



# The impact of increasing workloads and role expansion on female community pharmacists in the United Kingdom

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## Abstract

**Background:** Evidence from United Kingdom and the United States indicates that community pharmacists' workloads have increased in recent years for 2 reasons. First, because of social and demographic changes there has been a greater demand for pharmaceutical services. Second, the community pharmacists' role has expanded. This article explores the effect of increased workloads on female community pharmacists.

**Methods:** Face-to-face interviews ( $n = 30$ ) were conducted with women over the age of 30 years in the North West of England who worked as community pharmacists. The interview schedule was designed to explore factors underpinning female working patterns in community pharmacy. Specifically, interviewees were asked about perceptions of working conditions, positive and negative aspects of community pharmacy working, views of recent changes in pharmacy, and future career plans.

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*Results:* Findings suggest that although community pharmacists enjoy aspects of their new roles, their work environment has become increasingly pressurized, resulting in decreased job satisfaction. Additionally, this study found some evidence that increasing workloads resulted in decreased health and well-being.

*Conclusions:* The role of the community pharmacist has significantly altered in recent years, and this has occurred following a decade of increasing workloads. Consideration of the factors shaping community pharmacy points to high-pressure working environments becoming common place. This is likely to have a negative impact on pharmacists and conceivably the services they provide.

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## 1. Introduction

Over the past 10 years the number of community pharmacies in England has remained static,<sup>1</sup> at the same time the proportion of pharmacists working full time in the community sector has decreased, whilst the number of prescription items dispensed has risen by 42.9%.<sup>1,2</sup> The trend for increased prescribing volume is also apparent in the United States, with 30% more prescriptions dispensed between 1992 and 1999.<sup>3</sup> Consequently, the dispensing workloads within community pharmacy have risen. In the United States workforce, shortages have resulted in substantial increases in pharmacists' salaries.<sup>3</sup> In the United Kingdom, there is limited evidence relating to community pharmacists' remuneration rates. There is some evidence that some UK pharmacists are dissatisfied with remuneration rates.<sup>4,5</sup>

In April 2005 a new community pharmacy contract came into force which allowed community pharmacists to expand their role and remunerated them for providing a range of enhanced and advanced services.<sup>6</sup> Consumers can now choose to access a number of services in community pharmacies that were formerly only available from their general practitioners.<sup>7</sup> These services include minor ailments schemes, emergency hormonal contraception services, and blood pressure monitoring. These contractual changes have acted to reduce general practitioners' workloads, whilst increasing pharmacists' workloads. Similar role extensions are reported in the United States.<sup>8</sup> Role expansion is common in the health care setting.<sup>9,10</sup> Typically, this has meant that individuals are extending their roles and taking on tasks previously performed by more qualified, senior personnel. On a positive note this can be seen to enhance professional status, increase autonomy and potentially increase job satisfaction. In reality, however, this might result in increased workloads, increased levels of responsibility, and increased risk of litigation and exploitation.<sup>9</sup> It is important to bear in mind that although pharmacy contractors are remunerated for providing extra services, it is unclear whether employed pharmacists benefit directly from this. What is certain is that recent

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