

Hospital Pharmacy: The Staff Shortage Crisis

Critical Health

Overcrowded wards and outpatient areas, staff shortages and inadequate facilities: this scenario depicts the state of South Africa's public sector hospitals. Critical Health spoke to a number of senior hospital and provincial pharmacists countrywide. They all expressed that hospital pharmacy is very much part of this scenario. There is a serious, escalating shortage of pharmacists, they are overworked and receive poor salaries. Many of those interviewed expressed frustration at the authorities, including central government, which is largely responsible for these problems.

The pharmacists interviewed concurred that work pressure did not allow for adequate counselling of patients on the medication they receive. Most were concerned about the possibility of patients becoming ill as a result of incorrect usage of prescribed drugs, and some gave examples of situations in which patients did get ill. These views were substantiated by several doctors who work at state hospitals.

Some of the pharmacists approached were cautious about publicising their frustrations. In one case, a pharmacist sought permission from his superintendent and was blocked from speaking about the situation at his hospital. All interviews are, therefore, treated in confidence.

Staff Shortages, Black Patients and Rural Areas

Almost all state hospitals, including previously white tertiary hospitals, are facing shortages of pharmacists. Just over 10% of all pharmacists in South Africa work in the public sector, yet they handle almost 70% of all medicines. Moreover, according to a senior Transvaal pharmacist, a large proportion of public sector pharmacists are over 65 years of age and work mornings only. They are employed because most younger pharmacists prefer the private sector. The older pharmacists do not necessarily have a detailed knowledge of recent developments in pharmacology. However, they need to have an updated knowledge of the explosion in the range drugs developed in the last 30 years if they are to make a meaningful contribution to patient care.

Staff shortages tend to have a greater effect on black patients because of

the legacy of inequitable distribution between hospitals in black and white designated areas. For example, Baragwanath Hospital is far more poorly staffed than Johannesburg Hospital. It has one pharmacist for every 88 beds. In comparison, Johannesburg Hospital has a ratio of one pharmacist to 20 beds. In Pretoria, Kalafong Hospital has a ratio of one to 57, versus H F Verwoerd, one to 26.

There are very few pharmacists in the rural areas. For example, there are no pharmacists in the hospitals in the rural areas of KwaZulu. According to a senior Natal pharmacist, in these rural hospitals, "the people working in the pharmacies are pharmacy assistants for whom the minimum educational requirement is a standard eight certificate. These workers are given in-service training for which there is no widely recognised certification at all."

Slashing Essential Services

The shortages are exacerbated by the government's policy of cutting back on state expenditure and pruning the size of the civil service. Under the Minister of Finance, Mr Derek Keys, this process has intensified. He publicly stated his intention to trim the civil service by 5% (about 30 000 members of staff), during the course of this year.

It may be acceptable to eliminate bureaucrats whose only function was to bolster apartheid, but it becomes a serious problem when cutbacks affect the availability of essential civil servants like school teachers or hospital pharmacists. A senior Transvaal provincial pharmacist argued, "The government has taken a hard attitude toward the civil service in general. Derek Keys' attitude is that the civil service is too large. This may be true, but the health service suffers a shortage of essential clinical staff. A bloated bureaucracy exists more in the overall administration of the civil service".

Stress, Poor Pay and Demoralisation

Cutbacks place remaining staff under great stress as they are compelled to do additional work. Pharmacists have to cope with long queues of out-patients waiting for their medication. They don't have the time to do tasks for which they have been trained, for example, attend ward rounds with doctors, check on the use of particular drugs and advise medical staff on side effects of particular drugs. Many pharmacists become demoralised in this environment. According to one of the pharmacists interviewed, "The expectations of most young pharmacists are not met. They do an extremely long course, yet in the state

service there is a lot of pharmacology they don't apply. Many feel that all they do is hand out medicine, that their job is rote work."

Pharmacists in the public sector also face the problem of low levels of remuneration. Pharmacists, for example, earn less than administrative staff. Many pharmacy graduates avoid seeking employment at state hospitals because of poor remuneration. Salaries are far too low to attract pharmacists into rural areas. This adds to hospital pharmacy staff shortages. All these factors lead to a high staff turnover among state hospital pharmacists and, when vacancies occur, the authorities are reluctant to replace lost staff.

Staff Cutbacks Undermine Patient Services

A hospital in the western Cape has been considering referring many of its out-patients to outlying primary health care services to reduce the overload of patients on its staff. This, a pharmacist said, is likely to reproduce the problem at understaffed primary health care services. Frere Hospital in Port Elizabeth is, in fact, considering withdrawing from its outlying clinics at a black township, Duncan Village, because of a shortage of pharmacy and other staff.

