

Prescription for stress – A bitter pill for pharmacists

Analysis of the Remuneration Survey conducted by the Independent Pharmacists' Association of New Zealand – 1st July 2020

Introduction

Something is wrong with the pharmacy profession. Many of us have been voicing various concerns about our careers but have little to show for it. In the age of evidence-based decision making few will listen if there is no hard data to point to. This has changed now. Not only have we gathered all the evidence needed to substantiate the concerns, but some of our findings paint a very sad picture of pharmacy as a career.

One of the main subjects of this analysis is **pharmacist wages**, an issue often raised but generally swept under the carpet. Maybe we haven't realised the extent and gravity of this problem? Maybe it has been exacerbated by the lack of transparency in hourly rates?

10% of pharmacists with
30+ years of experience earn
as little as **\$35** or less per hour

Another critical issue we are looking at is **mental health**, which has never been in the focus of any serious inquiry, despite the ubiquitous presence of stress and continuous negative experiences in the workplace. This is all the more alarming, considering the effect of these factors on dispensing errors.

Those who reported **high stress** levels are **twice as likely** to have reported more **dispensing errors**

Other workplace factors that have an impact on the well-being, satisfaction and performance of pharmacists are also discussed, such as employers' **support of leave, staffing levels and self-checking**.

We touch on other pressing issues such as the impact of **gender and belonging to a minority group** on wages, employment status and roles. We also make **comparative analyses between regions**.

Pharmacists who appear to belong to a minority group earn **\$2.54 less** per hour on average. This figure is **\$2.71** for females

A relatively common subject of pharmacists' discussions, on social media and elsewhere, is the issue of **trust in our organisations and authorities**.

PDA scored **7.5** on average with most respondents voting **10** out of 10 in the question of **trust**

Most of us who followed these exchanges of views have a general feeling about the current levels of (dis)satisfaction, but these accounts can be disregarded as anecdotal evidence. This

survey not only provides a quantitative confirmation which will be difficult to dismiss, but it also proves that pharmacists make sharp distinctions between organisations, rather than just being cynical or antagonistic toward authority.

If you have any questions or queries regarding the survey or the data presented here, please contact

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Background

Pharmacists in New Zealand have long been worried about the state of pharmacy as a career. IPANZ initially set out to create a satisfaction survey with the aim of finding out how pharmacists feel about their career and their professional life. However, this quickly evolved into a salary survey, and culminated in a 36-question wide-ranging questionnaire.

Considering the general difficulty of engagement, which tends to increase with the size of the questionnaire, this survey turned out to be very successful. Clearly, pharmacists all over the country are keen to know if their concerns about the state of the profession are true. Within the span of not more than two weeks hundreds of pharmacists filled in the survey. This enabled us to come up with statistically significant observations.

Overall, 464 attempts were made to fill in the survey. Some of these were found to be invalid due to various reasons, such as duplication, using false or invalid APC numbers or not giving any answers at all. After consolidating the data, we found that 389 verifiable individual pharmacists answered the questionnaire. After the verification process all identification information, such as APC numbers and IP addresses have been permanently removed from the database. Since not everyone answered every question, we will provide the relevant n values in each section.

As we endeavour to help the readers to understand the survey results, we use visual aids, various charts and tables, based on hard data. Creating useful visuals on discreet data points entails some simplification and “smoothing out”. However, this does not mean that the data behind the simplified visualisation is inaccurate. On the contrary, we aim to present the data in a way that best conveys the exact meaning of what we found.

Demography

According to the Pharmacy Council of New Zealand’s 2019 Workforce Demographic report there were a total of 3,832 practicing pharmacists. Therefore, our sample size is about 10%. Looking at the age/gender distribution of those who responded to our survey (Table 1), it appears that the youngest age group is overrepresented in our sample. We also note that the age brackets in the Workforce Demographic are slightly different, but 90% overlapping with the survey brackets. Otherwise, the distribution pattern largely follows the overall demographic data.

Table 1

AGE GROUP (N=339)	MALE (NZ TOTAL)	MALE (SAMPLE)	FEMALE (NZ TOTAL)	FEMALE (SAMPLE)
21-30	8.4%	15.3%	18.8%	26.3%
31-40	9.4%	8.3%	18.9%	19.5%
41-50	5.4%	2.4%	12.4%	11.5%
51-60	5.5%	4.1%	11.2%	7.1%
60+	5.2%	2.9%	4.7%	2.7%

In terms of geographic distribution, our sample closely follows the nationwide data (Table 2). The Workforce Demographic report uses the geographical regions, whereas we chose to collect information on which DHB the respondent worked in. Although DHB boundaries do not exactly match the regional boundaries, it is possible to map the two onto each other.

Figure 1

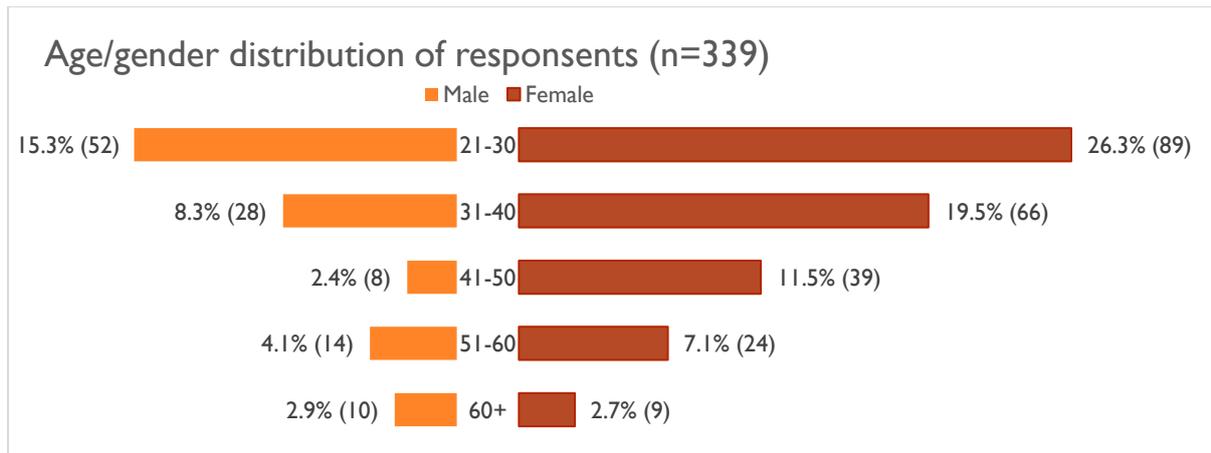


Table 2

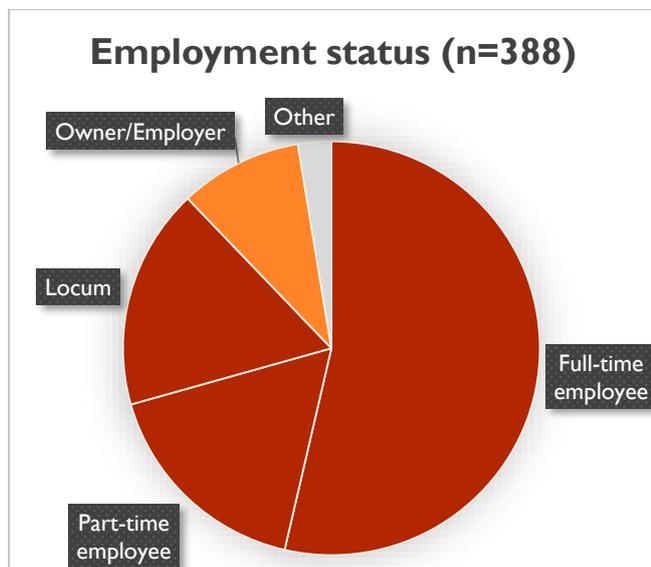
REGION	DHB	NZ TOTAL	SAMPLE (N=384)
Auckland	Auckland, Counties-Manukau, Waitemata	38.1%	39.6%
Bay of Plenty	Bay of Plenty	5.8%	5.2%
Canterbury	Canterbury, South Canterbury	12.9%	13.3%
Gisborne	Tairāwhiti	0.8%	0.5%
Hawke's Bay	Hawke's Bay	3.4%	4.7%
Manawatu-Wanganui	Capital & Coast, Hutt Valley, MidCentral,	15.4%	14.8%
Wellington	Wairarapa, Whanganui		
Nelson, Marlborough, Tasman	Nelson-Marlborough	3.1%	4.2%
Northland	Northland	2.8%	3.6%
Southland, Otago	Southern	7.3%	6%
Taranaki	Taranaki	2.5%	1%
Waikato	Waikato, Lakes	7.4%	7%
West Coast	West Coast	0.4%	0%

The following figures reveal the employment status and roles of the respondents, which point to certain strengths and limitations of this data set. Undeniably, non-proprietor pharmacists (employees and locums) are in the majority at 87.9%, whereas owners/employers make up only 9.5% of the sample (Figure 2). We must take this into consideration when drawing conclusions from the data collected in this survey.

We may also observe that the majority of respondents (88.3%) held community pharmacy roles (Figure 3). According to the Workforce Demographic report, community pharmacists make up about 79.4% of all pharmacists, which means that this group is slightly overrepresented in our sample.

Although the above points may be construed as limitations, there are important advantages for the purposes of the Independent Pharmacists' Association of New Zealand. The opinions, feelings and observations expressed by these respondents are most valuable for our organisation.

