Academy of Employee Pharmacists

Survey of Pharmacists about Working Conditions

Conducted for:

Pharmacists Society of the State of New York

Prepared by:

APPEL RESEARCH, LLC

MARKETING RESEARCH & PUBLIC POLICY CONSULTANCY

2452 Hilltop Road
Niskayuna, NY 12309

(518) 372-3200 • (518) 372-9051 (Fax)

www.appelresearch.com • steve@appelresearch.com

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Executive Summary

The pharmacy is no longer the idealized Main Street drug store/malt shop that you see in movies made in the forties, if indeed it ever was. Now, pharmacists engage in managed care, competitive pricing, a blizzard of paperwork (even if much of it is computerized), and far-more-complex products with much more likelihood for adverse interactions. They are seldom seen mixing an ice cream soda.

The challenge for most pharmacists is to maintain the patient relationships that define much of the satisfaction in the profession while, at the same time, handling the increased workload and corporate environment under which most pharmacists now work.

In June 1998, a survey was mailed to a sample of licensed pharmacists in New York State by Appel Research/Marketing Research & Public Policy Consultancy, commissioned by the Academy of Employee Pharmacists, under the auspices of the Pharmacists Society of the State of New York. A total of 1,011 surveys were returned, slightly over one-quarter of the questionnaires sent to valid addresses, providing valuable data from pharmacists and containing their opinions concerning the profession and practice of pharmacy today.

The key finding is that there are some serious problems endemic to the practice of pharmacy. If left untreated, they threaten the economics of the industry and ultimately, the health of patients.

There is some good news, however. Many of these problems are within the power of the industry to fix, without radical restructuring.

Three observations from respondents best illustrate the opinions of pharmacists in this survey:

Any job is what you make it. Pharmacy provides a good living with adequate compensation and job satisfaction.

The profession of pharmacy stresses more about volume and how much productivity they can get out of any one pharmacist in a 10 or 12 hour shift than providing time for them to counsel patients.

The three questions of greatest concern to consumers:

1) How much is it going to cost?
2) Will my insurance cover it?
3) How long is it going to take to fill this?

The findings showed a remarkable consistency across employers, classifications, and years in practice (but not among pharmacists supervised by non-pharmacists). They may be summed up as follows:

1. For most pharmacists, the salaries and long hours are acceptable, even desirable.

2. There are significant problems related to the practice of pharmacy, especially concerning workload, and control of standards.

3. While trust and prestige remain high, the public does not understand the role, responsibilities and duties of pharmacists.

On balance, fewer than half the respondents would choose pharmacy if they were beginning their college education today, a finding that does not bode well for the profession.

Profile of Pharmacists:

The typical pharmacist in New York State has been licensed for 20-25 years. Length of time in the profession is often tied to the type of pharmacy, and also a determinant of gender. Usually, the greater the number of years in practice, the more likely the pharmacist is to work in an independent pharmacy and be male.

Overall, the gender breakdown is male 69%, female 31%, but among those licensed for five or fewer years, females predominate, 59-41%.

In recent years, the trend is away from the independently-owned establishment, toward the chain pharmacy, including those now found in supermarkets and department stores. We classified pharmacists as independent owners (26%), independent employees (16%), chain employees (44%), institutional employees (7%), and all others (7%). Since the chains tend to be where employment opportunities are now available, newly-licensed and younger pharmacists are more likely to be working for them.

In New York State, there are some regional differences, however. In Long Island, New York City, and the northern suburbs (to a lesser extent), independent pharmacies still predominate, while the upstate regions tend to be populated by chain pharmacies.

A large portion of pharmacists works longer days in exchange for shorter work weeks.

The Profession:

A benchmark question asked in the beginning of the survey revealed that 65% of the respondents disagreed with the statement, *If I were just beginning college today, I would choose to become a pharmacist.* Even 54% of newly-licensed pharmacists, who represent the future for the profession, regret their decision.

For new pharmacists to have become so pessimistic, they must have been surprised by certain aspects of their profession, learned only after they had begun to practice. They probably had a general familiarity with typical compensation and benefit packages offered. Our survey question showed that 70% of the respondents agreed that their compensation was fair and competitive, not a reason to regret their choice of profession. To some extent, they sought the prestige and trust that traditional pharmacists have enjoyed, and these aspects of the profession have largely remained in place.

Similarly, they knew the shift hours and schedules, and the survey reveals that most pharmacists are satisfied with their hours, and have reasonable input concerning work schedules (69%), although they find the lack of opportunities for breaks for lunch, rest, and bathroom, particularly irritating. For example, only 40% reported that they are usually able to take a bathroom break, when needed.

What they may not have known was the relentless pressure of the workload, and hectic nature of the duties that prevent them from doing what many pharmacists find most rewarding -- counseling the patient and getting further involved in medical care.

Workload:

With a typical pharmacist filling a prescription every 4-5 minutes, on average, it is not surprising that workload issues were the most-often commented upon in this survey. We found that 71% of the respondents favor a maximum number of average prescriptions per hour. And while 68% agreed that pharmacists would be during more counseling and less dispensing over the coming years, most pharmacists are currently working hard at just meeting the task of basic prescription filling.

The Practice:

Currently, 73% of the pharmacists (and 55% of those supervised by non-pharmacists) feel that have enough control over the day-to-day operation of the pharmacy to maintain professional and legal standards. Nevertheless, while functional control of the pharmacy is still largely in the hands of the pharmacist, many feel that, because of managed care and the corporate policies of chain pharmacies, control is slipping away.

With the movement toward managed care, slightly more than half the pharmacists agree that they are taking on a larger role in patient care, but unfortunately, the role is often not a pharmaceutical one. Instead, it is the record keeping and insurance requirements by which customers attempt to receive prescribed medications for the least payment, prompting comments to the effect that outside forces that do not have medical backgrounds now run pharmacy departments.

Pharmacists are also quick to point out that the payments from insurers seldom take into account the added workload each creates with its unique systems, which puts added economic pressure on the staff. We found that 92% of surveyed pharmacists agree that the increase in third party payers has added more than proportionally to the time it takes to fill their prescriptions. Furthermore, only one-quarter of the pharmacists report that their employers consider the workload effects when taking on new third party contracts.

