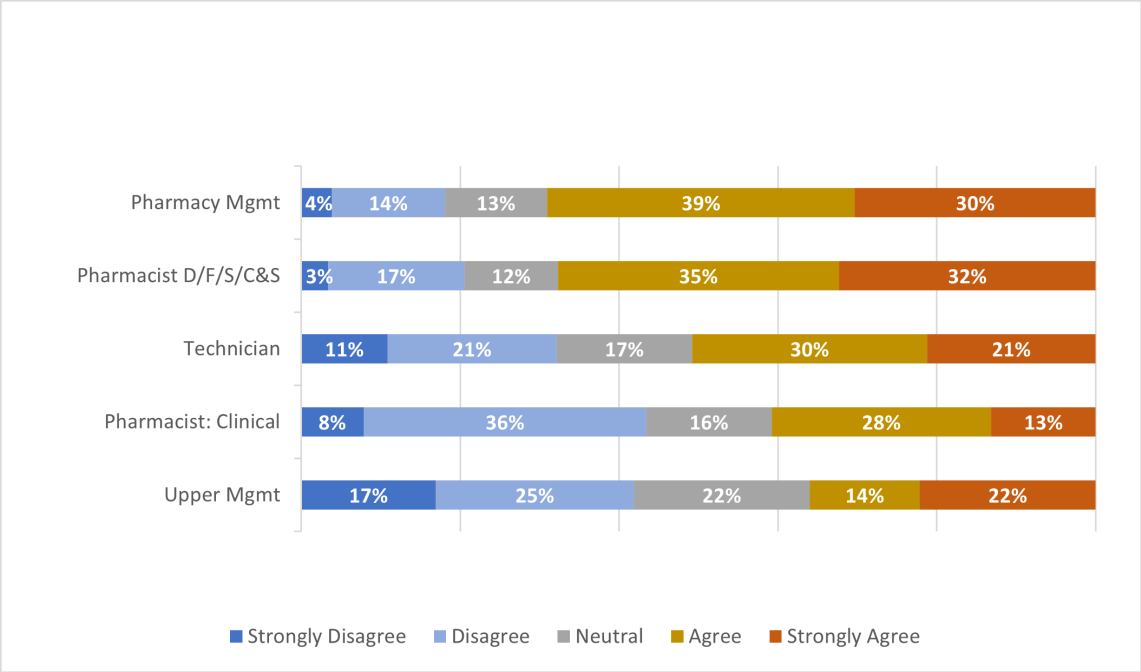
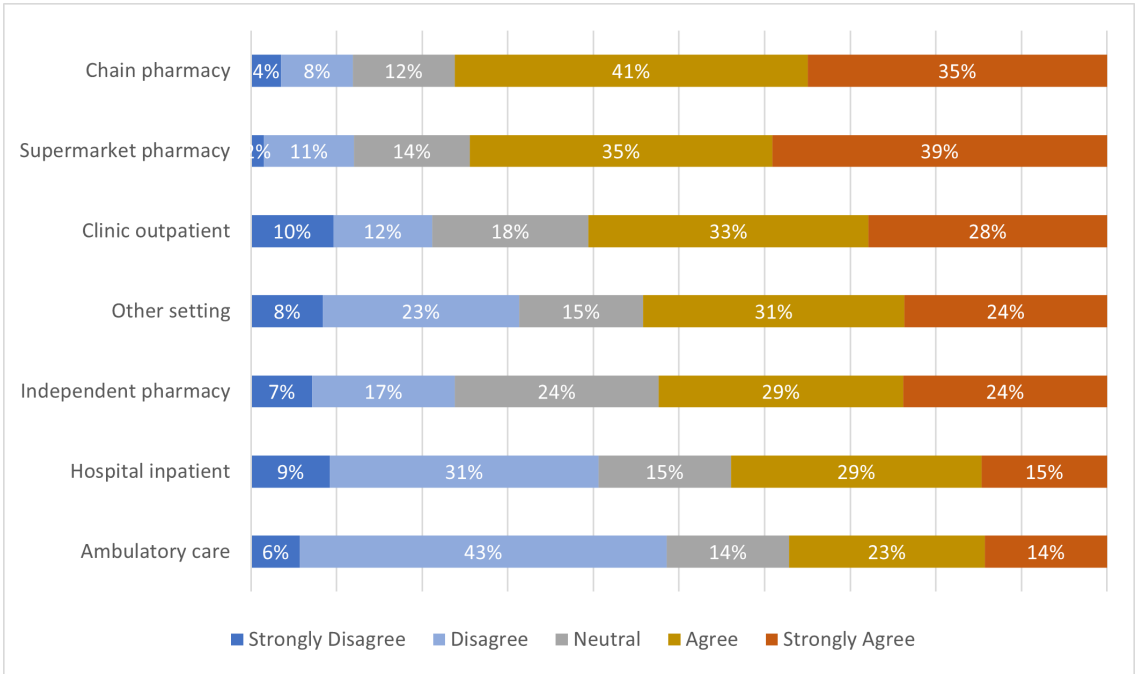


Figure 59: My Workload is Having a Negative Impact on My Physical Health by Setting



MENTAL/EMOTIONAL HEALTH

In response to workload effects on mental/emotional health, nearly three-quarters of staff/clinical pharmacists and pharmacy management, and over half of pharmacy technicians responded negatively. Although not as striking, but still very significant, 48% of clinical specialists and 44% of upper management Agree or Strongly Agree that their workload is having a negative impact on their mental/emotional health (Figure 60). Workload was reported by a majority (over 50% of respondents) to negatively impact mental/emotional health for all settings, except for those working in ambulatory care. These results were most pronounced in chain, supermarket/grocery and clinic outpatient, which are all community-based, patient facing pharmacy settings (Figure 61).

Figure 60: My Workload is Having a Negative Impact on My Mental/Emotional Health by Role

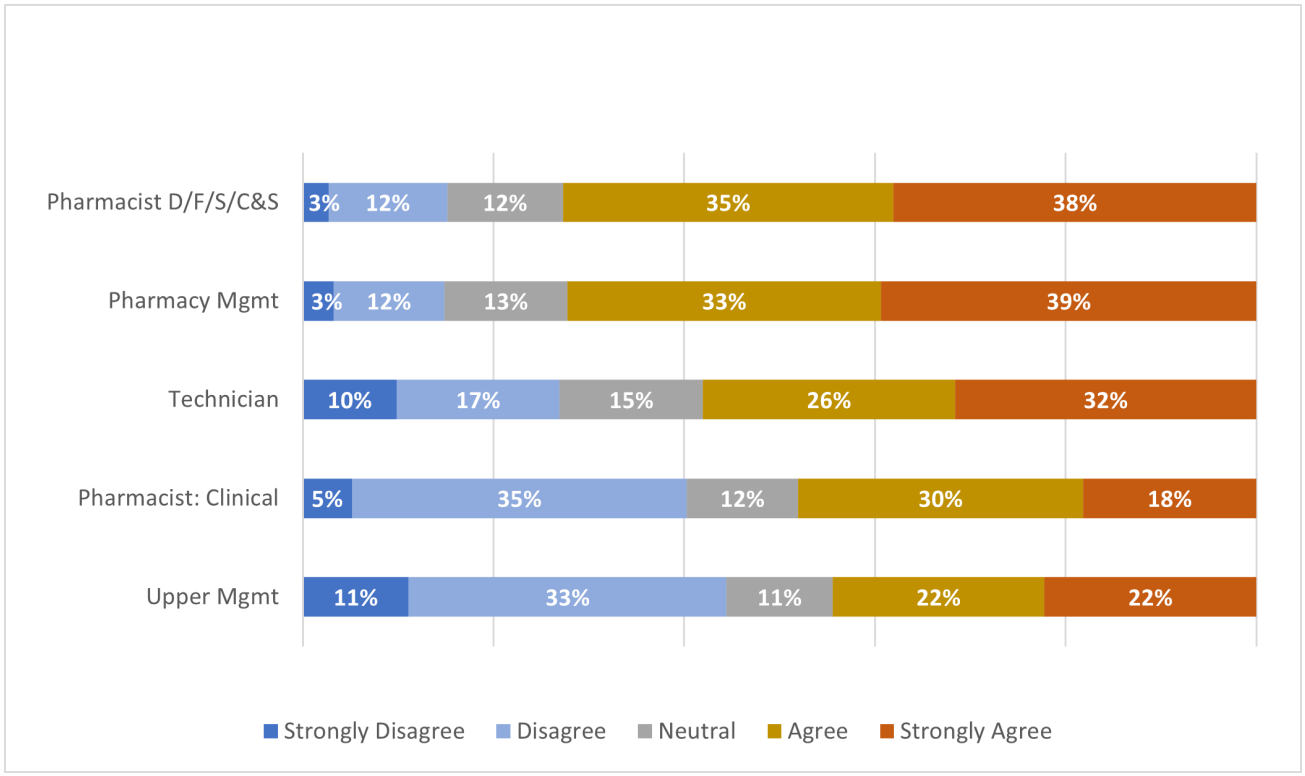
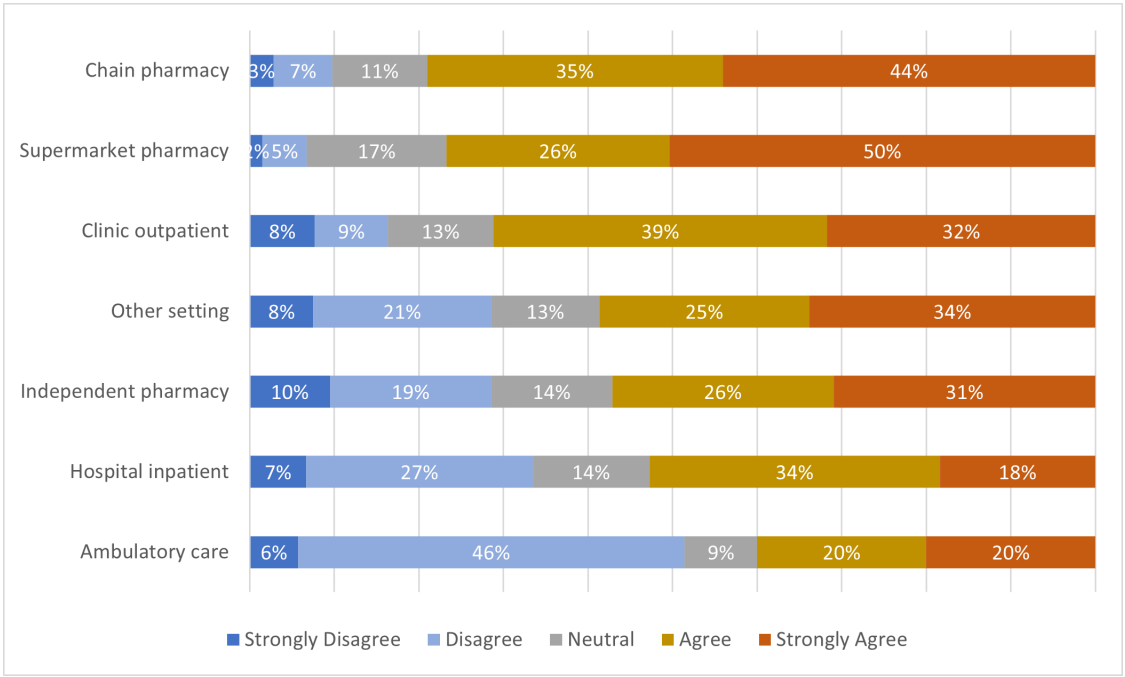


Figure 61: My Workload is Having a Negative Impact on My Mental/Emotional Health by Setting



MOTIVATION

Survey respondents were asked about how their workload impacted their motivation to work, with most roles and settings indicating that workload is negatively affecting motivation to work.

