An Assessment of Safety Culture in Saskatchewan Community Pharmacies

2021 Edition

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Introduction

In Canada, community pharmacy practice is continuously evolving. The integration of expanded scope activities has transformed the practice from a dispensing-focused model to a more clinical, patient care—focused model.¹ Additionally, medication safety has been in the public eye more often, leading many pharmacy regulatory authorities to implement mandatory medication incident reporting and quality improvement programs.² Incident reporting and quality improvement programs offer a means for pharmacies to critically evaluate reported medication incidents, develop potential solutions to prevent recurrence, and share learning from errors with the broader pharmacy community. A strong medication safety culture within community pharmacies contributes to the optimal use of these reporting programs and the development of more robust medication safety initiatives, both of which increase patient safety and the quality of patient care.³

The Safety Attitudes Questionnaire (SAQ) is a validated tool used to explore the safety culture maturity within various healthcare settings. ^{4,5,6} Originally derived from the Flight Management Attitudes Questionnaire (FMAQ) utilized in aviation, the SAQ aims to capture a healthcare organization's safety culture by surveying frontline healthcare workers. ⁴ The questionnaire consists of six separate domains which influence safety culture: Teamwork, Safety Culture, Job Satisfaction, Stress Recognition, Perception of Management and Working Conditions. ^{4,5,6}

This report summarizes the results of the second administration of the SAQ among Saskatchewan community pharmacies in 2021, and compares these results to the data reported from the first SAQ administration in 2018.³

Methods

In order to assess the current attitudes and perceptions on safety culture, as well as the overall safety culture climate within community pharmacies, a total of 1345 registered Saskatchewan pharmacy professionals (1198 pharmacists and 147 pharmacy technicians) were invited to complete the SAQ. Consisting of 40 question items, the SAQ was completed anonymously online through SurveyMonkey® during a 4-week period between February 26, 2021, and March 26, 2021, inclusive. A range of pharmacy professionals including managers/owners, staff pharmacists, and pharmacy technicians, were engaged in the hopes of obtaining a comprehensive and complete assessment of safety culture from all levels of staffing in the pharmacy. Each question was scored by utilizing a 5-point Likert Scale (1 = strongly disagree to 5 = strongly agree). The responses were further stratified by years of work experience and type of workplace in a subgroup analysis. The weighted average was calculated by dividing the sum of all responses by the number of responses within the respective question or domain. Respondents could also submit additional free-form comments/feedback to summarize their views and opinions related to the question items presented in the SAQ.

Results

A total of 340 responses (25.3% response rate) were gathered from 306 pharmacists (25.5% response rate) and 34 pharmacy technicians (23.1% response rate). Demographic information of respondents is shown in <u>Table 1</u>.

Table 1. Demographic Information (n is the number of respondents and % is the percentage, relative to N, which is the total number of respondents)

Characteristics	Number of Respondents n (%) (N = 340)
Position	
Pharmacist (manager/owner)	133 (39.12%)
Pharmacist (staff)	173 (50.88%)
Pharmacy technician	34 (10.0%)
Total Number of Years Working in Commu	nity Pharmacy
0-5 years	77 (22.65%)
6-10 years	66 (19.41%)
11-20 years	75 (22.06%)
20+ years	122 (35.88%)
Type of Pharmacy *	
Corporate	147 (43.23%)
Banner	87 (25.59%)
Independently owned	106 (31.18%)
Approximate Number of Prescriptions Disp	ensed Weekly
700 or fewer (per week)	87 (25.59%)
701 to 1500 (per week)	140 (41.18%)
1501 to 3000 (per week)	86 (25.29%)
3001 to 6000 (per week)	15 (4.41%)
6001 to 12000 (per week)	9 (2.65%)
12001 or more (per week)	3 (0.88%)

^{*} Corporate pharmacies are typically directed by a corporate office, with respect to its professional programs, marketing, and ordering, etc. Banner pharmacies are independently owned pharmacies that are affiliated with a central office. They pay fees for the banner's benefit in centralized buying, marketing, and professional programs. Independent pharmacies are not affiliated with any corporately run chains or banners. The owner of an independent pharmacy has complete control over the business in terms of ordering and marketing strategies, etc.

The results of the SAQ with respect to each of the six domains (Teamwork, Safety Culture, Job Satisfaction, Stress Recognition, Perception of Management and Working Conditions) are presented in <u>Table 2</u> and <u>Table 3</u> below. Comparisons between the results from 2018 and 2021 are shown in <u>Table 4</u>, <u>Table 5</u> and <u>Table 6</u>.