With the added workload, only one-third of the pharmacists surveyed have sufficient time to fulfill the counseling standards of OBRA 90 -- maintaining patient profiles, identifying drug use, and considering outcomes and possible side effects. Many respondents commented that they find the counseling part of their practice the most enjoyable aspect of pharmacy, but, especially those supervised by non-pharmacists, simply lacked the time to do it. Similarly, when asked directly if they have sufficient time to counsel customers about over the counter medications, only 40% agreed that they did.

Two thirds of the pharmacists offer Pharmaceutical Care programs, but lack of reimbursement is holding many of these programs back.

Loss of control in staffing is one the problems facing pharmacists in trying to free up time for counseling. Fewer than half the employee pharmacists have reasonable input as to hiring and scheduling support staff. One action might be to bring in more non-professionals (technicians), but the current state law limits the number to one per pharmacist, and 58% of pharmacists want to maintain the one-to-one ratio, because they want to be assured that they can maintain control over the dispensing process and practice safely, according to the comments.

Errors in dispensing have become a serious problem, and 77% of the pharmacists agree that there has been an increase in prescribing errors by physicians. To limit errors in pharmacies, 54% say they have sufficient staffing levels, 60% have satisfactory workflow policies, and 75% have current technology.

As licensed professionals, pharmacists often have ideas and inputs that they take to their employers. According to the respondents, 58% of the employers take them seriously (27% of those supervised by non-pharmacists), while 51% have stated procedures to receive and listen to concerns or grievances. By a two-thirds margin, most pharmacists are assured that their employment would not be jeopardized if they offer their concerns, but the figure is only 44% among those supervised by non-pharmacists. With regard to professional organizations, only 60% of the pharmacists are encouraged to join and become involved with them.

Finally, 74% of the pharmacists favor an opportunity to upgrade their degree to a Pharm. D. degree through easily accessible non-traditional methods.

Additional comments:

While we had no specific questions on the subject, the idea of unions came up repeatedly in the unsolicited comment space at the end of the survey. Almost all favored organizing, either as a formal union or a stronger and more aggressive professional organization, arguing that strength in numbers can increase public safety while at the same time, improve working conditions.

Profile of New York State Pharmacists

An understanding of the attitudes and opinions of pharmacists must start with an overview of their demographic and practice characteristics.

Years Licensed *(n=999)***:**

	0-5 Years	6-15 Years	16-30 Years	More than 30 Years
Total	18%	24%	34%	23%
Independent-owner (26%)	3	20	43	34
Independent-employee (16%)	20	24	28	28
Chain-employee (44%)	28	25	29	18
Institutional-employee (7%)	11	26	46	17
Male (69%)	11	19	37	32
Female (31%)	35	34	27	4

Not surprisingly, those who own pharmacies tend to have their licenses for a longer duration, because the employment setting previously had been largely in independent pharmacies, where opportunities presented themselves for ownership. Chain pharmacies are a much larger portion of the mix now and most younger pharmacists start out in that direction.

Gender (*n=989)***:**

Until recent years, pharmacy was largely a male-dominated profession, but today, more than half the graduates of pharmacy schools are female. The reasons include changes in society and the opportunity for part-time work.

	Male	Female
Total	69%	31%
Independent-owner (26%)	93	7
Independent-employee (16%)	70	44
Chain-employee (44%)	60	59
Institutional-employee (7%)	54	5
0-5 yrs licensed (18%)	41	59
6-15 yrs licensed (24%)	56	44
16-30 yrs licensed (34%)	76	24
31+ yrs licensed (23%)	95	5

Chains employ a higher proportion of female pharmacists simply because they comprise a higher percentage of recent pharmacy school graduates (65-35%) and that is where most of the new jobs are, rather than a result of any bias.

Type of Pharmacy *(n=990)***:**

Clearly, the trend is toward chain pharmacies, which now employ 44% of the respondents in this survey. (The totals in the table below equal less than 100% because 7% of the respondents classified themselves as all others.) The proportion of chain employees increases with a decrease in years licensed. The proportion of chain employees increases outside New York City, Long Island, and the suburbs. Upstate pharmacists are twice as likely to be employed by chains then are their downstate counterparts, where independent pharmacies still predominate.

The most common work week is from 41 to 44 hours, the usual number for chain employees, and those working longer then that tend to be owners, who may be involved in activities other than pharmacy in managing their establishments.

Pharmacists typically work in shifts that range from 9 to 12 hours, but chain employees are most often employed in 11 to 12 hour shifts, which when taken with a typical work week, infers that chain pharmacists work four-day weeks with relatively long shifts.

	Independent Owner	Independent Employee	Chain Employee	Institutional Employee
Total	26%	16%	44%	7%
0-5 yrs licensed (18%)	4	18	68	4
6-15 yrs licensed (24%)	22	16	46	8
16-30 yrs licensed (34%)	33	13	37	9
31+ yrs licensed (23%)	38	19	34	5
Male (69%)	35	16	39	6
Female (31%)	6	16	57	11
Long Island (29%)	51	16	22	8
NYC (6%)	45	24	21	8
Suburbs (23%)	30	23	34	9
East upstate (20%)	10	12	58	3
Central upstate (10%)	20	10	57	6
Western upstate (5%)	17	10	57	8

Regions do not equal 100% because 7% of the respondents did not reveal their county of practice.

	Independent Owner	Independent Employee	Chain Employee	Institutional Employee
Total	26%	16%	44%	7%
<37 hours/week (13%)	15	29	38	8
37-40 hours/week (24%)	12	10	52	16
41-44 hours/week (35%)	16	14	60	4
45+ hours/week (28%)	56	16	21	3
<9 hours/shift (18%)	20	25	21	19
9-10 hours/shift (43%)	35	20	30	8
11-12 hours/shift (33%)	19	8	70	1
13+ hours/shift (6%)	21	5	68	2
<100 Rx per day (22%)	43	18	29	3
100-149 Rx per day (41%)	26	17	45	7
150-249 Rx per day (29%)	20	14	58	3
250+ Rx/day (8%)	17	14	40	14
Would choose pharmacy (35%)	19	14	50	8
Not choose pharmacy (65%)	30	17	40	7
Pharmacist prestige increasing (44%)	29	16	42	6
Pharmacist prestige not incrsing (56%)	24	16	46	8
Supervised by non-pharmacist (21%)	6	7	75	5

Overall, 79% of pharmacists are supervised by other pharmacists, but the figure is lower for chain pharmacists (66%).