Figure 62: My Workload is Having a Negative Impact on My Motivation to Work by Role

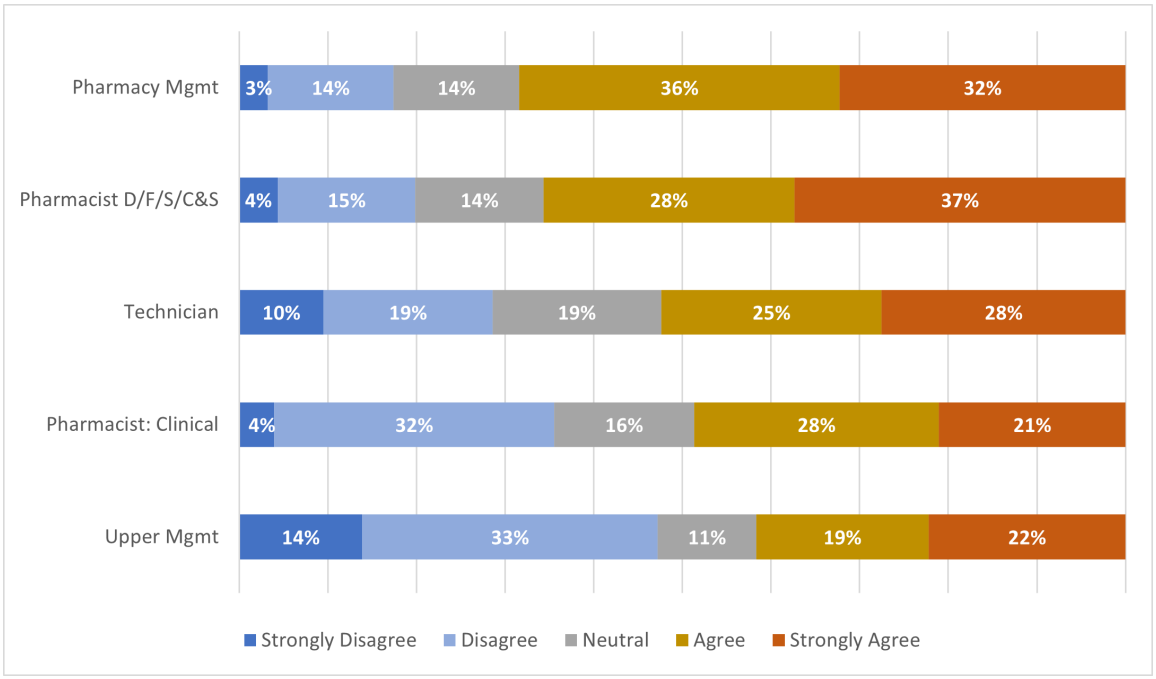
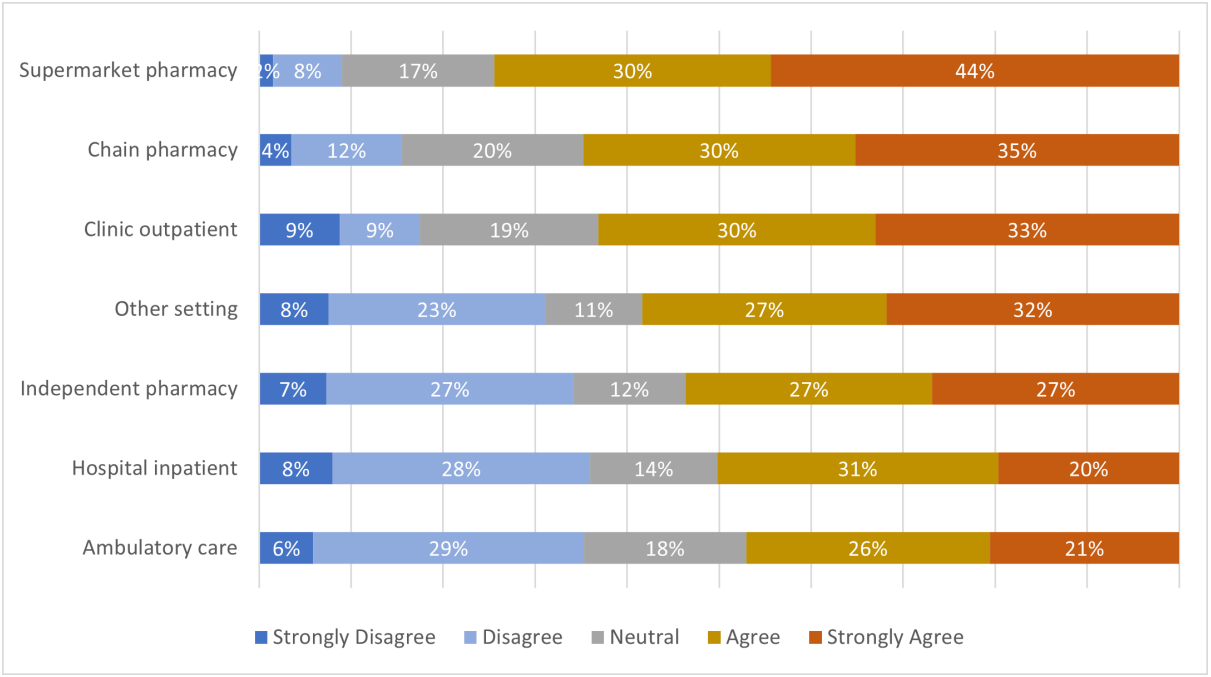


Figure 63: My Workload is Having a Negative Impact on My Motivation to Work by Setting



PRECEPTING

When asked how precepting affected work-related stress, most respondents were neutral or disagreed that precepting was having a negative effect.

Figure 64: Precepting is Having a Negative Impact on my Work-Related Stress by Role

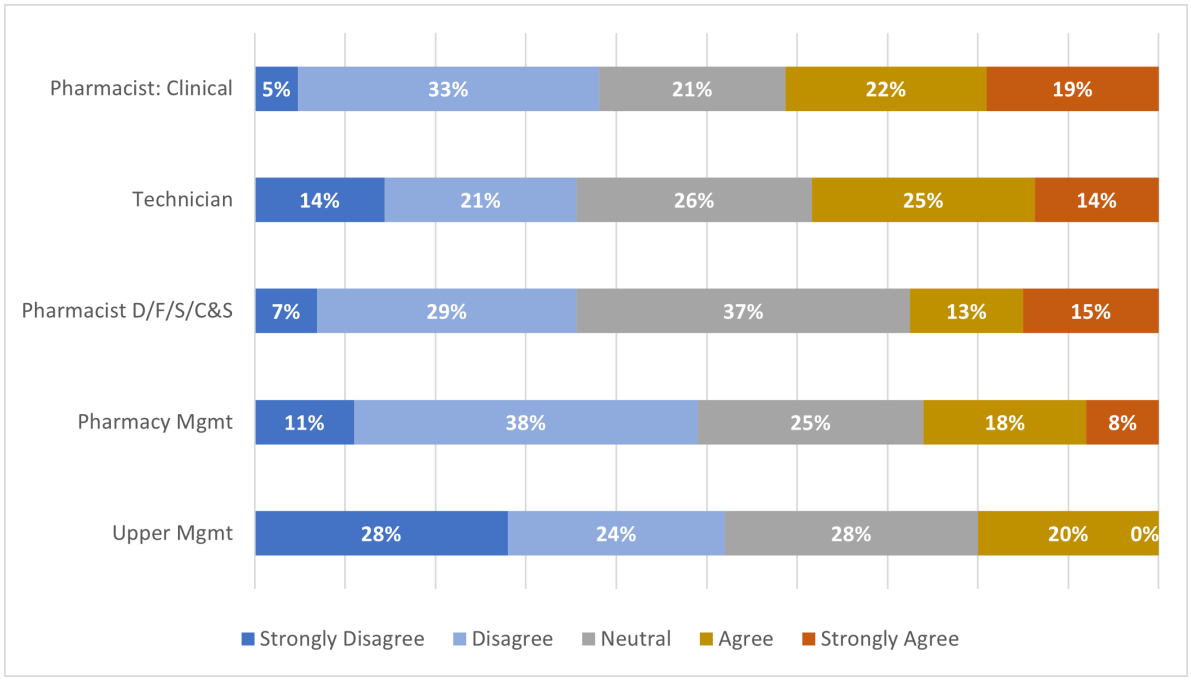
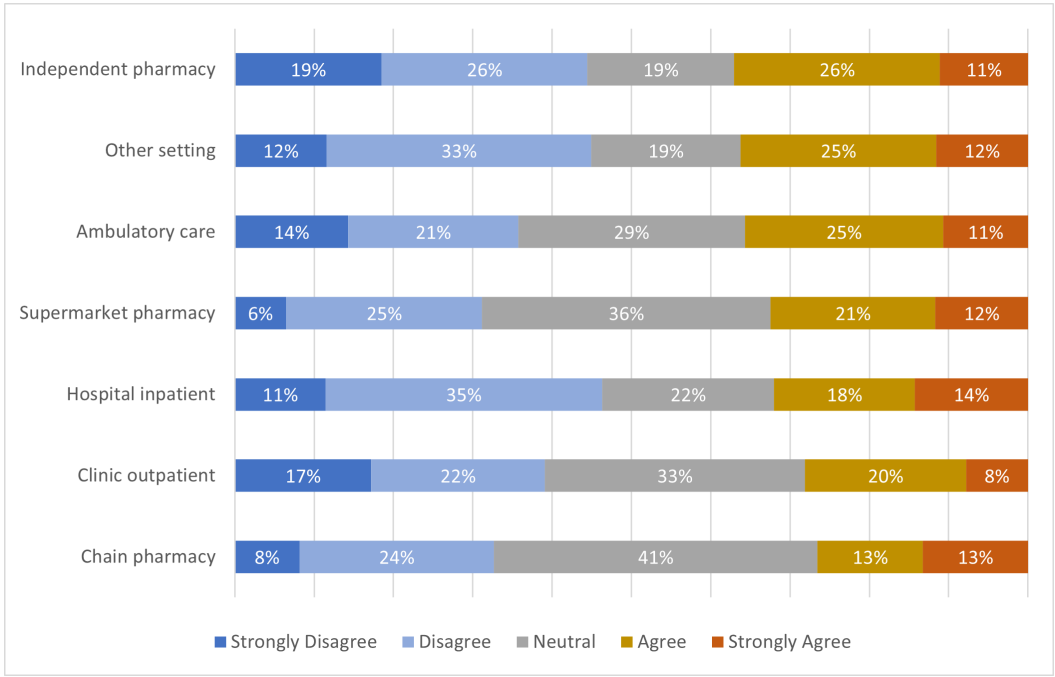