Figure 2



The ethnicity of pharmacists can also be found in the Workforce Demographic report. In this survey, we wanted to find out whether belonging to a minority group *in an obvious, apparent way* has any impact on other metrics, such as wage, stress levels, etc. To this end, we simplified the question and asked pharmacists whether they *appear* to belong to a minority group. About 38.2% of respondents thought that others can tell that they belong to a minority group. This is close to the 42.6% figure, which is the percentage of pharmacists who, according to the Workforce Demographic report, are not of European descent.

Remuneration

We focused on hourly rates as this is a good basis of comparison, reliably independent from employment status. This is understood to be before tax for employees and exclusive of GST for locum pharmacists.

Hourly rates

The nationwide figures (Figure 4 and Table 3) may serve as a baseline for comparison, but these do not tell the real story.

We will use charts and tables as visual aids to help make sense of the data. The distribution charts show how common a particular hourly rate is. For example, Figure 4 shows that the range of hourly rates goes from \$28 to \$60, but about 80% of pharmacists earn somewhere between \$32 and \$45. Further, the right-hand tail of the distribution is long and flat, which means that a few pharmacists earn a very high hourly rate pulling the average up, leaving about 60% of pharmacists earning less than the average rate.¹

As will be discussed later, our analysis shows that the second, smaller peak after the main one is, in large part, due to locum pharmacists' rates. Hence, for the sake of simplicity, we called it the "locum bump".

In the tables, we use decile, quartile, median and average values. These benchmarks are also helpful in understanding the going hourly rates, helping individual pharmacists to determine their own rank. For example, Table 3 shows that the upper decile rate is \$45. This means that 10% of all pharmacists make more than \$45 per hour. In other words, a pharmacist who makes \$45 per hour, has a higher rate than 90% of all pharmacists.

Figure 3

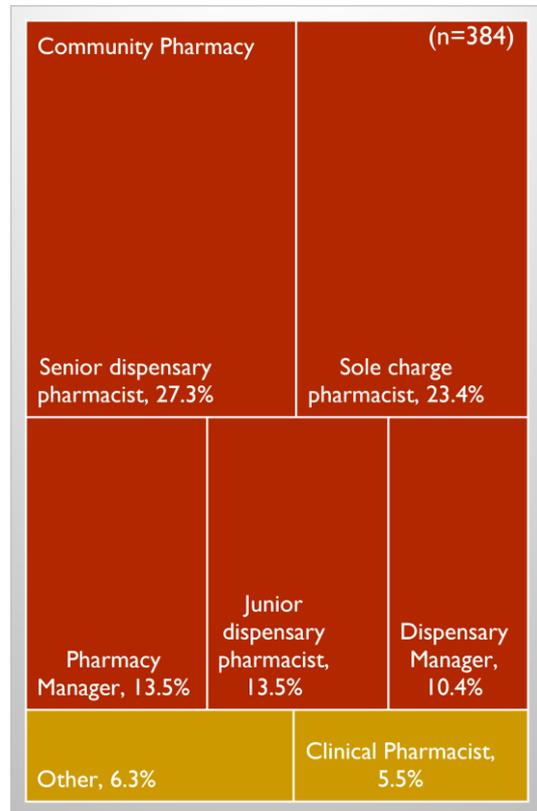
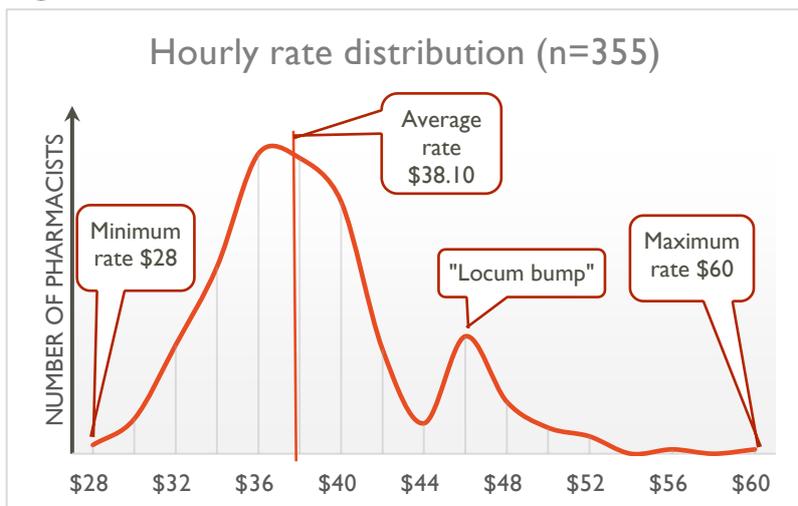


Figure 4



¹ The 60th percentile is \$38

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In the same vein, about 25% of pharmacists make more than \$40 (that is, 75% of pharmacists make \$40 or less), which is the upper quartile. The median is the mid-point of the distribution. The difference between the average and the median is due to the fact, as we mentioned before, that there is a small number of pharmacists that earn a high (\$55-\$60) hourly rate, which pulls up the average. The lower quartile and lower decile have similar meaning as their upper counterparts.

Table 3

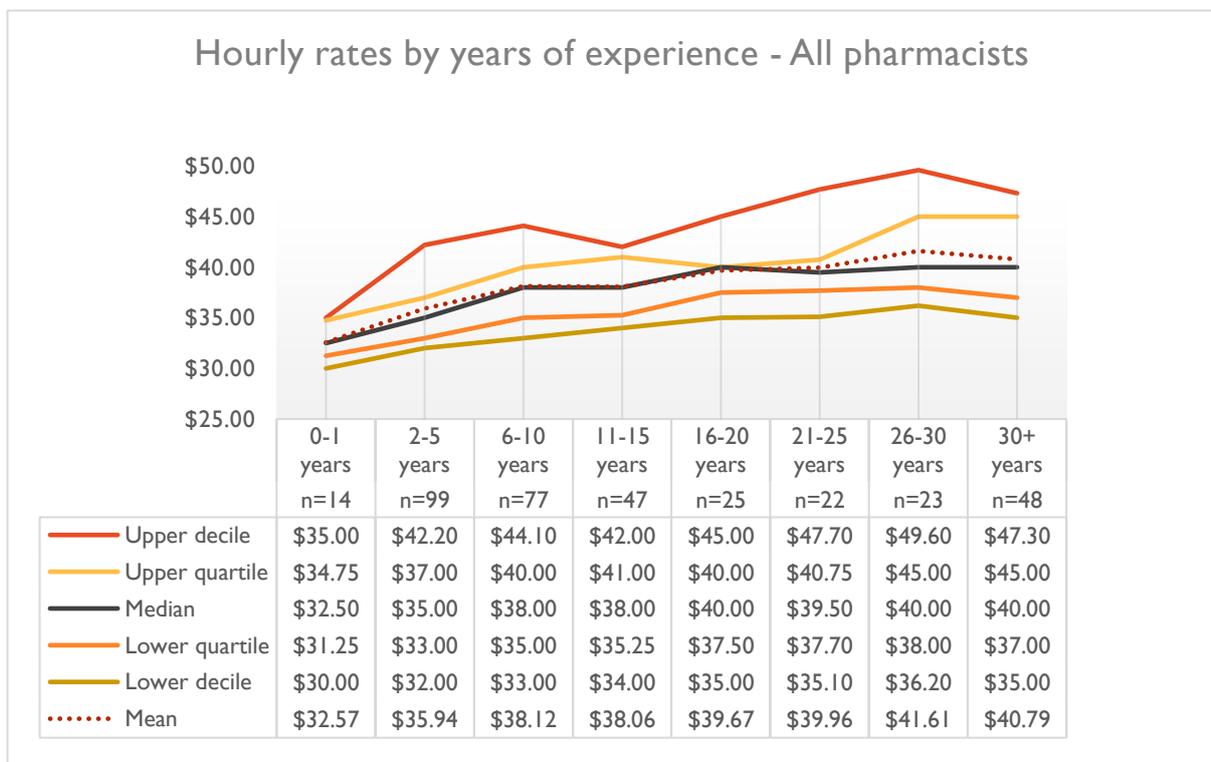
Hourly rates nationwide	
Upper decile	\$45.00
Upper quartile	\$40.00
Median	\$37.50
Lower quartile	\$35.00
Lower decile	\$32.50
Mean (average)	\$38.10

Hourly rates and experience

The most interesting findings can be revealed by breaking down the data along various demographics to compare different subsets of pharmacists. Figure 5 shows the distribution of hourly rates by years of experience. It is immediately apparent that the rate of progression is depressingly flat. The lower decile, lower quartile and the median all have a break point at the 16-20 years bracket, after which the upward trends slow down, go flat, or more worryingly turn downwards. One striking detail here is that although about 90% of pharmacists overall make \$32.50 or more per hour, about 10% of pharmacists with more than 30 years of experience do not earn more than \$35 per hour.

\$8.22 is the difference in average hourly rates that 30 years of experience makes

Figure 5



Hourly rates by regions

We asked each respondent what DHB area they worked in. This allowed us to look at DHB-specific data, but for the purposes of this analysis we grouped the DHB areas into three regions (Table 4).

