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A report on the impact of medicines use reviews in community pharmacy

from anecdotes to evidence-based research

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Background

Since the inception of Medicines Use Reviews (MURs), anecdotal reports from PDA members have indicated that some employers are applying inappropriate pressure to drive MUR delivery by pharmacists. The PDA continues to advise members regularly in respect of these issues.

The MUR service was introduced in 2005, as part of a new contractual framework for community pharmacy in England. The Pharmaceutical Services Negotiating Committee (PSNC) defined an MUR as a service consisting of accredited pharmacists undertaking structured, adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long-term conditions.

There has certainly been a change in the approach taken by employers since the introduction of MURs. MUR 'performance' has been used to judge and manage pharmacists. Relationship issues, differences of opinion and a range of conflict scenarios have been reported. There have been reports of managerial bullying of pharmacists as a result of employers inappropriately pushing pharmacists to meet targets for MUR performance, and the stress caused by the extra workload exceeding the staffing levels available to deliver it.

Anecdotally, a significant number of reports have been received expressing concern about the managerial approach of non-pharmacist managers with respect to MURs. Some non-pharmacist managers, unconstrained by professional regulation, appear less inhibited in the application of targets and pressure. Anecdotal reports include a non-pharmacist manager waiting outside the consultation room and harassing the pharmacist in front of patients about completing MURs and later making offensive comments to the pharmacist for not meeting the MUR target. In one case an area manager said 'In my previous job, before I became area manager, I was targeted to sell tyres and I see no difference with targeting MURs.' Other managerial behaviours have included sending emails that dictate levels of MUR performance, threatening verbal insults and disciplinary action.

The anecdotal reports created a need for academic research to analyse the reported issues thoroughly and scientifically.

The potential consequences of non-pharmacists owning or operating a pharmacy have been recognised by the courts. The European Court of Justice, in its determination C-531/06 - and in joined cases C171/07 and C172/07, May 2009 - effectively concluded that non-pharmacists do not provide the same safeguards as pharmacists in the operation of a pharmacy. It said EU member states may take the view that 'the operation of a pharmacy by a non-pharmacist may represent a risk to public health'. Furthermore, it was said that 'there is a risk that legislative rules designed to ensure the professional independence of pharmacists would not be observed in practice, given that the interest of a non-pharmacist in making a profit would not be tempered in a manner equivalent to that of self-employed pharmacists and that the fact that pharmacists, when employees, work under an operator [, which] could make it difficult for them to oppose instructions given by him'.

In many EU countries, only pharmacists can own pharmacies. In the UK, ownership is not restricted to pharmacists in any way.

Method

A range of survey questions (posed as positively- and negatively-worded statements) was designed for various outcome variables, each of which has been widely used and shown in prior academic research across different sectors to have good validity and reliability. These measured pharmacists' perceptions of the management support they experience, their feeling of commitment to their organisation, their experiences of bullying behaviours, the degree of emotional strain/stress they feel and the likelihood of leaving the organisation. The survey also included a new measure called 'MUR Strain' which was designed to capture pharmacists' experiences of changes in the workplace environment due to MURs. Seven positively-worded statements were posed, such as:

- The organisation provides sufficient staff to support the service whilst I perform MURs
- Since the introduction of MURs, my professional skills are better utilised
- My manager values my contribution in performing MURs
- My manager respects my professional status and allows me autonomy in deciding how and when to undertake MURs

Also included were six negatively-worded statements, such as:

- I feel that the targets imposed to achieve MURs are excessive and unreasonable
- My role has changed for the worse since the introduction of MURs
- There is poor communication and professional understanding from non-pharmacist management regarding MURs
- I feel pressurized to achieve MUR targets

The responses to each statement were coded. These were then added together to give a sum representing 'MUR Strain'.

Respondents were asked to select one of five simple choices presented to them, appropriate to the statement being made.

The survey was distributed in November 2010 to 9,000 community pharmacist members of the PDAU and the survey returns were analysed and published by Dr Gavin Dick of Kent University in Kent Working Paper 286 in 2014. 632 responses were received that were suitable for analysis. The findings shown below are a synopsis of these results, with commentary by Andrew Jukes.

Results

The findings from the survey are summarized in *Figure 1*. Here only the significant paths between the variables are shown. The model's results show a Lack of Management Support explains 60%¹ of the strain of MUR workloads, part of which is due to Bullying increasing MUR Strain.