Figure 65: Precepting is Having a Negative Impact on my Work-Related Stress by Role



REIMBURSEMENT AND QUALITY-BASED PAY FOR PERFORMANCE CONTRACTS VS. STRESS

Out of 1,012 respondents, 837 (82.7%) responded to a question regarding the impact that payer reimbursement changes and quality-based, pay-for-performance contracts have on stress levels. Of those who answered, 350 (42%) said reimbursement changes and quality-based pay for performance contracts contribute to their stress while the majority 487 (58%) said they do not (Figure 66). However, it was clear that any management role may be more attuned to the impacts of these factors on stress vs. those with other roles. Upper management (65.8%) and pharmacy management (52.6%) felt that reimbursement changes and quality-based pay for performance contributed to stress (Figure 67). When reviewing free text comments submitted by upper management, reimbursement and direct and indirect renumeration (DIR) fees causing problems were common. There were many comments related to decreased reimbursement rates which are impacting staffing in the pharmacy. Independent pharmacy and supermarket pharmacy felt the greatest stress related to these changes, while clinical outpatient and hospital inpatient felt the least effect.

Figure 66: Reimbursement and Quality-Based Pay for Performance Impact on Stress

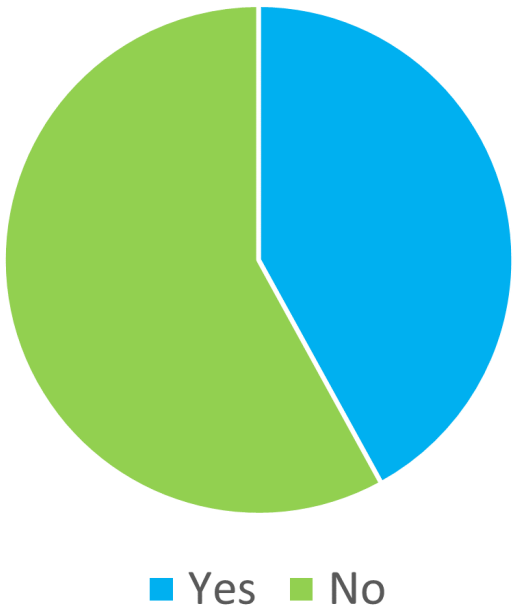
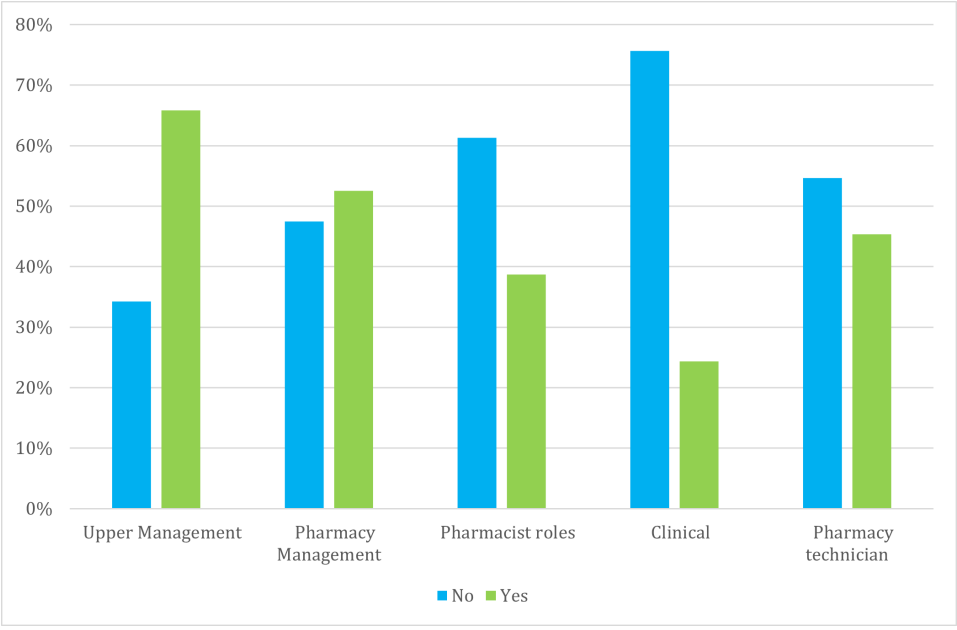


Figure 67: Reimbursement and Quality-Based Pay for Performance Impact on Stress by Role



Section 7

Opinions: Insights Regarding Patient Safety and Optimal Patient Care

This section was comprised of a series of four open-ended questions to afford free text insights on factors that have positively or negatively impacted patient safety based on respondent experiences. The four questions were:

1. **What factors have positively impacted your ability to ensure patient safety?**
2. **In what ways has your employer positively impacted your ability to perform the tasks necessary for optimal care for your patients?**
3. **What factors have negatively impacted your ability to ensure patient safety?**
4. **In what ways has your employer negatively impacted your ability to perform the tasks necessary for optimal care for your patients?**

Several themes were identified by Taskforce members to categorize the comments from these 4 questions. The themed categories include:

- Distractions/Workload Adjustments
- Financial
- Leadership
- Moral/Professional Distress
- Patient Interactions
- Personal Factors
- Policies
- Salaries and Benefits
- Staffing
- Team Environment
- Technology
- Training/Education

The purpose of this section was to capture raw and honest feedback in respondents' own words. Each question may not have yielded respondent comments for every theme identified. Additionally, there were at times negative comments to positively worded questions (e.g. respondents conveyed experiences or sentiments that did not positively impact patient safety).

It is the intent and wish of the Taskforce to provide these comments largely unedited to those reading this report, to emphasize the great volume of concerns coming from the pharmacy community, as well as include positive and encouraging comments when available. Taskforce members were profoundly impacted by the honesty of this section and hope it can serve as guidance on what is working well and what can serve as grounds for change.

The following are examples of verbatim responses for each theme; any changes to verbatim statements were only performed to ensure anonymity.

1. WHAT FACTORS HAVE POSITIVELY IMPACTED YOUR ABILITY TO ENSURE PATIENT SAFETY?

DISTRACTIONS/WORKLOAD ADJUSTMENTS

- Once I begin patient interaction, I take the time needed to ensure proper and safe communication. I also don't stress when I return to my station. If I'm behind, then I'm behind. I keep a constant routine to ensure I'm performing my job as safely as possible.
- Having a separate space to work at/in that is out of patient view and away from the phones and activity at the front counter
- Good drug information resources available
- Good technician support
- Ability to slow the pace if needed/Can slow the pace if needed to think and perform
- Offload of some non-clinical tasks
- Reasonable patient load
- Allowing sufficient time to do my job
- Work remotely with few interruptions
- Remote phone support to reduce call load
- Vaccine clinics held offsite

FINANCIAL

- Not having to meet goal or standards for time to process prescriptions
- No incentive-based metrics

LEADERSHIP

- A good manager who is focused on procedures are followed
- Understanding direct manager
- The culture of digging into anything that might be questionable
- Open lines of communication
- Open door policies where I feel comfortable talking to my supervisors and staff about concerns
- Engaged manager that listens to concerns and helps come up with solutions to better serve our patients and workflow.
- My employer is fully committed to providing adequate staffing for the pharmacy and patient care areas. Our leadership, quality department, and safety committee are visible and consistently willing to listen and follow through with performance improvement projects. Safety is an interdisciplinary commitment at my hospital.
- Immediate supervisor listening to our concerns and bringing them to upper management for changes needed

MORAL/PROFESSIONAL DISTRESS

- Nothing has positively impacted my ability to do my job. It just keeps getting worse
- These companies work us like literal slaves and constantly threaten us with metrics and shot [vaccination] goals. Nothing has positively impacted patient safety. The push to put vaccines in arms and perform clinical services in addition to our normal prescription duties is absolutely asinine.
- None. Zero. It's an abhorrent nightmare in there every second of every day. I have friends who work in fast food that make more than me and have a less stressful job. This job is not worth it.