Are pharmacists at your pharmacy regularly directly supervised by non-pharmacists *(n=948)***?**

	Yes	No
Total	21%	79%
Chain-employees (44%)	34	66
Long Island (29%)	13	87
East upstate (20%)	25	75

We note that there are significant differences in opinion on many of the survey questions among those supervised by pharmacists and those who are not, as exemplified by this comment, *Non-pharmacists store managers have had an adversarial role in dealing with pharmacists in every retail setting I have worked in.*

Typical Work shift (in hours) *(n=995)***:**

8 or fewer hours	18%
9-10 hours	43%
11-12 hours	33%
13 or more hours	6%

Usual base work week (in hours) *(n=990)***:**

36 or fewer hours	13%
37-40 hours	24%
41-44 hours	35%
45 or more hours	28%

The Profession

Early in this survey, before introducing various issues that might influence the respondent s answer, we asked the following question:

If I were just beginning college today, I would choose to become a pharmacist *(n=998)***.**

	Agree	Disagree
Total	35%	65%
Independent-owner (26%)	25	75
Chain-employee (44%)	31	69
0-5 years licensed (18%)	46	54
16+ years licensed (82%)	30	70
Long Island (29%)	19	81
Pharmacist prestige increasing (44%)	55	45
Pharmacist prestige not increasing (56%)	20	80

These findings are very sobering for the profession ... and sobering for the pharmacy schools. By a two to one margin, pharmacists would not choose the same profession if they were just starting out. The most significant finding is among those licensed for five or fewer years. Forty-six percent say they would do it again, but a majority of newly-licensed pharmacists would not.

These figures are only slightly more pessimistic than the results from a national survey of pharmacists taken for the publication, *Drug Topics*, this year. In that study, 45% of the respondents would go into pharmacy, if they could make the choice again, down from 55% in 1992.

Consequently, we asked about some key factors that pertain to professional choices, beginning with compensation:

I receive a fair and competitive compensation and benefits package from my employer *(n=949)***.**

	Agree	Disagree
Total	70%	30%
Independent-owner (26%)	80	20
Independent-employee (16%)	66	34
Chain-employee (44%)	69	31
Institutional-employee (7%)	52	48

Most pharmacists are satisfied with their pay scale and benefit packages. Apparently, it is not salary that is causing a majority of them to state that they would not choose the profession today. Only institutional pharmacists drop significantly, but to some extent, they trade compensation for more-regular and predictable working conditions.

Prestige is a trait associated with the pharmacy profession, and a significant number of respondents have seen it increase over the years.

Over the years, the prestige of being a pharmacist has increased *(n=997)***.**

	Agree	Disagree
Total	44%	56%

According to a Gallup Poll national sample cited by some respondents, pharmacists are in the most trusted profession. Perhaps this can explain why as high as 44% of this sample believes that the prestige of pharmacists has increased over the years, despite all the changes in the profession, best exemplified by comments such as, *I graduated with honors from pharmacy school and get treated like I work at Burger King.* and, *It is hard to tell the difference between the cashier and the pharmacist.*

A disagree answer to this question could mean that the prestige of the pharmacy profession has remained the same, rather than diminished. Still, there is no disagreement that the public face of a pharmacist has changed from the idealized drug store/malt shop proprietor of the forties to the specialized employee of today. Now, the pharmacist stands behind the counter and dispenses medicine (*Pharmacy is no longer a respected profession. We ve become robots.*), as compared to the past, where he (but rarely she) operated a major and diverse retail establishment on Main Street.

Increasingly, most people simply see pharmacists as one who follows the doctor s or insurance company s orders, which is regrettable, according to one respondent. *Pharmacy was never about mechanics of filling but the total relationship between pharmacist and customer, the caring, concern and being a friend.* Instead, there is often an adversarial relationship, because of the changes caused by the payment methods. *Most of my disagreements with patients have to do with their insurance -- not the pharmacy, the drugs, or the pharmacist.* It is difficult to be viewed as in a prestigious profession when the patients are consistently disagreeing with the professional, and the subject of the disagreement is not within the pharmacist's control.

Nowadays a good pharmacist means one who knows more about third party insurance requirements.

There was little variation among subgroups to this question.

The Workload

Generally, pharmacists fill nearly the same number of prescriptions per day, no matter where they work. Those employed in an institutional setting fill somewhat more than others, as do chain employees. Independent owners fill the least number, in part because they are also engaged in running their business, and they also tend to be the ones who have been licensed the longest. Also, the workload is highest among newly-licensed.

Average daily prescription volume per pharmacist *(n=956)***:**

	<100	100-149	150-249	250+	Rough Average Per Day[1]	Rough Average Per Hour[1]
Total	22%	41%	29%	8%	144	14
Independent-owner (26%)	35	40	21	5	125	---
Indpndnt-employee (16%)	25	43	25	7	137	---
Chain-employee (44%)	15	42	37	7	148	---
Institnl-employee (7%)	12	50	17	21	160	---
0-5 yrs licensed (18%)	17	38	33	12	158	---
6-15 yrs licensed (24%)	17	43	31	10	154	---
16-30 yrs licensed (34%)	23	40	29	8	144	---
31+ yrs licensed (23%)	30	44	22	3	123	---
<9 hr/shift (18%)	32	46	15	8	128	18
9-10 hr/shift (43%)	26	44	21	9	137	14
11-12 hr/shift (33%)	14	37	43	6	157	14
13+ hr/shift (6%)	11	35	40	15	174	13

[1] Ranges were used in the questionnaire to reduce likelihood of revealing proprietary information. Respondents were specifically warned not to answer any question in this survey that may be considered proprietary. Therefore, rough averages were created from midpoints and approximations of the # of prescriptions range (<100 = 50, 100-149 = 125, 150-249 = 200, 250+ = 300), and range of hours (<9 = 7, 9-10 = 9 , 11-12 = 11 , 13+ = 14).

In order to fill a prescription, a pharmacist must interpret the prescription order from the prescriber, begin the record keeping, check insurance requirements, check for interactions, make confirming phone calls, package the drugs, label the package, often collect payment, and counsel, all within a four minute average time per prescription.

With this kind of speed required, it is not surprising that we would have the comment, *The greatest threat to pharmacy today is the increased workload.*

The 1998 national survey for *Drug Topics* reports the average number of prescriptions filled per pharmacist at 113 per day, suggesting that the workload is somewhat higher in New York State, which is particularly problematic when combined with New York State s complex regulatory scheme.

