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Titel: Jobtilfredsheden Blandt Farmaceuter og Farmakonomer i Privat- og Sygehusapoteker i Danmark

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Job Satisfaction Among Pharmacists and Pharmacy Technicians in Community- and Hospital Pharmacies in Denmark



Master Thesis

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Preface

This Master thesis project was conducted from November 15th, 2023, to June 14th, 2024, at the University of Copenhagen and constitutes 37.5 ECTS points in total.

This Master Thesis project is divided into three independent parts: Part I, Part II, and Part III.

- **Part I** constitutes of the main task of the thesis, consisting of a quantitative scientific article, assessing the general levels of job satisfaction among pharmacists and pharmacy technicians (PTs) employed in community- and hospital pharmacies in Denmark.
- **Part II** consists of a systematic literature review exploring job satisfaction among pharmacists and PTs in community- and hospital pharmacies globally.
- **Part III** consists of a qualitative report investigating which factors increase job satisfaction among pharmacists and PTs working in community- and hospital pharmacies in Denmark. This report utilized statements from the questionnaire survey conducted in Part I.

The three parts are three independent reports, where Part II and III consist of two papers that support and complement the main thesis, Part I.

We would like to express our gratitude to our supervisor, Ramune Jacobsen, from the Social and Clinical Pharmacy Research Group, for her expert guidance, support, and valuable contributions throughout the project. Additionally, we would like to thank our co-supervisor Ulla Hedegaard, Lecturer in Clinical Pharmacology, Pharmacy, and Environmental Medicine, for inputs in the start-up phase, as well as corrections and comments through the development and pilot-test of the first part of the questionnaire.

Finally, we would like to thank our family and friends for their unwavering support and encouragement throughout this project.

University of Copenhagen, Faculty of Health and Medical Sciences

Copenhagen, June 14th, 2024

Melissa Moussa



Victoria Changizi



Resume: Part I

Formål: Denne undersøgelse havde til formål at udføre en psykometrisk validering af den danske version af Measure of Job Satisfaction (MJS) spørgeskemaet, og at måle jobtilfredshed blandt farmaceuter og farmakonomer ansat på privat- og sygehusapoteker i Danmark.

Metoder: Denne undersøgelse har anvendt en online tværsnitsspørgeskemaundersøgelse gennemført i februar 2024 blandt farmaceuter og farmakonomer på danske privat- og hospitalsapoteker. En tidligere piloteret dansk version af MJS-skalaen, bestående af 44 spørgsmål på tværs af syv underskalaer, blev anvendt til at vurdere personlig tilfredshed, tilfredshed med arbejdsbyrde, professionel støtte, uddannelse, løn, karrieremuligheder og plejestandarder. Spørgeskemaet indsamlede også sociodemografisk data. Undersøgelsen blev distribueret via e-mail og sociale medier, og indsamling af data blev foretaget via SurveyXact. Det statistiske værktøj IBM SPSS AMOS pakke version 29 blev brugt til at udføre faktoranalyse og intern konsistens, for at validere den danske version af MJS-skalaen. Deskriptiv statistik, bivariate analyser og multivariate analyser blev udført for at besvare de specifikke problemstillinger ved hjælp af IBM SPSS version 29.

Resultater: Faktoranalysen understøttede en syv-faktor struktur med god modelpasning og intern konsistens (Cronbachs alpha = 0,962). Ud af 695 respondenter blev 500 inkluderet i analysen herunder 204 farmaceuter og 265 farmakonomer. De fleste respondenter var kvinder (88,6 %), i alderen 25-34 år (33,0 %) som arbejdede på privat apoteker (81,4 %). Den samlede jobtilfredshedsscore var 3,6 (SD = 0,61). Farmaceuter rapporterede højere tilfredshed med løn (3,4 vs. 2,8, $p < 0,001$), fremtidsmuligheder (3,8 vs. 3,7, $p = 0,049$) og overordnet jobtilfredshed (3,7 vs. 3,6, $p = 0,032$) sammenlignet med farmakonomer. Medarbejdere på sygehusapoteker udviste højere tilfredshed på tværs af de fleste underskalaer sammenlignet med ansatte i private apoteker. Der blev ikke fundet signifikante forskelle i tilfredshed baseret på køn eller region, dog rapporterede yngre respondenter lavere tilfredshedsniveauer på tværs af flere underskalaer.

Konklusion: MJS udviste god pålidelighed og validitet, og kan dermed anvendes til at måle jobtilfredsheden blandt farmaceuter og farmakonomer på apoteker. Undersøgelsen fremhæver moderat jobtilfredshed blandt danske farmaceuter og farmakonomer, med signifikante forskelle mellem jobroller og apoteksmiljøer, hvilket kræver yderligere forskning.

Resume: Part II

Formål: Denne undersøgelse havde til formål at gennemføre en systematisk litteraturgennemgang for at identificere, gennemgå og evaluere eksisterende forskning om jobtilfredshed blandt farmaceuter og farmakonomer ansat på privat- og sygehusapoteker globalt.

Metoder: Den systematiske litteratursøgning blev udført i PubMed i perioden 1977 til 2023 for at finde relevante publikationer. Inklusionskriterierne omfattede engelsksprogede kvantitative tværsnitsundersøgelser, der fokuserede på jobtilfredshed blandt farmaceuter og farmakonomer på hospitals- og privatapoteker verden over, ved brug af validerede spørgeskemaer.

Resultater: Litteratursøgningen gav 96 artikler fra 26 forskellige lande på tværs af 6 verdensregioner, hvilket gav et omfattende overblik over jobtilfredshed blandt professionelle apoteksansatte. Disse verdensregioner inkluderede Oceanien, Afrika, Asien, Europa, Mellemøsten og Nordamerika. Undersøgelserne undersøgte forskellige dimensioner af jobtilfredshed blandt farmaceuter og farmakonomer og fremhævede effekten af faktorer som arbejdsbyrde, løn, professionelle relationer og muligheder for karrierefremgang. Der blev observeret geografiske variationer i jobtilfredshedsniveauer, hvor vestlige lande generelt rapporterede højere tilfredshedsniveauer sammenlignet med regioner som Mellemøsten og Afrika.

Konklusion: Denne systematiske gennemgang fremhævede nøgelfaktorer, der påvirker jobtilfredsheden blandt farmaceuter og farmakonomer på privat- og hospitalsapoteker over hele verden. Forståelse af disse elementer gør det muligt for sundhedsorganisationer at implementere strategier til at forbedre forholdene på apotekerne og understøtte apoteksprofessionelles trivsel. Yderligere forskning er afgørende for at udvikle evidensbaserede interventioner, der øger arbejdsglæden, fremmer fastholdelse og forbedrer sundhedsydelser globalt.

Resume: Part III

Formål: Undersøgelsen havde til formål at undersøge, hvilke faktorer der øger arbejdsglæden blandt farmaceuter og farmakonomer på private- og sygehusapoteker i Danmark.

Metoder: Denne rapport brugte udsagn fra spørgeskemaundersøgelsen, der blev gennemført i Part I af dette specialeprojekt. Kodninger og tematisk analyse blev brugt til at analysere udsagn fra spørgeskemaet. Purposive sampling blev benyttet til at indsamle data fra spørgeskemaundersøgelsen samt til at rekruttere interviewpersoner til validerende interviews. Relevante citater fra interviewene blev kategoriseret under de på forhånd definerede temaer.

Resultater: Den tematiske analyse af 322 indsamlede udsagn resulterede i otte forskellige koder og tre hovedtemaer: *Sociale forhold*, *Faglige forhold* og *Strukturelle forhold*. Disse afspejler de hovedområder, der påvirker og øger medarbejdernes jobtilfredshed på apoteket. Resultaterne fra de validerende interviews stemte overens med udsagnene præsenteret i spørgeskemaets kommentarsektion, og viste væsentlig overensstemmelse med de tre identificerede temaer. Med anvendelsen af Herzbergs to-faktor teori blev temaet sociale forhold identificeret som en motivationsfaktor, hvilket fremhævede vigtigheden af gode relationer til kolleger og engageret ledelse. Det andet tema, faglige forhold, blev identificeret som en motivationsfaktor, der understreger vigtigheden af faglig udvikling og anerkendelse. Endelig blev temaet strukturelle forhold, som omfatter løn, personale og vagtplaner, identificeret som en hygiejnefaktor, der omhandler faktorer, der kan føre til jobtilfredshed.

Konklusion: Ved at kombinere resultaterne fra denne undersøgelse med Herzbergs to-faktor teori bliver det tydeligt, at både hygiejne- og motivationsfaktorer påvirker farmaceuters og farmakonomers jobtilfredshed på danske apoteker. Alle tre temaer skal overvejes for at skabe et mere tilfredsstillende og motiverende arbejdsmiljø, hvilket kan føre til bedre overordnet præstation og øget arbejdsglæde.