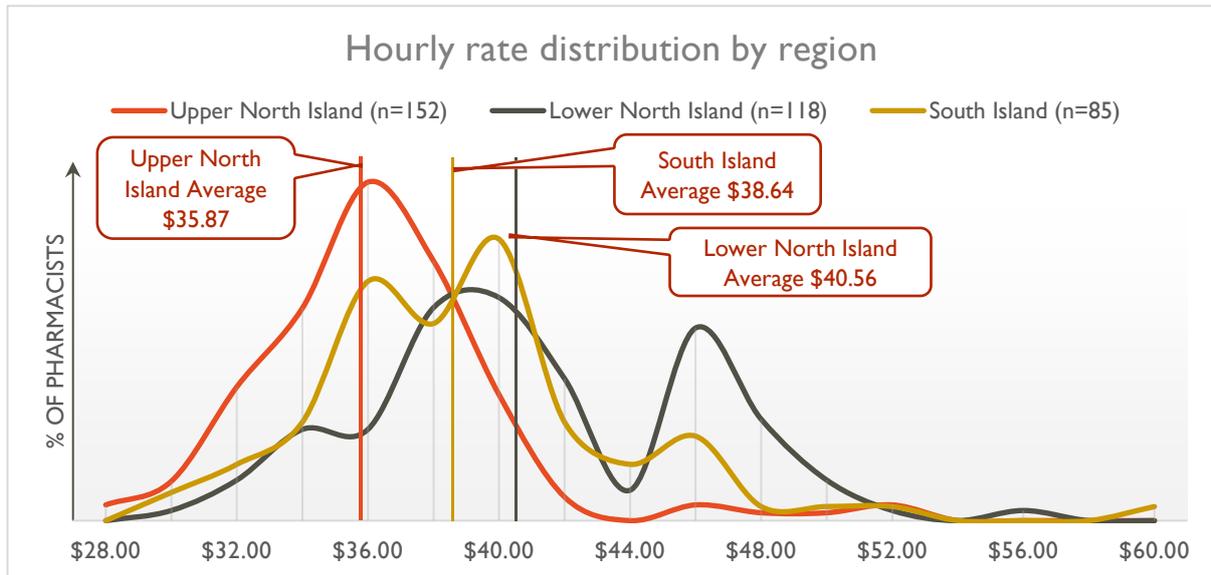
\$4.69 is the difference between the average hourly rates in the Upper and Lower North Island

Table 4

Region	DHBs	n
Upper North Island	Auckland DHB Counties-Manukau DHB Northland DHB Waitemata DHB	166
Lower North Island	Bay of Plenty DHB Capital & Coast DHB Hawke's Bay DHB Hutt Valley DHB Lakes DHB MidCentral DHB	128
	Tairāwhiti DHB Taranaki DHB Waikato DHB Wairarapa DHB Whanganui DHB	
South Island	Canterbury DHB Nelson-Marlborough DHB South Canterbury DHB Southern DHB	90

This regional division has resulted in some intriguing observations. Figure 6 reveals a worrying picture, showing that hourly rates in the Upper North Island are so far behind the rest of the country that the median rate is as low as the 20th percentile of the South Island, and lower than the 15th percentile of the Lower North Island. In other words, about 80% of pharmacists in the South Island and 85% of pharmacists on the Lower North Island are paid as much or more per hour than half of the pharmacists in the Upper North Island.

Figure 6



Hourly rates by gender

Figure 7 shows the difference in hourly rates between female and male pharmacists. The two distribution curves show a large overlap, which means that, if we take a random male and compare his hourly rate with that of a random female, in the majority of cases there will be little or no difference between the figures.

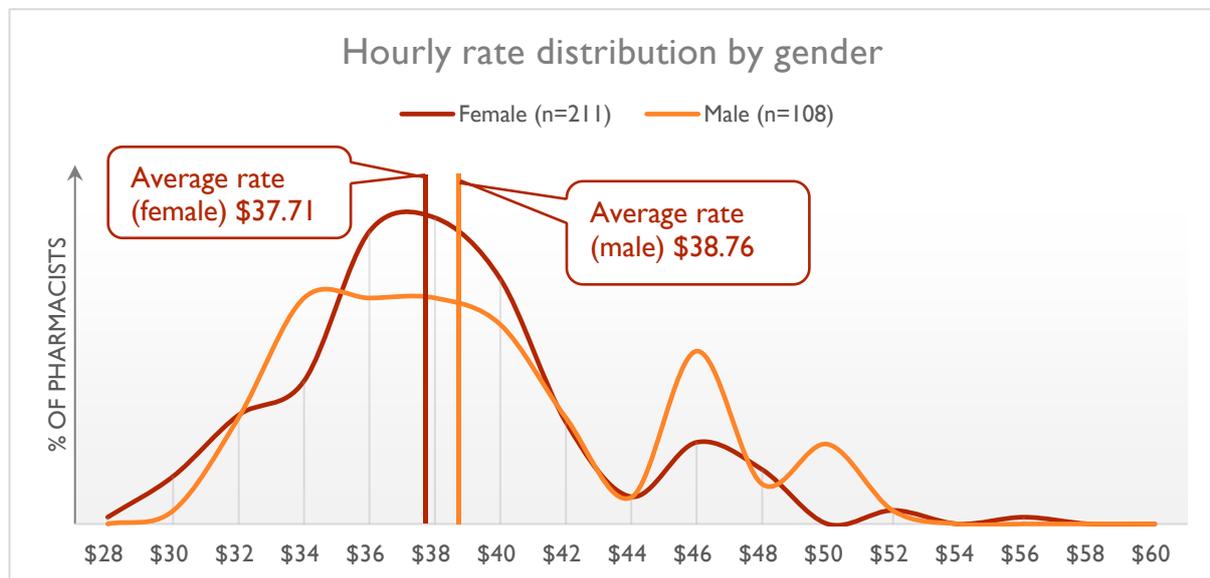
\$1.05 is the difference between the average hourly rates of **women and men**

Table 5

	Female (n=211)	Male (n=108)
Upper decile	\$45.00	\$45.30
Upper quartile	\$40.00	\$42.00
Median	\$37.00	\$38.00
Lower quartile	\$35.00	\$35.00
Lower decile	\$32.00	\$33.00
Mean (average)	\$37.71	\$38.76

However, the right-hand side of the male curve does appear to have higher “bumps”, indicating that, within the male cohort, a higher percentage earn at the higher end of the scale. Looking at the percentile brackets, the male rate appears to be higher in each bracket (Table 5). This means that there is correlation between gender and hourly rate, however it must be emphasised that from this data alone we cannot conclude that there is a causal relationship between

Figure 7



the two, as there could be other contributing factors. For example, as we pointed out above that there is a slight overrepresentation of females in the younger age brackets where the hourly rates are lower.

A key factor to consider is that there are about equal numbers of males and females in the higher rate bracket (Table 6). However, since there are about half as many male pharmacists than female pharmacists, that number represents a larger proportion of the male cohort than it does in the female cohort. In other words, for example, male pharmacists in the “locum bump” represent a larger proportion of all males.

Table 6

\$42+ per hour earners		
	n	%
Female	31	14.7%
Male	30	27.8%

All things considered, there is enough evidence in the data to raise the issue of the discrepancy between pay rates of the two genders.

Hourly rates and “apparent minority”

The Pharmacy Council collects information on ethnicity of pharmacists which is, undoubtedly, an important piece of demographic data. However, this gives us an *objective* view of the individual, which cannot reveal their *subjective* view. For this reason, the question in this survey was directed at the respondent’s own opinion as to belonging to a minority group and whether other people would perceive them as such. What we sought to determine with this the help of this question was whether and how career satisfaction, stress levels, wages, etc, are affected by *appearing* to

\$3.01 is the difference between the average hourly rates of apparent minority and non-minority pharmacists on the Lower North Island

Definitions in this section

Apparent minority
An individual who would describe him/herself as belonging to a minority group, and other people can tell (e.g. by skin colour)

Non-apparent minority
An individual who would describe him/herself as belonging to a minority group, and other people cannot tell

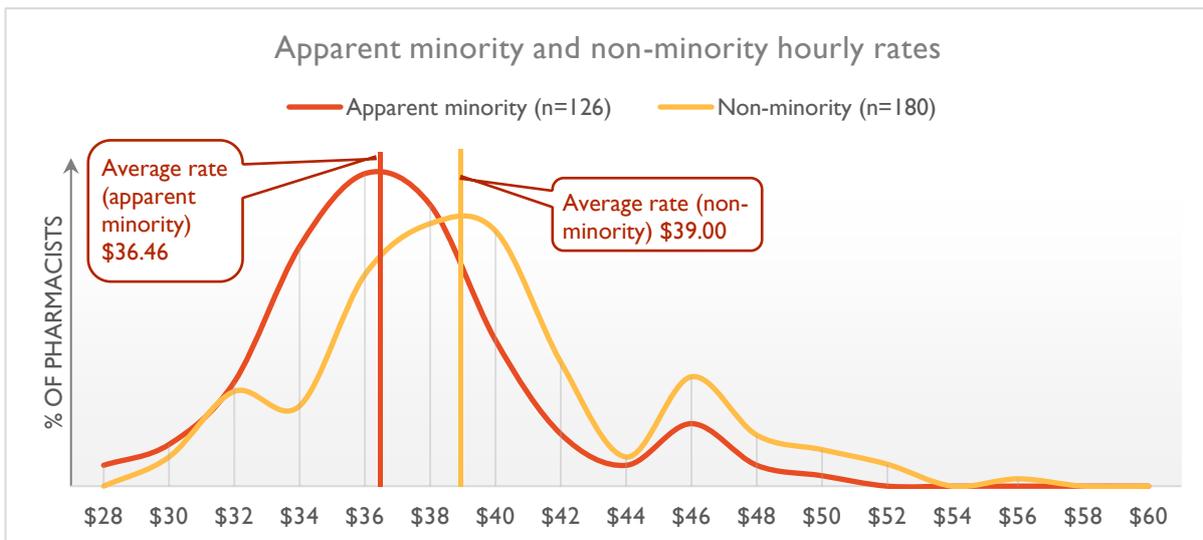
Non-minority
An individual who would not describe him/herself as belonging to a minority group

belong to a minority group. For the sake of simplicity, we will use the term “apparent minority”, consciously refraining from the Canadian term “visible minority”, to avoid confusion.