PATIENT INTERACTIONS

- One-on-one interactions with patients
- Passion for patients
- The relationship I have with my patients

PERSONAL FACTORS

- My innate drive and reason for becoming a pharmacist in the first place.
- Work-life balance
- My passion for what I do and coworkers who share the same goals
- Eating well, exercise, hydration, and getting enough sleep help keep me mentally sharp
- Dedication/motivation to provide patient care, policies and procedures to help guide care, support from clinical specialists
- My drive and duty to uphold the pharmacist oath I took many years ago
- My passion for what I do, and coworkers who share the same goals
- My desire to do the right thing
- My commitment to my patient's safety
- Reminding myself to slow down in order to fill prescriptions right the first time because having to make corrections take a lot of time and effort

POLICIES

- Decreasing operating hours and close for lunch breaks
- The implementation of closing the pharmacy for a lunch break
- Policies and procedures to help guide care
- Well organized structure and encouragement to report safety issues
- Accessibility of policies
- Technicians' ability to vaccinate, implementation of a lead technician to help with workload and leadership
- Review requirements and hard stop consults

- Having the pharmacist verify everything before it goes to productions and/or dispensed to the patient
- Decreased operating hours

SALARY/BENEFITS

- FMLA for mental health, EAP therapist provided by employer
- Huge pay increase last year
- Well paid staff with minimal staff turnaround
- PTO

STAFFING

- Having adequate, stable staffing (particularly technicians) was overwhelmingly identified as necessary for ensuring patient safety
- Adequate staffing with overlap and back up
- Being fully staffed
- Consistent and reliable pharmacist staffing
- Team-based staffing model
- Ample technician support, competent qualified pharmacists
- Being staffed fully and not pulled in all directions, so you can focus
- Having a steady team, I can support and who support me in return

TEAM ENVIRONMENT

- Reliable coworkers and appreciative doctors
- Team-based staffing model
- Supportive team
- Understanding and open communication with physician offices
- High Reliability Organization (HRO) culture
- Culture of safety and reporting system that goes to multiple service lines
- System improvements
- Open and encouraging compliance officers
- Working closely with physicians to manage chronic disease states
- Strong engagement from co-workers in improving patient care.
- Just culture, open communication, collaboration
- Reliable coworkers and appreciative doctors.
- dedication/motivation to provide patient care, policies and procedures to help guide care, support from clinical specialists
- The ability to share thoughts and ideas with other pharmacists at this practice site
- My passion for what I do, and coworkers who share the same goals
- Help from immediate co-workers at various times of need
- Having reliable pharmacists that are fantastic team players and great people to work with. Encouraging and safe environment to learn and ask questions to ensure patient safety

TECHNOLOGY

- Easier access to information
- User friendly EHR
- BCMA, clinical decision support, smart pumps
- Better clinical computer feedback
- Order sets, reporting systems, clinical decision support, automation
- Better reporting system for potential errors
- Support from our health system to employ technology to support safe care

TRAINING/EDUCATION

- Having the time to give hands on training with real situations helps technicians learn. Not computer models
- Experience is everything
- Competent, qualified staff
- High level of independence to manage patient care
- Proper training, more training

2. IN WHAT WAYS HAS YOUR EMPLOYER POSITIVELY IMPACTED YOUR ABILITY TO PERFORM THE TASKS NECESSARY FOR OPTIONAL CARE FOR YOUR PATIENTS?

DISTRACTIONS/WORKLOAD ADJUSTMENTS

- Cutting open hours to allow for time without customers
- They've added flex pharmacists to help enter and review prescriptions and a call center to help alleviate the call volume
- There is more centralized support in place (i.e., phones, data entry, data review). Centralized fill has been helpful as well in decreasing my workload as well as that of my staff.
- Decreased unnecessary meetings
- Given additional programs to assess workload and able to shift workload appropriately
- Strong collaborative and innovative efforts to increase efficiency in workflows

FINANCIAL

- Adequate budget for pharmacy department staffing.

LEADERSHIP

- Managers who help out
- Leadership that listens and implements changes
- Listening to professional goals and providing necessary tools to achieve them
- Regular feedback
- Autonomy to practice and to develop new initiatives
- Avoidance of micromanagement
- Allowed to practice at top of license
- Providing realistic metrics to assess performance
- Managers are supportive and have an open-door policy
- Listening to concerns. Having a safety huddle daily.
- They seek feedback.
- Engagement with staff quarterly and quarterly surveys
- My employer is fully committed to providing adequate staffing for the pharmacy and patient care areas. Our leadership, quality department, and safety committee are visible and consistently willing to listen and follow through with performance improvement projects. Safety is an interdisciplinary commitment at my hospital.
- My employer has provided time and resources for continuing education and encouraged professional development (such as board certification for all qualified pharmacists). My employer has advocated for pharmacists' presence on all patient teams and clinical, safety, and policy committees.

MORAL/PROFESSIONAL DISTRESS

- I wish I could think of something, but I can't. That's honestly why I'm leaving after 20 years.
- My employer does not give any care to patient or employee safety. Our working conditions have continued to degrade since COVID and the push of profits over people is just ridiculous.

PERSONAL FACTORS

- Agreed to allow me to go part time.
- Allowing me to change my work hours
- Encouraging a good work/life balance so I can take the time I need for personal matters and devote the time I'm working focused and engaged.
- Allowing me to work remotely with fewer interruptions to my workflow
- Ability to work from home
- Flexible work hours
- Access to a discounted app for meditation
- Allowing use of my professional input
- Autonomy

POLICIES/PROTOCOLS

- Thorough review of new processes, errors, and near misses
- Giving us a 30-minute paid lunch break
- Realistic appointment times
- Ability to work from home
- Time allowed for clinical hours
- Flexibility to skip meetings not relevant to pharmacy
- Available to answer questions and address policy issues.
- Policies and procedures to help guide care
- Standard policies across all hospitals nationwide
- Focusing on measuring more realistic metrics to assess our performance
- Focus on continuous improvement and quality
- Lack of metrics centered around time to process orders

SALARY/BENEFITS

- FMLA for mental and medical health, EAP therapist provided by employer
- Pay increase last year
- Gave a small raise to all techs
- Flexible schedule, including part time opportunities
- Ability to take earned PTO
- Allowing for overtime
- Provision of time for CE
- Well paid staff with minimal staff turnaround

STAFFING

- Increase FTE, hiring more staff, adequately staffed
- Shortening business hours allowing for more coverage of support staff
- Giving us more technician hours and OK'ing tech OT during certain situations
- Pharmacy managers who are able to staff and help out
- Flexible to schedule modifications to account for changing needs
- Work life balance with overnight schedule and working with the same people is helpful
- Identifying staff who were inconsistent and replacing with newly trained staff (several sick calls in last year significantly impacted stress in department and staffing)
- They have supported us focusing fully on patient care and putting projects on the backburner since we do not have staffing currently that allows us to do those projects
- Considering patient to pharmacist ratio

TEAM ENVIRONMENT

- Great team man ship
- Focus on quality, safety, just-culture
- My employer has provided time and resources for continuing education and encouraged professional development (such as board certification for all qualified pharmacists). My employer advocated for pharmacist presence on all patient teams and clinical, safety, and policy committees.
- Does not micromanage my responsibilities
- Collaboration between departments
- Having staff meetings to discuss issues if needed, or one on one with manager

TECHNOLOGY

- EHR updates
- Access to data bases is very useful and appreciated
- Computer safeguards and software updates
- Improved workflow and speed with use of technology.
- Upgraded/new technology

TRAINING/EDUCATION

- Hiring appropriately trained staff
- Paying and providing training for technicians to administer vaccine
- Training on clinical programs, new training program for techs
- Sending technician trainers to my store to help with new techs
- Good quality training
- Professional budget, clinical ladder, devoted project day
- Accessibility of resources and policies, offering of time to work on continuing education
- My employer has provided time and resources for continuing education and encouraged professional development (such as board certification for all qualified pharmacists). My employer has advocated for pharmacists' presence on all patient teams and clinical, safety, and policy committees.
- Provision of time for CE, training and debriefs regarding new processes or near misses

3. WHAT FACTORS HAVE NEGATIVELY IMPACTED YOUR ABILITY TO ENSURE PATIENTS SAFETY?

DISTRACTIONS/WORKLOAD ADJUSTMENTS

- The fact that we're open the entire day and get only 30 minutes for lunch is a bit ridiculous especially because patients always come in at the last minute and eat into our lunch time so it's rarely even a full 30 minutes to get food, come back, eat, and digest a little.
- Incessant phone calls from patients, providers, and having to make phone calls to insurance people takes so much time that lines start to form and when everyone is in the middle of duties and the phone is constantly ringing and no one can get it, it's extremely distracting to the task at hand.
- Setting immunization "goals" that if aren't met have negative consequences financially.
- Vaccine quotas (should not be legal), increased clinical services without pay raise or extra help.
- Focusing on being a salesman, instead of focusing on patient satisfaction and care. I am in this profession to care for and help people. Not to push products on them and having goals set for how many they want us to sell every week. If goal isn't met, then we have an accountability call as to why we didn't sell as much as they want us to.
- Performance metrics, putting customer service above patient safety, constantly cutting technician hours and pay, requiring massive resets of drug location/organization that we don't have the time or staff to properly implement, trying to send too much work off-site which causes more frustration and anger from patients and creates more work for us trying to fix the situation
- Medication reconciliation is universally messy
- Lack of quiet, focused work area to verify/clarify orders
- Short staffed with no back up; constant work with lack of support/assistance
- Large patient load
- Increased responsibilities (clinical and non-clinical) without increased staff
- Time invested in precepting
- Constant interruptions while working on a task
- Telephones ringing constantly.
- Nursing neediness
- Unreasonable expectation of volume of orders to process
- New/multiple job duties
- Too busy, expectations for a number count versus working without time restraints
- Constant rotating shifts including graves, constant phone interruptions, too many meetings, too many competencies and continuing education requirements
- Adding more workload for little true benefit or recognition, including from an insurance reimbursement perspective. Unawareness or willful ignorance of vulnerable populations such as pediatrics. Pharmacists being held responsible for prescribers' mistakes, or needing to pick up prescriber's slack.
- Increased workload, causing missed lunches
- Limited number of staff, inability to review every patient, overwhelming patient to pharmacist ratios
- Addition of Covid work to existing work without increasing resources while also demanding we cut expenses
- Having inpatient pharmacists do outpatient pharmacy at the same time as inpatient pharmacy
- Phone calls, re-training of employees lacking ability to "do their job"
- Continued increase in patient to pharmacist ratio. Chronic understaffing. Growing service lines and census without increased pharmacy staff.
- Increase in residents to precept
- Number of phone calls. No time for breaks at all
- Unrealistic expectations of quantity of tasks completed in a shift
- Increased patient ratios while not accounting for acuity of the patient or level of care. Expanding expectations when basics are already challenging to achieve.
- Used to have an office, now on the floor. The alarms are distracting
- Workload ever increasing, especially covering workloads added on from other departments.

FINANCIAL

- Financial pressures
- Budgetary concerns
- Hospital budgets have been slowly taking away pharmacist FTEs which leads to a stressful environment for a lot of pharmacists. I'm lucky that my role has been protected so far, but it's a little nerve wracking knowing that they might cut me.
- Ongoing layoffs of pharmacy personnel in the hospital (Denver Metro area) to cover budget gaps.
- Current Healthcare Financial Climate leading to reductions in force despite increasing complexities and volumes.
- Financials- trying to do more and save money. They haven't cut staff but for management, we are constantly trying to come up with ways to save money and track productivity that it pulls from other tasks.