Abbreviations:

AGFI: Adjusted Goodness-of-Fit statistic

α : Alpha

ANOVA: Analysis Of Variance

CFA: Confirmatory Factor Analysis

CFI: Comparative Fit Index

CI: Confidence Interval

GFI: Goodness-of-Fit statistic

MJS: Measure of Job Satisfaction Questionnaire

N: Frequencies

PNFI: Parsimonious Normed Fit Index

PT(s): Pharmacy Technician(s)

RMR: Root Mean Square Residual

RMSEA: Root Mean Square Error of Approximation

SD: Standard Deviation

SEM: Structural Equation Modeling

SPSS: Statistical Package for Social Sciences

TLI: Tucker-Lewis Index

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Part I

**Job Satisfaction Among Pharmacists and Pharmacy
Technicians in Community- and Hospital
Pharmacies in Denmark:
A quantitative cross-sectional study**

Scientific Article

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Abstract

Objectives: The aim of this study was to perform a psychometric validation of the Danish version of the Measure of Job Satisfaction Questionnaire (MJS) and to assess the levels of job satisfaction among pharmacists and pharmacy technicians (PTs) employed in community- and hospital pharmacies in Denmark.

Methods: This study used a cross-sectional online questionnaire survey conducted in February 2024 among pharmacists and PTs in Danish community- and hospital pharmacies. A pretested Danish version of the MJS scale, comprising 44 questions across seven subscales, was used to assess personal satisfaction, satisfaction with workload, professional support, training, payment, career prospects, and standards of care. The questionnaire also collected socio-demographic data. The survey was distributed via email and social media, and data collection was managed through SurveyXact. The statistical tool IBM SPSS AMOS package version 29 was used to compute Confirmatory factor analysis (CFA) and Internal Consistency, to validate the Danish version of the MJS scale. Descriptive statistics, bivariate analyses, and multivariate analyses were performed to address the specific research questions, using the statistical tool IBM SPSS version 29.

Results: CFA supported a seven-factor structure with good model fit and internal consistency (Cronbach's alpha = 0.962). Out of 695 respondents, 500 were included in the analysis, with 204 pharmacists and 265 PTs. Most respondents were female (88.6%), aged 25-34 years (33.0%), and worked in community pharmacies (81.4%). The overall job satisfaction score was 3.6 (SD = 0.61). Pharmacists reported higher satisfaction with pay (3.4 vs. 2.8, $p < 0.001$), prospects (3.8 vs. 3.7, $p = 0.049$), and overall satisfaction (3.7 vs. 3.6, $p = 0.032$) compared to PTs. Hospital pharmacy employees showed higher satisfaction across most subscales compared to community pharmacy employees. No significant differences in satisfaction were found based on gender or region, however younger respondents reported lower satisfaction levels across several subscales.

Conclusion: The MJS possess good reliability and validity and can be used to measure job satisfaction levels among pharmacists and PTs. The study highlights moderate job satisfaction levels among Danish pharmacists and PTs, with significant differences observed between job roles and pharmacy settings. This needs to be further addressed and investigated.

1. Introduction

Job satisfaction is a person's overall evaluation of their job as favorable or unfavorable. It reflects an attitude toward one's job and hence includes affect, cognitions, and behavioral tendencies (1). It is a multidimensional response towards work and workplace environment, and it depends on many factors. Job satisfaction can affect the behavior of employees, which, in turn, affects organizational functioning (2). According to the Herzberg two-factor theory on motivation, job satisfaction consists of two dimensions. "Satisfiers" (motivators) which are the characteristics that are important for, and lead to job satisfaction, while "dissatisfiers" (hygiene factors) are characteristics that lead to job dissatisfactions (3). In line with the theory, satisfiers are those characteristics that foster the individual's needs for self-actualization and professional self-realization. Performing interesting and important work, job responsibility and advancement are some of the most important factors. However, job dissatisfaction factors are associated with one's work environment such as company policy and administration that promote work ineffectiveness, as well as incompetent supervision, salary, and lack of recognition and achievement (3). Herzberg used this model to explain that an individual at work can be satisfied and dissatisfied at the same time, as these two sets of factors work in separate sequences (4).

One way to measure these satisfiers and dissatisfiers in employees is by using instruments that assess job satisfaction. For over 40 years, research on job satisfaction has utilized various types of instruments, including global and multidimensional scales, single-item and multi-item measures, and tools designed for both general job contexts and specific workforces (5). In this study, the Measure of Job Satisfaction Questionnaire (MJS) instrument was used. The scale was originally designed to measure the morale of community nurses in England (6). A study investigating instruments with adequate reliability and validity for use as evaluative tools in hospital environments found seven instruments that met the psychometric quality criteria (5). Out of the seven instruments the MJS included most of the work factors that is considered necessary for good content validity. Another advantage of the MJS scale is the response format, as employees are explicitly asked to rate job satisfaction (5).

Pharmacists and pharmacy technicians (PTs) play a crucial role in the functioning of pharmacies, ensuring that patients receive safe and effective medication therapy. Together, they promote medication safety and improve patient outcomes. As a result of a rapid change in health care delivery, the pharmacist profession is experiencing significant growth and development.

Traditionally, pharmacy was regarded as a transitional discipline between the health and chemical sciences and as a profession charged with ensuring the safe use of medication (7). Significant changes have occurred within the profession of pharmacy in the past few decades. The response of the profession has been a movement toward a more patient-oriented, clinical role for pharmacists (8). PTs have traditionally worked alongside pharmacists in community- and hospital settings. Described as ‘a vital part of the pharmacy team’, their primary role has been the preparation and supply of medicines and healthcare products, often with additional advice and guidance (9).

In 2015, the Danish pharmacy law changed with the objective of developing and maintaining the community pharmacies and the health care system. A change in the law increased the competition between pharmacies, as the new regulation made it possible for every community pharmacy owner to open a maximum of seven branches (10). This was done to achieve an increased patient accessibility to the pharmacies. The heightened competition resulted in pharmacies extending their opening hours significantly, thus providing citizens with better service. The altered competitive conditions have also affected employees, who now must cover longer opening hours and work more frequently on weekends (10).

Over the past decade, the number of pharmacists and PTs in Danish hospital pharmacies has increased by approximately 50 percent. This growth reflects the growing demand for their expertise within Danish hospitals, where there is an increasing emphasis on optimizing the use of various professional skills. As a result, pharmacists and PTs now play a more direct role in patient care, supporting hospital healthcare staff while also enhancing the quality of patient-centered services (11).

Job satisfaction among pharmacists and PTs is a researched topic worldwide and varies significantly across different regions of the world, influenced by factors such as working conditions, leadership styles, benefits, and organizational roles. In Vietnam, a high percentage of hospital pharmacists (80.4%) reported job satisfaction (12). Similarly, in Canada, hospital pharmacists reported a general satisfaction with their jobs (13). In the USA, PTs in ambulatory care settings showed strong job satisfaction (14). In Zambia, pharmacists in private community pharmacies reported higher job satisfaction than their public sector counterparts (15). However, in Saudi Arabia, less than a quarter of pharmacists expressed job satisfaction (16). The different studies highlight the different levels of job satisfaction worldwide, with varied factors affecting job

satisfaction among pharmacy professionals. This underscores the need to address issues that might lead to job dissatisfaction.

In Denmark, one study found that Danish community pharmacists exhibit strong professional pride in their work; however, they tend to rate their psychosocial work environment lower than the national average for Danish employees (17). Another study found that across all psychosocial dimensions, community PTs experience a statistically significantly poorer psychosocial work environment compared to the national average for Danish employees (18). No previous Danish studies have investigated hospital pharmacists' and PTs' job satisfaction, nor compared the two work settings (community vs. hospital) and professions (pharmacists vs. PTs). Hence, this study seeks to investigate and offer a detailed examination of job satisfaction among pharmacists and PTs working in community- and hospital pharmacies across Denmark, which will give good opportunities for the pharmacies and policymakers to take corrective action based on the information generated.

2. Aim

The study aimed to achieve several objectives:

- 1) To perform a comprehensive psychometric validation of the Danish version of the MJS scale.
- 2) To assess the general levels of job satisfaction among pharmacists and PTs employed in both community- and hospital pharmacies across Denmark.
- 3) To undertake comparative analyses focusing on:
 - a) Job satisfaction levels between pharmacists and PTs working in hospital- and community pharmacies.
 - b) Job satisfaction levels among pharmacists and PTs working in hospital pharmacies compared to those working in community pharmacies.
 - c) Job satisfaction levels among pharmacists and PTs working in hospital- and community pharmacies across various demographic variables such as regions, gender, and age groups.