In our sample, there were only 15 individuals who classed themselves non-apparent minority. The nationwide average hourly rate for this group is almost exactly the same as that of the non-minority group (\$38.80 vs \$39.00). However, as this is a rather small sample, it would be misleading to plot the data, so we decided to exclude it from the charts below.

The analysis reveals some rather alarming facts. Figure 8 shows the overall national distribution for the apparent minority and non-minority cohorts. There appears to be two separate curves with a staggering distance between the main peaks. To put it plainly, pharmacists who appear to belong to a minority group earn a significantly lower hourly rate than those who do not.

Figure 8



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As we further investigated this phenomenon, we discovered that the discrepancy holds up across the North Island, which means that it cannot be attributed to regional differences (Table 7). The wage gap is largest in the Lower North Island region at just over \$3 per hour. Further, looking at the nationwide figures, the difference shows up in the average rates of both males and females, with a slightly larger gap for female pharmacists (Table 8).

We identified one possible confounding factor that might help explain our findings and mitigate its gravity. This factor is that the apparent minority group is underrepresented in the higher age brackets. The general trend is that hourly rates increase with age and experience. In our sample, the number of apparent minority pharmacists with 21+ years of experience was only 5, whereas the number of non-minority pharmacists was 70. Consequently, it would be appropriate to compare each age/experience bracket. The sample size is not large enough to allow us to zoom in on each bracket separately.

However, we can look at pharmacists with up to 20 years of experience and up to 50 years of age, excluding the higher brackets where the underrepresentation is significant. We found that difference between the average hourly rates is still significant (Table 9). Therefore, while the age/experience underrepresentation may exacerbate our initial finding, this factor alone does not provide sufficient explanation for the phenomenon, and we strongly suggest that more investigation on this issue is warranted.

Table 7

Average hourly rates	Nationwide	Upper North Island	Lower North Island	South Island
Apparent minority	\$36.46 (n=126)	\$35.12 (n=74)	\$38.50 (n=38)	\$38.00 (n=14)
Non-minority	\$39.00 (n=180)	\$36.71 (n=59)	\$41.51 (n=64)	\$38.55 (n=57)
Difference	-\$2.54	-\$1.58	-\$3.01	-\$0.55

Table 8

Average hourly rates	Overall	Male	Female
Apparent minority	\$36.46 (n=126)	\$37.44 (n=46)	\$35.97 (n=76)
Non-minority	\$39.00 (n=180)	\$39.69 (n=56)	\$38.68 (n=122)
Difference	-\$2.54	-\$2.25	-\$2.71

Table 9

Average hourly rates	Under 51 years of age	Under 21 years of experience
Apparent minority	\$36.52 (n=122)	\$36.50 (n=121)
Non-minority	\$38.27 (n=135)	\$37.84 (n=110)
Difference	-\$1.75	-\$1.34

Quick stats

Figure 9



Figure 10

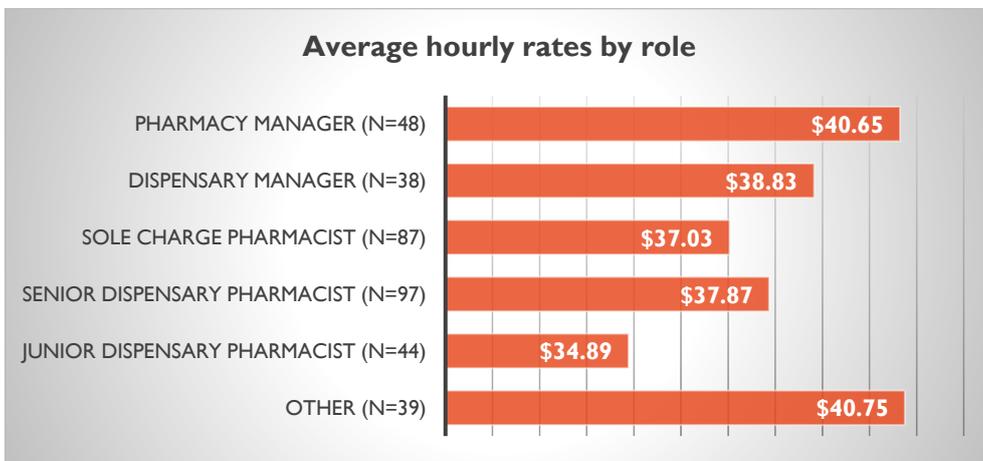


Figure 11

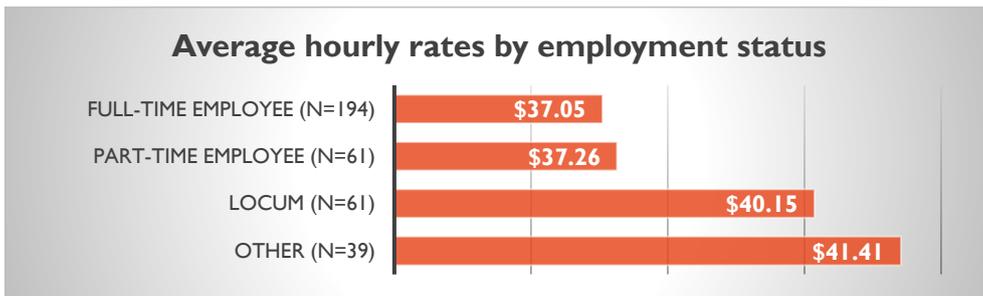


Figure 12

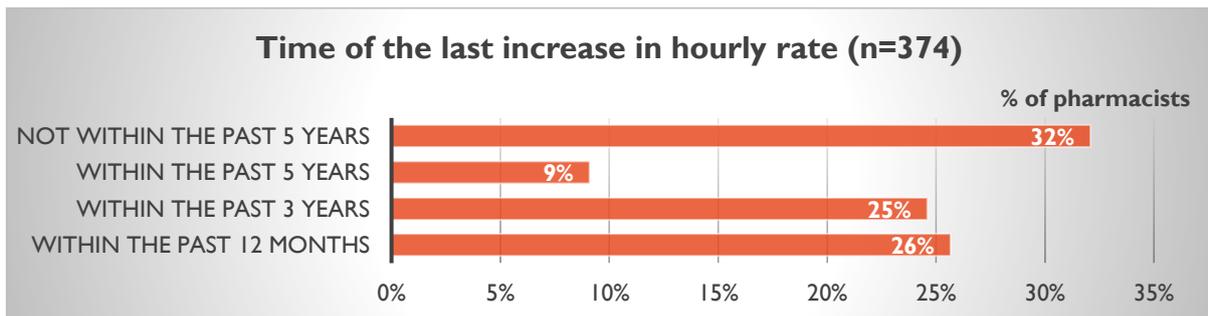


Figure 13

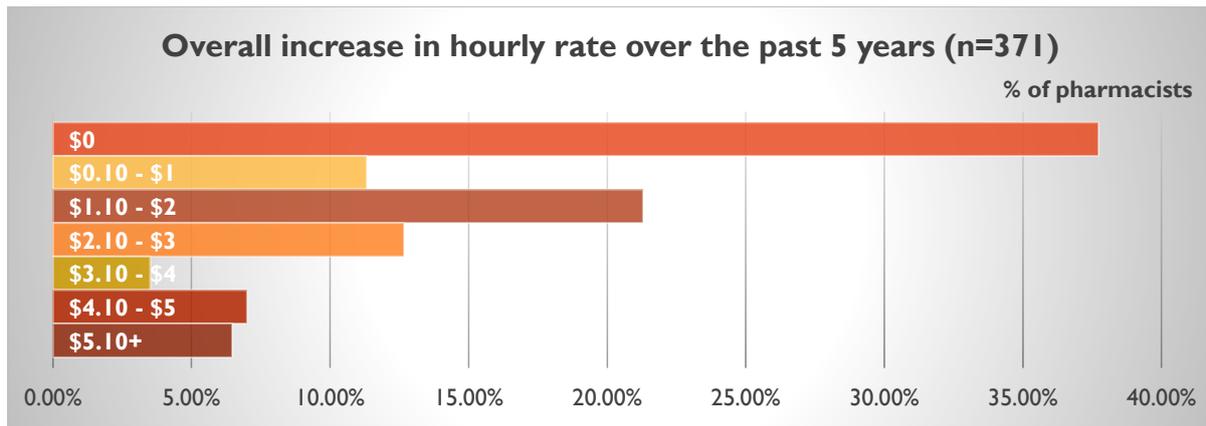
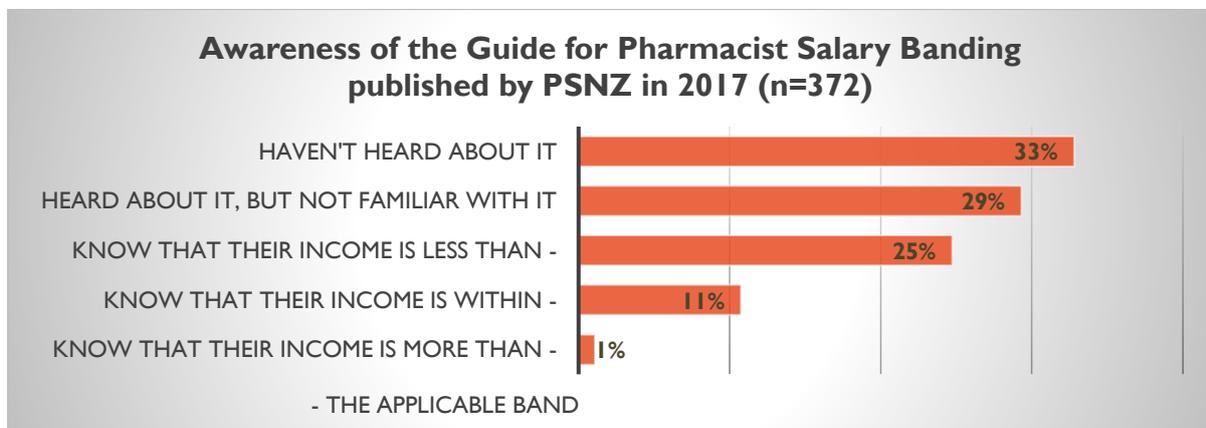