Table 2. Safety Culture Domain Mean Scores with Respect to Respondent's Total Number of Years of Work Experience in Community Pharmacy Practice

Safety Culture Domains	0-5	6-10	11-20	20+	Weighted
	years	years	years	years	Average
Teamwork	4.27	4.42	4.49	4.59	4.47
My input is well received in this pharmacy.	4.32	4.38	4.45	4.70	4.50
In this pharmacy, it is difficult to speak up if I perceive a problem with patient care. †	3.96	4.27	4.33	4.41	4.26
Disagreements in this pharmacy are resolved appropriately (i.e., not who is right but what is best for the patient).	4.43	4.54	4.55	4.63	4.55
I have the support I need from others in this pharmacy to care for patients.	4.21	4.35	4.54	4.56	4.44
It is easy for personnel here to ask questions when there is something that they do not understand.	4.49	4.62	4.61	4.69	4.61
The people in this pharmacy work together as a well-coordinated team.	4.23	4.38	4.46	4.57	4.43
Safety Culture	4.26	4.46	4.49	4.60	4.47
I would feel safe being treated here as a patient.	4.71	4.74	4.77	4.85	4.78
Medication errors are handled appropriately in this pharmacy.	4.55	4.66	4.59	4.81	4.67
I know the proper channels to direct questions regarding patient safety in this pharmacy.	4.61	4.68	4.68	4.79	4.70
I receive appropriate feedback about my performance.	3.78	4.12	4.10	4.15	4.04
In this pharmacy, it is difficult to discuss errors. †	3.75	4.34	4.34	4.42	4.23
I am encouraged by others in this pharmacy, to report any patient safety concerns I may have.	4.40	4.45	4.47	4.64	4.51
The culture in this pharmacy makes it easy to learn from the errors of others.	4.05	4.21	4.45	4.52	4.34
Job Satisfaction	4.15	4.20	4.20	4.37	4.25
I like my job.	4.25	4.25	4.08	4.23	4.21
Working here is like being part of a large family.	4.09	4.12	4.29	4.30	4.22
This pharmacy is a good place to work.	4.23	4.38	4.33	4.58	4.40
I am proud to work in this pharmacy.	4.32	4.43	4.43	4.65	4.48
Morale in this pharmacy is high.	3.87	3.84	3.88	4.07	3.94

Safety Culture Domains	0-5 years	6-10 years	11-20 years	20+ years	Weighted Average
Stress Recognition	3.91	4.12	4.15	4.04	4.05
When my workload becomes	3.82	4.02	3.99	3.91	3.93
excessive, my performance is					
impaired.					
I am less effective at work when	3.99	4.21	4.31	4.17	4.17
fatigued.					
I am more likely to make errors in	3.87	4.21	4.17	4.04	4.07
tense or hostile situations.					
Fatigue impairs my performance in	3.96	4.05	4.14	4.02	4.04
trying situations.					
Perception of Management	4.00	4.10	4.15	4.33	4.17
Management in this pharmacy	4.03	4.27	4.24	4.33	4.23
supports my daily efforts.					
Pharmacy management doesn't	4.56	4.49	4.54	4.71	4.60
knowingly compromise patient safety.					
I get adequate, timely information	3.99	4.00	4.06	4.32	4.13
about events that might affect my					
work, from pharmacy management.	0.40	0.05	0.75	0.04	0.70
The staffing levels in this pharmacy are sufficient to handle the number of	3.42	3.65	3.75	3.94	3.73
patients.					
Working Conditions	3.87	3.90	4.02	4.26	4.05
This pharmacy does a good job of	3.38	3.53	3.77	4.10	3.76
training new personnel.	0.00	0.00	0		00
All the necessary information for	4.59	4.61	4.58	4.64	4.61
therapeutic decisions is routinely					
available to me.					
Trainees in this pharmacy are	3.81	3.81	4.15	4.35	4.08
adequately supervised.					
Problem personnel are dealt with	3.71	3.64	3.57	3.94	3.75
constructively by our pharmacy					
management.					

[†] All negatively worded items were reverse-scored (i.e., 1 represented strongly agree whereas 5 represented strongly disagree).