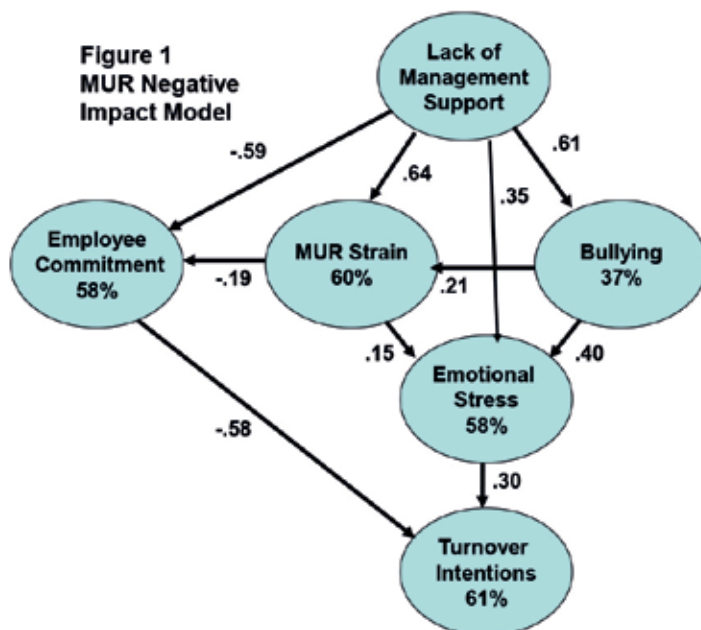


Figure 1: MUR Negative Impact Model. The statements in the survey were each related to one of the following variables: Lack of Management Support, Employee Commitment, MUR Strain, Bullying, Emotional Stress and Turnover Intentions. Positively-worded statements were coded and negatively-worded statements were coded. For each variable, these were then added together to give a sum representing that variable. The figure shows the relationship between the variables. Arrows are only shown where the relationship between the variables is statistically significant at $p < 0.005$ or better. The arrows lead from the causal variable to the affected variable. The regression weights alongside the arrows show the extent to which the causal variable increases (where positive figures are shown) or decreases (where negative figures are shown) the affected variable. The percentages shown alongside the variables reflect the extent to which that variable has been increased (since all percentages shown are positive) by the causal variables shown in the diagram.

The Lack of Management Support explains 37% of the Bullying behaviours reported by pharmacists. Another effect of this Lack of Management Support is a reduction of 58% in pharmacists' commitment to their employer, with MUR Strain adding to this reduction in commitment. The overall effect of a Lack of Management Support, MUR Strain and Bullying is a 58% increase in levels of Emotional Stress amongst pharmacists. Overall, the increase of 61% in pharmacists' Turnover Intentions confirms a substantial negative impact on this measure associated with the Lack of Management Support (which reduces Employee Commitment), Bullying, Emotional Stress and MUR Strain.

Worth noting are the differences found between respondents due to the type of employment, age and gender. The largest effect found is for locums, who experience a much lower level of management support and are slightly more likely to experience bullying.

Another is for younger respondents who reported higher levels of bullying and slightly more emotional stress. There were no significant differences due to gender.

Also shown in *Figure 1* are the regression weights on the causal arrows. Here we can see the arrow from Lack of Management Support to MUR Strain (.64) highlights the central influence that the pharmacists' management and organisation have had in failing to support the needs and concerns of pharmacists in relation to MURs. The high regression weight (.61) from Lack of Management Support to Bullying, considered alongside the causal links between Lack of Management Support and Bullying and MUR Strain, indicates that bullying tactics to achieve MURs are at best tolerated by the organisation and at worst are being routinely used to push pharmacists to achieve MUR targets.

1. The per cent shows the proportion of the change in MUR Strain that is due to causal variables. A causal variable is indicated by an arrow pointing at MUR Strain. In this case the arrows origins are from Lack of Management Support and Bullying. .

Conclusions

The results portray non-supportive environments that do not allow pharmacists to autonomously utilise their unique professional skills in optimising medicines use safely for patients via the undertaking of MURs.

The results demonstrate:

- A lack of management support results in a substantial adverse effect on pharmacists' job strain associated with MURs along with increased bullying behaviour towards pharmacists.
- Employers should be concerned about the behaviour of their managers as the lack of management support and bullying increases emotional stress; academic research shows this causes higher rates of absence and turnover rates that lead to increased recruitment and training costs.
- Employers should be concerned about the effect on employee commitment caused by the lack of management support, as academic research indicates these reduce motivation, engagement and productivity.

The overriding conclusion is that the anecdotal reports relating to MURs are consistent with the empirical research findings of a chain of strong adverse outcomes. In addition, the research highlights the serious tensions between pharmacists and their employers. Overall, the set of adverse workplace conditions and outcomes are not conducive to supporting the genuine, patient-health-centred delivery of MURs by pharmacists.

The combined effect of the causal variables (lack of management support and the associated reduction in employee commitment, bullying, MUR strain and emotional stress) is an overall 61% increase in pharmacists wanting to quit their jobs. However, since the results were derived from pharmacists working for a number of different employers across the community pharmacy sector, a pharmacist's experiences may not be so different if he/she was to leave to work elsewhere in community pharmacy.

The full results published in the Kent Working Paper series can be found through the link below.

<https://kar.kent.ac.uk/47047/1/WP%20286%202014%20MURs.pdf>