And yet, the hope is held out that with increased automation, more non-professional (tech) help, less bureaucracy, and greater skills, that in the future, pharmacists will be performing tasks other than merely filling prescriptions. In fact, two-thirds of our respondents feel that will indeed, be the case.

Over the coming years, the job of pharmacist will be more counseling and less prescription filling *(n=995)***.**

	Agree	Disagree
Total	68%	32%
Institutional-employee (7%)	81	19
Central upstate (16%)	81	19
Would choose pharmacy (35%)	81	19
Not choose pharmacy (65%)	61	39
Pharmacist prestige increase (44%)	83	17
Pharmacist prestige not increase (56%)	56	44
Favor program/Pharm.D (74%)	72	28
Not favor program/Pharm.D(25%)	58	42

Four-fifths of those working in institutions or in the central upstate region confirm that belief. The highest subgroup, at 83%, is those that believe that the prestige of the pharmacist is increasing.

We even had respondents who foresee a specialty among pharmacists: *I envision one day having a dispensing pharmacist and a counseling pharmacist on the job at the same time.*

As for counseling, this task is viewed as an opportunity to perform a service more similar to the professional activities of doctors and other health care professionals, which would certainly add to prestige. *We need to be given more time to counsel. I love to do it. It gives me a purpose but I don t have enough time.*

The problem will occur, as it does in all aspects of health care, in the economics. Insurance companies and other payers may be reluctant to pay for still another professional service. *Good luck getting price-crushing HMO s that promote mail order to pay for counseling.* Yet, there is an argument to be made that preventive care saves money in the long run, which is the basic premise for HMO s. *Pharmacists value is one of counseling and disease management. This will also save big money for insurance companies.*

Ultimately, counseling is the direction in which most pharmacists want to go. The existing system does not reward it, however.

Work and shift scheduling is another aspect of pharmacy in which the respondents were generally satisfied.

I have reasonable input with regard to my work schedule *(n=976)***.**

	Agree	Disagree
Total	69%	31%
Chain-employee (44%)	59	41
Institutional-employee (7%)	58	42
Supervised by non-pharmacist (21%)	52	48

Independent owners and their employees have more input, and employees of chains and institutions have somewhat less.

Work schedule and hours seem to be a positive benefit of the profession, especially the flexibility.

I prefer to work longer hours per shift in order to have more whole days off *(n=980)***.**

	Agree	Disagree
Total	62%	38%

More days off enables some pharmacists to work additional shifts for more money, if they chose.

Extra shifts that I work are entirely at my option *(n=966)***.**

	Agree	Disagree
Total	69%	31%
Chain-employee (44%)	73	27
New York City (18%)	57	43

With many pharmacists who work four day weeks available, there still are not enough to allow for sufficient sick days, according to the respondents:

I feel that my employer has sufficient relief or Afloater@ pharmacists in my area to allow for sick days *(n=953)***.**

	Agree	Disagree
Total	35%	65%
0-5 years licensed (18%)	27	73

Some respondents report that they never take sick days, because a substitute cannot be found to fill in. Only 35% agree that there are sufficient floaters available. We would expect that chain pharmacies would have less difficulty filling in with relief pharmacists, since they employ a large number of pharmacists within their region that would add to management flexibility, but the figures do not bear that assumption out. Their percentages fall at about the same level as that of the entire sample.

One of the most aggravating issues involved in pharmacy, according to the respondents, is the matter of breaks during shifts.

I am usually able to take meal breaks of sufficient duration *(n=975)***.**

	Agree	Disagree
Total	24%	76%
Chain-employee (44%)	15	85
Institutional-employee (7%)	55	45
0-5 years licensed (18%)	16	84
13+ hours per shift (6%)	5	95
Supervised by non-pharmacist (21%)	14	86

Except for those working in institutions, most pharmacists are eating at the bench, between patients.

And yet, it is understandably difficult for pharmacists in retail settings to leave their posts for any length of time. Consumers in a chain pharmacy, supermarket, or department store expect to be served at their convenience, and they are not forgiving of an absence, any more than they will forgive an absence of a butcher at the meat counter, or a cashier at the register. If there is a sign that says Pharmacist will be back in 45 minutes, a customer may be lost. Most pharmacies have a single licensed pharmacist on duty; without their presence, the pharmacy must close.

I am usually able to take a rest or bathroom break when needed *(n=976)***.**

	Agree	Disagree
Total	40%	60%
Chain-employee (44%)	25	75
Institutional-employee (7%)	66	34
0-5 years licensed (18%)	25	75
13+ hours per shift (6%)	15	85
150+ prescriptions per shift (37%)	29	71
Supervised by non-pharmacist (21%)	23	77

A majority of pharmacists report that they cannot leave their posts, even for a few minutes, which brings up a legal question: *I can t believe as a retail pharmacist, the labor laws of New York State (about bathroom and meal breaks) don t apply.*

Pharmacists became exempt at their own request many years ago, when they were running their own businesses and wanted the flexibility and the professional prestige of decision-making power.

The Practice

Despite the added tasks that have resulted from the increase in the sheer numbers of prescriptions, drugs, payers, changes in retail environment and multi-level government regulations, pharmacists still believe, narrowly, that they are taking a larger role in patient care as result of the transformations coming about from managed care.

