



brought to pharmacists by Pfizer Inc., USPG

## *InetCE*

Volume 9

2005

Number 9

**Karen J. MacKinnon, R.Ph.**  
Editor

**Linda S. Swanson**  
Copy Editor

Internet Continuing Education (*InetCE*) provides free, continuing education to pharmacists and other health care providers for 24 hours a day over the Internet at [www.InetCE.com](http://www.InetCE.com). Since 1997, these home study programs have assisted in keeping practitioners apprised of treatment-related topics, general pharmacy, and law in the changing health care environment.

*InetCE* grew out of a need for relevant, continuing education in health care, and to make it accessible to pharmacy practitioners in various practice settings. This format provides convenient instruction, on-line testing, evaluation, and certification. Continuing education examinations are graded automatically and, if successfully passed, the user can print the statement of credit.

### Accreditation



ProCE, Inc. is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. ACPE Universal Program Number 221-999-05-007-H04 has been assigned to this home study program (initial release date November 10, 2005). This program is acceptable for 2.0 contact hours (0.20 CEUs) in states that recognize ACPE providers. The program is provided at no cost to participants. Statements of credit will be issued online upon successful completion (>70% score) of the posttest.

### Faculty Disclosure

It is the policy of ProCE, Inc. to ensure balance, independence, objectivity and scientific rigor in all of its continuing education programs. Faculty must disclose to program participants any significant relationships with companies that manufacture or market products discussed during their presentation. Dr. MacKinnon reports receiving research support from Pfizer Canada, and he also reports serving as a consultant for Eli Lilly Canada and Pfizer Canada.

Please note: The opinions expressed in this program should not be construed as those of the CE provider. The information and views are those of the faculty through clinical practice and professional literature. Portions of this program may include the use of drugs for unlabeled indications. Use of drugs outside of labeling should be considered experimental, and participants are advised to consult prescribing information and professional literature.



**ProCE, Inc.**  
848 W. Bartlett Road, Suite 9E  
Bartlett, IL 60103  
[www.ProCE.com](http://www.ProCE.com)

## **Striving Beyond Patient Satisfaction: A Roadmap for Pharmacists**

***InetCE 221-999-05-007-H04***

**Neil J. MacKinnon, Ph.D., R.Ph.**

Associate Director for Research  
Associate Professor, College of  
Pharmacy

Associate Professor, School of Health  
Services Administration and

Department of Community Health and  
Epidemiology

Dalhousie University

Halifax, Nova Scotia

**PLEASE NOTE:** The content of this article was current at the time it was written. The exam for this article is not valid for CE credit after November 10, 2008.

### **LEARNING OBJECTIVES**

1. Discuss how patient satisfaction data could be collected in a community pharmacy.
2. Explain why measuring satisfaction is important.
3. Describe the relationship of customer satisfaction to customer delight.
4. Identify some current barriers to collecting satisfaction data.
5. Evaluate the factors that influence a pharmacist's job satisfaction.

**ABSTRACT:** What is the key to having satisfied patients? How does a patient's level of satisfaction with his or her health care experience impact his or her health status? What is customer delight, and how does one ensure patients experience it? This continuing education (CE) article will answer these and other questions related to the

concept of patient (customer) satisfaction and its implications for pharmacists. The article will begin at a broad level and then delve into the concept of satisfaction and its relationship to expectations. The benefits of satisfied patients from a business perspective, including customer loyalty, will be discussed and strategies will be presented for the pharmacist to improve patient satisfaction. Additionally, improving patient satisfaction can also have significant clinical benefits to patients, and these will be explored. This article will provide examples of how pharmacists can measure satisfaction, track it over time, and incorporate it into business plans. Finally, the article will shift to the satisfaction of staff pharmacists and how it relates to quality of life in the workplace. Approaches to retention and recruitment, which are especially critical in this time of shortage of pharmacists, will be presented. After completing this CE article, the pharmacist should be much stronger in his or her ability to improve the satisfaction of his or her patients and colleagues and, as a result, will personally benefit.

ProCE, Inc. is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. An on-screen statement of credit verifying participation in 0.20 CEUs (2.0 contact hours) will be displayed for printing to participants who successfully complete the examination. This article has been assigned ACPE ID number 221-999-05-007-H04. For more information, visit [www.InetCE.com](http://www.InetCE.com).