Figure 14



Transparency

A standard question in a job interview is the candidate's expectation for pay. One of the main purposes of this survey was to tackle certain myths, anecdotes, hearsay, that keep cropping up in various conversations. Transparency (or the lack of) of pharmacist remuneration is one of these topics. There is ample anecdotal evidence, at least amongst young pharmacists and employees, to the effect that nobody knows what the going hourly rates are. Young pharmacists need to know what a fair rate is, who says so and why, so that they do not sell themselves short, and that they can truly appreciate the generosity and good will of an employer.

A quarter of all pharmacists rated transparency in remuneration

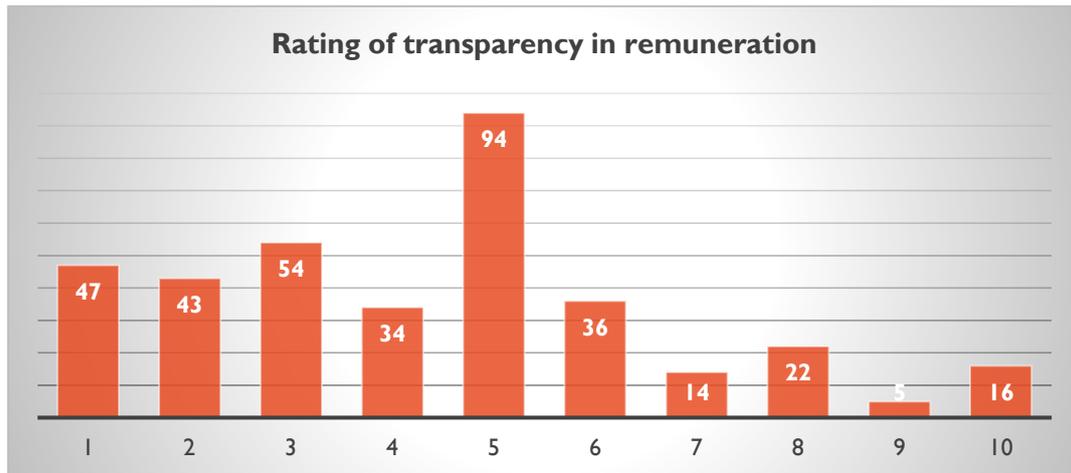
5 out of 10

The possibility that there is no transparency and pharmacists are unable to be informed about the going rates, is very concerning. So, we asked respondents to rate, on a scale of 1 to 10, their feeling about transparency in pharmacists' rates. See Table 10 for the guidance we gave with the question. On Figure 16 we summarised the average responses.

Table 10

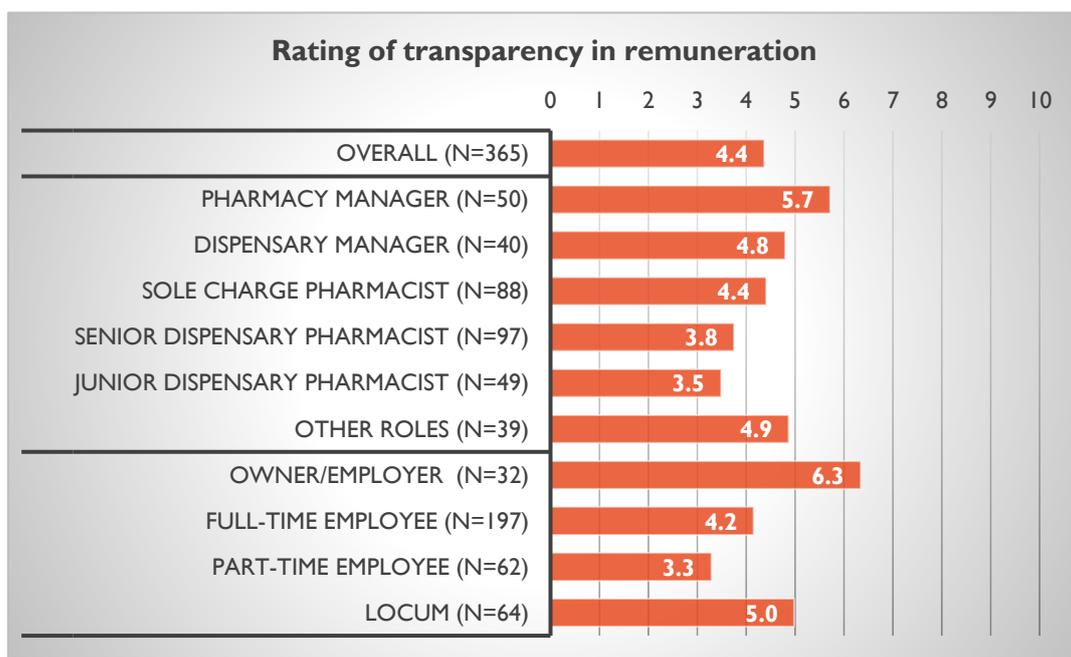
Rating	Guide
1	I have no idea (e.g. my contract prevents me and my peers from discussing this)
5	I have some idea about others' rates, but I don't feel comfortable discussing the topic
10	Fully transparent, I know what my colleagues earn

Figure 15



Most pharmacists, about one quarter of the respondents, gave a rating of 5 (Figure 15), with an overall average just under 5, indicating that there is no generally feeling of transparency in the question of wages. We can observe a clear tendency that the more responsible the pharmacist's role, the higher rating they gave. Pharmacy managers and owners/employers rated transparency the highest, but even here, the average rating stays around 6. So, even those pharmacists who hold the most responsible positions are considerably uncertain as to how much other pharmacists earn (Figure 16).

Figure 16



Mental health

Recent events highlighted the rate and prevalence of stress and other work-related negative experiences in pharmacy. However, the presence of these negative factors in our profession is by no means a new phenomenon.

Pharmacists' state of mental health is heavily influenced by at least three major negative factors. First, as frontline healthcare workers, pharmacists are constantly on the

45.7% of respondents from the South Island suffered from work-related **depression**

receiving end of complaints, criticism and dissatisfaction from patients and customers. These are often due to external circumstances, such as medicine supply issues, lack of funding or availability of certain services, or other shortcomings of the healthcare system.

Second, there is an ever-increasing economic pressure on pharmacies. It is progressively becoming more and more difficult to stay afloat in an unhealthy competition where small providers are up against large corporates. The necessity to keep up, let alone increase, turnover while product prices are under heavy downward pressure almost inevitably points toward the uneasy prospect of having to increase sales volumes. From a professional and ethical perspective, *sales volumes should never have to enter the mind of a healthcare provider*. Yet, pharmacies have little else to offset the losses, which exacerbates the difficulty pharmacists have always faced, that is, conflict of interests. On the one hand, pharmacists have a professional duty, an ethical obligation, and more importantly, an aspiration, to always serve the best interests of the patient. On the other hand, pharmacists also have a sense of duty to keep the pharmacy economically viable. These two interests have become very difficult to navigate.

Third, the underutilisation of clinical skills takes the wind out of pharmacists' sails. There are countless occasions where pharmacists have the knowledge and skillset to solve a particular problem, saving time and money for the patient and the healthcare system, but they are frustrated by not being allowed to act on their own accord. The feeling of being over-qualified for the job is disheartening.