MORAL/PROFESSIONAL DISTRESS

- Everyone is burned out
- Too many to mention
- No breaks, insufficient staffing. Shortened lunches because not given enough time to close and reopen pharmacy for lunch

LEADERSHIP (e.g. unreadable managers, micromanaging)

- Poor management
- Lack of communication from upper management
- Not having a good pharmacy manager to direct and lead.
- Lack of leadership involvement/help in the day-to-day, untimely response/action from management, and resistance or lack of action from management when ideas for change are presented.
- Upper management not listening to our concerns
- Attempting to guess at what new senior leaders want instead of doing the right thing. Constant trials and changes without explanation or rationale.
- Lack of communication from upper management about changes in the department
- Lack of management support.
- Manager has been in position for too long and knows nothing different, also has strong cognitive biases against those who are not 'like her', manager's management style is gossip, manager is not on front line and has no idea what actually goes on.
- Boss in office and unaware of 'floor culture' (& unfamiliar with workflow)
- Management is busy so I do not receive much feedback on workplace performance

PATIENT INTERACTIONS

- Aggressive and threatening patient behavior
- Patient demands and bullying
- Physical harm multiple times from patients or family members
- Having such long workdays and dealing with insurance issues and getting the brunt of patients' wrath for something out of our control is also a hurdle to ensuring patient safety because we're juggling so many roles and we are the middlemen between patients, providers, insurance companies, and more.

PERSONAL FACTORS

- Ageism

POLICIES/PROTOCOLS

- I have no place to remove myself to do my non-dispensing tasks away from pt care and workflow.
- Pushing autofill on patients and measuring our percentage of medications eligible to autofill on metrics that can affect our evaluations (also should not be legal - patients are getting inundated with meds)
- Requirement for controlled scripts to be electronic is causing problems due to drug shortages, third party issues and limited pharmacy access in rural areas
- Limited formulary

SALARY/BENEFITS

- Low salary (especially for techs)
- Terrible benefits, Terrible pay, even if you get vacation hours you can never get time off cause there's nobody to cover your shifts.
- By NOT paying tech a living wage, we cannot keep trained staff.

STAFFING

- The staffing level expectations are unrealistic especially when it comes to technician hours and pharmacist overlap.
- Tech turnover is high because they aren't paid very well plus the ones we have can be unreliable. There is no longer overlap between the staff and manager pharmacists. The staff pharmacists' hours have been greatly decreased.
- The crisis of being perpetually short staffed and when we finally get enough staff hours get cut and we can't keep people because they're tired of fluctuating schedules and not being able to maintain full time status.
- Staff shortages, more phone lines than people working that ring straight through, more workstations than people to fill them
- The biggest thing is not providing enough staff to handle everything we are responsible for and then not letting us stay over when there is no extra time to perform all duties. There is only so much time in a day and most of the time, something doesn't get done and then we are held accountable for that.
- Short staffing, lack of coverage when sick or when children are sick
- Unable to keep up with workload
- Unable to take vacation due to lack of coverage
- Unable to cover callouts
- Inadequate staff/shortages
- High technician turnover
- Call outs
- Decreased FTEs, ongoing layoffs
- Not using education and being forced to work as a super tech instead of a pharmacist.
- More demands of pharmacists without adequate addition of FTE
- Being the only pharmacist on staff and trying to manage so many patient lives with no back up
- Patient to pharmacist ratio is not ideal, multi-tasking
- Unreasonable expectation of volume of orders to process, multitasking, working as a technician due to tech shortage and call-ins
- Burn out among hospital staff and high turnover
- Inability to recruit and retain employees, increased workload with no increase in staff
- Decreased pharmacist overlap during busy times due to shifts and need to cover other times of the day.

TECHNOLOGY

- Outdated EHR
- Manual tracking of data
- Limited support in IT
- Poor electronic resources, delays in software changes, restrictions in software
- Limited resources and outdated EMR
- Technology barriers, such as limited flexibility with the EHR. Medication reconciliation communication is universally messy.
- Inadequate human centered EHRs and inadequate use of technology
- Not enough proper updates to EMR and systems

TEAM ENVIRONMENT

- Lack of interdisciplinary teamwork
- Lack of communication strategies
- Physician relationships; some physicians are not open to pharmacy suggestions
- Poor communication with other interdisciplinary team members such as physicians or nurses
- Unsupportive supervisor, hostile work environment
- Coworkers who care more about the money and less about the patient care
- Peers not performing to their highest ability and not completing tasks

TRAINING/EDUCATION

- No employer support for CE or conference attendance
- Lack of training of technicians, lack of base knowledge of technicians
- Hiring people without adequate experience in a hospital setting
- Hiring retail technicians with little to no hospital experience.
- The ever-changing rules by MEC /state board and the government - hard to keep up with documentation and being correct at tasks
- Re-training of employees lacking ability to “do their job”
- Under trained technicians

4. IN WHAT WAYS HAS YOUR EMPLOYER NEGATIVELY IMPACTED YOUR ABILITY TO PERFORM THE TASKS NECESSARY FOR OPTIONAL CARE FOR YOUR PATIENTS?

DISTRACTIONS/WORKLOAD ADJUSTMENTS

- Continuing to push for more services even though they know we do not have enough trained personnel to do the work.
- New programs that would be good, if we had enough help
- There is a growing pressure from my employer to significantly increase vaccination counts while our script count is also increasing with the same amount of staffing. Non-pharmacy staff has started questioning the amount of hours we have in the pharmacy department.
- I have had a lot of issues with our prescription centralization program that fills prescriptions at a central facility. We no longer carry many drugs/brand names in store and sometimes there are a lot of issues with it and people nearly go without their meds
- Demanding more metrics to be met without providing the tools necessary to achieve them
- Increase/maintain clinical initiatives while also leaving early or taking days off because productivity numbers "look bad" despite them being based off of an arbitrary calculation that is not influenced by pharmacists' work
- More profitable tasks valued over clinical and patient-care activities
- Not enough staff for patient load or high acuity
- No limit on new referrals which exceed pharmacy staffing capacity
- Increase in committee and non-clinical tasks without additional time
- Red tape prevents potential improvements to operations
- Excessive workload
- Not enough staff to care for patients using my skill set and education - I could do more if given a reasonable patient load
- Focus on metrics that then aren't used to justify positions, continually being asked to do more with less (i.e. cover for others/open positions) and increase/maintain clinical initiatives while also leaving early or taking days off because productivity numbers "look bad" despite them being based off of an arbitrary calculation that is not influenced by pharmacists' work
- Too much multitasking
- No time for administrative tasks
- Unnecessary meetings
- Constant rotating shifts including graves, constant phone interruptions, too many meetings, too many competencies and continuing education requirements
- Many additional projects which interfered with clinical care
- No breaks sometimes for whole shift, not enough help
- Increase in committee involvement
- Increasing productivity demands without additional staffing; too much pressure to meet productivity standard
- Expected and pulled in many different directions, lots of meetings
- Sitting on the floor with the alarms distracting
- Too many emails

FINANCIAL

- Any issues that have been worked on the improve have been sidelined to meet budget.
- Pharmacy is often last to secure funding; surgical and cardiac depts come first
- My healthcare system does not seem to value pharmacy as much as other departments, we make money for the system and provide significant value, I find this a source of frustration and fuels burnout.
- Increasing patient load while decreasing pharmacist FTEs due to budget constraints
- Company buyout transition has added stress and confusion regarding new processes, pay, compensation, etc.
- Any issues that have been worked on the improve have been sidelined to meet budget
- Adding more workload for little true benefit or recognition, including from an insurance reimbursement perspective.

LEADERSHIP

- Unable to contact, receive help, unapproachable
- Lack of communication from my direct supervisor has been the biggest factor and is a large part of my unhappiness at the moment
- Above District Level management lacks understanding of pharmacy demands or is too focused offering too many services to increase profits.
- Bias toward staff
- If my manager is unaware and uninformed, that lack of info moves up the chain. I still don't understand why PTO was subtracted from our accounts during the worst of covid. Communication comes in the form of a lengthy daily email that contains a lot of redundant info with hidden extremely important info. Fudging numbers so it looks like we have adequate RNs - these impacts pharmacists (safety- we are the only visible person on the floor and take questions from all visitors, patients, food trays, water requests) - I'm ok with this.
- Creating competitive environment instead of collaborative
- Micromanaging clinical workflow
- Employer has made many efforts to reduce negative impacts from market factors

- Lack of management "jumping in to help"
- Lack of transparency from our leadership. There have been many negative interactions with leadership and coworkers. Although I've been out of the drama, it's hard not to get frustrated by some of their actions
- Unsupportive supervisor, hostile work environment
- Less supportive of older employees; ageism
- Where I work, we have no operations supervisor or manager, so things are consistently not getting done or not done correctly. Our director just wants things to happen but doesn't support the staff as to how to do things and the one working supervisor we have is very hands off.
- The hiring of new senior leaders that are driven by money/power and are destroying the pharmacy culture that took years (decades) to build. Not supporting clinical and interdisciplinary work and overloading operational work without appropriate staffing.
- Additional work. Punishing those who are already doing a good job of budgeting, saving money, and tracking productivity.
- My director and manager use favoritism and micromanagement tactics
- Micromanagement, lying to the department of health during state inspections, persistent gender inequality (white male voices prioritized over women of different races)

MORAL/PROFESSIONAL DISTRESS

- Having patient surveys be part of the bonus, so we have to please the patient and sometimes that means doing things that aren't optimal for patient care
- Bullying behavior from customers is rewarded/reinforced
- Expectations to increase sales, not necessarily provide better patient care
- I am at a store that "only" does 200 scripts a day, but when Covid was peak we were required to do 60 immunizations a day plus our normal workload and meeting metrics etc with 2 techs for the day... this is considered pretty good compared to what others endured in neighboring pharmacies and I was absolutely at the end of my rope mentally, physically and emotionally. Pharmacy has become an absolute joke and the only people still working are just stuck here due to financial circumstances that don't let them leave. Even the BEST chains and the "EASIEST" stores of those chains are an unsafe workplace at best. This is a capitalistic mockery of what we dedicated our lives to. I just want to help people.
- Extreme changes in policy, low pay, bad training, no patient education to educate patient on expectations from pharmacy, more tasks to do with less hours and more policies and procedures... i could keep going. They only care about profit, not patient care.
- Zero focus on medication safety and all about the number of vaccines given per day and being penalized by micromanagement of the numbers and sales
- Feeling like a robot sometimes just to meet numbers instead of highlighting the patients as the most important
- Looking only at numbers rather than quality
- Cut quality programs for profit reasons
- Lack of true compensation against the cost of living which can increase personal financial stress that in turn can increase job disillusionment, stress, etc., and decrease overall motivation
- Too many to mention
- Does not prioritize mental health

PATIENT INTERACTIONS

- It's the patient with delirium wandering about until he finds you and punches you straight in the nose-this is unacceptable. No time off for this and coming to work with two black eyes is the norm. It's the pitch black campus that is very unsafe, it's the police report filed by APD that was never actually filed (for a separate incident), it's that security is never called because they only make everything worse (a security guard with a jacket off and ready to fight a delirious patient), or APD watching the room of a GSW with two police loudly on TikTok and making fun of the patient, it's the EVS staff who clean the nutrition rooms with the same equipment used to clean patient rooms, the entire 8th floor of covid rooms blowing into the nursing stations and general area 'found to be acceptable', it's the admin:front line ratio. It's not seeing - really seeing and examining these issues that makes everyone less safe.