3. Methods

3.1 Setting

In Denmark, there are two primary types of pharmacies: pharmacies in the primary sector and pharmacies in the secondary sector. Primary sector pharmacies, also referred to as community pharmacies, are driven by a pharmacist who holds an authorization from the state to operate the pharmacy. Prices and regulation on medication are regulated by the Danish authorities. Pharmacies in the Danish secondary sector are hospital pharmacies which are managed by the country's five regions and financed by the state (19). The pharmaceutical Association's annual reference book on the primary sector revealed that in 2022, there were a total of 524 community pharmacies and 184 pharmacy owners in Denmark (20,21). Additionally, there were a total of 2069 PTs and 874 pharmacists employed in Danish community pharmacies (21). In 2023 there were 8 hospital pharmacies in Denmark: five in Jutland, two in Funen and one in Zealand with a total of 176 pharmacists and 488 PTs (11).

Community pharmacies provide several services. Their main tasks are to dispense prescriptions and to assist customers with medication-related questions. They also offer services such as medication consultations for citizens diagnosed with new chronic illnesses, packaging assistance for those who need help with medication dosing and collect leftover medication from citizens to name a few (22). In hospital pharmacies, pharmacists and PTs mainly work in the clinical pharmacy department. The clinical pharmacy departments offer their services to other departments of the hospital, which purchase their services. This may include medication services and medication reviews for the patients. Furthermore, they address issues related to rational pharmacotherapy, answer professional and clinical questions, develop guidelines, and provide education (11).

3.2 Study Design

An anonymous cross-sectional online questionnaire survey was conducted among pharmacists and PTs in Danish community- and hospital pharmacies in February 2024.

3.3 Data collection methods

3.3.1 Questionnaire instrument

The English version of the MJS scale was developed and validated in connection with a longitudinal study assessing job satisfaction among community nurses in the UK (6). The English version was recently translated to Danish and cognitively debriefed to be used in a study, that evaluated a mentalizing education program for the community pharmacy workforce in Denmark (23). The MJS scale consists of 44 questions with the first 43 items forming seven subscales: 1) personal satisfaction, 2) satisfaction with workload, 3) satisfaction with professional support, 4) satisfaction with training, 5) satisfaction with pay, 6) satisfaction with prospects, 7) satisfaction with standards of care. The last item covers general satisfaction. Using a 5-point Likert scale, respondents can rate their agreement with the statements. The scale is scored from very satisfied (5), satisfied (4), neither satisfied nor dissatisfied (3), unsatisfied (2) and very unsatisfied (1) (6,23).

In this study, the pretested Danish MJS scale was used to gather the data. The final questionnaire used in this study was divided into two distinct sections. The first section, which was developed and pilot-tested specifically for this study, covered socio-demographic characteristics (gender, age, profession, workplace setting (hospital- and community pharmacy), work location (region), and weekly working hours and type of employment (permanent vs. temporary contract)). Additionally, hospital employees were asked if they had patient-specific tasks. Those who did not, would not receive MJS questions related to patient care. The second section contained the Danish version of the MJS scale, which measured job satisfaction across the 7 subscales (see Appendix 8.1).

3.3.2 Pilot testing

A pilot test was conducted to evaluate the comprehension and functionality of the questionnaire in SurveyXact. Since the Danish MJS scale had already been piloted in the previous Danish mentalization study (23), this part of the questionnaire did not require further piloting. Therefore, the focus of the pilot test was on the first part of the questionnaire, which included the newly added socio-demographic questions.

Initially, two additional questions were added to the questionnaire within the section related to demographic characteristics of the participants. These questions aimed to identify in which pharmacy sectors and Danish regions the participants were employed. Furthermore, the questionnaire ended with a brief description that invited participants to freely express their views on the factors that contributed to job satisfaction within their pharmacy roles. The questions,

and the brief description, were piloted by using a convenient sample, which included two community pharmacists, one hospital pharmacist, and one community PT. The electronic pilot test was conducted in February 2024, with the help of participants recruited from the professional network of the researchers. Based on the feedback received from the participants, it was concluded that the added elements to the questionnaire were easily understandable and relevant for pharmacists and PTs, for whom the survey was intended.

After the inclusion of the three elements, it was later recognized that an additional four questions, which was added to the demographic section of the questionnaire after the initial pilot testing phase, had not been individually pilot tested. These were questions regarding profession title, type of employment, amount of weekly working hours, and whether their daily work included patient specific clinical pharmacy tasks. All questions - including both initial and newly added questions – were incorporated into the survey-system SurveyXact, and the entire questionnaire was pilot tested as a complete unit. This comprehensive pilot test assessed both the content and technical aspects of the survey on the SurveyXact platform, ensuring the effectiveness and functionality of the questionnaire before its final implementation. The final questionnaire was pilot tested on a convenience sample of four pharmacists and two associate professors and distributed electronically to the participants' email addresses in February 2024. One of which was a pharmacist working in a hospital pharmacy, one pharmacist working in a community pharmacy, and two associate professors working in the Department of Pharmacy at the University of Copenhagen and the Department of Public Health at the University of Southern Denmark, respectively. Based on the feedback received through the pilot test, minor modifications and rephrasing were made to the final survey. Particularly, in the second section of the questionnaire, namely the MJS questions, changes were implemented to replace the terms "customers/citizens" with "patients", for the hospital employee respondents. This adjustment was made to align with the terminology commonly used in hospital pharmacy settings.

3.4 Sample Characteristics

Pharmacists and PTs working in hospital- and community pharmacies in Denmark, were the target population. Purposeful sampling was used as participants were selected based on specific characteristics. When deliberately distributing the questionnaire to each pharmacy in Denmark, the goal was to specifically target the groups of pharmacists and PTs that were deemed relevant

to the study objectives. The exclusion criteria were all pharmacists and PTs who were not employed in any of the community- and/or hospital pharmacies in Denmark and pharmacists and PTs who were employed in both community- and hospital pharmacies. Additionally, hospital pharmacists and -PTs who were not involved in tasks requiring patient specific activities, were also excluded from the analysis. Lastly, missing answers were also excluded from the data analysis.

Regarding the sample size, this study adhered to the rule of thumb recommending a minimum of 10 respondents for each item on the scale, which gives a total of 440 samples (24).

3.5 Survey Administration

A comprehensive list of all community pharmacies in all regions of Denmark and e-mail addresses to each pharmacy was compiled through the website of The Association of Danish Pharmacies (25). Additionally, a list of hospital pharmacies in all regions of Denmark was compiled from online lists obtained from the wholesaler “Amgros” and the websites from each respective hospital pharmacy. All of which were included in the distribution of the questionnaire via email. Furthermore, the questionnaire was distributed through four Facebook-groups intended for pharmacists and PTs in Denmark. Two of these groups were exclusively for PTs, with 2,400 and 899 members respectively, while another was specifically for pharmacists, having 1,400 members. Additionally, there was a group open to all pharmacists and PTs interested in research, with 380 members.

Through a contact person in the trade union “Pharmadanmark”, the survey was distributed via direct mail to its members. Furthermore, information on this study was included to members of Pharmadanmark in their electronic newsletter. The survey was additionally distributed to the pharmacists and PTs at the clinical pharmacy department at Aarhus University Hospital through a contact person.

An introductory page with an explanation of the study goal, information about anonymity and the researcher’s intentions, along with a survey link, was distributed via email and Facebook posts. Each pharmacy was emailed the study description and questionnaire twice, with a one-week interval between distribution waves from February 27th to March 13th, 2024. The same

procedure was followed for the Facebook posts. The data collection was conducted using the online survey system, SurveyXact.

3.6 Ethical Considerations

All participants invited to participate were informed about the study. Explicit consent was obtained, with a consent form presented as the first question of the questionnaire, indicating voluntary participation, and assuring anonymity of responses in accordance with the General Data Protection Regulation in the EU. Participants who agreed to take part were then directed to the questionnaire.

Additionally, given the limited number of hospital pharmacies in Denmark, hospital-employed pharmacists and PTs were concerned about their anonymity when asked about their working region. As a result, hospital pharmacy employees were provided with the option to skip this question for their comfort and security. This approach was adopted to mitigate the risk of workplace identification.

