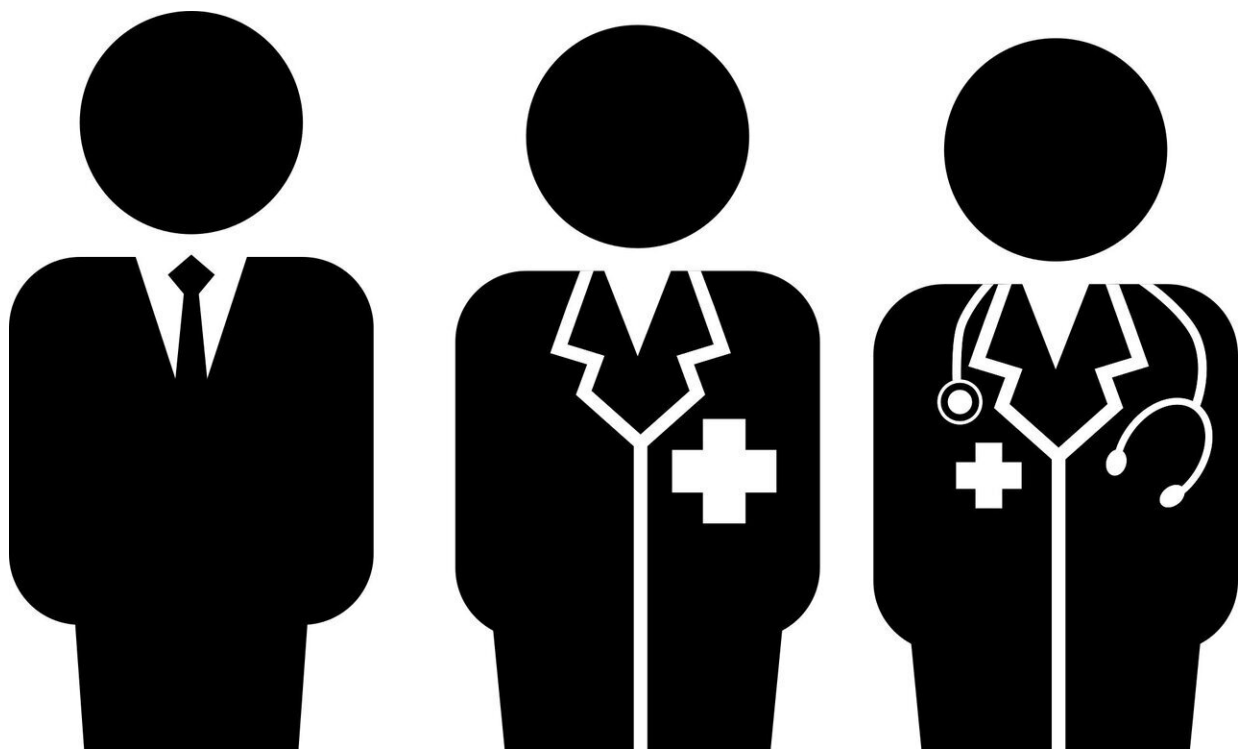


Research looks at the link between procedures and everyday practice in community pharmacy

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A study published in the journal *Applied Ergonomics* compared the standardized processes set out for community pharmacists to follow when dispensing medication to what happens in reality. A gap was

revealed and researchers also looked at the reasons for this.

The research, "Mind the gap: Examining work-as-imagined and work-as-done when dispensing [medication](#) in the community pharmacy setting," was conducted by the National Institute for Health Research Greater Manchester Patient Safety Translational Research Centre (NIHR GM PSTRC). The Centre is a partnership between The University of Manchester and Salford Royal NHS Foundation Trust.

The research involved observing pharmacists and pharmacy staff as they conducted the task of dispensing, and comparing this with what was documented to happen according to the procedures. The actions involved in dispensing were mapped out in detail, through the use of a human factors technique called task analysis. A focus group of [community pharmacists](#) helped the researchers understand why some of these differences between written standardized procedures and reality exist.

Ahmed Ashour, a researcher in the Medication Safety theme at the GM PSTRC and lead researcher for this study, said: "Once we had identified a gap between the theory and reality of medication dispensing in community pharmacy a further focus group helped us to recognize why the gap exists. Importantly, they were able to help put these reasons into four main themes, enabling us to understand the context around tasks that take place in a pharmacy."

These themes are:

1. The need to be more efficient due to factors such as time pressures
2. Lack of resources which are required (e.g., access to patient records)
3. Thoroughness (to ensure common mistakes were avoided)
4. Delegating safeguards which means staff members may skip a

step or a check because they know a computer system or other safety measure will fill the gap.

Professor Darren Ashcroft, Theme Lead for Medication Safety at the GM PSTRC, said: "In recent years there has been a drive towards improving [patient safety](#) through greater standardization of how tasks are completed in health care as a way of reducing the risk of errors. However, pharmacists work in incredibly busy and pressured pharmacies and it's crucial the protocols that are in place take that into account.

"That's why this research is vital as it looks at how these protocols perform in reality and identifies the gap which allows us to make recommendations to make medication dispensing safer."

The research suggests that more user testing of standardized operating procedures is required to better reflect the complexity of day-to-day working practices. In addition, in some instances greater flexibility may be needed in the procedures, to allow for safe variations in practice, when pharmacists deem it necessary to optimize patient [safety](#).

Ahmed, concluded: "This research has shown that not all differences between procedures and practice are done to make tasks quicker. At times pharmacists feel it's necessary to be more thorough when dispensing or when they do not have access to the resources they need. Further research should look at each of these themes in-depth, and highlight how standardized procedures should be adapted in light of them."

More information: Ahmed Ashour et al, Mind the gap: Examining work-as-imagined and work-as-done when dispensing medication in the community pharmacy setting, *Applied Ergonomics* (2021). [DOI: 10.1016/j.apergo.2021.103372](https://doi.org/10.1016/j.apergo.2021.103372)

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