## Patient Satisfaction

*“Understanding what patients expect from pharmacists and signaling to them that you are paying attention to these expectations/satisfactions are extremely important aspects of patient service and care. Often, we assume we know what patients expect from us.”<sup>1</sup>*

Satisfaction. Many industries such as the hospitality sector spend millions of dollars trying to assess it. Other industries such as the retail sector spend millions of dollars trying to develop products and marketing tools that will elicit it in consumers. For pharmacists, measuring patient (or customer) satisfaction is a relatively new activity, although one could argue that since the origins of our profession, pharmacists have strived to satisfy their patients and, indeed, their businesses have depended on it.

What is satisfaction? Jon Schommer, a Professor at the University of Minnesota College of Pharmacy who has written substantially on satisfaction of pharmacist services, provides some insights into this concept:

Satisfaction is ‘an individual’s *judgment* about the extent to which a product or service provides a pleasurable level of consumption-related fulfillment.’ Stated simply, satisfaction results from an *evaluation* of a product or service that nets some emotional reaction. A judgment is made by an individual as to how well the service was provided, and this judgment results in pleasure if satisfaction occurs or displeasure if dissatisfaction occurs.<sup>2</sup>

Schommer further argues that satisfaction can be viewed according to five different perspectives:

1. The salient characteristics of a service
2. The disconfirmation of expectations
3. An individual’s emotional response to a service and the resultant actions
4. An individual’s evaluation of what is gained compared with what it cost
5. The extent to which an individual is able to execute a desired behavior based on a service<sup>2</sup>

Thus, it is clear that the concept of satisfaction can mean slightly different things depending on the context; however, common among these perspectives is the focus on the individual’s judgment or evaluation of a product or service. Because pharmacists deal with both products and services and interact with patients and other “customers” such as physicians and nurses, understanding the concept of satisfaction is critical for pharmacists in all settings.

### Satisfaction versus Expectations

As mentioned above, one way to think about satisfaction is *the disconfirmation of expectations*; that is, patients or consumers are satisfied when their expectations are exceeded and are dissatisfied when their expectations are not met. This consumer behavior model is often used to explain satisfaction. For example, a couple is likely to be satisfied with an experience at a restaurant during an evening out when the level of service provided and the quality of the food exceeds their expectations. Does this model work in the health care setting? Many argue that it can apply to health care. For example, patients who have

been hospitalized and whose care exceeds their expectations are likely to be satisfied with the experience. Yet, there may be limitations to this model because in many cases health care is not a typical commodity, such as purchasing a meal at a restaurant. Researchers in Israel found this “consumer” model only worked fairly well to describe the relationship of patients with their physicians, although they did observe that patients who are dissatisfied with their physician do usually intend to change their physician.<sup>3</sup> Additionally, a systematic review concluded that patients who had more positive recovery expectations did have better health outcomes. Understanding the concept of expectations is relevant to health care health care professionals.<sup>4</sup>

An issue that is specific to the profession of pharmacy and to pharmacists providing pharmaceutical care is that many patients do not know what to expect from their interactions with their pharmacists, or their expectations are set so low that they are easily satisfied. A benefit for pharmacists who provide pharmaceutical care is that patients may begin to expect a high level of care and will start to demand it. This may have a ripple effect on what third-party payers and other patients expect to receive from other pharmacists. Farris and colleagues argue that pharmacists should aim to provide a high level of pharmaceutical care services even if their patients do not currently expect to receive them.<sup>1</sup>

#### The Importance of Patient Satisfaction

In recent years, there has been an increase on the emphasis of patient satisfaction by health care organizations and providers. Why is this so? This has happened, at least in part, because of the

emerging body of research that has established relationships between patient satisfaction and other key concepts in health care. For example, we have learned that satisfaction is related to many important health behaviors such as medication concordance.

In their review of patient satisfaction literature, Aharony and Strasser<sup>5</sup> observed that other researchers made the following conclusions:

- ◆ Satisfied patients are more likely to continue using health care services.
- ◆ Satisfied patients maintain a relationship with a specific health care provider.
- ◆ Satisfied patients comply with medical regimens (including medications).
- ◆ Satisfied patients participate in their own treatment.
- ◆ Satisfied patients cooperate with their health care providers.