3.7 Statistical Analysis

3.7.1 MJS Validation of MJS Analysis

For this study, the Danish version of the MJS scale was validated. Hereby, the factor structure was assessed through confirmatory factor analysis (CFA). CFA, a component of structural equation modeling (SEM), served to assess the degree to which the observed variables accurately reflected a set of underlying theoretical constructs. In this study, CFA was conducted in alignment with the theoretical model, encompassing 43 items distributed across 7 latent factors. The analysis included an assessment of factor loadings and correlations between factors through CFA modeling. Additionally, various model fit reference values were examined, including the Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), Root Mean Square Error of Approximation (RMSEA), Goodness-of-Fit statistic (GFI), Adjusted Goodness-of-Fit statistic (AGFI), Root Mean Square Residual (RMR), and Parsimonious Normed Fit Index (PNFI) (26,27).

Internal consistency reliability was assessed by calculating Cronbach's alpha (α) for each subscale and for the overall scale (28). Analyses were conducted using the IBM Statistical Package for Social Sciences (SPSS) Amos package version 29.

3.7.2 Other Analyses

Frequencies (N) and distribution (%) were used to present categorical variables such as gender, profession, workplace setting etc. Whereas means and standard deviation (SD) were used to present continuous variables, such as job satisfaction. Since the continuous variables exhibited a distribution resembling that of a normal distribution based on the visual histogram analysis, it was concluded that the scale follows a normal distribution. Consequently, parametric statistics were employed to explore the relationship between demographic data and job satisfaction in subsequent analyses. T-tests were utilized to compare the mean scores between pharmacists and PTs and between employees in community- and hospital pharmacies across the seven MJS-subcales and the last item concerning general satisfaction. Moreover, t-tests were performed to compare the mean values between gender across the seven MJS-subcales and the last item. A p-value <0.05 was considered statistically significant.

Furthermore, the associations between the six age groups of respondents, the seven MJS-subcales and the last item were examined using analysis of variance (ANOVA). This was followed by Bonferroni post-hoc test to delineate differences in detail across the various age groups, focusing on pairwise comparisons. Moreover, 95% confidence interval (CI) range was used for visualization of the age-group data for each MJS-subscale. Additionally, ANOVA tests were performed to analyze the associations between the five regions and the seven MJS-subcales and the last item.

The data was entered into SPSS version 29 for the analysis.

4. Results

4.1 Confirmatory Factor Analysis

A total of 500 responses were used for the CFA, which was conducted on all 43 MJS items using the seven predetermined subscales. The model fit was assessed. Table 5 shows the calculated and desired model fit values. CFA revealed an acceptable seven-factor construct (GFI = 0.766, AGFI = 0.736, NFI = 0.805, TLI = 0.838, CFI = 0.982, RMSEA = 0.073, RMR = 0.087, $p < 0.001$) (Table 5).

Table 5 – Confirmatory factor analysis (CFA) fit indexes for the Danish translation of the MJS scale with indicators of good fit according to references (26,27).

	Chi-Square	p-value	GFI	AGFI	NFI	TLI	CFI	RMSEA	RMR
Danish MJS-scale	77.268	0.001	0.766	0.736	0.805	0.838	0.982	0.073	0.087
Good fit (26,27)		<0.05	≥0.95	≥0.90	≥0.95	≥0.95	≥0.90	<0.08	<0.08

GFI = Goodness of Fit, AGFI = Adjusted goodness of Fit, NFI = Normed Fit Index, TLI = Tucker Lewis Index, CFI = Comparative Fit Index, RMSEA=Root Mean Square Error of Approximation, RMR=Root Mean Square Residual

Figure 2 presents the results of the CFA model showing the regression weights and correlations (N=500). The CFA factor loadings for all items ranged from 0.44 to 0.91, with most of the items exceeding 0.7, which represents good associations within the subscales. The correlations between the 7 subscales ranged from 0.31 to 0.81, which is mainly under 0.8, indicating a good correlation between the subscales (26).

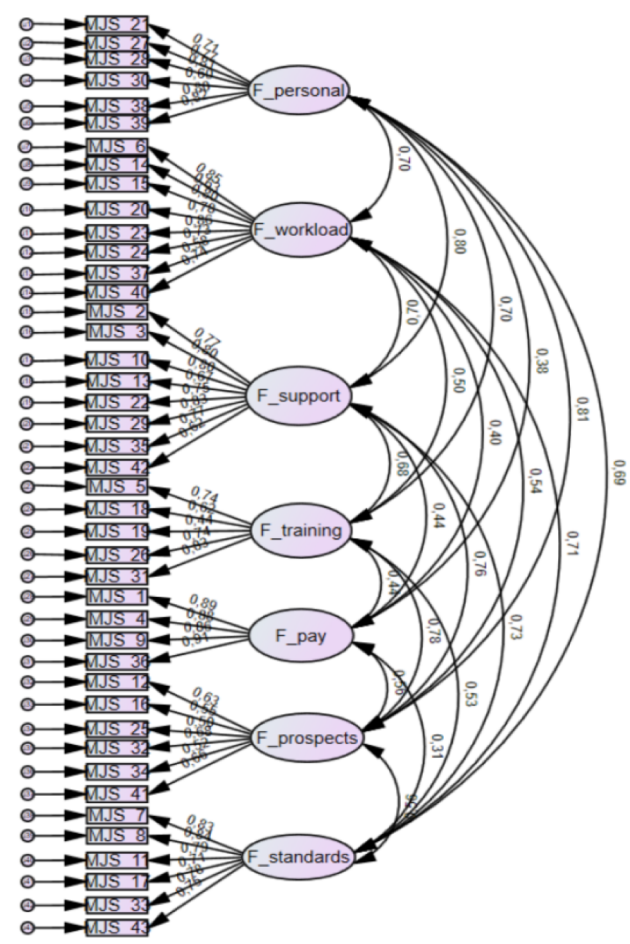


Figure 2 - Confirmatory factor analysis (CFA) model showing the factor loadings and covariance for the Danish translation of the MJS scale. *F_personal*: Personal satisfaction, *F_workload*: Satisfaction with workload, *F_Support*: Satisfaction with

professional support, F_training: Satisfaction with training, F_pay: Satisfaction with pay, F_prospect: Satisfaction with prospects, F_standards: Satisfaction with standards of care.

4.2 Internal Consistency

The internal consistency reliability Cronbach’s α for the entire MJS-scale was 0.962, which is an excellent value (28). Additionally, internal consistency for the individual subscales was also good, with the following Cronbach’s α value range 0.764 to 0.935 for the subscales (28).

The validity and reliability of the questionnaire provide a solid foundation for conducting further analyses on the data, as the variables are estimated valid and reliable.

4.3 Demographic information and other characteristics of the study participants

A total of 695 respondents completed the questionnaire and 500 of the responses were used for further analysis. Based on the presented data (table 1), the majority of the respondents were female (88.6%), with male participants comprising only 11.2%. The largest age group fell between 25-34 years old (33.0%) followed by those aged 35-44 years (26.8%). Most respondents were PTs (53.0%) followed by pharmacists (40.8%). A small portion of the respondents consisted of PT- and pharmacy students (6.2%) who were included in the data analysis. A majority of the respondents were employed in community pharmacies (81.4%) with 17.2% working in hospital pharmacies. A small percentage worked in both community- and hospital pharmacies (1.4%). More than a quarter of respondents resided in Central Region Denmark (25.8%). The other respondents resided in the Capital region of Denmark (25.0%), Region of Southern Denmark (22.6%), Region Zealand (14.0%) and North Denmark Region (10.8%). The highest occupation type reported was full-time (51.4%), followed by part-time working between 21-26 hours weekly (43.6%).

Table 1: Socio-demographic characteristics of pharmacists, PTs and students working in pharmacies in Denmark, 2024 (n = 500)

	Frequency (N=500)	Percentage (%)
<u>Gender</u>		
Male	56	11.2
Female	443	88.6

Not provided/other	3	0.2
<u>Respondent age range</u>		
< 25	20	4.0
25-34	165	33.0
35-44	134	26.8
45-54	95	19.0
55-64	71	14.2
> 65	15	3.0
<u>Profession</u>		
Pharmacy technician	265	53.0
Pharmacist	204	40.8
Pharmacy technician student	28	5.6
Pharmacy student	3	0.6
<u>Workplace setting</u>		
Community pharmacy	407	81.4
Hospital pharmacy	86	17.2
Community- and hospital pharmacy	7	1.4
<u>Danish region</u>		
Capital Region of Denmark	125	25.0
Region Zealand	70	14.0
Region of Southern Denmark	113	22.6
Central Denmark region	129	25.8
North Denmark Region	54	10.8
Several regions	2	0.4
Other ^a	1	0.2
Missing ^b	6	1.2
<u>Type of employment</u>		
Permanent employment	477	95.4

Temporary employment	20	4.0
Other	3	0.6
<u>Average weekly working hours</u>		
1-10	11	2.2
11-20	14	2.8
21-36	218	43.6
>/_ 37 (full time)	257	51.4

Note: ^a: Including the Faroe Islands

^b: Hospital pharmacists due to anonymity

4.4 Overall job satisfaction and the subscales

The data presented in table 2 shows the satisfaction level of the subscales and the overall job satisfaction from the study participants. The overall job satisfaction score was 3.6 (SD = 0.61), indicating a moderate level of job satisfaction among the respondents. Further analysis revealed that within the 7 other subscales, satisfaction levels ranged between 3.0-3.9, with satisfaction with pay being at the lower end and satisfaction with professional support and standards of care being at the higher end of the scale range.