Pharmacists have limited or no time at all to counsel patients on their prescriptions, thereby unavoidably acting in contravention of Pharmacy Council regulations. In the past, all aspects of dispensing were carried out by the pharmacist, but now the tasks are divided. Typically, the pharmacist writes up the folder, another staff member does the labelling and a further person counsels the patient. The supporting staff have become indispensable, but hospitals are now starting to experience shortages of assistants too.

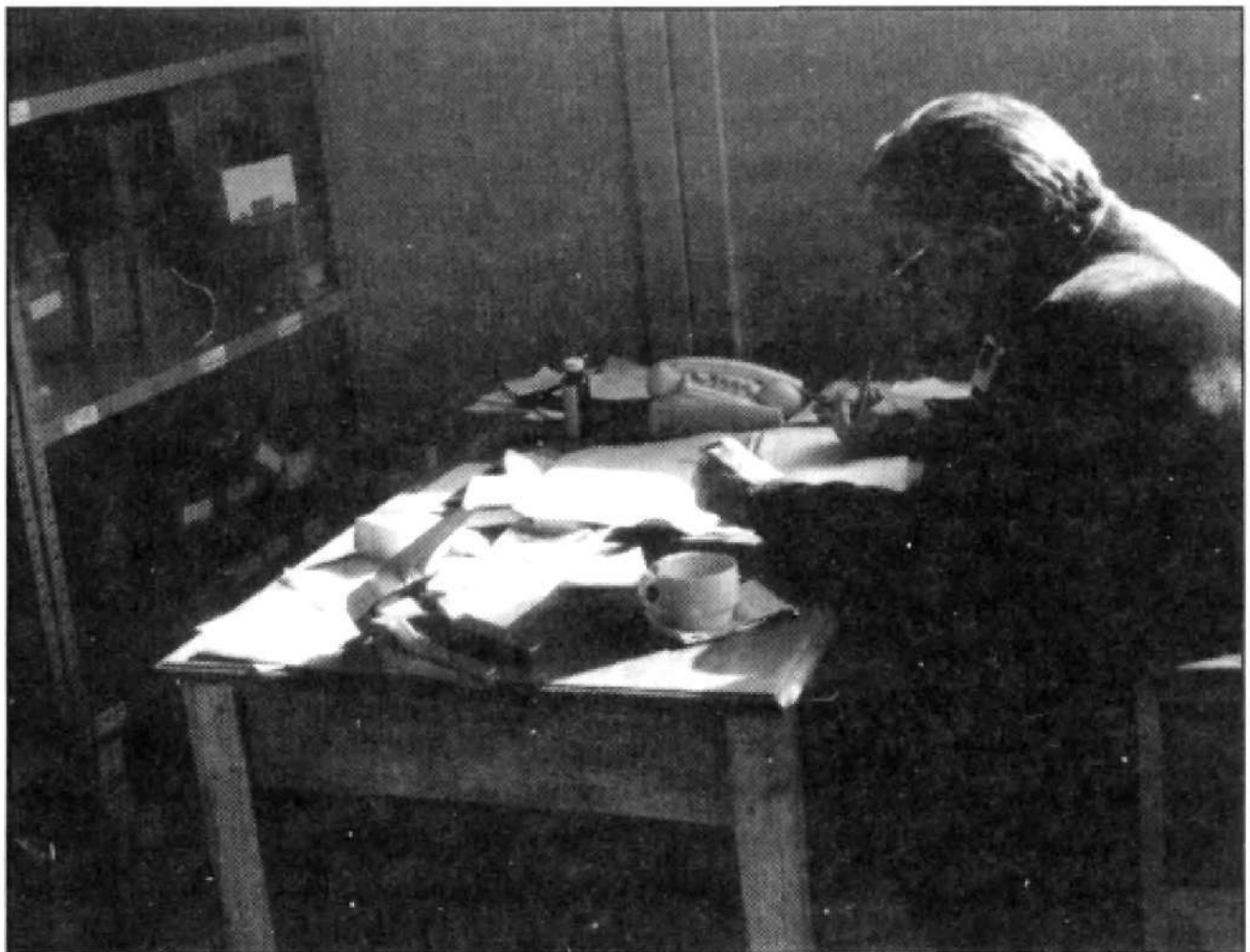
Counselling patients is often further complicated by language differences. Most pharmacists in South Africa are white people who cannot speak any African languages. They, therefore, rely on a clerical category, specialised auxiliaries, to interpret. In some cases, hospitals arbitrarily use hospital general staff to do translations. As a result of this communication gap, pharmacists often have no way of assuring that patients receive the correct information.