Aharony and Strasser conclude that “while research has not yet found a simple, direct correlation between patient satisfaction and improved outcome, satisfied patients seem more likely to comply with their treatment. Levels of patient satisfaction and patient compliance are presumed to subsequently affect other outcomes, such as the patient’s health status, continuity of care, and the frequency and length of hospitalization.”<sup>5</sup>

Given the observations that Aharony and Strasser have made, there are some important implications for the profession of pharmacy. First, from a business perspective, satisfied patients are more likely to continue using health care services and to maintain a relationship

with a specific health care provider. We can presume that satisfied patients are repeat customers and display loyalty to a specific pharmacy. They may even be willing to recommend its services to others. Second, from a clinical perspective, because satisfied patients comply with medical regimens (including medications), participate in their own treatment, and cooperate with their health care providers, we can conclude the following:

- This will facilitate the provision of pharmaceutical care (through better communication with the patient).
- Their clinical outcomes will be superior owing to improved concordance/adherence.
- From a legal or risk management perspective, satisfied patients are less likely to complain to professional boards or societies or to seek legal action against pharmacists.

#### What Causes Patients To Be Satisfied With Pharmacies?

Given that patient satisfaction is such an important concept in health care, many pharmacists may be curious to know why some patients are satisfied with their pharmacies and pharmacists, while other patients are dissatisfied. In his critique of the concept of patient satisfaction, Williams<sup>6</sup> argues that before one measures satisfaction, one must seek to understand how patients perceive and evaluate health care services. Fortunately, in recent years, there has been considerable research studying the factors that influence the satisfaction of patients with their pharmacy experience. The majority of this research has been done in the community pharmacy setting. In fact, as this author will

discuss in this continuing education article, there are several validated surveys from this research available for pharmacists to use in their own pharmacies to assess patient satisfaction. It is strongly recommended that pharmacists use one of these surveys rather than develop their own survey, given the difficulties in designing a valid and reliable instrument that adequately measures satisfaction.

Collecting satisfaction data and using one of the available instruments to measure patient satisfaction is valuable for continuous quality improvement, in that it helps to identify variation, trends, and patterns. Indeed, patient satisfaction data is now a part of most health care report cards or comparison reports. Still, there can be barriers to collecting patient satisfaction data. There is the time of preparing the surveys, administering them to patients, analyzing the results, and creating an action plan based on the results. Many pharmacists are also hesitant to ask patients to complete surveys, and not all patients may want to complete satisfaction surveys. This could result in biased results, whereby pharmacists only give the surveys to patients with whom they already have a personal relationship and/or they feel will be willing to complete the surveys.

One validated survey used to evaluate patient satisfaction with pharmaceutical services is the Pharmacy Encounter Survey (PES).<sup>7</sup> The developers of this survey argue there are four main dimensions of satisfaction with a pharmacy and the pharmacy personnel, and all four are included in the survey: convenience of location, interpersonal manner, technical quality, and telephone accessibility. The PES asks the patient

to answer 15 questions related to his or her last encounter at a pharmacy. Another instrument developed by Larson and MacKeigan<sup>8,9</sup> and used to measure patient satisfaction with pharmacy services has undergone several revisions, but the most recent version includes seven dimensions of satisfaction: accessibility, consideration, explanation, finance, general satisfaction, product availability, and technical competence. The survey was modified for use in an ambulatory pharmacy clinic setting.<sup>10</sup> It was also modified for use in asthma-related pharmacy services and contained six dimensions: access (time devoted to counseling), clinical competence, consideration (timeliness), explanation, general satisfaction, and the pharmacist-physician relationship.<sup>11</sup> A third instrument includes five dimensions of patient satisfaction with pharmacy services: consideration, explanation, financial aspects, general satisfaction, and technical competence.<sup>12</sup> Comparisons of these instruments are lacking in the literature.

What can we learn from all these various instruments to evaluate the level of patient satisfaction in pharmacies? It is clear that there is more than one dimension or aspect of patient satisfaction in regard to pharmacy services. While there is not complete agreement on the nature of these dimensions in the previous surveys, there are some common themes that pharmacists should address, if they wish to maximize patient satisfaction:

1. Access to the pharmacist in the pharmacy (time devoted to counseling), the pharmacy itself (location, hours), and the product

(availability of the prescription) seems critical.