Table 2: General job satisfaction among pharmacists, PTs, and students (N=500) across the 7 subscales and the last item. The scale ranges from 1-5 where 1 is considered "very unsatisfied" and 5 is considered "very satisfied".

	Mean value (SD)
Personal satisfaction	3.7 (0.78)
Satisfaction with workload	3.2 (0.83)
Satisfaction with professional support	3.9 (0.72)
Satisfaction with training	3.4 (0.74)
Satisfaction with pay	3.0 (1.01)
Satisfaction with prospects	3.7 (0.65)
Satisfaction with standards of care	3.9 (0.70)
Overall job satisfaction	3.6 (0.61)

4.5 Job satisfaction among pharmacists vs. PTs

Comparative analyses revealed significant differences in job satisfaction between pharmacists and PTs (Table 3). Pharmacists reported higher levels of satisfaction with pay (3.4 vs. 2.8, $p < 0.001$), prospects (3.8 vs. 3.7, $p = 0.049$), and overall satisfaction (3.7 vs. 3.6, $p = 0.032$) compared to PTs.

Table 3: Mean scores for job satisfaction statements among pharmacists (N=204) and PTs (N=265) across 7 subscales and the final item, ranging from 1-5, with Comparisons (Independent Variable t-test). A p-value of < 0.05 is considered statistically significant.

	Pharmacists	PTs	P-value
	Mean (SD)	Mean (SD)	(two-sided)
Personal satisfaction	3.8 (0.82)	3.7 (0.76)	0.365
Satisfaction with workload	3.2 (0.84)	3.3 (0.83)	0.794
Satisfaction with professional support	4.0 (0.72)	3.9 (0.74)	0.121
Satisfaction with training	3.5 (0.8)	3.4 (0.70)	0.067
Satisfaction with pay	3.4 (0.93)	2.8 (0.96)	< 0.001 *
Satisfaction with prospects	3.8 (0.67)	3.7 (0.64)	0.049 *
Satisfaction with standards of care	3.9 (0.70)	3.9 (0.71)	0.479
Overall job satisfaction	3.7 (0.62)	3.6 (0.61)	0.032 *

Note: * Score significantly different

4.6 Job satisfaction among community pharmacies vs. hospital pharmacies

Generally, hospital pharmacy employees exhibited higher job satisfaction levels compared to community pharmacy employees, as demonstrated in table 4. Hospital pharmacies scored higher in personal satisfaction (4.1 vs. 3.7, $p < 0.001$), workload satisfaction (3.8 vs. 3.1, $p < 0.001$), professional support (4.1 vs. 3.9, $p = 0.121$), standards of care (4.1 vs. 3.8, $p < 0.001$), and overall satisfaction (3.8 vs. 3.6, $p < 0.001$) compared to community pharmacies. However, pharmacists and PTs at community pharmacies scored higher in satisfaction with prospects (3.8 vs. 3.6, $p = 0.015$) and training (3.5 vs. 3.2, $p = 0.002$).

Notably, there was no significant difference in satisfaction with pay between hospital- and community pharmacies.

Table 4: Mean scores for job satisfaction statements among participants from hospital- (N=86) and community (N=407) pharmacies Across 7 Subscales and the Final Item, ranging from 1-5, with Comparisons (Independent Variable t-test). A p-value of <0.05 is considered statistically significant.

	Hospital pharmacy Mean (SD)	Community pharmacy Mean (SD)	P-value (two sided)
Personal satisfaction	4.1 (0.63)	3.7 (0.80)	<0.001 *
Satisfaction with workload	3.8 (0.59)	3.1 (0.83)	<0.001 *
Satisfaction with professional support	4.1 (0.61)	3.9 (0.74)	0.005 *
Satisfaction with training	3.2 (0.65)	3.5 (0.76)	0.002 *
Satisfaction with pay	2.9 (0.85)	3.0 (1.05)	0.071
Satisfaction with prospects	3.6 (0.50)	3.8 (0.68)	0.015 *
Satisfaction with standards of care	4.1 (0.54)	3.8 (0.72)	<0.001 *
Overall satisfaction	3.8 (0.43)	3.6 (0.64)	<0.001 *

Note: * Score significantly different

4.7 Job satisfaction across the respondents' demographic variables

T-tests and an analysis of variance with post hoc testing revealed no significant differences in job satisfaction based on gender and region. However, age groups displayed variations in job satisfaction levels (Figure 1), with younger participants consistently reporting lower satisfaction levels compared to older age groups (p=0.001-0.039), particularly a significant difference in personal satisfaction (p=0.001-0.01), workload satisfaction (p=0.004-0.011), professional support satisfaction (p=0.029), pay satisfaction (p=0.005-0.026), standard of care satisfaction (p=0.020-0.027) and overall satisfaction (0.001-0.039). For a detailed overview of the p-values, see Appendix 8.2.

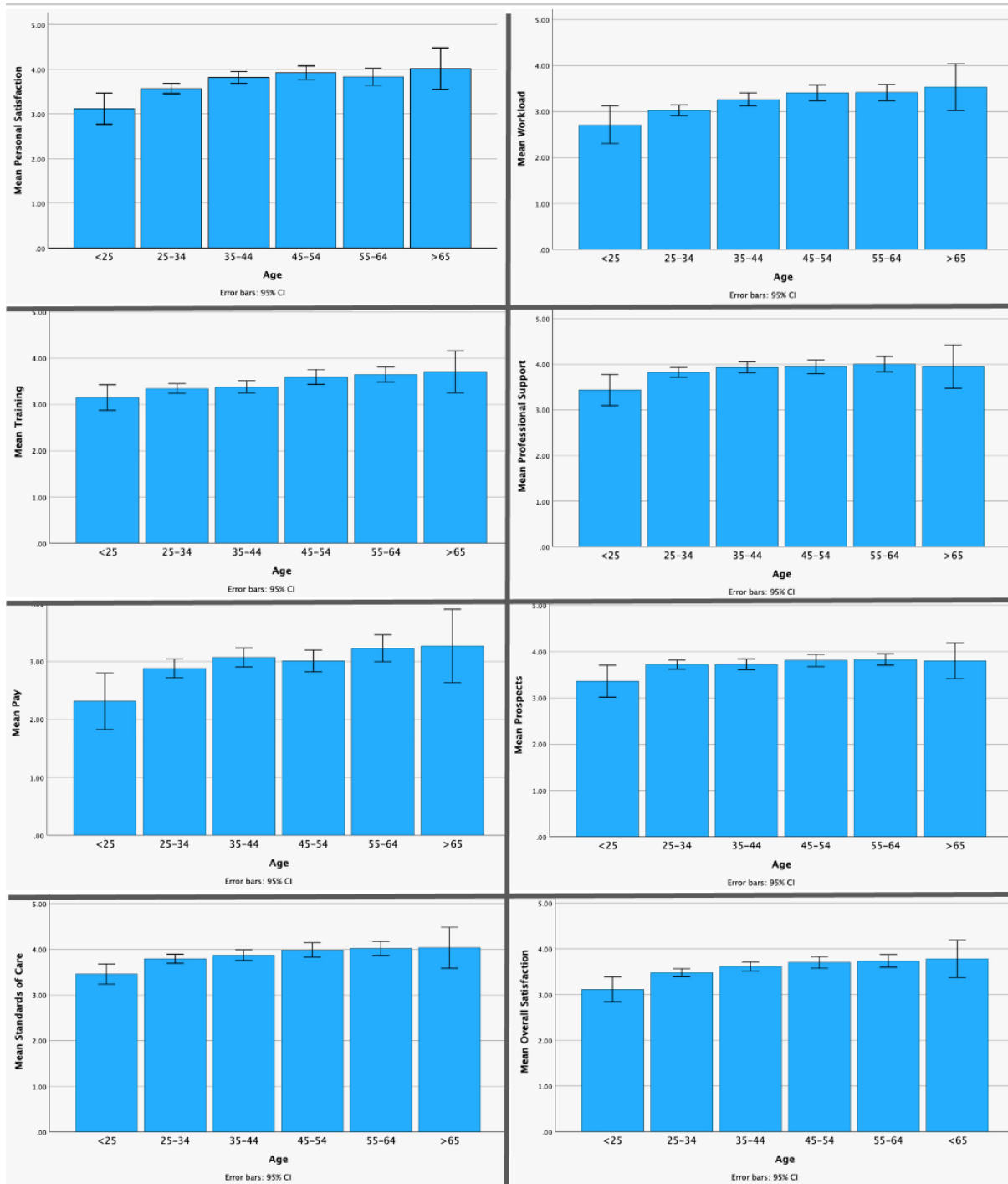


Figure 1: Confidence Interval (CI) ranges for the 7 MJS-Subscales and the last item across six age groups.