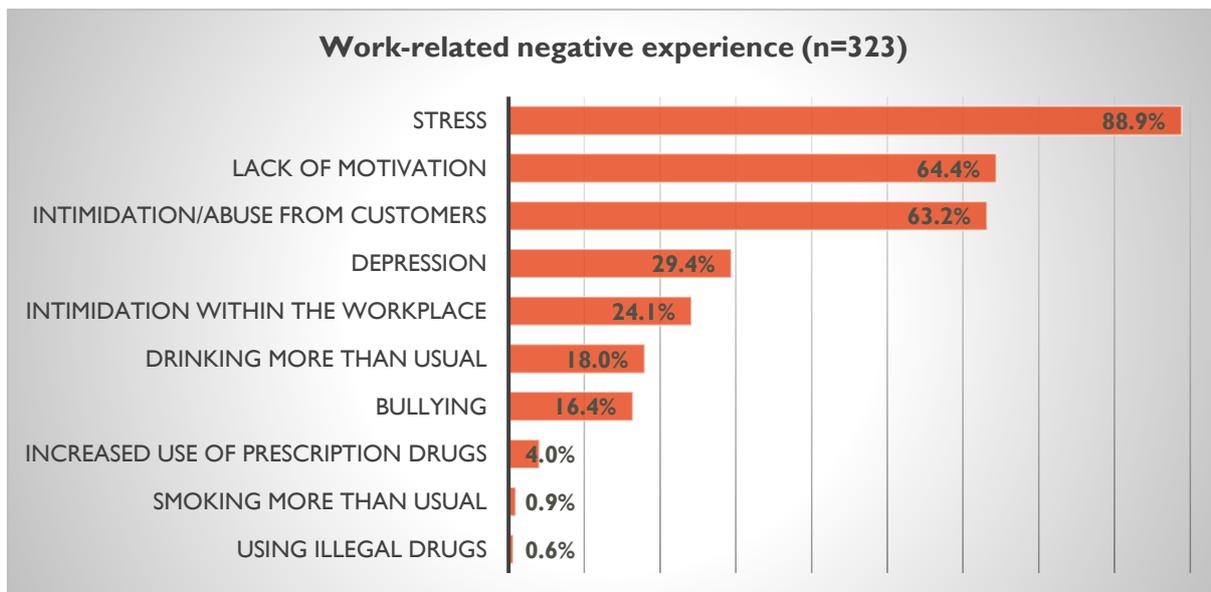
In this survey, we attempted to measure the presence of certain workplace-related negative experiences that are related to the above issues, in order to create a snapshot of the current state of pharmacists' state of mental health. The data paints a bleak picture.

74.8% of pharmacists did not attempt to seek help to cope with negative experiences

Work-related negative experiences

It does not come as a surprise that the overwhelming majority of respondents experienced stress at the workplace during the past year. Stress seems to have become the norm in pharmacy, which should be ringing alarm bells as so much of the weight of primary healthcare rests upon pharmacists' shoulders. We discuss stress and its effects in more detail below.

Figure 17



Although, there is a lot of food for thought in these of the observations, other than highlighting some of the most striking features, we will refrain from commenting and let Figure 17 speak for itself.

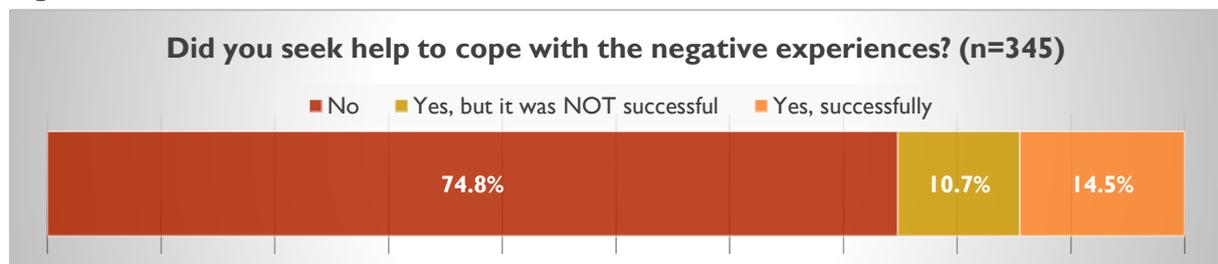
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One of the most worrying details is that intimidation and abuse from customers ranks so high, with almost 2/3rd of pharmacists having experienced it in the past year. This type of negative experience is at the heart of the general dissatisfaction of pharmacists.

Another detail which warrants serious self-reflection is the number of pharmacists that experienced intimidation and bullying *within the workplace*. It is one thing for the healthcare system to put undue burden on pharmacists, or for the economic downturn and fierce competition to put pharmacy under duress, but it is an entirely different thing to allow, let alone cause, a fellow pharmacist to be bullied or feel intimidated *in the pharmacy*. External factors have no role to play in these particular experiences, they are entirely under the pharmacists' own control. There is no excuse for such behaviour.

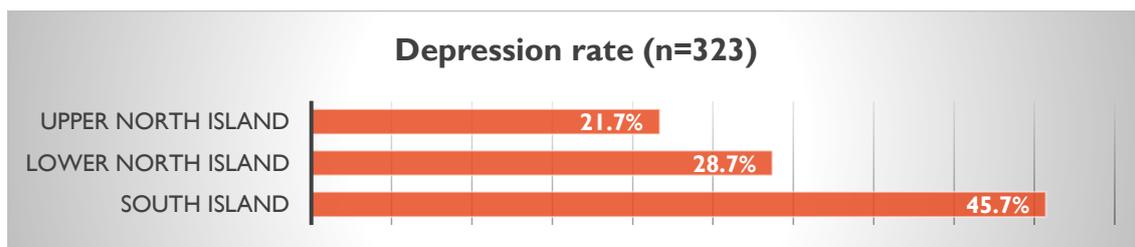
Figure 18 reveals a compounding factor in the issue of pharmacists' mental health, which is that 3 out of 4 pharmacists did not even attempt to seek help to cope with these workplace-related negative experiences. There are currently no readily available services, such as counselling and pastoral care, for pharmacists. Left alone to cope with stress and other serious negative workplace-related experiences can cause lasting mental illness and increase the risk to the public by causing pharmacists to be distracted, make more mistakes and suboptimal decisions (see below).

Figure 18



We found very little variation for most negative experiences across the regions, with the exception of depression. We found that almost half of all respondents from the South Island experienced depression in the past year, which is a significantly higher proportion than in the North Island (Figure 19).

Figure 19



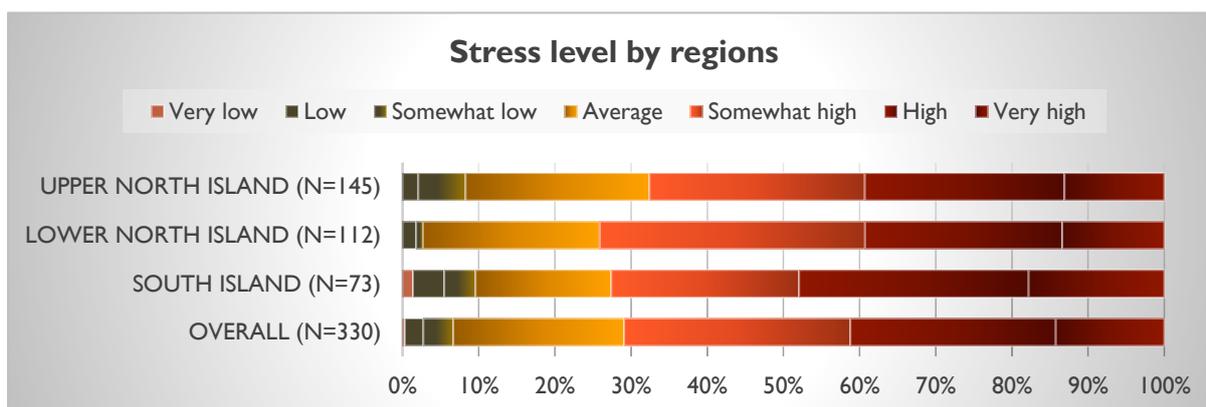
More about stress

71% of all respondents felt that their stress levels were higher than average, with 41% reporting high or very high current stress levels (Figure 20). While the severe and unprecedented nature of recent events has likely contributed to this unsettling finding, we looked deeper into the phenomenon.

We found that those who reported high or very high stress levels were twice as likely to also have reported more dispensing errors in the past year than previously (28% vs 14%). Even though we cannot infer causation from the data, the correlation between stress and dispensing errors is significant.

In looking at contributing factors, we found a correlation between self-checking and stress. Almost half of those pharmacists who had to self-check prescriptions – dispensing and checking done by the same person – often or very often reported high or very high stress levels. We defined “often” as few times per week

Figure 20



and “very often” as every day. In comparison, those who had to self-check fewer than about once a week were more likely to report lower stress levels (Table 11).

Another correlation we found was between staffing levels and stress. More than 3 out of 4 pharmacists who reported dangerously low staffing levels for the past year reported high or very high stress, whereas about 4 out of 5 of those who reported adequate or more than adequate staffing levels for the past year reported lower stress (Table 12).

Table 11

Self-checking (n=333)	High or very high stress level
Every day	44%
Few times per week	43%
Once a week or less	31%

Table 12

Staffing level (n=349)	High or very high stress level
Dangerously low	76%
Slightly low	43%
Adequate or more than adequate	21%

Leave support

Annual leave plays a fundamental role in recovery from workplace stress. Taking time off also helps improve motivation and productivity. Pharmacists are also required to constantly review their practice and keep improving where possible. Spending some time away from the pharmacy helps pharmacists to take a step back and look at their practice with fresh eyes. A supportive employer does well by their employees as well as their business. Being able to rely on the employer for support in taking sick leave or parental leave are also very important.

77% of pharmacists feel that their employer is quite supportive or very supportive of annual leave

It is encouraging to see that the majority of pharmacists feel supported by their employer in taking leave. Even in the case of sick leave, where most of the negative votes were found, there were about twice as many pharmacists who felt supported than those who did not (Table 13).

This is an overall positive finding, and we would like to take this opportunity to thank the good employers for their support and contribution to the mental health and well-being of their employees.