PERSONAL FACTORS

- With less options on the Western Slope, the feeling of being "stuck" often arises

POLICIES

- Not responding quickly to drug shortages and running out of formulary drugs.
- Unfair enforcement of policies. Punishment is excessive. Not following rules such as first verbal warning then further action. But they go right to the last step and give you no chance.
- Unfair application of policies or expectations.
- The inpatient/outpatient hybrid model we use ensures subpar care for both outpatients & inpatients and is a terrible way to practice pharmacy.

SALARY/BENEFITS

- Non-competitive salary for trained technicians
- Limited PTO policy
- Lack of paid family leave
- Lack of pay! Not paying us enough for the DOCTORATE we have!
- Pay scales not aligning fast enough with the market.
- Lack of true compensation against the cost of living which can increase personal financial stress that in turn can increase job disillusionment, stress, etc., and decrease overall motivation

STAFFING

- Cutting tech hours
- Reduced or no pharmacist overlap
- Not allowing overtime when needed, inability to hire reliable employees
- By NOT paying tech a living wage, we can not keep trained staff. When we do get a new hire, we do not have adequate training hours.
- We do not have a good strategy for handling when we have staff call outs or have hiring gaps. This leads to a few people being overworked in these situations and them feeling isolated.
- No coverage for call outs
- Need for more techs
- No individuals designated for specific tasks
- Inability to recruit due to non-competitive pay
- No staff adjustment for increased patient census
- FTE and incentive cuts
- They are telling us to do the work of 2 and a half people and be okay with that barebones staffing model.
- Over hire of pharmacists positions, not enough technicians positions anymore
- Inadequate staffing, constant variable shift times
- Not enough technicians. Jobs are posted nobody applies
- Minimal staffing on overnights can impact optimal care for patients, such as delay in delivering patient meds
- Failure to adequately staff both pharmacists and technicians
- Challenges with the recruiting and onboarding processes for hiring.
- Reluctance to hire new front-line staff. Refusal to increase clinical pharmacists/specialists while census is growing.
- The hiring of new senior leaders that are driven by money/power and are destroying the pharmacy culture that took years (decades) to build. Not supporting clinical and interdisciplinary work and overloading operational work without appropriate staffing.
- Reductions in workforce despite increasing complexity and volumes.
- FTE cuts, incentive cuts
- Increasing productivity demands without additional staffing
- Elimination of positions
- Covering double and triple shift loads when other staff are unavailable.

TECHNOLOGY

- Bad software, technology issues, outdated equipment
- Phone system too hard for public to navigate through
- Also, with every new computer improvement to save time and improve patient safety and workflow, come a dozen computer glitches, costing us a ton of valuable time dealing with computer restarts and help desk phone calls, etc...
- Lack of accurate reports/data for patients
- Limited support from IT
- Inability to make timely improvements to EHR
- Lack of access to pertinent patient-specific information
- Inadequate use of technology

TEAM ENVIRONMENT

- Not take care of personal safety, try to cover up robberies/violent occurrences that have happened. Inadequate. Forcing me to be a floater (even though I signed on as staff) because so many RPh have quit- going into situations where you don't know your patients and they are on 3 pain meds and muscle relaxants and benzodiazepines (unable to provide tailored care in unique situations)
- Won't address safety issues

TRAINING/EDUCATION

- Expecting inpatient pharmacists to run a retail operation
- Lack of constructive feedback, training (not because they don't want to but busy, short staffing)
- Too many changes without appropriate training time
- Inadequate/inconsistent training
- Continuing to increase our workload with staff that is less equipped to do their jobs well

Section 8
Additional Comments

Respondents were asked to share any additional comments in this open comment section of the survey. The overwhelming majority of comments indicate pleas for change in the profession. The same theme categories were used to parse out these additional comments. Below is a representative sample of comments for this section of the survey with verbatim responses for each theme; any changes to verbatim statements were only performed to ensure anonymity.

DISTRACTIONS/WORKLOAD ADJUSTMENTS

- Mandate a threshold of scripts for mandatory pharmacist overlap and technician support minimums to ensure that there is adequate staffing to complete prescriptions safely and allow for increased clinical services
- The long hours with no relief or any overlap with another pharmacist has made this job very stressful and difficult to endure long term. A thirty-minute lunch for an eleven- or twelve-hour day is not sufficient rest time. The hour lunch we used to get would allow us to leave the hectic pharmacy environment, grab a decent meal to eat, go to the bathroom and maybe even a few minutes to spare to take a few deep breaths and smell the roses.
- All the new programs (ie DSCSA) will consume more time with no new position to absorb all the additional time needed to complete these new processes. The workload is getting to be too much with no relief in sight.
- I think as a profession we should be advocating for pharmacist to patient ratios to ensure we are able to safely and effectively do our jobs. We should have precepting and other involvements taken into consideration.

FINANCIAL

- I still think pharmacists are valuable and a highly respected team member by the nurses and doctors. But the finance people see us as dispensers, even though we do mostly clinical work.
- Healthcare now feels like big business, not healing. While I have multiple critical concerns about my employer, I recognize it is a more common theme across the practice. It breaks my heart because the patients are suffering.
- I have deep concern that our hospital system is valuing money over people and experience, I come to work every day assuming it is my last day and that I will be escorted out because I make too much money and it would be easy to save money by hiring someone with less experience.
- PBMs are killing my business with DIR fees

LEADERSHIP

- Too many manager/leadership positions are given to people without adequate training to hold people accountable.

MORAL/PROFESSIONAL DISTRESS

- Inability to use training in practice
- Embarrassed, profit-driven, demanding and rude patients, insurance issues, terrified of making a mistake)
- I am stressed to the point of my hair falling out. At the worst of covid we were doing 1+ vaccine every 10 min (this includes registration, paperwork, safely giving vaccine, answering questions) all while being expected to maintain normal pharmacy business. It is not safe anymore and with patient dissatisfaction and disrespect, I am questioning my career choice. We deserve better!
- I love pharmacy in general as a career and don't want to leave pharmacy in general; however, retail chain pharmacy is not something that I am able to continue doing, next month I am leaving that retail chain environment to do a residency and I know that my mental health and job satisfaction will greatly be improved through this move.
- It is brutal being a retail pharmacist. I used to like my job and wanted to help my clients but after 15 years I'm ready to find something else.
- When I first started in pharmacy 18 years ago, it was something I was proud of. Now, I'm embarrassed. People ask me all the time if I would make the same career decision again. The answer is always a resounding no! This profession has been cheapened by corporations squeezing every dime out of every single thing they can. They have ruined this profession and turned pharmacists into used car salesmen. We beg for immunizations daily.
- What was once the most trusted profession, is now just a shell of what it used to be. Change needs to happen. Caps on script counts

per single pharmacist in a shift need to be established. Minimum pharmacist requirements need to be established to increase overlap. The pharmacist needs to start being heard rather than abused to the point of breaking. Mental illness is skyrocketing in pharmacy, and it seems to be completely ignored.

- Both my wife and I are pharmacists and there isn't a day that goes by where we don't discuss how we can get out of pharmacy. How has this profession fallen so far from grace? Please make changes! Please listen to what pharmacists are saying! We are tired. We are beat up. We are depressed. We are anxious. We need help from our state boards.
- Yes. I never wanted to be a pharmacy tech; I don't understand why anyone would. It's not a career, it's a job you take if you're just scraping by and you're waiting for a real job to come along. I applied for a front store cashier position, and they forced me to go work in the pharmacy because the entire crew quit. I had no experience, no training, they just threw me in there and said you'll get the swing of it. My only training consisted of my exhausted, overwhelmed, overworked pharmacist barking orders at me and forcing me to work off the clock so I could practice. I helped get her fired. I only stay because I care about my people. I don't care about big pharma, I resent them for turning nearly every American into a dollar sign.
- I love pharmacy and retail pharmacy holds a very special place in the healthcare system. It just feels like a money-making business sometimes and that is hard. Also, MTM is annoying and frustrating and takes so much time and it's all these other tasks that we get bogged down with. Thanks for the venting!
- Regardless of the pandemic, this occupation has absolutely destroyed me physically and mentally. Whenever I go to work my anxiety ramps up to 10/10. Constantly feel like I'm in fight or flight mode. We need to figure out how to enable our profession to be adequately staffed or reduce the workload placed upon us. I did not go through pharmacy school to become a salesman for shots and COVID tests dispensed. We need to regulate insurance companies, we need to regulate the pharmaceutical industry, the greed and corruption has to stop. In my 3 years as a pharmacist, you can observe a dramatic change in my physical appearance which strongly correlates with rock bottom mental health. The last few years have felt like I was a soldier fighting in a war. I feel like the trauma we endured has persisted in my mind and now I have to take multiple medications and use therapy to keep me stable. These chains recorded record sales during the pandemic, and it does not feel like any of our hard work has led to meaningful change. I'm heartbroken to have come to the realization that my best chance at finding happiness is to hit the reset button and do it all over again, exploring other career options. I wasn't expecting this job to be a unicorn job, but I never thought we'd become glorified fast food type workers. I wouldn't wish this life on anyone. Something needs to change.
- I truly have no joy being a pharmacist anymore.
- Long hours of operation and understaffing/lack of overlap and increase in workload of clinical services without any increase in pay or compensation all lead to dissatisfied and overworked employees that negatively impact mental and emotional health. Most pharmacists I know are at or close to a breaking point with the career and management of retail pharmacies. We are not appreciated and are not given adequate time/hours off to make this a sustainable lifestyle and career.
- I, as a long-term pharmacist, cannot recommend this profession to a young person looking to enter the profession. Corporate demands and work structure have shipwrecked the profession.
- Please save this profession. Chains are destroying this profession due to metrics and inadequate staffing due to greed and corporate profits. there is dire need for a regulation for minimum staffing requirements and this is public health concern all across all chains all the time every time everyday
- This is the WORST pharmacy has ever been, when you pray that lightning strikes you walking into work so you don't have to deal with the BS that day that really should tell everyone something.
- Zero!!! I need out of this highly toxic and high liability environment.
- I think the structure of academic pharmacy is unsustainable. Pharmacy faculty are expected to work 100% in four+ different roles. They do not have the "autonomy" or "flexible schedules" usually associated with academia. They are burnt out and worried about the future pharmacy class sizes and graduates. Pharmacists have to be set up to bill for their services like other providers and recognize the need for flexible schedules to spend time with family or this profession is at risk of burning out.
- Although I'm largely happy with my role, my hospital and my salary, I know a lot of my coworkers are struggling with stress, burnout, unequal pay, leadership drama, etc. I know a lot of pharmacists leaving clinical work for MSL jobs or CE companies. Hard to know what the future of pharmacy will look like.
- This profession is in crisis. We are not respected for the work we do. I would not do this again given what I know now
- While I know I am blessed to work at a place where my work is valued, and where I get to care for patients with ample time; I used to work in a chain pharmacy (grocery store). My time there was so haphazard, made me feel sick to my stomach, and caused consistent feelings of despair, stress, and fear of making mistakes/not reaching quotas/goals. If I had stayed in retail, I surely would no longer be a pharmacist today, only 9 years into my career. It is a shame and I know things can be better for our pharmacists and thereby, we can give our patients