5. Discussion

This study sought to perform a thorough psychometric validation of the Danish version of the Measure of Job Satisfaction (MJS) questionnaire. The results confirmed that the Danish MJS scale is a valid and reliable tool for assessing job satisfaction among pharmacists and PTs employed in Danish pharmacies.

Additionally, this study aimed to investigate and provide a comprehensive analysis of job satisfaction among pharmacists and PTs working in community- and hospital pharmacies across Denmark. The findings revealed that Danish pharmacists and PTs are generally satisfied with their jobs, with pharmacists reporting higher satisfaction levels compared to PTs and hospital employees showing somewhat higher satisfaction than their counterparts in community pharmacies. No significant differences in job satisfaction were found between gender and region, although older age groups were more satisfied than younger ones.

5.1 Construct validity (CFA)

A total of 500 responses were used for the Confirmatory Factor Analysis (CFA), which was conducted on all 43 MJS items using the 7 predetermined subscales, with the use of different reference values provided by the program, IBM SPSS AMOS, to conclude on how the data fitted the model. Hereby, the model fit, the factor loadings in terms of item loading on their subscales, and the correlations of the subscales are further discussed.

The construct validity of the MJS instrument was evaluated using CFA on data from 500 respondents. The GFI and AGFI values were 0.766 and 0.736, respectively. Both values were found to fall below the commonly accepted threshold of 0.9 for GFI and 0.95 for AGFI, suggesting that the model did not achieve a perfect fit with the data (29). The NFI value of 0.805 and the TLI value of 0.838, did not reach the ideal threshold of ≥ 0.95 , indicating an acceptable level of validity of the satisfaction scale with room for improvement (28). The RMSEA value of 0.073 fell within the accepted value of a good fit below 0.08. However, the RMR value of 0.087, exceeded the preferred maximum of 0.08, highlighting an area for potential improvement. The Comparative Fit Index (CFI) of 0.982, which was very close to 1, indicated an excellent model fit. A CFI value above 0.95 was considered good, further supporting the adequacy of the model (29). In summary, the results of the CFA suggested that the 7-factor model of the MJS items was acceptable.

CFA for the translated MJS questionnaire yielded factor loadings ranging from 0.44 to 0.91. Notably, most items demonstrated strong associations with their respective subscales, with the majority of loadings exceeding 0.7 (26). For an item to demonstrate a good correlation with its factor, in this study, a loading of 0.65 or higher was preferred. Items that fell below this threshold suggested weaker associations with their respective subscales, potentially due to issues in item formulation or misalignment with the construct they were intended to measure. Out of 43 items, only 10 did not load well with 5 of their respective factors, with most of these poorly loading items concentrated in the subscale related to Prospects. The lower loadings in the Prospect-subscale reflected variability in perceptions of promotion opportunities, job security, and prospects. Moreover, this the sample was quite heterogeneous, as it consisted of both hospital- and community pharmacists and PTs. This diversity might have contributed to different perspectives on job prospects, influencing the variability within this subscale and impacting the factor loadings due to the varied backgrounds and professional experiences of the respondents. In the remaining subscales, Personal, Workload, Professional Support, and Training, most items demonstrated strong factor loadings, indicating good alignment with their respective constructs. However, a few items within these subscales exhibited lower loadings, suggesting some variability in how respondents perceived these aspects. For the Personal subscale, the item regarding the variety and interest in work showed moderate loading. This suggests that the item is somewhat relevant to the factor it is intended to measure, but it may not be one of the strongest indicators of that factor. In the Workload subscale, items related to administrative time and working hours had lower loadings, potentially reflecting diverse experiences. The Support subscale had a lower loading for the item about contact with colleagues, indicating different perceptions of workplace relationships. In the Training subscale, items concerning career advancement opportunities and adequate training showed lower loadings, pointing to potential differences in training adequacy and career development experiences.

The correlations between the seven subscales ranged from 0.31 to 0.81, which was mainly under 0.8, indicating good discriminant validity (26). In applied research, a factor correlation exceeding 0.80 or 0.85 is often used as a criterion to define poor discriminant validity. When two factors overlap significantly and therefore show high correlations, researchers often merge them into a single factor to assess whether this modification affects the model fit (26). High correlations between factors suggests that the subscales may not be distinct from each other, which is problematic as they are intended to reflect different phenomena (26).

In this analysis, the correlation between the Personal and Prospect subscales exceeded 0.8 (0.81). Although they overlapped, their deviation from the reference value was very minimal and thus not of significant concern. This overlap could be due to the natural correlation between these concepts, as this correlation could be considered a reflection of their inherent relationship rather than an issue with the structure of the questionnaire. If the correlation had been above 0.85, it would have been more problematic, suggesting that these two scales might not be distinct and could potentially be combined or revised to improve the structure of the questionnaire. However, given that the correlation was only slightly above 0.8, it was acceptable within the context of the structure of the questionnaire and reflected the natural phenomena that link personal satisfaction with job prospects.

Overall, while the majority of the items in the translated MJS questionnaire demonstrated good factor loadings, a few items underperformed. Additionally, the correlations between the seven subscales showed mainly positive relationships, indicative of good discriminant validity. Generally, the adequacy of the model fit was closely linked to the factor loadings and correlations. As not all goodness-of-fit values were met, this corresponded with the presence of a few low factor loadings. Despite these minor issues, the strong performance of most items supported the overall validity of the translated questionnaire. Therefore, this study assessed that the translated MJS questionnaire can be effectively used to measure job satisfaction among pharmacists and PTs employed in pharmacy settings.

5.2 Internal Consistency

The translated version of the MJS scale demonstrated excellent internal consistency, with an overall Cronbach's α of 0.962, suggesting strong correlation among its items (28). This high α value indicated that the items collectively measured the same underlying construct related to job satisfaction. For the individual subscales, Cronbach's α values ranged from 0.764 to 0.935, all within an acceptable range. These values signified good internal reliability within each subscale.

Overall, the translated Danish version of the MJS scale exhibited robust internal consistency, as evidenced by the Cronbach's α values. These findings aligned with previous research on the English version of the MJS scale, where Traynor et al. also found strong internal consistency among the items within each subscale (6).

5.3 Overall job satisfaction and the subscales

The results of this study revealed a moderate level of overall job satisfaction, with a mean score of 3.6 (SD = 0.61) on a scale from 1 to 5, among pharmacists and PTs working in community- and hospital pharmacies in Denmark. This indicates that while not overwhelmingly positive, there is a general sense of contentment with the job among Danish pharmacy staff. Similar results were seen in other countries. For example, a Malaysian study showed that the job satisfaction among community pharmacists was 3.39 (SD = 0.42) on a scale range 1-5 (30), and another study from Canada showed that the mean job satisfaction score among hospital pharmacists was 3.93 (SD = 0.85) (13). Compared to the findings of this study, it appeared that overall job satisfaction was at a similar level to that observed in studies conducted in other countries. However, it is important to be cautious when making comparisons with other countries due to different contexts and differences in health care systems and the organization of the pharmacies, but as previously mentioned, studies in Denmark are limited.

This study also highlighted specific areas of pharmacy staff job satisfaction that merit deeper discussion. Satisfaction with professional support and standards of care scored the highest among Danish pharmacy staff with a mean of 3.9. Professional support provides a sense of community and security among health care professionals, while high standards of care are essential for professional fulfillment. International studies show that pharmacists who lack recognition for their professional skill and contribution, as well as those who are not content with the quality of their counseling services report poor job satisfaction (31,32).

Satisfaction with pay scored the lowest among Danish pharmacy staff, with a mean of 3.0 (SD = 1.01). This finding aligns with global trends, where compensation was often cited as a significant factor in job dissatisfaction among pharmacy staff, with low salaries being a significant factor contributing to poor job satisfaction (33). Furthermore, the international studies showed this job dissatisfaction even worsened when salaries were perceived as not commensurate with the high workload, responsibilities, and stress with the profession (34). Hence, high workload was another issue for pharmacy staff in several countries, negatively correlating with perceived stress and contributing to job dissatisfaction (35,36). Predictably, satisfaction with workload was an area of concern among Danish pharmacy staff as well, receiving one of the lowest scores 3.2 (SD = 0.83).