With the movement toward Amanaged care,@ most pharmacists have been taking on a larger role in patient care *(n=990)***.**

	Agree	Disagree
Total	56%	44%
0-5 years licensed (18%)	64	36

All pharmacists recognize that managed care has greatly altered the nature of the pharmaceutical practice. *Managed care dictates how we practice.* Many pharmacists see managed care as means of controlling costs, not for improving patient care, and most of the comments relating to the impact on the bottom line. One respondent put it: *With the move toward managed care, how is it possible to take on a larger role in patient care, when 3rd party reimbursement is so low that you have to fill more and more prescriptions to make the same profit?* Another respondent complained that he *saw no mention of reimbursement rates by insurance companies. Some days, I fill 80 scripts and don t make minimum wage for my wife and I.*

Others complained about the loss of control because of the new system. An independent owner was moved to ask: *Who s in charge of my Rx department? It sure isn t me. It probably isn t even anyone with a medical background.*

This pharmacy is active in Pharmaceutical Care (professional services beyond dispensing) *(n=985)***.**

	Agree	Disagree
Total	64%	36%
Independent-owner (26%)	82	18
Independent-employee (16%)	75	25
Chain-employee (44%)	47	53
Institutional-employee (7%)	73	27
0-5 yrs licensed (18%)	51	49
45+ hrs/wk (28%)	73	27
Pharmacist prestige increasing (44%)	72	28
Supervised by non-pharmacist (21%)	43	57

The *Drug Topics* national survey found that 84% of its respondents agreed that pharmaceutical care is the desired direction for the profession, while our survey showed that two-thirds of the pharmacists work in the settings that already provide this type of care, although the figure is substantially less for the chains. How can this be increased? According to one respondent, *Pharmacists need to advocate for their employers to market their skills which are invaluable to health care and the improvement of health outcomes in this country.*

We then checked to see if some specific services commonly included in Pharmaceutical Care are offered:

Our pharmacy currently has programs in diabetes care and counseling *(n=981)*.

	Agree	Disagree
Total	37%	63
Chain-employee (44%)	27	73
New York City (18%)	46	54
East upstate (14%)	31	69
Central upstate (16%)	32	68
Supervised by non-pharmacist (21%)	27	73

Just over one-third of the respondents offer these programs and they are more commonly found in New York City.

Another service offered involves asthma control, and we see that the overall numbers are similar.

Our pharmacy provides asthma control - peak flow meters and inhaler monitoring *(n=969)*.

	Agree	Disagree
Total	33%	67%
Chain-employee (44%)	21	79
Institutional-employee (7%)	14	86
0-5 yrs licensed (18%)	19	81
31+ yrs licensed (23%)	42	58
Supervised by non-pharmacist (21%)	20	80

There is significant difference among those who are newly licensed, compared with those practicing for greater than thirty years, largely because the younger

pharmacists tend to be employed in the chains, where pharmaceutical care is less often found.

Still, with only one-third of the pharmacists providing some of the most common aspects of Pharmaceutical Care, it begs for the question as to what services the other thirty-or-so percent that say they are providing it are doing.

As explained, pharmacists do not have sufficient break time because to do so would leave the pharmacy unstaffed, which leads to the next question:

Budgeted pharmacist staffing levels are reasonable for my pharmacy *(n=955)***.**

	Agree	Disagree
Total	52%	48%
0-5 years licensed (18%)	38	62
Supervised by non-pharmacist (21%)	34	66

In the new pharmaceutical care environment, staffing levels may not be keeping up, according to almost half the respondents. Those supervised by non-pharmacists are far less satisfied with staffing levels, and younger pharmacists with the least seniority may be bearing the greater burden due to the understaffing.

One way to ease part of the load is through support staff, and by a slight majority, pharmacists have input as to hiring and scheduling them.

I have reasonable input in terms of hiring support staff in the pharmacy *(n=985)***.**

	Agree	Disagree
Total	53%	47%
Independent-owner (26%)	86	14
Independent-employee (16%)	46	54
Chain-employee (44%)	42	58
Institutional-employee (7%)	27	73
0-5 yrs licensed (18%)	41	59
45+ hrs/wk (28%)	68	32
Supervised by non-pharmacist (21%)	33	67

I have reasonable input in terms of scheduling support staff *(n=961)***.**

	Agree	Disagree
Total	50%	50%
Independent (26%)	73	27
Chain-employee (44%)	38	62
Supervised by non-pharmacist (21%)	33	67

Only one-third of the pharmacists supervised by a non-pharmacist have reasonable input.

The issue of support staff is a complicated one, with regulations establishing their allowable duties, and even their number.

I favor the current law that limits the number of non-professionals (Atechnicians@) working with pharmacists to a one-to-one ratio *(n=992)***.**

	Agree	Disagree
Total	58%	42%
Long Island (29%)	75	25
Western upstate (5%)	46	54

Most respondents favor this one-to-one maximum ratio, largely because they want to maintain sufficient control over the process. More tech help means that the pharmacist could become less involved. As the process moves faster, the pharmacist may not be able to oversee the quality of the work ... and they are quick to point out that their license is put at risk with every prescription dispensed.

Some pharmacists are wary of additional tech help because they believe that more productivity will be expected of them, at the expense of quality. If the employer increases spending on the department, they may expect a corresponding rise in volume.

The other concern is the ability of the technician to perform well. *The most stressing to me is a cut in tech help and the poor quality of a tech. A good tech isn t going to work for minimum wage.*

To establish certain standards in pharmaceutical practice, the federal government initiated regulations several years ago -- OBRA 90. Noting the opinions of our respondents concerning workload and time constraints, we asked:

I have sufficient time to fulfill OBRA 90 counseling requirements -- maintaining patient profiles, identifying drug use, and considering outcomes and possible side effects *(n=973)***.**

	Agree	Disagree
Total	37%	63%
Independent-owner (26%)	42	58
Chain-employee (44%)	30	70
13+ hrs/shift (6%)	21	79
Less than 100 Rx per day per pharmacist (22%)	55	45
Supervised by non-pharmacist (21%)	26	74

We learned from the above chart that 63% of the responding pharmacists acknowledge that they do not have sufficient time to follow the law, a frank and frightening admission. This figure may be even higher, since some would prefer not to say so, even on a confidential survey.

Pharmacists generally favor these requirements, which they regard as important for optimum patient care. In fact, pharmacists report that the OBRA 90 requirements are the most interesting and fulfilling part of the profession, and an important reason to enter it.

Instead, they contend that if the reimbursement rate truly reflected the cost of filling a prescription, there would be sufficient staffing and technology, which would free up the time to fully comply with OBRA 90 requirements.

We next asked the respondents to consider one of the OBRA 90 requirements, to determine if they are meeting it:

I have sufficient time to counsel customers with regard to over the counter medications *(n=967)***.**

	Agree	Disagree
Total	40%	60%
Chain-employee (44%)	31	69
Institutional-employee (7%)	32	68
13+ hrs/shift (6%)	21	79
Less than 100 Rx per day per pharmacist (22%)	58	42
Supervised by non-pharmacist (21%)	24	76

Fewer than half the respondents surveyed were able to follow this regulation, and those supervised by a non-pharmacist were especially unlikely to counsel.