2. The courtesy of the pharmacist (interpersonal manner, timeliness of filling the prescription, consideration given to the patient) influences satisfaction.
3. Technical competency (no medication error)
4. Clinical competency (the perception that the pharmacist did a good job in explaining how to take the prescription) are important to the patient.
5. The financial considerations of the prescription are critical to many patients, especially those who are paying cash.

To improve the satisfaction of their patients, pharmacists should strive to ensure that all of these dimensions are addressed for each patient. They may also wish to implement services that can impact multiple dimensions. For example, one pharmacy that implemented several interventions aimed at patients who were waiting for prescriptions to be filled (i.e., created displays on pharmacy services; added an information desk, blood pressure booth, and weight scale) found this improved the satisfaction of its patients.<sup>13</sup> Farris and colleagues<sup>1</sup> suggest asking patients some simple questions, such as “Do you feel your medications are working for you,?” “Have you noticed any problems with your medications,?” and “What are your expectations of me as your pharmacist?”

#### Patient Satisfaction and Pharmaceutical Care

Some researchers have looked more specifically at patient satisfaction and pharmaceutical care. As a general rule,

patients tend to be very satisfied when they experience pharmaceutical care, but there can be some skepticism before their first encounter with the pharmacist. Many patients welcome an enhanced role for pharmacists in their care, including more counseling and increased access to health care data.<sup>14</sup>

One research team argues that there are two main dimensions, or aspects, of pharmaceutical care, as it relates to satisfaction: 1. Friendly explanation, which deals with things such as friendliness of care (including promptness), medication counseling (information and instructions given), and the setting of care (neatness); and 2. Managing therapy, which deals with matters such as solving therapy problems.<sup>15</sup>

For example, in one study of 154 patients who have regularly scheduled appointments at a pharmacist-run anticoagulation clinic, the patients were surveyed about their perceived benefits of pharmaceutical care and risk of drug therapy.<sup>16</sup> The patients' greatest perceived benefit of their time spent with the pharmacist was related to items that reduced their risk of health-related problems such as blood clots. To increase the value patients see in their interactions with pharmacists, the researchers recommend that "pharmacists should educate patients about the possibility of developing pertinent health-related or medication-related problems and also show patients how proper use of medications and consistent monitoring reduce the likelihood of experiencing these problems."<sup>16</sup>

Another study by Ried and colleagues<sup>17</sup> studied patients with asthma in two Florida managed-care organizations. This study included some interesting observations about pharmaceutical care and patient satisfaction. As noted by the researchers, "patients' satisfaction was associated with the level of pharmaceutical care and their perception of the pharmacist's ability to help them with their asthma. However, personal attention from the pharmacist was most influential." Thus, similar to the theme song of the 1980's television sit-com set in a pub, Cheers®, patients want to go to a pharmacy "where everybody knows your name." This "Cheers® Effect," if properly understood by pharmacists, can have a positive impact on customer loyalty of a pharmacy. But as Ried and colleagues warn, "patients and third-party payers are unlikely to attach a monetary value to pleasant social interactions with a 'nice' pharmacist."

It is also worth noting that there is an additional benefit from practicing pharmaceutical care to pharmacists themselves. In interviews with pharmacists who had recently implemented pharmaceutical care into their practice sites, the pharmacists had a heightened sense of pride and job satisfaction, increased knowledge base and confidence level, and felt they knew their patients better as a result of changing their level of practice.<sup>18</sup>

#### Satisfaction of Hospital Pharmacy Services

Most of the literature studying patient satisfaction with pharmacists or pharmacy services such as pharmaceutical care has focused on the community pharmacy setting. Still, satisfaction is critical for pharmacists in

the hospital setting, too. Of course, in this setting, pharmacists are often concerned about the satisfaction of all their “customers,” including nurses and physicians. In fact, a recent paper surveyed health-system pharmacy managers and leaders in Canada and the United States and asked which managerial competencies were the most important in their current position. “Understanding customers’ needs” was ranked as the 5th most important skill by Canadian and American pharmacy directors in Veterans’ Administration (VA) hospitals, and as the 6th most important skill by a variety of pharmacy leaders attending meetings in Arizona.<sup>19</sup> All three groups also ranked it among their three greatest strengths.