Table 3. Safety Culture Domain Mean Scores with Respect to the Respondent's Pharmacy Workplace Type

Safety Culture Domains	Banner	Corporate	Independently Owned	Weighted Average
Teamwork	4.37	4.40	4.63	4.47
My input is well received in this pharmacy.	4.47	4.33	4.76	4.50
In this pharmacy, it is difficult to speak up if I perceive a problem with patient care. †	4.17	4.21	4.42	4.26
Disagreements in this pharmacy are resolved appropriately (i.e., not who is right but what is best for the patient).	4.45	4.55	4.63	4.55
I have the support I need from others in this pharmacy to care for patients.	4.40	4.30	4.66	4.44
It is easy for personnel here to ask questions when there is something that they do not understand.	4.46	4.63	4.70	4.61
The people in this pharmacy work together as a well-coordinated team.	4.28	4.38	4.63	4.43
Safety Culture	4.40	4.43	4.58	4.47
I would feel safe being treated here as a patient.	4.75	4.71	4.89	4.78
Medication errors are handled appropriately in this pharmacy.	4.63	4.62	4.78	4.67
I know the proper channels to direct questions regarding patient safety in this pharmacy.	4.67	4.68	4.75	4.70
I receive appropriate feedback about my performance.	3.94	4.10	4.05	4.04
In this pharmacy, it is difficult to discuss errors. †	4.13	4.17	4.42	4.23
I am encouraged by others in this pharmacy, to report any patient safety concerns I may have.	4.49	4.44	4.63	4.51
The culture in this pharmacy makes it easy to learn from the errors of others.	4.20	4.28	4.53	4.34
Job Satisfaction	4.19	4.09	4.52	4.25
I like my job.	4.23	4.08	4.36	4.21
Working here is like being part of a large family.	4.16	4.09	4.44	4.22
This pharmacy is a good place to work.	4.33	4.22	4.72	4.40

Safety Culture Domains	Banner	Corporate	Independently Owned	Weighted Average
I am proud to work in this pharmacy.	4.46	4.27	4.79	4.48
Morale in this pharmacy is high.	3.75	3.78	4.30	3.94
Stress Recognition	4.18	4.16	3.78	4.05
When my workload becomes excessive, my performance is impaired.	4.08	4.09	3.57	3.93
I am less effective at work when fatigued.	4.25	4.26	3.96	4.17
I am more likely to make errors in tense or hostile situations.	4.20	4.22	3.73	4.07
Fatigue impairs my performance in trying situations.	4.17	4.08	3.86	4.04
Perception of Management	4.17	4.00	4.42	4.17
Management in this pharmacy supports my daily efforts.	4.25	4.10	4.41	4.23
Pharmacy management doesn't knowingly compromise patient safety.	4.71	4.50	4.64	4.60
I get adequate, timely information about events that might affect my work, from pharmacy management.	4.13	4.01	4.29	4.13
The staffing levels in this pharmacy are sufficient to handle the number of patients.	3.59	3.39	4.32	3.73
Working Conditions	4.00	4.00	4.30	4.05
This pharmacy does a good job of training new personnel.	3.66	3.59	4.09	3.76
All the necessary information for therapeutic decisions is routinely available to me.	4.60	4.61	4.62	4.61
Trainees in this pharmacy are adequately supervised.	3.91	3.98	4.39	4.08
Problem personnel are dealt with constructively by our pharmacy management.	3.65	3.64	4.00	3.75

[†] All negatively worded items were reverse-scored (i.e., 1 represented strongly agree whereas 5 represented strongly disagree)

Table 4. Percent Changes in Average SAQ Scores between 2018 and 2021 based on Total Number of Years of Work Experience in Community Pharmacy Practice

Safety Culture Domains	Years of Experience			
Domains	0-5 years	6-10 years	11-20 years	20+ years
Teamwork	+ 5.2%	+ 3.3%	+ 2.7%	+ 5.8%
Safety Culture	+ 2.2%	+ 3.7%	+ 2.0%	+ 4.3%
Job Satisfaction	+ 4.5%	+ 7.1%	+ 2.9%	+ 10.6%
Stress Recognition	- 6.5%	0.0%	- 1.9%	- 4.7%
Perception of Management	+ 1.0%	+ 5.9%	+ 2.2%	+ 9.6%
Working Conditions	+ 1.8%	+ 2.4%	+ 11.4%	+ 12.7%

Table 5. Percent Changes in Average SAQ Scores between 2018 and 2021 based on Pharmacy Workplace Type

Safety Culture Domains	Pharmacy Workplace Type			
	Banner	Corporate	Independently Owned	
Teamwork	+ 2.8%	+ 6.8%	+ 2.2%	
Safety Culture	+ 3.8%	+ 4.7%	+ 2.2%	
Job Satisfaction	+ 6.3%	+ 11.1%	+ 0.4%	
Stress Recognition	- 1.2%	- 4.4%	- 1.6%	
Perception of Management	+ 7.5%	+ 6.7%	+ 0.7%	
Working Conditions	+ 4.7%	+ 14.0%	+ 4.6%	

Table 6. Comparison of SAQ Weighted Average Scores between 2018 and 2021

Safety culture domains	2018	2021	% Change
Teamwork	4.26	4.47	+ 4.9%
Safety Culture	4.32	4.47	+ 3.5%
Job Satisfaction	3.98	4.25	+ 6.8%
Stress Recognition	4.20	4.05	- 3.6%
Perception of Management	3.97	4.17	+ 5.0%
Working Conditions	3.75	4.05	+ 8.0%

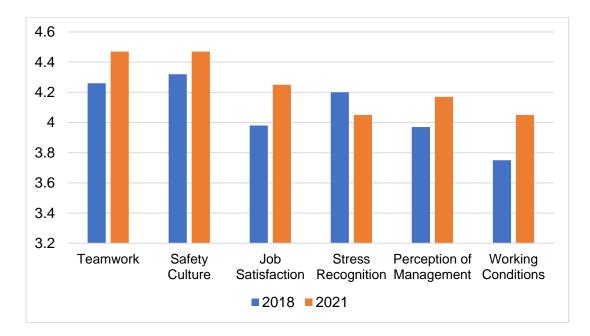


Figure 1. Comparison of SAQ Weighted Average Scores between 2018 and 2021

Discussion

The SAQ is designed to assess the current state of safety culture within community pharmacy practice from the perspective of the pharmacy team. In this analysis, the six domains of safety culture in the SAQ were stratified by: 1) years of work experience of respondent and 2) type of pharmacy workplace. Additional stratification by weekly prescription volume was omitted from this analysis because pharmacies that fill 3001 prescriptions or more weekly (7.94%) represented a small proportion of responses. Similarly, stratification by pharmacy managers/owners, staff pharmacists and pharmacy technicians were not presented due to the uneven distribution of responses amongst these three groups of respondents.

Teamwork

Teamwork was one of the highest scoring domains of the SAQ. Despite the COVID-19 pandemic, which undoubtedly had a huge impact on the workflow and workload within community pharmacies, there was an improvement in the average scores of Teamwork for all categories of respondents compared to 2018 (Table 4 and Table 5). A study published in August 2020 found that many Ontario pharmacies responded to the first wave of the pandemic by shifting to team-based scheduling patterns for staff. Rather than scheduling individual workers based on individual availability, the same pharmacist, pharmacy technicians, and pharmacy assistants were scheduled to consistently work together as part of best practice for public health considerations. Having a consistent team resulted in more effective communication and interaction between the team as well as a feeling of greater social support. It is possible that Saskatchewan pharmacies adopted similar scheduling strategies to cope with the pandemic, which may have resulted in overall improvements for Teamwork.

In a subgroup analysis based on stratification by type of pharmacy workplace, respondents from independently owned pharmacies scored higher in every item for Teamwork compared to their counterparts at banner and corporate pharmacies (Table 3). This was comparable to the findings from 2018. However, one difference was the large improvement in the Teamwork scores for corporate pharmacies. While respondents from the corporate pharmacy group were previously least confident about disagreements being resolved appropriately and experienced greater difficulty speaking up if they perceived a problem with patient care, they now averaged a higher score in the Teamwork domain than respondents from banner pharmacies. When stratified by work experience, respondents with 0-5 years of community pharmacy experience (i.e., recent graduates) continued to score lower in Teamwork than those with six or more years of work experience (Table 2). It seems that this cohort find it more difficult to speak up if they perceive a problem with patient care and feel less support from their pharmacy to care for patients. As discussed in the 2018 report, it is hypothesized that the disparity between the idealistic, academically-oriented model of patient care taught in school and the realistic, day-today operations of community practice continues to significantly affect the perceptions and expectations of teamwork in recent graduates.^{3,8}

Safety Culture

The domain of Safety Culture assesses how pharmacy teams manage medication errors and whether they support a culture of "blame and shame" or an openness to discuss and facilitate system-based solutions. Along with Teamwork, Safety Culture was another highly-scoring domain of the SAQ. In general, most respondents strongly agreed that medication errors are handled appropriately when they occur and were aware of the proper channels to direct their questions regarding patient safety. The vast majority also agreed that they themselves would feel safe as a patient at their respective pharmacy, implying the continued confidence felt by pharmacy staff in the standards and systems in place to maintain patient safety.

However, when stratified by work experience, an area of concern within the Safety Culture domain is highlighted. In 2018, the item "*In this pharmacy, it is difficult to discuss errors*" had a relatively lower weighted average score for respondents with ten or less years of work experience. In this year's SAQ, respondents with 6-10 years of work experience saw an improvement in the average score for this question item, while the average score for

respondents with less than five years of work experience remained low (<u>Table 2</u>). In fact, respondents with less than five years of work experience generally felt greater difficulty with discussing and learning from errors at their respective pharmacies when compared to those with greater than 5 years of work experience. This same cohort also felt that Teamwork was lacking compared to those with more work experience, which could have subsequently contributed to the perception of greater difficulty in discussing medication errors with the team. Nevertheless, pharmacies should be encouraged to actively foster an environment where all team members have the psychological safety to initiate discussions for system improvement.⁹

Lastly, the lowest scoring item in the Safety Culture domain for both 2018 and 2021 was "I receive appropriate feedback about my performance". Due to the busy nature of most community pharmacies, providing appropriate feedback for staff members is less likely to be prioritized and difficult to implement consistently. By fostering an environment that encourages open discussion about medication errors and opportunities for learning, there will also be a positive influence on the level of constructive feedback shared between pharmacy staff. Further investigation on the types of feedback procedures implemented in community pharmacies would perhaps provide more insight into this safety culture domain.

Job Satisfaction

Compared to 2018, there was an overall improvement in the results for the Job Satisfaction domain (Table 6). Regardless of pharmacy type or years of work experience, the weighted average score for Job Satisfaction was the third highest in this year's SAQ. When stratified by years of work experience, the Job Satisfaction scores showed considerable variation compared with the 2018 results. For example, the average score among respondents with 20 or more years of work experience was 4.37 in 2021, compared with 3.95 in 2018.³ The free-text comment option of the SAQ did not provide further insight for this variation, suggesting that additional studies may be needed. As for the subgroup analyses by pharmacy type, the trends observed were similar to 2018. While respondents generally agreed that they like their job and their respective pharmacy is a good place to work, pharmacy morale was still a divided issue amongst respondents. Respondents from independently owned pharmacies scored higher in job satisfaction and pharmacy morale compared to respondents from banner and corporate pharmacies (Table 5). Although corporate pharmacy had the lowest average score for Job Satisfaction amongst the three pharmacy types, there was a large improvement in this domain for corporate pharmacy compared to 2018.

Stress Recognition

This domain refers to the acknowledgement of how performance is influenced by stressors. Higher scores in the Stress Recognition domain suggest that respondents are aware of how their performance could be influenced by stressors, and are more likely to implement solutions as well as report errors. Compared to 2018, this was the only domain with a decrease in the weighted average score (Table 6). Respondents with less than five years of work experience recorded a lower average score compared to respondents with six or more years of work experience (Table 2); respondents with less than five years of work experience also had the greatest reduction in scores compared to the 2018 results (Table 4). The lower Stress Recognition scores among these respondents may be attributed to lack of training in recognizing stressors and addressing burnout, as supported by a previous study which identified that burnout was generally more prevalent in participants with fewer years of work experience.¹⁰

When stratified by pharmacy type (Table 3), it was found that respondents from independent pharmacies reported lower levels of stress recognition (average score of 3.78) compared to banner and corporate pharmacies (average scores of 4.18 and 4.16, respectively). Meanwhile, there was a reduction in Stress Recognition scores between 2018 and 2021 regardless of pharmacy type, with corporate pharmacies showing the greatest decrease in scores (Table 5). The lower scores in this domain may be associated with the COVID-19 pandemic which was ongoing at the time of this survey. During the pandemic, several practice changes expanded the role of community pharmacies in providing timely access to medications. 11 While these changes were beneficial in maintaining continuity of care for patients, it is possible that community pharmacies experienced more stress through increased workload. A heavier workload during the COVID-19 pandemic may have reduced the ability of pharmacy team members to identify and respond to stressors in their environment. Based on the Stress Recognition scores from this survey, opportunities remain for community pharmacies to improve their understanding of how performance is impacted by stressors. To improve these scores, it may be helpful to consider workload management, staffing levels, and resilience and wellness training to address and prevent burnout.

Perception of Management

This domain assesses how respondents feel about the way patient safety is maintained by management. Continuing the trends noted from 2018, all respondents generally agreed that pharmacy management supports their daily efforts and does not knowingly compromise patient safety. However, lack of sufficient staffing was still a concern for 25% of all respondents who either disagreed slightly or disagreed strongly to the question item, "The staffing levels in this pharmacy are sufficient to handle the number of patients". In a subgroup analysis, respondents from corporate and banner pharmacies scored lower than respondents from independently owned pharmacies for this question item (Table 3). When stratified by years of work experience, the same item was the lowest scoring item amongst all categories of respondents with an average score of 3.73 (Table 2). The ongoing issue of inadequate staffing levels, especially in corporate pharmacies, reflects the underlying disparities between the professional goals of pharmacy practitioners and the economic targets of pharmacy management. ¹² One respondent stated, "allotment for staff...is inadequate...and contributes to errors affecting the quality of healthcare provided." Another respondent mentioned that they have had "unreliable full-time support staff" and management has been unresponsive. As the dominant form of pharmacy ownership in Canada gradually shifts from independent pharmacist-owned to corporate-owned and corporate-operated pharmacies, conflicting goals and staffing issues will likely persist. 12 Further analysis is needed to determine the appropriate balance between professional and economic focus by management, as well as ways to support pharmacy staffing regulations.

Working Conditions

This domain assesses how respondents feel regarding the integration of new staff and the availability of resources that support pharmacy clinical decision-making. As with the 2018 SAQ, this was one of the lowest-scoring domains amongst respondents, with a weighted average score of 4.05 (Table 6). The main area of concern was regarding inadequately trained new personnel, especially pharmacy assistants. Some respondents suggested implementing a standardized training program or course for assistants, arguing that better-trained pharmacy assistants would reduce the burden on pharmacists to identify and resolve near misses or errors. When stratified by work experience, an increase in the years of work experience correlated with an increase in scores for Working Conditions (Table 2). These outcomes may be

attributed to the differences between expectation and reality of community pharmacy practice among new graduates with less than five years of work experience. As for pharmacy type, respondents from independently owned pharmacies scored higher on every item for Working Conditions compared to those from banner and corporate pharmacies (Table 3). In 2018, there was a relatively large gap in the average scores for Working Conditions between banner and corporate pharmacies, with the banner group scoring higher than the corporate group, but lower than the independent pharmacy group. In this year's SAQ, the average scores were identical between banner and corporate pharmacies (Table 5), suggesting that changes might have been undertaken in the past three years to improve working conditions in the corporate pharmacy setting.

Limitations

The SAQ was designed to assess a team-based environment, therefore community pharmacies that are operated by a sole individual pharmacy professional may not find their safety culture perspectives well-represented by the question items. As well, a limitation of survey research is the potential for bias, as individuals with preconceived safety culture concerns may be more likely to respond to the SAQ. As such, the themes identified through this survey may not resonate with the entire cohort of Saskatchewan community pharmacy professionals. In addition, trends and comparisons between 2018 and 2021 noted in the discussion are based on only two sets of data, and it is possible that the 2021 respondents were not the same as those who responded to the 2018 SAQ. Future data collection efforts would be needed to capture definitive longitudinal trends of the safety culture in Saskatchewan community pharmacies.

Conclusion

Based on the responses from the second administration of the SAQ in Saskatchewan, pharmacy professionals have an increasingly positive view of the safety culture in their pharmacies. Compared to the results from 2018, domains such as Teamwork and Safety Culture were again scored high by pharmacy professionals and there is a general consensus that medication errors are handled appropriately by a well-coordinated pharmacy team. Furthermore, challenges re-identified by this SAQ include perceptions of pharmacy morale, which tends to differ amongst respondents from different types of pharmacies. As well, although respondents trust management and believe that patient safety is never knowingly or purposely compromised, there is a need for management to address staffing levels to better align with the workload, and to ensure training and supervision of new pharmacy personnel. Finally, recent pharmacy graduates feel their input could be better received, especially in terms of patient care, and may benefit from a comprehensive pharmacy orientation/team-building program.

Despite the COVID-19 pandemic affecting many aspects of pharmacy practice, the average scores for all domains remained relatively the same or improved compared to 2018, with the exception of Stress Recognition. While it seems that the pandemic may have accelerated the optimization of staff scheduling processes resulting in successful teamwork outcomes, it dampened pharmacy professionals' ability to recognize stressors that could compromise staff wellness and patient safety. As medication use continues to rise across Canada, creating and maintaining a robust safety culture establishes a strong precedent for current and future generations of pharmacy professionals to prioritize and optimize patient safety.

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