the true benefit of a caring professional that has the TIME and the RESOURCES to counsel them, care for them, and practice CLINICALLY no matter the location of their practice. Qualified technicians (that are ALWAYS staffed with a pharmacist; no pharmacists being solo) are KEY to this.

- I have been a pharmacist for almost 40 years. I have never disliked being pharmacist more than the last couple of years
- I loved pharmacy school and residency (both PGY1 and PGY2). However, now that I am in practice I am finding there is very little incentive from employers to go above and beyond the "standard" workload and as a result have become a little disillusioned with the field of pharmacy and don't derive as much satisfaction from it that I used to.
- Thank you for your commitment to improving well-being of pharmacy.
- I think I already filled this out. To summarize, our profession is young in its current state. Middle and upper management are aloof but make a lot of money. Gossip and 'hearsay' is unprofessional and should be punitive. If managers have small minds and don't grow and prevent pharmacists or technicians from working at their highest ability, all other initiatives are moot. Same with patient load, the myth of meritocracy and the overt (verbalized) preference for males to be hired over females. One person can and is blocking true progress. Who monitors this person? (Without retaliation). Answer: nobody. Colorado is not ready for progress in any area of pharmacy (except ambulatory). Inpatient hospital pharmacy is not ready to move forward due to outdated management. This is just how it is. It's not right. It's not wrong. It's just stuck and not curious. I know I will have to move to certain states to practice the type of pharmacy I would like to practice. I've seen the culture shock on pharmacists moving to Colorado- it's sad. And it is what it is.
- I'm absolutely miserable in pharmacy. This was the wrong life decision for me.
- I'm not the same person I was even 4 years ago. I've been assaulted on the way to my car & nobody in the hospital admin cared. I was punched by a patient and no help was offered when I asked (just an 'are you ok?'). Money is everything. I am just a replaceable number. I am residency trained, board certified Doctor of Pharmacy and I am replaceable. and still have student loans. This world is certainly not fair. But this is wrong. Men are preferred over women for all roles in pharmacy. In an interview (of all women, interviewing a woman) she said 'uhhggg they are all women. It wasn't unnoticed but no other female in the room cared. This is our boss? Is this pharmacy. Some pharmacists have to work and some get a coffee break, lunch break and afternoon coffee break before leaving early. And there are favorites? And I have to beg a technician to make an epi gtt for a neonate? Pharmacy will never move forward with these examples that create such cognitive dissonance. But, in my assessment we will be perceived as having moved forward due to those who represent loudly (The Myth of Meritocracy is a book that explains my institution and pharmacy in Colorado).
- I'm saddened by what pharmacy is becoming, the profession needs a lot of help. Pharmacists and technicians are abused at the big chains and new grads are so far in debt that they sign up for this abuse. It's very heartbreaking.
- The pharmacy needs a realignment of priorities regarding scope of practice. Are we physicians or are we pharmacists? The line continues to get blurred more despite the fact that we are not even able to consistently perform our most basic dispensing functions due to shortages, staffing issues, falling education standards, etc.
- I am glad I am nearing the end of my career because the future of pharmacy doesn't seem very bright to me. Poor management & wrong ways of thinking are killing the profession.
- The lack of support post-COVID to support pharmacists to work at the top of their scope seems to have disappeared. Patient and medication safety is no longer a top focus. It's not IF an error will occur, but WHEN, and then hoping to not be involved in it. I would not encourage this profession to the next generation at this point in time.
- Increased workloads/demands are making the healthcare profession less appealing to our younger generation. I am hopeful though that we will weather this time of change/uncertainty and use our learnings to improve the healthcare landscape.
- XXX operates in a way that deters from pharmacist being in charge of pharmacy
- I'm currently recovering from extreme burnout from my previous employer
- I do feel a great degree of compassion for our pharmacists - always overworked and pulled into 100 directions. They deserve all our respect for managing an unmanageable load (on some shifts). Somehow, they find the time to counsel patients, review drug-drug interactions etc. I am proud and grateful to be part of a great pharmacy team.
- I would have had VERY different answers to this survey if I would have taken this 2 years ago, when I worked at a different hospital. I was burned out, my workload was unsafe, I couldn't sleep at night out of fear that I made a mistake at work. I feel very lucky I was hired on at XXX hospital a little over a year ago. My mental health has improved immensely, and I am a much happier person since starting.
- I have transitioned over the years from full time to 0.8 FTE to 0.5 FTE. Given the demands and stresses for most pharmacy environments, I think employers need to offer more part-time positions for retention and work-life balance.

POLICIES

- There needs to be a cut off for how many prescriptions one pharmacist can check a day. Plus, we should be allowed to take breaks and lunches.
- Drive thrus are frustrating and allow patients to be more demanding and ruder; add insurance issues and it becomes a serious problem.; with hours being cut, we don't have the staff necessary and it is creating burn out and stress, leading people to make mistakes and have to find second jobs just to be able to make a proper living
- PBM reimbursement started this mess. Patients are in this belief that everything should be done instantaneously rather than safely. I'm done and hope to leave a field I used to have pride in.
- Corporate metrics are hurting the safety of patients and the mental/physical health of staff
- Please help us. We need support in regards to - minimum staffing requirements, required pay based on how the company is using your license, mandatory break periods (most pharmacists I know get 0 breaks and a 20 minute lunch if they are lucky and work 12 hour shifts) and anything else to help us! I honestly am at the best store at what I consider the best chain and it's tough every day... I am sure I am better off than 90% of the other retail workers taking this survey and if it is this tough for me..... I can only imagine the mistakes and risk to patient safety that are across the board in Colorado. Help us make Colorado an example of what good safe patient centered pharmacy can look like!
- There is a shortage in people who are willing to work in these stressful conditions. People are leaving every day (techs, and RPhs), with even more wanting to leave. It's only going to get worse. There NEEDS to be a limit on how many prescriptions a pharmacist can be expected to fill per hour, per day, etc. As it stands, there is no limit to how many prescriptions one store and one human is expected to fill. This is outrageous. At some point primary care providers stop taking new patients - not so for pharmacies... we are not to ever turn anyone away, regardless of current staffing (or lack thereof). It's not sustainable. We need help to make this profession manageable and attractive again. With the conditions that have existed for years now, there is no way you could possibly recommend this profession to anyone.
- Lunches should be mandated. Limits to workload expectations should be imposed, similar to the airline industry.

SALARY/BENEFITS

- Provide a bonus per immunization, per MTM, per anything that requires the use of our license as it further puts us at professional risk every time they abuse it.
- Overall, income and benefits are the biggest reason any of us work. At times, it can be difficult to find motivation to give back to an entity that doesn't pay you fair wages (especially compared to inflation and the cost of living) and/or continues to curb/slash benefits with a focus on profits vs. employee care.
- If they would raise the minimum standard of pay for a pharmacist to 135k annually starting pay, then you might actually get better pharmacists!
- I think our compensation is below the market rate, esp. for my experience/years of service

STAFFING

- The lack of staff and all we are told is not money available to hire new staff to help spread out the load.
- Leaving retail!
- I think we would benefit from having a law that states the minimum amount of technicians and pharmacist required for every X amount of prescriptions filled. This would ensure that there is adequate staffing to complete prescriptions safely and allow for the increased clinical services that are expected to be completed safely
- I used to love my job. Now I'm terrified of making a mistake and negatively affecting a patient because we are always short staffed
- I fear retaliation by my district leader if I were to voice concerns. They care more about the numbers and financials than they do patient safety and quality patient care. Cutting tech hours and minimal tech pay increases results in unhappy technicians who leave, making it an unsafe and chaotic environment to train new technicians in.
- Quit graduating new pharmacists if you aren't going to advocate for safe staffing
- I feel there are many near misses on a daily basis. We have been lucky and are teetering on the edge of patient harm due to being overburdened and lack of support staff.

TRAINING/EDUCATION

- Increased opportunities for Pharmacy Technician advancement and roles with more responsibilities has made the career more fulfilling.

CONCLUSIONS

The 2023 CPS Workplace Conditions and Well-being Survey gathered responses from pharmacy professionals across the state of Colorado and revealed that the pharmacy profession is struggling with burnout and well-being challenges. Consistent with similar reports of other states and the nation, it is clear our profession needs change. At the start of the COVID-19 pandemic, workplace issues were amplified with the increased workload of vaccinations and testing, struggling to meet company metrics, and keep patients safe. Many individuals began to experience burnout and a decrease in physical and mental health while others had already reached these levels of burnout and were changing jobs to alleviate the stress. Inadequate staffing, patient harassment and demands, and increased workload became a commonplace issue for pharmacy professionals across many settings but have been magnified in the community setting. Along with enormous financial pressures from insurers and PBMs, the reality of sustainable, fulfilling and safe pharmacy practice is being threatened. Top stressors have led to disillusionment in the attractiveness of a pharmacy career, and many workers are transitioning out of the profession. Colorado could see a worsening situation, where patients lose access to care, and pharmacies close, if action is not taken to improve the problems identified herein.