Table 13

	Not supportive	Not sure	Supportive
Annual leave (n=295)	17%	6%	77%
Sick leave (n=291)	32%	9%	59%
Parental leave (n=156)	14%	41%	45%

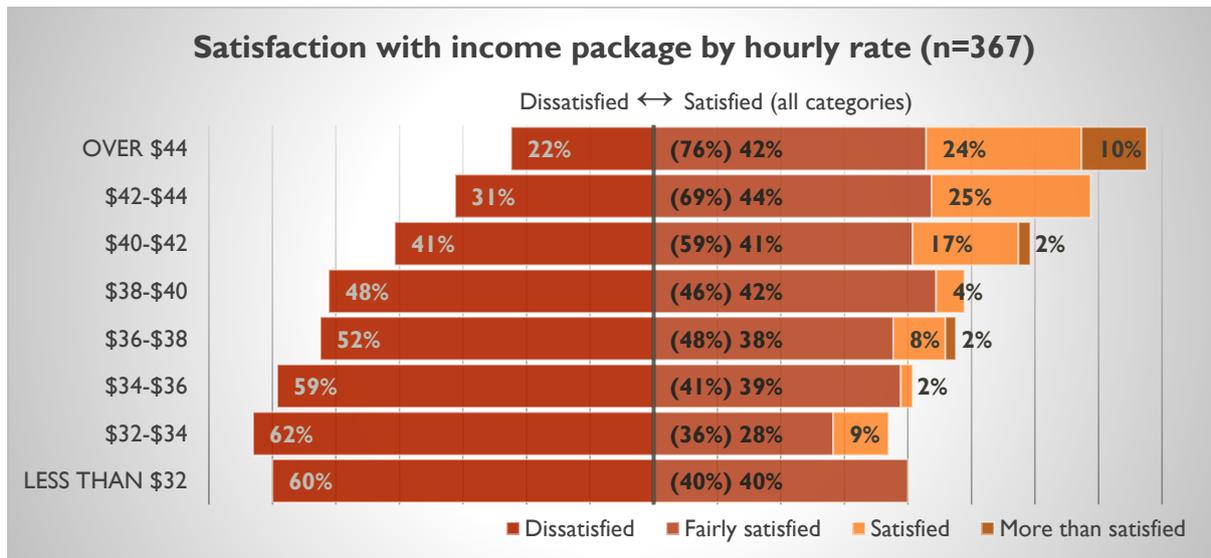
Satisfaction and outlook

A person's financial situation has a major influence on their mental health. Financial difficulties cause considerable stress, often leading to ongoing anxiety and depression. We attempted to find out how pharmacists feel about their current financial situation and their long-term outlook.

68% of pharmacists are concerned about their income in the long-term

Overall, about 48% of pharmacists are dissatisfied with their current income package, while 37% are only fairly satisfied. Looking at the satisfaction data broken down to bands of hourly rates, the trend clearly shows the correlation between the hourly rate and the level of satisfaction, however, even in the highest band, 22% of pharmacists are dissatisfied (Figure 21).

Figure 21



Somewhat contrasting the above finding, respondents appeared to be reasonable in their judgement as to how much more they should earn. The majority, about 34% of pharmacists, indicated that a 6-10% higher rate would be appropriate (Figure 22).

However, many pharmacists (29%) feel that their financial situation is now worse than it was five years ago. There is minor variation across regions in this respect (Figure 23). The majority of those feeling worse-off consists of those who have been working as pharmacists for longer (Figure 24). In contrast, pharmacists with up to 5 years of experience felt that they were better-off financially. However, this is hardly surprising, since this cohort includes pharmacists who were still studying five years ago.

The fact that less than a quarter of pharmacists with more than 6 years of experience feel that their financial situation improved over the past five years is quite sobering. It is difficult to keep being motivated, let alone enthusiastic in one's professional career if it is not coupled with a modicum of prosperity.

Figure 22

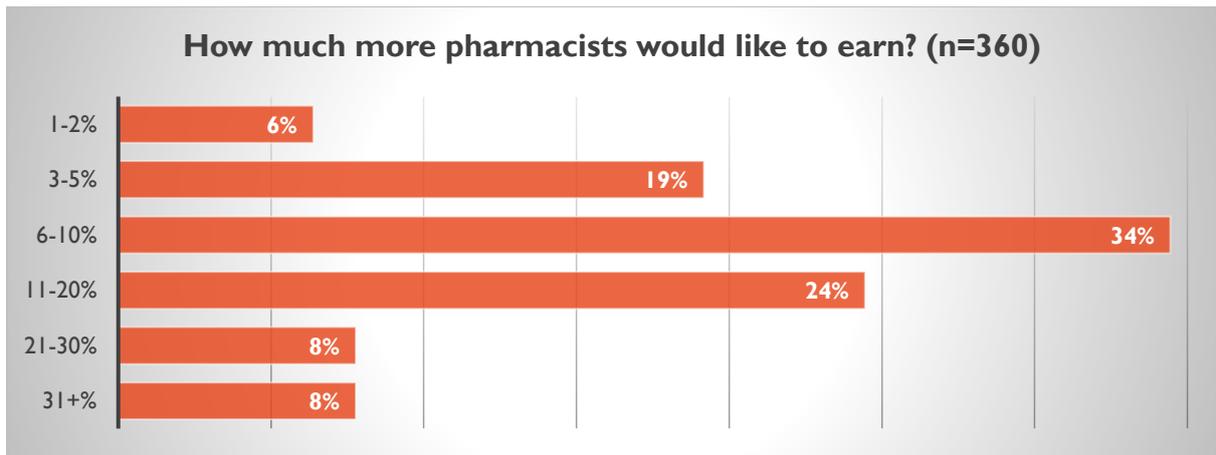


Figure 23

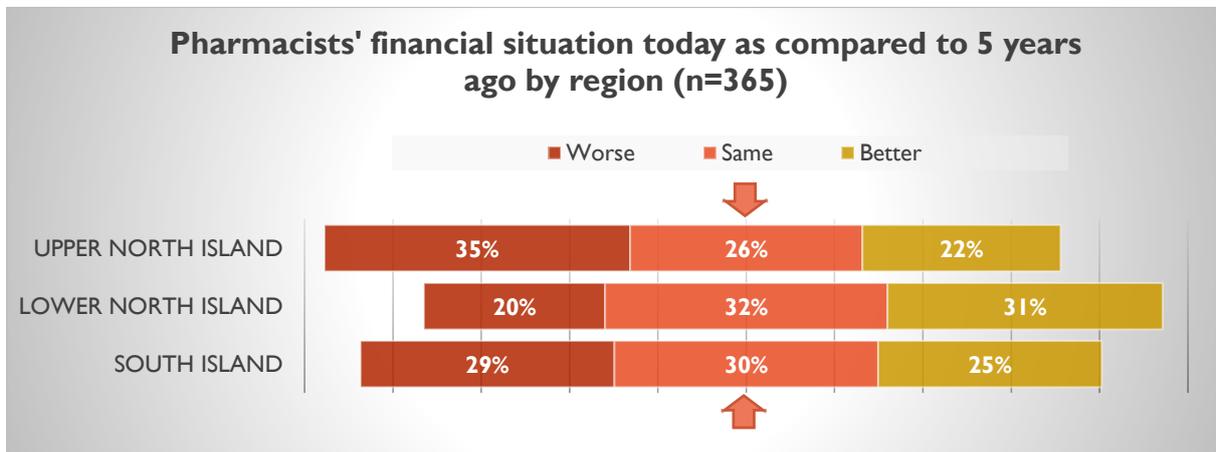
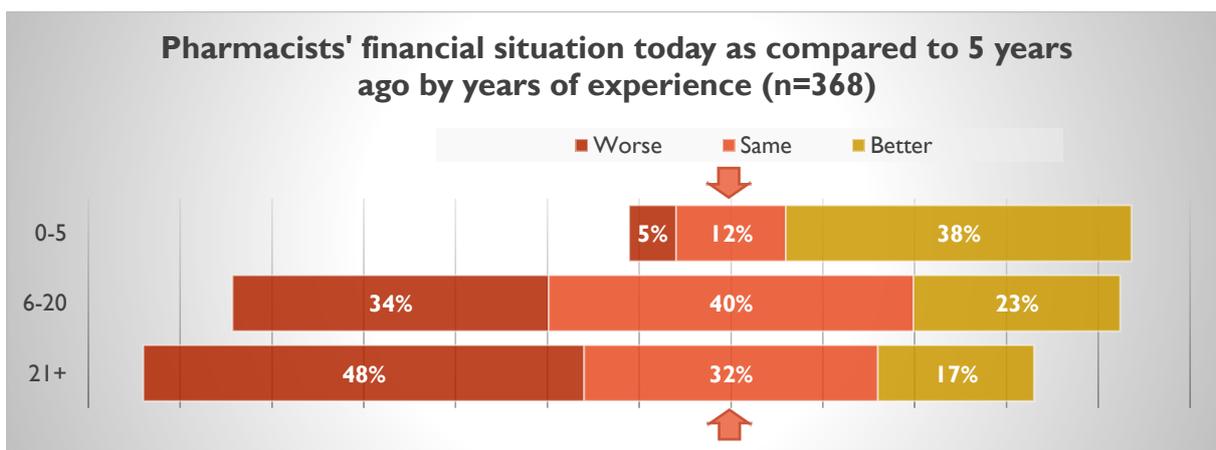
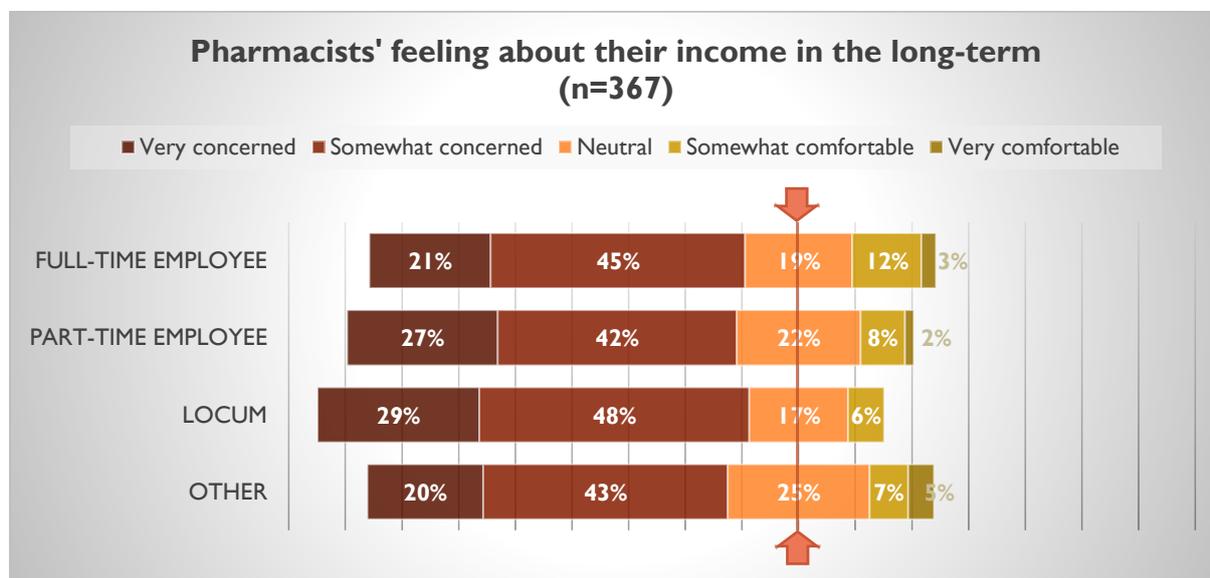