5.4 Job satisfaction among pharmacists vs. PTs

This study found that pharmacists were significantly more satisfied with their pay compared to PTs (mean score 3.4 vs. 2.8). In Denmark, as of April 1, 2023, the starting salary for PTs in community pharmacies was DKK 29,525 per month (37). In comparison, the starting salary for pharmacists in community pharmacies, as of May 1, 2023, was DKK 40,188 per month (38). This highlights a remarkable salary difference between the two professions at the beginning of their careers in the private pharmacy sector. This difference in salary could be a contributing factor to the PTs' dissatisfaction with pay. However, it is important to note that the difference may reflect the different levels of responsibility and educational requirements between the two roles in the pharmacies (39). Consistent with the results of this study, a study from the USA reported poor job dissatisfaction for PTs, which stemmed mainly from limited advancement opportunities and pay. The study found that PTs were making strides towards professionalization but had less time and money invested into their careers. They were also paid less than most other healthcare professionals (40). Another U.S. study revealed that PTs were the least satisfied with their pay, with 67% agreeing they could 'barely live on income' and felt they received 'less pay than I deserve' (41). Conversely, another U.S. study found that pharmacists were very satisfied with their pay and benefits and reported higher satisfaction with pay compared to other personnel (42). This suggests that dissatisfaction with pay is a more prominent factor for PTs in other countries as well, compared to pharmacists.

This study found that Danish pharmacists scored higher on satisfaction with prospects, compared to PTs (mean score 3.8 vs. 3.7). Coherent with this study, in another Danish study, investigating PTs' psychosocial work environment, PTs scored lower on development opportunities compared to the average employee in Denmark (18). At the same time, another Danish study, investigating pharmacists' psychosocial work environment, found that the pharmacists' development opportunity scores were similar to the PTs'. The only statistically significant variance was observed in the capacity of pharmacists to autonomously make significant decisions about their work (17), which might be reflected in this study's results. Overall, this suggests that both pharmacists' and PTs' job satisfaction levels may be lower than the national average for employees.

Lastly, this study found a significant difference in overall job satisfaction between pharmacists and PTs, with pharmacists being more satisfied (mean score 3.7 vs. 3.6). According to the Danish study, investigating PT's psychosocial work environment, PTs had a significantly lower

overall satisfaction with their jobs compared to the national average of employees (18). Similarly, another study from the USA found that the overall job satisfaction of PTs was at the lower range of the scale. The study examined possible reasons for this finding. Firstly, PTs may compare themselves with pharmacists, who do not encounter the same job restraints and often perform similar tasks. Secondly, the study suggests that job characteristics such as feedback, autonomy, and identity are perceived to be present at very low levels. Consequently, any alterations to the job scope may not significantly impact overall satisfaction (43).

Few studies compare pharmacists job satisfaction levels with PTs. A study from the USA found no significant univariate effect for job satisfaction by role, indicating that while there might be nuanced differences, overall job satisfaction did not significantly differ between pharmacists and PTs. These results contrast to the findings of this study, which showed a significant difference in overall job satisfaction for pharmacists compared to PTs. The diverse results of the two studies could point to differences between countries, such as variations in healthcare systems, workplace environments, or cultural attitudes toward these professions. Although, the U.S study highlighted surprise at the lack of univariate effects for job satisfaction between the two groups, the findings on impact and intent to quit were significant. The study underscored that pharmacists hold a privileged position, feeling they have a greater influence on the pharmacy environment compared to PTs (39).

Overall, while some studies demonstrate minor differences, others consistently indicate lower job satisfaction among PTs which suggests a consistent trend of lower satisfaction levels among PTs compared to pharmacists in the field.

5.5 Job satisfaction among pharmacy professionals working at community- vs. hospital pharmacies

The practice setting has also been shown to affect job satisfaction. This study showed that hospital pharmacy employees showed a significantly higher overall job satisfaction level compared to community pharmacy employees (mean score 3.7 vs. 3.6). This aligned with previous research from the USA and Amman, which also found higher job satisfaction among pharmacists in hospital environments compared to those in community settings (44,45).

The results obtained in this study showed that hospital employees reported significantly higher satisfaction with workload compared to employees at community pharmacies (mean score 3.8

vs. 3.1). The structured nature of hospital work often involves more regular hours and support from a larger team, which likely contributed to this finding. As the number of pharmacists and PTs increased by 50 percent between 2013-2023, it might indicate a growth of the sector as well as the presence of larger teams in hospital pharmacies (11). Additionally, hospital pharmacies have employed a variety of other professionals the past decade, including porters, service assistants, hospital- and pharmacy aides, and other academics. These groups handle tasks such as logistical duties, administrative work, documentation, driving development processes, and recruitment efforts. This distribution of tasks help to optimize and streamline the workflow in the Danish hospital pharmacies, relieving pharmacists and PTs, so they can focus on their primary responsibilities (11).

According to two studies, community pharmacists and PTs deal with long working hours, understaffing, and high patient interaction volumes, leading to increased stress and reduced job satisfaction (16,17). Additionally, the two previously-mentioned Danish studies found that understaffing was a major reason for dissatisfaction, as it significantly hindered community pharmacists' and -PTs' ability to complete their assigned tasks (17,18). The studies also discovered that the workload was too high, which affected their personal lives and caused stress (17,18). Similarly, a study conducted among pharmacists in Northern Ireland, showed that community pharmacists reported higher job-related stress compared to hospital pharmacists (46).

In this study, hospital employees reported higher levels of personal satisfaction and satisfaction with professional support (mean score 4.1 vs. 3.7 and 4.0 vs. 3.9, respectively). This trend might be attributed to the impactful work and supportive work environment prevalent in hospital settings. Hospital pharmacists from a Canadian study highlighted the importance of feeling like they had an impact through their work. They also described the importance of being supported within their work environment. Specifically, they highlighted the importance of being part of an interprofessional team and having their input valued. Receiving appreciation for their work both from patients and from other colleagues was also highlighted (13).

In contrast, in this study, community pharmacy employees exhibited higher satisfaction with career opportunities and training (mean score 3.8 vs. 3.7 and 3.5 vs. 3.2, respectively). One possible explanation is that community pharmacies often offer more diverse career paths compared to hospital settings. Both pharmacists and PTs can advance to managerial roles, such as pharmacy managers, and pharmacists can become owners, which can be highly motivating and

lead to greater job satisfaction (47,48). Additionally, another study indicated a correlation between the level of workplace education and job turnover among hospital pharmacists, emphasizing the importance of continuous training and education to increase job satisfaction (49). However, a Swedish study presented an opposing view, highlighting dissatisfaction with the lack of professional development among community pharmacists (50). More research is needed to further investigate the factors contributing to the greater training satisfaction of pharmacists and PTs at community- and hospital pharmacies globally.

5.6 Job satisfaction among respondents' demographic variables

This study found no significant differences in job satisfaction based on gender and region, which contrasts with other studies investigating job satisfaction among pharmacists and PTs globally. For instance, one study, reported by Carvajal et al., found that female pharmacists in the USA reported higher overall satisfaction than their male counterparts despite earning lower salaries (51). Similarly, another study from the USA, noted that female pharmacists expressed greater satisfaction with multiple facets of their job, including support from supervisors and relationships with coworkers, across all age groups (52). This aligned with the findings of a more recent study, which observed that female pharmacists scored higher in almost all indices of job satisfaction compared to male pharmacists. This supports the idea that female pharmacists tend to derive greater contentment from their professional activities both in the long run (i.e., career satisfaction) and the short run (i.e., satisfaction with facets of current job). The article also contemplated the phenomenon, known as the "*paradox of the contented female worker*", which suggest that women often report higher job satisfaction despite less favorable working conditions such as lower levels of income (53). Another study found that Iraqi female pharmacists were more satisfied with their jobs than male pharmacists. The findings of the study reflected previous indications that female pharmacists tended to have greater job stability in their positions compared to males. Male pharmacists, on the other hand, often preferred to pursue more challenging roles, such as becoming medical representatives (54). Nevertheless, the results of this study clearly demonstrated that job satisfaction in Denmark was not influenced by gender, which might be due to an insufficient number of men surveyed. The difference could also result from cultural or inherent differences among men in Denmark compared to men in other parts of the world. Hence, the above-mentioned reflections and considerations might not be applicable in a Danish context.