What Happens to Patients?

Pharmacists probably make some mistakes in dispensing due to work pressure. The pharmacists interviewed also acknowledged that inadequate counselling can lead to incorrect usage of prescriptions and that adverse drug effects are a potential threat. Patients have, for example, been known to use suppositories

incorrectly due to a lack of understanding or confusion on receiving their medication. Patients often fail to comply with their medication as result of a lack of counselling. For instance, a patient given a 5 day course of anti-biotics will take this course for 2 days, feel better and stop taking the medication. As a result, sometimes the symptoms of the illness return or even worsen. Asthma patients are given asthma pumps containing a drug which can cause ulcers if taken in excess. Patients are often not counselled adequately on how to prevent over-dosage. In serious cases, patients have been admitted to hospitals as a result of adverse drug effects and, in one or two instances, pharmacists have known of patients who have died.

According to a doctor at Baragwanath, a diabetic patient who had not been taught how to use her prescription was swallowing her insulin instead of injecting it. Diabetic children who inject themselves often give themselves too much. These examples indicate another shortfall in the public sector, a lack of district home nurses to oversee the administration of medicine at home.



Many hospital pharmacists have passed retirement age. *Photo: Ismail Vawda*

Pharmacists and Ward Rounds

The Pharmacy Council also requires pharmacists to give advisory services to health workers. Years ago, when there were adequate levels of staffing, pharmacists were involved throughout the process of medication. They accompanied medical staff on ward rounds, advising them on the side effects of drugs, the effects of drugs in combination with other drugs and other possible options for therapy. They also checked that drugs were being used correctly.

Lately, pharmacists only do ward rounds at intensive care units. Furthermore, other medical staff such as nurses are also overstretched. In this situation, mistakes can occur in the delivery of medication. For example, a nurse may administer too large a quantity, fail to give enough doses each day or continue providing medication well beyond the duration of the course. A child with meningitis who gets therapy twice a day instead of four times a day may die as a result.

One of the pharmacists interviewed indicated that pharmacists also have an important role to play in advising medical staff in ongoing out-patient therapy. For example, a patient who is given a prescription of drugs may feel dizzy and return to the hospital to have this treated. The doctor may not realise that one of the drugs in the prescription could be the cause and, therefore, give the patient an additional drug to stop the dizziness. Early intervention by a pharmacist could detect this as a problem and prevent a second inappropriate prescription.

A Complicated Mechanism to Say No

The shortage of pharmacists in most hospitals is reaching serious proportions. Working conditions for existing staff are exceptionally difficult and patients are suffering. In theory, hospitals with a shortage can apply for more staff. However, in the western Cape, a pharmacist said the provincial administration's response is, "supportive but cautious, providing relief only within the financial constraints of their hospitals."

In the Transvaal, the process consists of a number of stages and is time consuming. As a rule, the finance department responds by rejecting requests for staff on the grounds that additional staff have not been budgeted for. A senior pharmacist expressed the frustration of getting an unfavourable response through this convoluted bureaucracy: "I go out to a hospital, say, in Sebokeng, which is understaffed. My department does a new post establishment calculation, and confirms reported staff shortages at the particular hospital. At head

office, we make recommendations to the work study officer, who goes out to check our calculations. From his visit, work study suggests, say, eight more posts. Their recommendation goes to the personnel department and then to the finance department. Finance then says there is no more money in terms of the budget. Too often, I have to return to the hospital which made the staff request, and tell them I cannot help. I lose credibility. The person in finance has no idea of what goes on in the workplace. He simply imposes the line from cabinet."

The response of the provincial administration to a request for staff is, in fact, not dependent on actual budgetary constraints, but rather on "the political climate and what the government wants to achieve. A year ago a business management style was introduced at one hospital. Because the government wanted the project to work at this hospital, we did get the staffing levels required." That hospital is a rare exception in a situation in which the government intends to choke the health services.

Understaffing Wastes Money

These bureaucratic decisions are made within the framework of the government's overall drive to lower state expenditure. However, this is actually a short-sighted approach. The lack of an adequate number of pharmacists contributes to an inability to control stock. Overstocking is common, drugs expire and have to be destroyed. The Transvaal Provincial Administration spends R150 million a year on drugs, and significant quantities have to be destroyed. 'Shrinkage', or loss due to theft, is another major problem. According to a recent newspaper report, the market for stolen medical supplies is over R6 million a year, a large *portion of which is stolen from state hospitals.*

In attempting to cut state expenditure, the government is deepening the crisis in hospital pharmacies and, at the same time, it is actually failing to meet its objective of saving money.

This article was written by Joe Kelly.