If I didn t have to stop what I was doing to call:
an M.D.,
a 3rd party,
for computer support,
patients at home,
police about bogus scripts,
wholesalers about missing drugs,

then I could counsel patients more!

The above quotation is the representative of the data. Most pharmacists have a desire to counsel more, but given the constraints of the workload and the reimbursements, they cannot. *People want to be counseled without paying anything. It s not fair -- to be a profession without getting paid for your knowledge ...*

One possible solution is to limit the number of prescriptions dispensed per hour by pharmacists.

There should be a regulation that sets the maximum number of average prescriptions filled per hour per pharmacist *(n=995)***.**

	Agree	Disagree
Total	71%	29%
Independent-owner (26%)	53	47
Chain-employee (44%)	82	18
Supervised by non-pharmacist (21%)	85	15

From our finding that 71% of the respondents favor some limitation, excessive workload is clearly a serious problem. *We are beyond our limits and it is dangerous.* Another respondent takes a similar position: *I work for a chain pharmacy (name withheld) where the powers that be don t have a clue about what goes on in a pharmacy. Our clerk hours are being cut while our volume goes up, placing us and our patients in a dangerous position. It appears to me that a maximum number of scripts per RPh is the only way to stop this scary trend. Also, I don t know how other places are but counseling is a joke where I work, because we haven t figured out how to be in two places at once!*

The New York State Board of Pharmacy was frequently cited in this survey as failing do its job. *I blame the State Board of Pharmacy for not meeting their obligation to protect the public from dispensing errors caused by too big a workload incurred by pharmacists.* From the other direction, we heard, *There are far too many petty rules and regulations that we are supposed to follow that hinder our practice as health care providers.*

There is a concern that if a maximum number is set, than it becomes the standard, in the eyes of some employers. Most pharmacists recognize that there are many variables in the calculation of prescriptions per hour -- tech help, dispensing machines, and computers, for example -- all of which would make it difficult to set a specific number as a fair maximum. Also, there are certain hours of the day when the volume is higher, so a formula would have to be derived to smooth out the exceptions.

One factor that has led to an increase in workload has been a dramatic increase in third party prescriptions:

In recent years, the increase in third party prescriptions filled has more than proportionally added to my workload *(n=979)***.**

	Agree	Disagree
Total	92%	8%

There is virtually no disagreement to this statement. While the profession certainly understands the implications of this change, many pharmacists contend that the third party payers do their best to eliminate the component of added workload when they negotiate reimbursement rates. *The major problem today is the low reimbursement for services.*

As a result, pharmacists have become the insurance police, providing, essentially, a free service to insurance companies and their customers, at a huge cost to pharmacists and their employers. *I despise becoming an insurance company clerk.*

One possibility to reduce some of the paper work might be to establish standardized prescription cards and standardized payment policies, similar to health insurance, by state regulation. The result would answer the question: *Why can t insurance companies all use one type of insurance card to expedite filling Rx s?*

Pharmacists are certainly aware of their added workload, but few believe that employers allow for this when adding new business:

My employer considers the effects on my workload when accepting third party contracts *(n=899)***.**

	Agree	Disagree
Total	25%	75%
Chain-employee (44%)	13	87

From the employer s point of view, pharmacies are forced to accept these third party contracts. To turn them down is to turn down customers, not a good business practice. Furthermore, quantifying the increased workload in advance is difficult; the result becomes apparent only after the decision is made. The pharmacist hopes that employers anticipate the effects, negotiate the increased workload into the reimbursement, and make changes to deal with it internally. However, the competitiveness of the industry limits the ability of the pharmacy to set prices that realistically cover expenses. And stockholders always put additional pressure in terms of profits. As a result, one respondent said, *Only when 3rd party reimburses equitably can we increase staffing levels.*

There is also the question of how much the pharmacy department contributes to the overall profit, as compared with the other departments in the store, where the products often have much higher profit margins with less attendant cost. *Current insurance reimbursement formulae make prescription profitability impossible so prescription departments are loss leaders, enabling profits in other areas.*

With such pressure to keep prices low, we had a one respondent report that they had to double their output to receive the same profit as twenty years ago in the same dollars, without inflation.

Given the danger of dispensing errors, we asked several questions on the subject:

In recent years, I have noticed an increase in errors by physicians *(n=995)***.**

	Agree	Disagree
Total	77%	23%

A recent series by ABC News singled out pharmacists concerning errors, taking a hard look at one part of the system, but without a similar hard look at other factors.

Often the pharmacist is at the end of the chain of professionals that diagnose, prescribe, and dispense medicine, and thus, the pharmacist takes the blame.

One pharmacist pointed out that mid-level health professionals are making errors that are not caught by supervising physicians. *Rx errors by nurse practitioners and P.A. s are tremendous.*

Our pharmacy=s goal is zero dispensing errors. To ensure this we have sufficient staffing levels ***(n=987)*****.**

	Agree	Disagree
Total	54%	46%
Independent-owner (26%)	78	22
Independent-employee (16%)	68	32
Chain-employee (44%)	36	64
0-5 yrs licensed (18%)	39	61

From the chain pharmacist s point of view, staffing levels are inadequate.

Our pharmacy=s goal is zero dispensing errors. To ensure this we have satisfactory workflow policies ***(n=967)*****.**

	Agree	Disagree
Total	60%	40%
Supervised by non-pharmacist (21%)	38	62

In pharmacies, as in most fields, process is crucial to efficiency (defined as maximum output at maximum quality). There are efficient procedures for pharmacies, just as there are for Just-In-Time manufacturers, but due to the fragmentation of this industry, they are slow in receiving widespread acceptance.

Our pharmacy=s goal is zero dispensing errors. To ensure this we have current technology ***(n=993)*****.**

	Agree	Disagree
Total	75%	25%
Institutional-employee (7%)	57	43

The definition of current technology will vary among pharmacists. To some, the computerized patient profile and other record-keeping is as current as they want to be or can imagine. Computerized means of preventing drug interactions, which serves as a tool to enhance a pharmacist s education and experience, is one example. For others, automated dispensing systems are the thing.

The statistics are very good concerning pharmacist error, but one respondent raised a caution: *I believe the owners and chain management would be shocked by the actual number of errors that occur and are never reported because of fear of reprisal.*

I have enough control over the day-to-day operation of the pharmacy so that I am able to maintain professional and legal standards *(n=989)*.