Figure 24



Turning to long-term outlook, the survey directly asked respondents how they felt about their income in the long-term. The answer tells more about the current level of anxiety within the sector than anything else presented in this analysis (Figure 25, the centre line, going down the middle of the “Neutral” section, was added for clarification). The level of concern is widespread, which can be inferred from the fact that the finding holds the same pattern consistently across regions, employment status, age and experience.

Figure 25



Organisations and Institutions

Those who follow discussions on social media, peer meetings and elsewhere, will have seen and heard pharmacists often talk about their relationship with and feelings toward the governing bodies, institutions and professional organisations. There are strong opinions floating around, constituting anecdotal evidence of the existence of trust and sympathy as well as distrust and hard feelings. This survey concluded before certain recent events that have prompted yet another a flurry of discussions that touched on this subject, which, therefore, could not have influenced the results presented here.

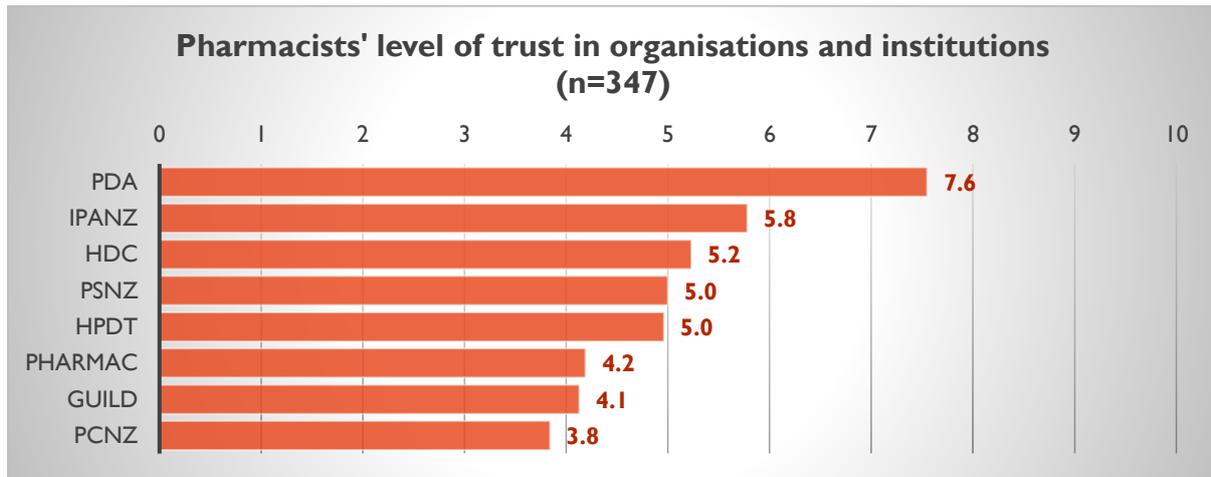
We believe that the timing of the survey was appropriate to yield results that are reflective of the general feeling rather than just a fleeting sentiment of the respondents. Due to the demographic of the respondents, we acknowledge that the opinions shown here are weighted towards that of employee and other non-proprietor pharmacists.

Trust

We attempted to narrow down the question of trust to whether respondents felt that they could rely on the particular organisation or institution to carry out its mandate consistently. However, the answer to this question depends entirely on the respondent’s understanding of that mandate. The interpretation of this rating is further influenced by the fact that the answers reflect pharmacists’ *feelings and perceptions* in connection with organisations and institutions and should not be taken as an objective judgment as to whether or not they carry out their mandate *as a matter of fact*. Ranking low on this scale can mean poor communication or simply not *appearing* to function consistently or reliably.

Overall, the single most common rating given in this question was 5. This would suggest that many pharmacists are ambiguous in the question of trust. This should serve as a prompt for those organisations that wish to have wider and better appreciation to improve their communication and engagement with pharmacists. With IPANZ ranking as low as 5.8, our organisation will certainly take this feedback onboard and do its utmost to improve its public profile.

Figure 26



It is noteworthy that, while 5 was the most common ranking for most organisations, there are three major exceptions. The Pharmacy Defence Association was not only rated the highest at 7.6, but the most common rating given to it was 10. In case of the Pharmacy Guild and the Pharmacy Council, the most common rating given was 1. The prevalence of extreme ratings reflects the emotional nature of the responses.

Figure 27

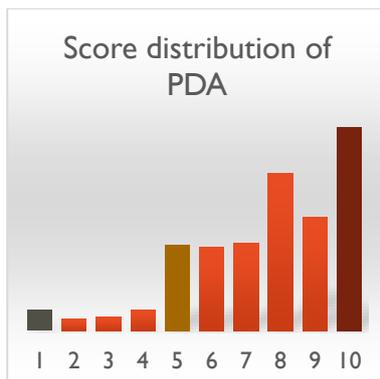


Figure 28

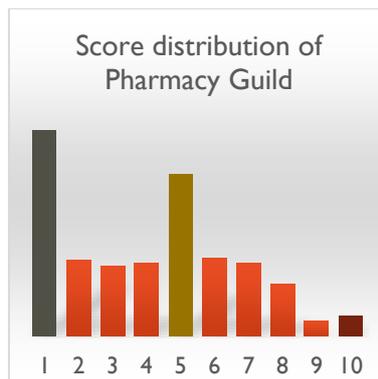
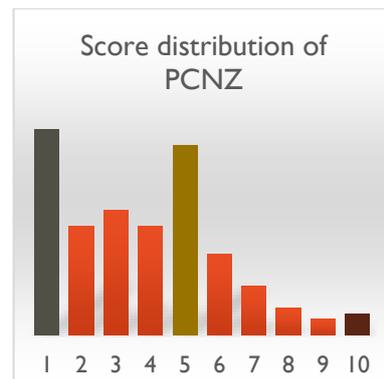


Figure 29



Membership fees

Pharmacists and pharmacies are required to pay various membership fees as a matter of course. There has been ample criticism of these costs as well as of the value that pharmacists get in return for the fees paid. Admittedly, the term “membership fee” is not technically appropriate in case of the Pharmacy Council. Pharmacists pay for their annual practising certificate, but they do not become members, nor do they enter into the kind of mutual agreement as in the case of a membership body. Since the mandate of the Pharmacy Council is to ensure the wellbeing of the public, there is merit in the argument that the APC fee should not be framed in terms of value for money *for pharmacists*.

That being said, the point of the survey was to find out how pharmacists feel about certain issues, what financial and other pressures they are exposed to, and how their mental health is affected by these issues. In this context, the question of value for money *for pharmacists* is most pertinent, even if we admit that certain aspects of the question are technically incorrect.

Another issue with this part of the survey was that, since most of the respondents were non-proprietor pharmacists, they do not directly pay for membership fees to the Pharmacy Guild. However, the question is still relevant in eliciting how the benefits of membership and the overall activity of the Guild is perceived by non-proprietor pharmacists. However, in light of the above points, we must be careful how we interpret the results shown in Figure 30.

Figure 30



Figure 30 shows how pharmacists feel about how much value they get for the fees paid. Given the points covered in the previous paragraphs, we must emphasise that *this rating is not a direct reflection of how successfully each organisation carries out its mandate*. However, the feedback gained by this question is still important and relevant. For example, it is incumbent upon each organisation to communicate their mandate and justify their spending accordingly. Therefore, a low rating may be an indication that pharmacists do not fully understand the purpose of the organisation, or they are not aware of its activities.

As we have seen in other parts of this survey, the feeling of financial stress, anxiety and frustration were palpable in the response to this question as well. The most commonly given score was 1, by a very large margin, indicating strong negative emotional influence. The exception from this, again, was the Pharmacy Defence Association, its most prevalent score being 10, with an average rating of 6.7.