**INTRODUCTION OF SELF-MANAGEMENT IN A HOSPITAL PHARMACY**

LR Duckert*, T Schnor, NB Rasmussen. Capital Region Hospital Pharmacy, Production, Herlev, Denmark

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**Background** In our region and hospital pharmacy the values are Trust, Wholeness, Openness and Professionalism. We trust that all employees wish to make a difference for our patients. We engage in an open and honest dialogue and we focus on enabling all employees to think and act for themselves. These values inspired us to introduce self-management to one of our production units employing 22 people.

Self-management (self-direction) is a way to empower employees and thereby create more passion and job satisfaction within the organisation.1 We believe that it will help prepare our organisation to meet future development in a proactive way.

**Purpose** Our goal is to introduce and, with time, obtain a self-management culture in the unit. We focus on enabling the single individual but always with the goals of the unit in mind.

**Material and methods** Introducing self-management in a unit include changes for both employees and managers.

Focus for the leaders has been on giving more feedback to employees and setting the direction for the unit in opposition to micromanaging. It has never been the intention to cut down the group of leaders.

Employees were introduced to self-management in workshops, Kaizen meetings and in the unit’s everyday work. The employees were invited and supported to bring up topics where they as individuals or a group could see potential in self-managing.

The job satisfaction was measured every 3 months in a questionnaire and followed up on a daily basis.

**Results** Most employees found the changes challenging in a good way. As expected, the employees embraced the changes for chosen topics, a group of employees initiated the needed procedures, co-workers, nature of work and communication.

Analysing the variables, we ascertained that female pharmacists (2.83), who are younger than 35 years old (2.91) and have worked less than 3 years (3.07), who work in Lisboa e Vale do Tejo (2.99), who are fixed-term workers (3.52), who have coordination functions (3.06) and who work in a private sector (3.04) are the most satisfied.

The Cronbach’s alpha test values were above 0.8, indicating a good internal consistency of the survey.

**Conclusion** The sample under study is slightly dissatisfied (2.8/6) with their job. We can observe a separation tendency of scale related to the working environment, with better results, comparing scales related to remuneration. This indicates that dissatisfaction results in aspects that are not controllable by professionals but only by the institutions/government.

The high values of satisfaction with the nature of the work (4.58) indicates that the sample of pharmacists in this study like their profession.

**REFERENCE AND/OR ACKNOWLEDGEMENTS**


No conflict of interest.

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**AN ASSESSMENT OF HOSPITAL PHARMACISTS’ JOB SATISFACTION: APPLICATION OF THE JOB SATISFACTION SURVEY**

RA Esteves Grangeia*, RM Baptista, MR Silva, SP Pinho Martins, CS Ferreira Batista. Centro Hospitalar e Universitário de Coimbra, Production, Coimbra, Portugal

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**Background** Presently a legally defined specialisation programme and hospital pharmacist career does not exist. This fact is directly related to job satisfaction. Meanwhile, new legislation was published regarding a new career.

**Purpose** The aim is to evaluate the overall job satisfaction and the nine-subscale measurement of the Job Satisfaction Survey (JSS), considering the following variables: gender, age, seniority, work region, coordination functions and private/public sector.

**Material and methods** We conducted a descriptive statistical study based on information collected by the JSS by Spector (1985) that was adapted to Portuguese by Malheiros (2009).1 The survey was made available online during 54 days (15 January 2018–9 March 2018).

The nine subscales considered by Spector are: pay, promotion, supervision, benefits, contingent rewards, operating procedures, co-workers, nature of work and communication.

To evaluate the data Excel and SPSS were used. Internal consistency reliability (Cronbach’s alpha test) was computed because, after research, no evidence was found of any report of a similar study.

**Results** One hundred and nine pharmacists participated in the survey (9% of total hospital pharmacists). The overall satisfaction grade was 2.80/6 (slightly dissatisfied). The satisfaction of the subscales was: 1.73 (pay), 1.72 (promotion), 3.38 (supervision), 1.99 (benefits), 2.41 (contingent rewards), 2.58 (operating procedures), 3.67 (co-workers), 4.58 (nature of work) and 2.99 (communication).

Analysing the variables, we ascertained that female pharmacists (2.83), who are younger than 35 years’ old (2.91) and have worked less than 3 years (3.07), who work in Lisboa e Vale do Tejo (2.99), who are fixed-term workers (3.52), who have coordination functions (3.06) and who work in a private sector (3.04) are the most satisfied.

The Cronbach’s alpha test values were above 0.8, indicating a good internal consistency of the survey.

**Conclusion** The sample under study is slightly dissatisfied (2.8/6) with their job. We can observe a separation tendency of scale related to the working environment, with better results, comparing scales related to remuneration. This indicates that dissatisfaction results in aspects that are not controllable by professionals but only by the institutions/government.

The high values of satisfaction with the nature of the work (4.58) indicates that the sample of pharmacists in this study like their profession.

**REFERENCE AND/OR ACKNOWLEDGEMENTS**


No conflict of interest.
**Purpose** The aim of this study was to determine the impact of this change of connectivity on the administration of enteral medication.

**Material and methods** The first part of the study consisted of an evaluation of the professional practices (EPP) of the nurses on the enteral administration by a questionnaire.

The second part was an in-vitro study comparing several methods of administration via ENfit tubing. Morphine sulphate extended release (ER) placebo micro-granules were used as a model. An amount of microgranules corresponding to the lowest commercially available ER morphine sulphate assay was weighed and enumerated to extrapolate at the highest dosage, which will be used as a reference throughout the study. A quantity of micro-granule was weighed, suspended in water and administered at the site of the ENfit tubing. Subsequently the tubing was rinsed with water. The number of micro-granules at the inlet and outlet of the tubing were compared to determine the percentage of micro-granules administered.

**Results** Ninety-five nurses from 10 care units participated in the EPP. The simultaneous grinding of several drugs was a common practice (88%). The correct methods of rinsing of the ENfit tubing and dissolving of medications were applied by only 20% of nurses.

The in-vitro study has shown that the change of connectors prevents the direct introduction of micro-granules at the site of administration. The first method of administration, which consisted of suspending micro-granules in a cup, resulted in a 10% loss. The second, which consisted of putting the micro-granules in a syringe and then taking the water, resulted in a 3% loss. The third was the most suitable method, because it did not cause any loss, consisting in suspending the micro-granules in a syringe filled with water.

**Conclusion** The ENFit system complicates the enteral administration of drugs in the form of micro-granules. Corrective actions are needed to optimize administrative practices, including support for nurses and the development of medical devices that would limit misuse.

**REFERENCES AND/OR ACKNOWLEDGEMENTS**

Thanks to the nurses.

No conflict of interest.