	Agree	Disagree
Total	73%	27%
Chain-employee (44%)	67	33
250+ RX per day per pharmacist (8%)	57	43
Supervised by non-pharmacist (21%)	55	45

A higher percentage of pharmacists have sufficient control to maintain professional and legal standards than can maintain the OBRA 90 standards, and in spite of the movement away from the owner/entrepreneur pharmacist to employees, day-to-day control of the pharmacy remains largely in the hands of the pharmacist. But, 45% of the respondents supervised by a non-pharmacist feel they do not have enough control to maintain legal standards, a worrisome admission. The question is then raised, If you do not have enough control, is your pharmacy maintaining legal standards? We did not ask.

As customer service has become a mantra for all business, there is a recognition that all people engaged in commerce are ultimately providing it:

I have reasonable input with regard to providing customer service in the pharmacy *(n=985)*.

	Agree	Disagree
Total	74%	26%
Independent-owner (26%)	89	11
Independent-employee (16%)	80	20
Chain-employee (44%)	65	35
Institutional-employee (7%)	59	41
250+ Rx per day per pharmacist (8%)	62	38
Pharmacist prestige not incrsng (56%)	65	35
Supervised by non-pharmacist (21%)	52	48

Most pharmacists feel that they have a role, some more than others. This question is not to suggest that pharmacists have a say in customer service beyond the pharmacy.

These next questions involve relations between employer and employee. Since we asked them of all respondents, some owners noted that they were not relevant to them.

When I have concerns or grievances, my employer values my ideas and inputs and takes them seriously *(n=934)***.**

	Agree	Disagree
Total	58%	42%
Chain-employee (44%)	41	59
Institutional-employee (7%)	48	52
Supervised by non-pharmacist (21%)	27	73

The agree total is augmented by the employers who answered this question and presumably value their own ideas. This is a particularly negative reading for employees, especially for those supervised by non-pharmacists, who give the impression that they will not take the pharmacists thoughts seriously.

When I have concerns or grievances, my employer has a stated procedure to receive and listen to them *(n=921)***.**

	Agree	Disagree
Total	51%	49%
Chain-employee (44%)	44	56
Supervised by non-pharmacist (21%)	34	66

We expected to find a much higher number among chains, since as large corporations, most have human resource departments dedicated to establishing written guidelines and procedures, but the numbers do not bear that out. Perhaps these procedures have not been effectively communicated at the employee level.

When I have concerns or grievances, my employer assures me that my employment would not be jeopardized if I offer ideas and input *(n=916)***.**

	Agree	Disagree
Total	68%	32%
Independent-owner (26%)	90	10
Chain-employee (44%)	55	45
Supervised by non-pharmacist (21%)	44	56

There are whole groups of employees in certain industries who live in constant fear for their jobs, but this is not one of them. However, these overall figures include

independent owners who are not in jeopardy, so the employee pharmacists are somewhat more concerned that their opinions will not be welcome, especially by non-pharmacist supervisors.

Some industries encourage their employees to become active members of their communities, providing such benefits as good work and good will, but only about half the pharmacy employers do.

My employer encourages my membership and involvement in community organizations *(n=931)*.

	Agree	Disagree
Total	58%	42%
Independent-owner (26%)	81	19
Chain-employee (44%)	48	52
Institutional-employee (7%)	47	53
Supervised by non-pharmacist (21%)	42	58

Professional organizations exist to provide interactions with peers, educational opportunities, updates on new ideas and procedures, and to be a collective voice for the profession. Some pharmacist employers encourage membership, but there is a major split among the independents (three-quarters) and the chains (one-half).

My employer encourages my membership and involvement in professional organizations *(n=938)*.

	Agree	Disagree
Total	60%	40%
Independent-owner (26%)	80	20
Independent-employee (16%)	72	28
Chain-employee (44%)	47	53
Supervised by non-pharmacist (21%)	41	59

By not encouraging membership and involvement, we do not suggest that this question implies that employers are discouraging activity.

Many questions in this survey involve workload, which can lead to stress:

Knowing that increased prescription volume and other demands on my time may be causing stress and other related problems, my employer offers help to reduce job-related stress *(n=940)***.**

	Agree	Disagree
Total	28%	72%
Independent-employee (16%)	37	63
Chain-employee (44%)	11	89
Supervised by non-pharmacist (21%)	8	92

Programs for job-related stress are apparently rare for chain employees.

Most pharmacists have Bachelor s degrees in pharmacy, but there is a movement to upgrading the educational requirements, which would lead to a Pharm D. degree. Since few pharmacists desire to create separate classes of practitioners within their profession, it has been suggested that currently licensed pharmacists should have a convenient path to upgrade their degrees, without the need to return to pharmacy school.

I favor a program to upgrade an existing B.S. in Pharmacy degree to a Pharm. D. degree through easily accessible Anon-traditional@ methods *(n=993)***.**

	Agree	Disagree
Total	74%	26%
0-5 yrs licensed (18%)	80	20
31+ yrs licensed (23%)	68	32

There is wide agreement for this proposal, even among those longest in the profession, who would probably not see the need to participate.

Comments Not Related To Specific Questions:

Many respondents included written comments that were not related to specific questions. Therefore, we do not have statistics to determine how widespread these expressions were felt. Still, the issues discussed in this section came up with regularity.

At a New York State Assembly hearing, the chairman of the committee, after listening to some of the workplace issues, asked the PSSNY representative then testifying if he had seen the movie Norma Rae, a rhetorical question inferring that pharmacists should look into unionizing. In this context, examples of comments include:

Pharmacists should become a militant unionized organization.

I strongly feel pharmacists should unionize. Accepting sweatshop practices is totally unacceptable with our life-staking duties.

Pharmacy is no longer a profession. Now it s just a slave ship to health insurance providers and pharmacists who have lost their backbone to stop the monopoly insurance companies and chains have via the U.S. government s rules written over 50 years ago. We must unionize to save our sanity.

I strongly feel pharmacists should unionize. Accepting sweatshop practices is totally unacceptable with our life-staking duties. Working 12 hour shifts with no breaks, no lunch -- minimal help during peak hours. Three phones/ 2 registers is asking for dispensing errors. Every other profession I know of that is licensed must make appointments. Doctors, lawyers, hairdressers, etc. Why not us? I love helping people, counseling; but there is no way this can be done, professionally, accurately with these work conditions. With insurance companies mandating prices to continue with profits, large chains have put constraints on tech help. Zero overlapping of pharmacists thus 12 hour or longer days, less floaters, etc. In talking with fellow pharmacists this is not unique to one chain. Many chains are involved with this practice. Unless we all unite together, and laws are passed to issue public safety, and protect us pharmacists from inhumane work conditions, the most trusted profession in the Gallup Poll is going to come crashing down.