Measuring the satisfaction of patients in the hospital setting can be a challenge. Given the increasingly short lengths of hospital stays that patients experience and the number of health professionals and providers with whom patients typically interact during their hospitalization, pharmacist interactions may be minimal. In one survey of patients admitted to an Australian hospital who had received counseling from a clinical pharmacist, 14% of the patients did not even realize that a pharmacist had counseled them during their hospitalization.<sup>20</sup>

#### Satisfaction versus Delight

Given the previous discussion on the importance of satisfaction to the profession of pharmacy, one may come to the conclusion that increasing the number of satisfied patients is the key to a successful pharmacy practice, both from a business and clinical perspective. Schneider and Bowen<sup>21</sup> argue that this is not the case, however: “Evidence

indicates that *satisfying* customers is not enough to retain them because even satisfied customers defect at a high rate in many industries.” These researchers go on to suggest that “focusing on customer delight and outrage—emotions more intense than satisfaction or dissatisfaction—may lead to a better understanding of the dynamics of customer emotions and their effect on customer behavior and loyalty.”<sup>21</sup> They argue that most patients are in a state of ambivalence when it comes to most products and services; that is, patients are either slightly satisfied or dissatisfied. They can be easily swayed to return to the product or service or to try different ones.

Patients become far less ambivalent when they experience delight or outrage. The delighted patient (who, for example, has a positive experience as part of a disease management program) will become a loyal “apostle,” telling others about his or her great experience. The outraged patient (who, for example, experiences a medication error) will also tell many others, usually in an emotional fashion that may become exaggerated, and typically will not return to that pharmacy. How can pharmacists work toward achieving customer delight and minimizing customer outrage? Exceeding expectations clearly plays a role, but Schneider and Bowen also argue that addressing a customer’s needs is critical. To meet, and even just to discover a customer’s needs, they recommend focusing on relationships; “building relationships requires that companies view customers as people first and consumers second.”<sup>21</sup> Following these researchers, aiming for customer delight should be the goal of every pharmacist, as there are incredible

rewards. First, there is the loyalty that is gained. Second, the pharmacist creates his or her own personal marketing team who will “sell” your pharmacy and its products and services to others. Third, it seems to be an effective way to obtain the Cheers® Effect—“where everybody knows your name.”

### **Pharmacist Job Satisfaction**

Up until now, we have focused on the satisfaction of patients, their satisfaction with health care in general and, more specifically, their satisfaction with pharmacist services. Another topic that is likely of interest to the readers of this continuing education article is the satisfaction of pharmacists with their jobs and career choice. For pharmacists, this topic is relevant because if one has a better understanding about which factors influence their job satisfaction, they are more likely to have a fulfilling career. For pharmacy managers and administrators, understanding these factors and trying to make sure they are applied in the workplace should help with the issues of retention and recruitment, both of which are challenges in this time of shortage of pharmacists.

While each pharmacist probably has his or her own thoughts on what causes a pharmacist to be or not to be satisfied with his or her current job, the empirical evidence addressing this issue has grown considerably in recent years in the literature. This literature will now be reviewed as we answer some of the major pharmacist satisfaction-related questions. This review is not intended to be comprehensive, but rather highlights from some key articles will be presented.

### What Makes A Pharmacist Satisfied With His or Her Job?

This question has been the focus of several pharmacist surveys in recent years. Cox and Fitzpatrick<sup>22</sup> mailed a survey addressing this topic to a random sample of 600 pharmacists practicing in ambulatory care and institutional settings in Arizona (response rate = 35%). Of note was finding that there exists a significant positive relationship between job satisfaction and (1) perceived use of skills and (2) adequate staffing. The authors conclude “... one factor that may be contributing to dissatisfaction among pharmacists is their inability to use their skills while on the job.” Perhaps worrisome was the finding that almost equal numbers of pharmacists would not choose the profession of pharmacy again (43.8%) compared with those who would choose pharmacy (43.0%).