In this survey, it was revealed that there is a major disconnect between upper management and other roles, as well as common burnout and dissatisfaction in settings such as chain/supermarket vs. clinical/ambulatory care and independent pharmacies. Pharmacy workers need support not only from management, but the companies themselves. When communication channels are open, pharmacy professionals can work together with employers, policy makers, and other stakeholders to effect change and ultimately maintain safe working conditions for all.

Regarding the open-ended survey responses on patient safety, many sobering issues were identified in this survey. These issues are not unique to Colorado and are quite consistent with other state and national data. Hearing our own professionals and the call for help, CPS will continue to discuss and collaborate with others and closely follow organizational and regulatory recommendations from around the United States. With partners, we hope to explore best practice ideas to improve working conditions in Colorado.

CPS sincerely wishes to use this data and this great effort to positively impact Colorado pharmacy professionals and optimize pharmacy care for Coloradans.

2023 COLORADO WORKPLACE CONDITIONS AND WELL-BEING SURVEY

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Appendix
Survey Instrument

COLORADO PHARMACISTS SOCIETY WORKPLACE TASKFORCE SURVEY

Colorado Pharmacists Society (CPS) invites you to participate in our Workplace Conditions and Well- being Taskforce Survey. Our goal is to gather data and information on the workplace conditions and pharmacy burnout in Colorado. With this data, our intention is to provide recommendations to employers, improve current resources available around burnout, and explore possible regulatory efforts that may be needed. Your participation is completely voluntary, and all responses will be anonymous.

COLORADO PHARMACISTS SOCIETY

The survey includes seven sections and will take approximately 10 minutes to complete. This survey will be open until Monday, May 15th.

For further information, questions, or feedback, please contact admin@copharm.org

LIKERT SCALE

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

SECTION 1: PRACTICE PLACE, SETTING, & ROLE

1. Are you currently practicing in Colorado?
   a. Yes
   b. No -- end survey
2. Practice place – region
   a. North Central
   b. Northwest
   c. Metro
   d. Northeast
   e. West Central
   f. Southwest
   g. Southeast
3. Primary Practice Setting
   a. Chain pharmacy
   b. Supermarket pharmacy
   c. Mass-merchant pharmacy
   d. Independent pharmacy
   e. Hospital/Institutional (inpatient) pharmacy
   f. Clinic (outpatient) pharmacy
   g. Ambulatory care clinic
   h. Mail service pharmacy
   i. Nuclear pharmacy
   j. Long-term care pharmacy
   k. Pharmaceutical industry (manufacture, wholesale, PBM, managed care, insurance)
   l. Specialty pharmacy
   m. Academia (College/School of Pharmacy)
   n. Association/Regulatory
   o. Federal/Military/Department of Defense pharmacy
   p. Currently not working
   q. Other (specify)

4. Primary Role
    a. District/Division Manager
    b. Pharmacist Manager/PIC
    c. Clinical/Staff pharmacist
    d. Clinical Pharmacy Specialist (Board certified, etc.)
    e. Resident
    f. Student Pharmacist/Intern
    g. Pharmacy Technician
    h. Pharmacy Owner
    i. Faculty/Educator
    j. Consultant/Liaison/Professional Specialist
    k. Corporate Executive/Director
    l. Other (specify)
5. Employment status
    a. Full time
    b. Part time
    c. As needed (PRN)
    d. Multiple jobs
    e. Retired
6. Years/time employed at current job
    a. Less than 1 year
    b. 1-2 years
    c. 3-4 years
    d. 5-10 years
    e. 11-15 years
    f. 16-20 years
    g. 21 or more years
7. Pay status
    a. Salaried
    b. Hourly
8. Typical hours PAID worked per week
    a. Less than 10 hours
    b. 10-20 hours
    c. 21-30 hours
    d. 31-40 hours
    e. 41-45 hours
    f. 46-50 hours
    g. 51-55 hours
    h. 56 or more hours
9. Typical hours UNPAID worked per week
    a. 1-5 hours
    b. 6-10 hours
    c. 11-15 hours
    d. 16-20 hours
    e. 21 or more hours
    f. N/A
10. Compared to the past few years, how have your work hours changed?
    a. Decreased a great deal
    b. Decreased some
    c. Stayed the same
    d. Increased some
    e. Increased a great deal
11. Compared to the past few years, how has your total income from your primary practice site changed?
    a. Decreased a great deal
    b. Decreased some
    c. Stayed the same
    d. Increased some
    e. Increased a great deal
    f. N/A
12. On average, how many prescriptions/orders are processed per day at your place of employment?
13. How would you characterize your commitment, or loyalty to remaining in the pharmacy field?
    a. I am looking or plan to leave this career altogether
    b. I do not have other plans currently, but it might not take much for me to change careers
    c. I feel good about this line of work and hope to stay in this field
    d. I feel completely committed to the pharmacy field
14. Please rate the overall attractiveness of a pharmacy career today
    a. Very attractive
    b. Somewhat attractive
    c. Somewhat unattractive
    d. Very unattractive
    e. Undecided

SECTION 2: EMPLOYEE ENGAGEMENT AND VALUE IN RELATION TO BURNOUT

National State-Based Survey – Likert Scale

1. My employer/company actively seeks my opinion.
2. My employer/company respects and values my input.
3. My employer/company supports (financially or with time off) my professional engagement and education.
4. My immediate supervisor is available for and open to discussing issues impacting patient care.
5. My immediate supervisor asks for my input before implementing a new workflow, policy, or other change in the pharmacy.
6. My immediate supervisor asks for my input in evaluating a recently implemented workflow, policy, technology, or other changes in the pharmacy.
7. Communication channels exist within my company to enable me to voice ideas and suggestions for process improvement.

SECTION 3: CULTURE OF SAFETY

Questions 1-10 National State-Based Survey – Likert Scale

1. Sufficient time is available for me to safely dispense prescriptions/review orders
2. Sufficient non-pharmacist staff is available for me to safely perform patient care/clinical duties
3. Sufficient number of pharmacists are available for me to safely perform administrative/nonclinical duties
4. My employer/company policies facilitate my ability to safely perform administrative/nonclinical duties.
5. My employer/company policies facilitate my ability to safely perform patient care/clinical duties.
6. Sufficient pharmacists overlap and procedures exist to ensure transfer of information and status.
7. Payment for pharmacy services supports our ability to meet clinical and nonclinical duties.
8. I have adequate time for breaks/lunches at my primary practice site.
9. My employer/company provides a work environment that is conducive to providing safe and effective patient care.
10. I feel safe voicing my concerns to my employer/company or supervisor
11. Compared to the past few years, how has your workload changed?
    a. Decreased a great deal
    b. Decreased some
    c. Stayed the same
    d. Increased some
    e. Increased a great deal

SECTION 4: CONTRIBUTORS TO STRESS

Questions 1-5 National State-Based Survey – Likert Scale Question 6 Yes/No

1. Please rate the likelihood of the situations listed below that may be contributing to medication errors or near misses at your workplace:
    a. Interruptions from telephone calls
    b. Inadequate number of staff
    c. Patient expectations or demands
    d. Inability to practice pharmacy in a patient-focused manner
    e. Inadequately trained pharmacy personnel
    f. Harassment/bullying form patients/customers
    g. Insurance issues
    h. Nonpharmacy managers lack of understanding or knowledge of pharmacy practice regulations
    i. Completion of paperwork or reports
    j. Inconsistent enforcement of workplace policies
    k. Lack of workplace safety
    l. Lack of constructive performance feedback
    m. Harassment/bullying from manager or coworkers
2. My workload is having a negative impact on my physical health.
3. My workload is having a negative impact on my mental/emotional health.
4. My workload is having a negative impact on my motivation to work.
5. Precepting is having a negative impact on my work-related stress.
6. Have and/or payer reimbursement changes and quality based, pay for performance contracts contributed to your stress?

SECTION 5: OPINIONS

Questions 1-5 Open ended

1. What factors have positively impacted your ability to ensure patient safety?
2. In what ways has your employer positively impacted your ability to perform the tasks necessary for optimal care for your patients?
3. What factors have negatively impacted your ability to ensure patient safety?
4. In what ways has your employer negatively impacted your ability to perform the tasks necessary for optimal care for your patients?
5. Any additional comments?

SECTION 6: DEMOGRAPHICS

1. Gender
    a. Female
    b. Male
    c. Transgender
    d. Non-binary
    e. Prefer not to answer
    f. Other
2. Race/ethnicity
    a. Asian
    b. American Indian/Alaska Native
    c. Black/Afro-Caribbean/African American
    d. Hispanic/Latinx
    e. Middle Eastern
    f. Native Hawaiian/Pacific Islander
    g. White
    h. Multiple Races/Ethnicities
    i. Prefer not to answer
3. Age
    a. 18-20 years old
    b. 21-30 years old
    c. 31-40 years old
    d. 41-50 years old
    e. 51-60 years old
    f. 61-70 years old
    g. 71 years or older
    h. Prefer not to answer

4. How many years have you been a licensed pharmacist, technician, or intern?
    a. 0-4 years
    b. 5-14 years
    c. 15-24 years
    d. 25 or more years
5. What is your current hourly wage?
    a. Pharmacy Technicians and Interns:
    i. $13 or less
    ii. $14-16
    iii. $17-19
    iv. $20-22
    v. $23-25
    vi. $26-30
    vii. $31 or more
    b. Pharmacists:
    i. $40 or less
    ii. $41-45
    iii. $46-50
    iv. $51-55
    v. $56-50
    vi. $61-70
    vii. $71 or more

End of survey page*
Thank you for your time in completing this survey. Your response is crucial in gathering data and taking the first steps to create change in Colorado. For more information about the sponsors of this survey, Colorado Pharmacists Society, please visit www.copharm.org or email admin@copharm.org. For information about joining the Colorado Pharmacists Society as a pharmacist, technician or intern, please visit CPS Membership Overview (copharm.org).

Below are links to additional pharmacy workplace and well-being resources for pharmacy professionals. CPS encourages the ongoing participation in the Well-Being Index to further collect data.

- https://www.pharmacist.com/Advocacy/Well-Being-and-Resiliency/Well-being-Index-for-Pharmacy-Personnel
- https://www.pharmacist.com/Advocacy/Well-Being-and-Resiliency/pwwr https://www.pharmacist.com/wellbeing
- https://www.copharm.org/well-being-resources-for-pharmacy-professionals https://www.pharmacist.com/Practice/COVID-19/Well-being
- https://nam.edu/initiatives/clinician-resilience-and-well-being/ https://wellbeing.ashp.org/

Finally, if you are currently utilizing collaborative practice agreements (CDTM) and/or statewide protocols, CPS is looking to learn more from you. Please contact admin@copharm.org if you are open to an outreach from CPS.