It s time we realize our value and stand up.

We need a strong united pharmacy organization, so that we can control our future destiny instead of being dictated to by the 3rd party insurance companies and manufacturers. How long are we going to wait?

Pharmacists must all unite, become one for there is strength in numbers. We need more retired or discouraged pharmacists to enter the political arena.

Please be sure this study is published in all trade publications and brought to national media attention. It s about time!

Methodology

The Sample:

Since interviewing everyone in a given universe would be impractical, methods have been devised by which we can gather the opinions of a sampling of eligible respondents together in such a way as to accurately reflect the opinions of the larger group. Essentially, the aim of the sample design is to designate a portion of the desired population to assume the role of the larger population in miniature.

For this survey, the universe is defined as all licensed pharmacists in New York State. We sampled from two lists, 1) members of the Pharmacists Society of the State of New York, from an internal list, and 2) non members of PSSNY, supplied by the New York State Board of Pharmacy.

Of the approximately 20,000 licensed pharmacists in New York State, we mailed questionnaires to 4,400; 2,000 to Pharmacists Society of the State of New York members and 2,400 to non-members. The US Postal Service returned 398 unopened envelopes, almost all sent to non-members, whose addresses were obtained from the New York State Board of Pharmacy and were often not sufficiently current. Therefore, the actual valid sample was divided just about evenly between members and non-members. The return rate was higher among PSSNY members (35%) as compared to non-members (14%). However the findings on a question-by-question basis showed minimal variation in opinions, and were therefore, not included in the tables (see below).

Our total return was 1,027 envelopes, and we discarded 16 for various reasons (wrong envelope, photocopied questionnaire, illegible responses), which leaves us with a total sample of 1,011.

Given the realities of statistical error, we round all percentages to the nearest whole number; to present results to the nearest tenth or hundredth would infer that more accuracy exists then is statistically reasonable.

We believe this sampling is representative of New York State pharmacists, and one way to demonstrate this accuracy is to compare the known characteristics of the wider universe to the sample. For example, according to the New York State Board of Pharmacy, 42% of the pharmacies are Chains, and 40% of our sample consisted of pharmacists who worked in chains. The NYS Board of Pharmacy figure for Community pharmacies is 48%. Forty-two percent of our sample consisted of pharmacists who worked in Independent pharmacies, our term for them. Finally, 12% of the State

pharmacy listings are Hospital or HMO, and our sample includes 16% of the respondents working in Institutions or All Other pharmacies.

Tables and Statistics:

Apart from the Totals, which are always presented in the tables, the subgroup listings are chosen because:

1) the subgroup varies in a statistically significant manner from the Total; or
2) an unusual interest exists and the numbers are presented for reassurance; or
3) the subgroup has been added as a contrast for easy comparison with other listed subgroups.

Subgroups are not listed because:

1) the subgroup figures are similar to the overall Total; or
2) the subgroup sample size is too small to be statistically significant.

All numbers should be read as percentages unless otherwise noted. In some cases, the tables add up to less than 100% because we did not include certain information, either because they were part of an unspecified other category, or for lack of statistical validity. Category percentages may also not equal 100% due to rounding, but they are usually within one or two percentage points.

Each table has an n, for number of responses to that question. The n never reaches the complete sample (1,011), either because we did not include a don t know answer, or because the question was not relevant to the respondent (relations-with-employer questions to owners, for example). All questions were answered by at least 89% of the respondents, with most questions exceeding a 95% response rate.

Procedure:

A mail survey, as a self-administered instrument, will tend to have a lower degree of response error, since there is no interviewer who might cause bias with whom the respondent must interact either in person or over the telephone. Another advantage is that the respondent has the time to more carefully formulate and record responses at a pace that is more leisurely and free from distractions.

The major weakness of the mail questionnaire is that of non-response error, since the sample is essentially self-selected. Many of those receiving questionnaires will simply

not return them, and the respondents may differ from non-respondents in terms of many characteristics that are directly or indirectly important to the study.

To reduce non-response, we took several actions to increase the response rate. The actual document started with of a short, to the point, compelling introductory letter, explaining the purpose of the survey and why the respondent was being asked to complete it. Also, there was a promise of confidentiality, along the procedures to insure that the promise would be kept.

The questionnaire was designed to be relatively short -- 8 " x 14", one sheet, front and back -- and graphically attractive. Most of the questions were designed in a simple agree/disagree scaled format to speed completion and reduce confusion. A business reply envelope was included for the respondent s convenience and for authenticity of respondent. Questionnaires were accepted only if they were returned in the Business Reply envelope and not photocopied.

The best way to be sure we could live up to the confidentiality promise was to avoid asking for the names of those who returned the questionnaires. Nor did we provide a code, secret or otherwise. We made this promise for two reasons, 1) because we expected a higher response rate, and 2) there may have been some possible respondents who had a legitimate reason to fear retribution if somehow, their names were connected to their opinions. In this way, we added anonymity to our confidentiality agreement. In some instances, organizations insist on determining the names of returnees as a form of coercion, but fortunately, we had neither the need nor the desire.

The survey was returned to Appel Research. No one outside the firm or its subcontractor has seen the actual completed questionnaires.

We also encouraged comments about individual questions, the overall topic, or about the survey in general. Comments from individual respondents are used in this report to illustrate a particular point of view, and they cannot be tabulated for any statistical purposes. Respondent comments are always presented in *italics*.

The Questions:

The questions were written by Appel Research/ Marketing Research & Public Policy Consultancy, with input from the Pharmaceutical Society of the State of New York, specifically Craig Burridge/Executive Director, Selig Corman/ Director of Professional Affairs, Daniel Horn/Past Chairman-Academy of Employee Pharmacists, and Lee Joffee/Chairman, Academy of Employee Pharmacists. In addition, a critique of an early draft by Traci L. Baroni, Manager of State Pharmacy Affairs for the National Association of Chain Drug Stores, resulted in approximately thirty changes.