In a survey of 1396 pharmacists (response rate = 54.3%) from six upper Midwest states of the U.S., Lerkiatbundit<sup>23</sup> studied the predictors of job satisfaction. Overall, the factors that influenced why pharmacists varied in their job satisfaction were, in decreasing order of importance: skill use, autonomy, role conflict (role requirements, personal values or abilities that are incompatible with job demands), routine, supervisor support, patient cooperation, workload, and coworker support. Similar to the Cox and Fitzpatrick survey results, 42.7% of those surveyed said they would definitely choose the same type of job again, although a large majority (80.2%) of respondents were either very satisfied or somewhat satisfied with their job as a pharmacist. Lerkiatbundit also found higher job satisfaction levels in pharmacists working in independent

community pharmacies and in hospital pharmacies, compared with chain pharmacies, and also in owners compared with staff pharmacists. As with Cox and Fitzpatrick, Lerkaitbundit recommends that pharmacists find a position where they can use their skills and have support from supervisors and coworkers to increase their job satisfaction.

Other surveys have focused on pharmacists in only a single type of practice setting. In looking at the survey responses of community pharmacists from New York, Desselle and Tipton<sup>24</sup> concluded that the pharmacist's perceived performance ability was a direct function of his or her satisfaction and the number of professional services offered by his or her pharmacy. Factors influencing job satisfaction were found to be commitment, supervisor support, and uncertainty (about the future). Related to this last factor, Desselle and Tipton made the interesting comment that "pharmacists have been characterized as generally task-oriented individuals, inherently rendering it difficult for them to deal with uncertainty."

In the hospital setting, two surveys have provided insight into what influences the job satisfaction of hospital pharmacists. Olson and Lawson<sup>25</sup> surveyed 606 hospital pharmacists (response rate = 58.4%) and concluded that the level of job satisfaction was positively associated with clinical pharmacy involvement. Moreover, mean job satisfaction increased as the percentage of time spent performing clinical pharmacy activities increased. The four clinical activities that showed the strongest relationship with job satisfaction were monitoring

patients' drug therapy, participating in pharmacokinetic monitoring, participating in drug-use evaluation, and providing educational sessions or materials for other health care professionals.

#### Why Do Pharmacists Leave Their Jobs?

While some researchers have surveyed pharmacists to study what makes them satisfied or dissatisfied with their current job, others have surveyed pharmacists to determine why they have changed jobs. David Mott has done considerable research in this area.<sup>26</sup> In 1997, he surveyed 1600 licensed pharmacists in four states (response rate = 34.5%) and found that pharmacist job turnover averaged 11% per year between 1983 and 1997, and that pharmacists who left their jobs typically stayed less than three years. The following are four top reasons for leaving a job:

1. Desire for a change (27.2%)
2. Stress level (22.2%)
3. Relocation (19.2%)
4. Salary (18.1%)

During the study period, the percentage of leavers ranking stress as a reason for leaving increased and the percentage ranking salary as a reason for leaving decreased. Female pharmacists had a higher turnover, stayed for shorter periods, and were more likely to relocate. According to a human resource manager, there are four main reasons why employees in general quit a company:

1. Appreciation is not shown for work well done.
2. Employees have no impact or influence and feel that their employer is not really listening.

3. Employers don't implement proper policies, procedures, training and education.
4. The workplace is not considered fun.<sup>27</sup>

#### Is There A Gap Between What Pharmacists Do And What They Want To Do?

Given the previous discussion about the relationship between satisfaction and expectations, do pharmacists' expectations about what they expect to do in the workplace differ from what they actually do? The evidence is that in many cases it appears that such a gap exists.

In a 2004 survey of 7250 community staff pharmacists and owners and managers (response rate = 15.4%) in Canada,<sup>28</sup> the respondents were asked the question, "If you could change one thing that would improve your satisfaction with your work, what would you change?" The top choice, selected by 30% of pharmacists, was *reduced time spent in non-pharmacy activities*, followed by *my hours* (16%), and *increased staff and resources* (12%). In the same survey, the pharmacists were also asked to compare the actual and ideal times they spend doing various activities. *Dispensing* was cited as being the main activity but *prescription counseling* was cited as being the most preferred activity. The activity with the largest percentage change between percentage of time actually spent (7.4%) and ideally spent (1.2%) was *third-party payer matters*. In two focus groups of pharmacy managers in the United Kingdom, the managers wished for greater contact time with patients and customers, extension of their role to

provide new services, and a decrease in the amount of time spent dispensing.<sup>29</sup>

