Qualitative insights about the effect of procedures on professional autonomy in community pharmacy.

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Focal Points:

- Aimed to explore the effect of procedures on community pharmacy staff members;
- Procedures perceived as crucial for setting a standard of care;
- Views about procedures differed according to the staff role;
- A tension between following the procedures as stated and acting in the patient’s best interests is a challenge at times.

Introduction: Procedures are a common method to manage quality and safety, by reducing variability and controlling outcomes. There are many types of procedures that community pharmacy staff are expected to follow, including the law and standard operating procedures. However, community pharmacy brings a variety of scenarios and patients. Pharmacy staff must adapt to these whilst still following the laid-down procedures. Past research has shown that one threat to professionalism is the profusion of government regulations and rules from professional boards [1]. Limited work has been carried out on the use of procedures in practice, and the effect they have on the work of pharmacy staff. The aim of this study is to explore both pharmacy staff’s perceptions of the procedures they are expected to follow, and their potential effect on professional autonomy.

Methods:

Community pharmacy employees were strategically recruited via departmental contacts, superintendent pharmacists and social media. Semi-structured interviews regarding the use of procedures in community pharmacy were held with a purposive sample of 13 pharmacists and 11 dispensary staff. Participants represented a range of roles (including superintendents, managers, locums, accuracy checking technicians (ACTs) and dispensers) and community pharmacy types (including chain, independent and supermarket pharmacies). The interview transcripts were analysed using template analysis [2]. Ethical approval was granted by the University of Manchester research ethics committee.

Results:

In general, participants found the procedures used in community pharmacy useful and necessary for setting the standard of care. Dispensary staff including dispensers, registered technicians and ACTs believed that following the procedure was always in the best interest of the patient. Dispensers sometimes felt that procedures were not always practical and that corners were sometimes cut in order to manage the workload. However, registered technicians and ACTs expressed that procedures were extremely important, both to help prevent a patient safety incident and to protect the staff member from disciplinary action should an incident happen.
Pharmacists also expressed approval of having procedures in place. However, pharmacists did not feel that following the procedure was always in the patient’s best interest. A procedure that may be followed in one situation may not be followed in another based on the circumstances and on patient need. Pharmacists felt their role as a professional, and their ability to use their professional judgement, was sometimes undermined by emphasis from management on following procedures. To not follow a procedure left pharmacists feeling as if they were working in a ‘grey area’. Many pharmacists were uncertain if managers would support them if they went against procedures, although many argued they were following a core principle of being a pharmacist by making patients their first concern.

Discussion:

We found a mixed perception of procedures within community pharmacy. While participants generally perceived procedures as integral, they felt that more understanding and flexibility would be beneficial given the nature of their working environment. Pharmacists in particular can feel conflicted between following procedures versus acting in the patient’s best interest. Although the results are not generalisable due to the small sample size, the results have important implications for understanding the effect of procedures on professional autonomy. Future research looking at adherence to and deviation from procedures is needed to further understand the use of rules within community pharmacy.

References:
