

# Do newly qualified pharmacists fully participate in the clinical team?

Clinical pharmacists heard about the barriers to full participation in patient care that newly qualified pharmacists face. **Christine Clark** reports

Newly qualified pharmacists are not participating fully in the care of the patients for whom they have responsibility and this could compromise patients' well-being, according to a study carried out by Ann Page, course director, MSc in clinical pharmacy (hospital), Bradford school of pharmacy. Given the current emphasis on medicines management within the NHS, this should be viewed as a waste of resources and an obstacle to effective medicines management, she told the audience.

Ms Page carried out a qualitative examination of the processes involved in the transition from student to professional for newly qualified pharmacists. Specifically, the work focused on "occupational socialisation" and the ways in which newly qualified pharmacists learn. Although this area is well-researched in medicine and nursing, it has not previously been reported in pharmacy.

Pharmacists are unusual among health care professionals in that much of their training is removed from the day-to-day realities of the health care environment. Furthermore, pharmacists usually work alone, rather than in hierarchical teams. Perhaps the most problematic aspect of this is the absence of an obvious rank or badge to indicate the pharmacist's level of experience leading to other health care professionals having unrealistically high expectations of junior pharmacists.

## In-depth interviews

The project involved the analysis of in-depth, qualitative interview data gathered from four newly qualified pharmacists working in a large teaching hospital within the NHS. Each participant was invited to describe three critical practice incidents: one each relating to an interaction with a patient, a pharmacist and another member of the health care team. The incidents were used as starting points for reflection on the role and behaviour of the study participants.

The themes that emerged were then analysed. The analysis of critical incidents provided a better representation of actual practice than generalised responses to theoretical situations, said Ms Page.

Three clear themes emerged: status and power in relationships with other team members and with patients, the role of the pharmacist



**Ann Page: newly qualified pharmacists quick to excuse bullying by doctors**

as perceived by others and the impact of workload and resources.

The newly qualified pharmacists generally perceived their own status as low and this appeared to relate in part to the position of pharmacy in the health service hierarchy and in part to their lack of experience. Many comments showed that they felt superfluous and ineffective although they also reported incidents that showed a positive input and noted that they had "quite a lot of useful skills that doctors had not been taught". Ms Page proposed a model in which an individual's status in the team is modulated by the knowledge that they have. "Knowledge is power — or at least the currency for its acquisition," she said. The participants all expressed some trepidation about the prospect of interacting with doctors, even when warning about a fourfold cytotoxic overdose that had been prescribed. Moreover, they were quick to excuse inappropriate behaviour, such as bullying, by doctors. One participant said, "You just let it go, don't you? ... Why make trouble?"

Ms Page suggested that the issues of relative status prevented the newly qualified pharmacists from confronting bullying or harassment and that the "concerned colleague" approach was a good short-term fix that in the long term could have adverse consequences for patients. The newly qualified pharmacists needed to develop a strategy for dealing with this type of situation, she concluded.

Issues of status were less clear-cut in inter-

actions with nurses. Participants valued the information that nurses had about patients and often received support from nurses when there was a conflict with medical staff. Interactions with pharmacists were divided into those with peers and those involving senior staff. Peer interactions were valued and were always described as supportive. There were some tensions in the relationship with senior pharmacists. For example, one participant had felt unable to challenge an error made by a senior pharmacist that resulted in a patient receiving an overdose of slow release morphine.

Commenting on interactions with patients, Ms Page noted that two of the participants had encountered communication problems with patients because of their own lack of life experience.

## Other people's perceptions

The role of the pharmacist as perceived by others created some problems for participants, mainly because other health care professional did not seem to know what a pharmacist's job entails. Job satisfaction for participants depended on the extent to which their skills were used and their involvement in clinical activities.

All participants raised the impact of resource and workload as an issue that conflicted with learning and with clinical work. One participant said that it was easy to let things slide at busy times. Another remarked that there was no longer time to learn every last detail about new topics.

Ms Page emphasised that the participants in this study were competent, caring professionals. Although the results of the study could not necessarily be extrapolated to other institutions, she suggested that they had important implications. Without legitimate participation in the clinical process, pharmacists cannot truly engage with or develop as members of their community of practice. If pharmacists see barriers to full participation in professional activities, it is likely that they will be less motivated and will obtain less satisfaction in their roles. Measures to tackle these problems could include:

- Improvements in communications with other members of the clinical team
- Increasing newly qualified pharmacists' confidence during clinical interactions
- Raising the profile of the pharmacy service so that other clinical staff understand the pharmacist's input
- Inter-professional education

The United Kingdom Clinical Pharmacy Association spring symposium took place in Birmingham from 7 to 9 May