#### How Can We Apply The Lessons From The Pharmacist Satisfaction Literature?

Given the wealth of information from these and other studies, what can be learned to help improve the job satisfaction of current and future pharmacists? On one level, it seems the solution is pretty clear: the disconnect between what pharmacists expect from their jobs and actually experience must be minimized. This involves changing their role such that they have more opportunity to provide pharmaceutical care and the available resources to facilitate this change. The difficult part is typically causing this change to occur. It does appear that the consequences of inaction are severe. Mott and colleagues<sup>30</sup> have recently commented on the high levels of job stress currently experienced by pharmacists and caution that this "... may be endangering not only the physical and mental health of its current and future practitioners, but possibly compromising patient safety, as well." Walton<sup>31</sup> provides some supportive evidence for this claim, arguing that the current pharmacist shortage and resulting impact on work hours and tasks has had, and continues to have, a negative impact on medication errors. McHugh<sup>32</sup> echoes these concerns and argues for concerted efforts toward improving the quality of pharmacists' work life.

Clearly, there are challenges in regard to pharmacist job satisfaction. It is encouraging that pharmacists who have overcome barriers to expand their role in the provision of pharmaceutical care do have higher job satisfaction. This is a

message that should be reassuring to pharmacists and patients alike.

Pharmacy managers and owners in the community pharmacy setting and directors of pharmacy in the hospital setting would also do well to follow the advice in these studies. Much time and money are spent on recruitment and retention of staff pharmacists. One could argue that there is a *Triple R Effect* to be realized here; that is, pharmacies who **Raise** the bar will find both **Recruitment** and **Retention** to be easier as pharmacists want to work in an environment where their skills are put to

better use.

Another approach to applying the results from the job satisfaction literature is to explicitly state what are the desired qualities of a pharmacy work environment. This can be done individually and incorporated into one's career portfolio to help with job selection to see if the potential or current employers' work environment matches with one's own most desired list of qualities. This approach can be applied at the pharmacy level, as at least one hospital pharmacy department has done (Figure 1).<sup>33</sup>

**Figure 1. An Example of the Top Qualities of a Desirable Pharmacy Environment for One Hospital Pharmacy<sup>33</sup>**

<b>Top Qualities</b>
Patient-focused decision making
A service attitude
An orientation toward change
Adherence to high standards
Encouragement of independent action
A team spirit
A daily effort by all to improve quality
Healthy communication
Constructive problem solving
An atmosphere of mentorship and praise
A sense of urgency
A rational approach to policies and procedures
An attitude that learning should continue for life
Creativity
Active involvement by employees in strategic planning
Leadership by example
Cleanliness and orderliness
Basing decisions on the facts
Inapparent work (i.e., work that, if left undone, would not lead to immediate repercussions)
People showing up for work

**Conclusions**

Pharmacists should have a solid understanding of the concepts of patient

and pharmacist job satisfaction. These are two concepts that play a critical role in the daily activities of all pharmacists. Interestingly, it appears that one important way to positively influence both is to ensure that meaningful interaction and communication occur between the pharmacist and patient. This is the best method to ensure that both pharmacists and patients experience satisfaction, if not delight.

## References

1. Farris KB, Stenton SB, Samnani M, et al. How satisfied are your patients? *CPJ*. 2000;133(8):32-6.
2. Schommer JC. Patient satisfaction. *Pharmacoeconomics and Outcomes: Applications for Patient Care, 2<sup>nd</sup> Ed.* American College of Clinical Pharmacy, Kansas City, MO: 2003;316-30.
3. Baron-Epel C, Dushenat M, Friedman N. Evaluation of the consumer model: relationship between patients' expectations, perceptions and satisfaction with care. *Int J Qual Health Care*. 2001;13(4):317-23.
4. Mondloch MV, Cole DC, Frank JW. Does how you do depend on how you think you'll do? A systematic review of the evidence for a relation between patients' recovery expectations and health outcomes. *CMAJ*. 2001;165(2):174-9.
5. Aharony L, Strasser S. Patient satisfaction: What we know about and what we still need to explore. *Medical Care Review*. 1993;50(1):49-79.
6. Williams B. Patient satisfaction: A valid concept? *Soc Sci Med*. 1994;38(4):509-16.
7. Briesacher B, Corey R. Patient satisfaction with pharmaceutical services at independent and chain pharmacies. *Am J Health-Syst Pharm*. 1997;54:531-6.
8. Larson LN, MacKeigan LD. Further validation of an instrument to measure patient satisfaction with pharmacy services. *J Pharm Mark Manage*. 1994;8(1):125-39.
9. MacKeigan LD, Larson LN. Development and validation of an instrument to measure patient satisfaction with pharmacy services. *Med Care*. 1989;27:522-36.
10. Larson LN. Patient satisfaction with delivery of products and information by an ambulatory care pharmacy. *Am J Health-Syst Pharm*. 1998;55:1025-9.
11. Kradjan WA, Schulz R, Christensen DB, et al. Patients' perceived benefit from and satisfaction with asthma related pharmacy services. *J Am Pharm Assoc*. 1999;39:658-66.
12. Johnson JA, Coons SL, Hays RD. The structure of satisfaction with pharmacy services. *Med Care*. 1989;27:522-36.
13. Cheng CM. Simple additions to the pharmacy waiting area may increase patient satisfaction. *J Am Pharm Assoc*. 2004;44:630-32.
14. Amsler MR, Murray MD, Tierney WM, et al. Pharmaceutical care in chain pharmacies: Beliefs and attitudes of

pharmacists and patients. *J Am Pharm Assoc.* 2001;41:850-5.

15. Larson LN, Rovers JP, MacKeigan LD. Patient satisfaction with pharmaceutical care: Update of a validated instrument. *J Am Pharm Assoc.* 2002;42:44-50.

16. Nau DP, Ried LD, Lipowski EE, et al. Patients' perceptions of the benefits of pharmaceutical care. *J Am Pharm Assoc.* 2000;40:36-40.

17. Ried LD, Wang F, Young H, et al. Patients' satisfaction and their perception of the pharmacist. *J Am Pharm Assoc.* 1999;39:835-42.

18. Huyghebaert T, Farris KB, Volume CI. Insights from Alberta community pharmacists. *CPJ.* 1999;132(1):41-4.

19. Faris R, MacKinnon GE, MacKinnon NJ, et al. Perceived importance of pharmacy management skills. *Am J Health-Syst Pharm.* 2005;62:1067-1072.

20. Robinson MKF, Connolly J. Inpatients' satisfaction with clinical pharmacists' counselling. *Aust J Hosp Pharm.* 1999;29(3):162-5.

21. Schneider B, Bowen DE. Understanding customer delight and outrage. *SLOAN Management Review.* 1999;41(1):35-45.

22. Cox ER, Fitzpatrick V. Pharmacists' job satisfaction and perceived utilization of skills. *Am J Health-Syst Pharm.* 1999;56:1733-7.

23. Lerkiatbundit S. Predictors of job satisfaction in pharmacists. *J Soc Adm Pharm.* 2000;17(1):45-50.

24. Desselle SP, Tipton DJ. Factors contributing to the satisfaction and performance ability of community pharmacists: A path model analysis. *J Soc Adm Pharm.* 2001;18(1):15-23.

25. Olson DS, Lawson KA. Relationship between hospital pharmacists' job satisfaction and involvement in clinical activities. *Am J Health-Syst Pharm.* 1996;53:281-4.

26. Mott DA. Pharmacist job turnover, length of service, and reasons for leaving, 1983-1997. *Am J Health-Syst Pharm.* 2000;57:975-84.

27. Ghent N. Play the staffing game. *Pharmacy Post.* 2001;9(5):27-30.

28. Trends and Insights 2004. [http://www.mckesson.ca/documents/Trends\\_2004.pdf](http://www.mckesson.ca/documents/Trends_2004.pdf) Last accessed May 23, 2005.

29. Rutter PR, Hunt AJ, Jones IF. Exploring the gap: community pharmacists' perceptions of their current role compared with their aspirations. *Int J Pharm Pract* 2000; 8:204-8.

30. Mott DA, Doucette WR, Gaither CA, et al. Pharmacists' attitudes toward worklife: Results from a national survey of pharmacists. *J Am Pharm Assoc.* 2004;44:326-36.

31. Walton SM. The pharmacist shortage and medication errors: Issues and evidence. *J Med Syst.* 2004;28(1):63-9.

32. McHugh PP. Pharmacists' attitudes regarding quality of worklife. *J Am Pharm Assoc.* 1999;39:667-76.

33. Summerfield MR. Twenty qualities of a desirable pharmacy environment. *Am J Health-Syst Pharm.* 1999;56:909-10.