Age groups revealed variations in this study, with younger participants consistently reporting lower satisfaction levels compared to older age groups. Lower satisfaction scores were found for respondents who were younger than 30 years; however, there was no consistent trend with increasing age. These significant differences in satisfaction within age groups were particularly evident in personal satisfaction, workload satisfaction, professional support satisfaction, pay satisfaction, standard of care satisfaction, and overall satisfaction. This aligned with the observations from Iraq, which revealed that older pharmacists and those with more years of practice were more satisfied with their jobs (54). This was also supported by other research which reported that pharmacists with more years of practice, and thus more experience, reported higher job satisfaction (54–56). At junior levels, there are relatively low salaries and often little empowerment, which could be the a cause of lower job satisfaction levels (56).

5.7 Strengths and Limitations

5.7.1 *Strengths*

This study demonstrated several key strengths. For instance, this study incorporated a reasonably large sample size. Sample size in this study consisted of 500 pharmacists and PTs. The questionnaire consisted of 44 items; therefore, a good sample size would have been at least 440 respondents, which was obtained. Having a relatively large sample size provided an opportunity for more accurate and representative results, which allowed the results from this study to be applicable to a greater population.

The study also used data from a sample of respondents from all regions of Denmark. This ensured a representative and diverse study population of the entire country. Furthermore, including participants from different regions increased validity as regional differences in experiences, attitudes, and conditions might be considered. This may have made the results more inclusive and reflective of the national circumstances, and consequently strengthened the study.

The respondents of this study were all anonymous. This was considered a strength to the study as anonymity might have decreased the respondents' pressure to conform to social norms or expectations, minimized response bias and led to more reliable data. Anonymity might also have contributed to the high sample size as individuals potentially felt more comfortable sharing their views without fear of consequences and judgment (57).

By including two different professions (pharmacists and PTs) from two different settings of the healthcare system (community and hospital), the study captured a comprehensive view of job satisfaction across different roles within the pharmacy setting. This aspect of the study was considered a strength, as the collection of data from both pharmacy groups enabled the identification of issues of each group. This enables the development of targeted solutions tailored to the specific needs of each group, thus facilitating the improvement of job satisfaction for pharmacy staff in the future.

Another strength of this study was its investigation of a topic with limited research in Denmark. Based on available evidence, there were only two existing studies that investigated job satisfaction among pharmacists and PTs in Danish community pharmacies (17,18). By addressing a gap in the literature, this study contributed to a deeper understanding of job satisfaction in this specific context. It might have provided new insights and data thereby enhancing the overall knowledge base in this field.

5.7.2 Limitations

Although successfully addressing the research question, the results of this study may have been influenced by several methodological limitations. First, there was a substantial difference in the number of community pharmacy employees (81.4%) compared to hospital pharmacy employees (17.2%) who responded to the survey, as demonstrated in table 1. This imbalance may have influenced the overall satisfaction results and skewed the comparison of job satisfaction between the two professions towards the perspectives of community pharmacy staff. Additionally, the smaller percentage of respondents from hospital pharmacy settings could have contributed to lower variation in their responses, as reflected by a consistently lower standard deviations (SD) compared to those from community pharmacies, as demonstrated in table 4.

Additionally, relative to the gender distribution in Denmark, the study population had a disproportionately larger fraction of women (88.6%) compared to men (11.2%), which limited the generalizability of the results. This could be a limitation since no significant differences in job satisfaction between genders were found, potentially masking any true differences that might exist in a more balanced sample.

Furthermore, as described in the methods section, the pilot testing was slightly insufficient, as only the first two questions added to the demographic section were piloted, while the remaining

four questions added later, were not individually pilot tested. These were questions regarding profession title, type of employment, amount of weekly working hours, and for hospital employees, whether their daily work included patient specific clinical pharmacy tasks. Rather than pilot testing the four questions individually, they were included in the pilot testing of the full questionnaire. This was a limitation as the added questions were not separately confirmed for clarity and relevance before being distributed to the respondents.

Lastly, job satisfaction is essentially subjective and can fluctuate frequently based on individuals' emotions and feelings (58). This was a limitation to the study as job satisfaction of the respondents could have been influenced by temporary moods or recent experiences rather than stable, long-term factors (58). This study relied on a cross-sectional survey, which was inadequate for capturing changes in job satisfaction over time. Consequently, the responses might not accurately reflect reliable levels of job satisfaction over time, which made it challenging to draw consistent conclusions from the data. It did not account for how perceptions of job satisfaction and its facets might vary with the growth of the pharmacy workforce or the rapidly changing healthcare reform situation. Future research should incorporate longitudinal data to better understand how job satisfaction evolves and the factors influencing it over different periods.

6. Conclusion

It is essential for pharmacists and PTs to be satisfied with their jobs to optimize workplace performance and ensure the delivery of the highest quality of care to customers and patients. Therefore, this study aimed to address the job satisfaction of pharmacists and PTs in community- and hospital pharmacies in Denmark.

The psychometric validation of the Danish MJS questionnaire showed that it possessed good internal consistency, indicating that the items on the scale were highly correlated and measured the same underlying construct. Confirmatory factor analysis demonstrated an acceptable model fit for the seven-factor structure of the MJS, although certain fit indices suggested room for improvement in the design of the questionnaire. Few selected items in the MJS scale did not load perfectly with their subscales, however the overall scale proved to be a reliable and valid

tool for measuring job satisfaction among Danish pharmacists and PTs working in pharmacy settings.

The study revealed a moderate level of overall job satisfaction among pharmacists and PTs working in both community- and hospital pharmacies, with satisfaction with pay being at the lower end of the scale range and satisfaction with professional support and standards of care being at the higher end. Additionally, this study found that pharmacists generally reported higher satisfaction compared to PTs. Pharmacists were more satisfied with pay, prospects, and overall job satisfaction, while PTs were less satisfied due to lower salaries and limited advancement opportunities.

A comparison of job satisfaction in two different pharmacy settings, showed a higher job satisfaction of employees in hospital pharmacies compared to those in community pharmacies. Hospital pharmacists and PTs had a significantly higher overall job satisfaction, compared to their counterparts in community pharmacies. They were also more satisfied with their workload, professional support, and personal satisfaction, likely due to the structured and supportive environment in hospital settings. Conversely, community pharmacy employees reported higher satisfaction with prospects and training, potentially due to the more diverse career paths available in community settings.

This study found no significant differences in job satisfaction based on gender or region in Denmark. However, age played a significant role, with younger participants consistently reporting lower satisfaction levels compared to older age groups. This trend suggests that job satisfaction tends to increase with age and experience, a finding consistent with other studies.

The study's findings highlighted key areas for improvement, particularly in addressing the differences in job satisfaction between pharmacists and PTs and between different pharmacy settings. The results emphasized on the need to provide the pharmacy staff with adequate remuneration and career progression opportunities, to recognize their achievements, and to manage their workload effectively. It is crucial to address and improve these conditions, to create a good work atmosphere and encourage employee loyalty among pharmacy staff, which may lead to a greater job satisfaction and reduced employee turnover. Future research should include longitudinal studies to capture changes in job satisfaction over time and further explore

the factors influencing these dynamics, which may help policymakers and pharmacy owners to improve job satisfaction among Danish pharmacy employees.

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8. Appendix

8.1 The Final & Distributed Danish Questionnaire

Kære deltager,

Velkommen til vores spørgeskemaundersøgelse om jobtilfredshed blandt apoteksansatte farmaceuter og farmakonomer i Danmark.

Undersøgelsen er i forbindelse med et specialeprojekt, som også indgår som et forskningsprojekt i Netværk for Apotekspraksis (NUAP).

Tak fordi du vil deltage!

Din deltagelse er frivillig. Svarene registreres anonymt og håndteres i overensstemmelse med den generelle forordning for databeskyttelse (GDPR) (EU) 2016/679 af 27. april 2016.

(1) Jeg har læst ovenstående information og deltager frivilligt

Er du på nuværende tidspunkt ansat på et apotek?

- (1) Ja, jeg er ansat på et privatapotek
- (2) Ja, jeg er ansat på et sygehusapotek
- (3) Ja, jeg er både ansat på et privat- og sygehusapotek
- (4) Nej, jeg er ikke ansat på et apotek på nuværende tidspunkt

Inkluderer dine arbejdsopgaver patientspecifik klinisk farmaci? (Opgaver som fx medicinen-gang, medicinanamnese eller patientsamtale)

- (1) Ja
- (2) Nej

Først vil vi bede dig om at angive nogle grundlæggende oplysninger om dit apotek og dig selv.

Du er ansat i apoteksregi som

- (1) Farmakonom
- (2) Farmaceut
- (3) Farmakonom elev
- (4) Farmaceutstuderende
- (5) Andet. Forklar venligst: _____

Har du en fast- eller tidsbegrænset ansættelse? (Tidsbegrænset ansættelse er hvis man er ansat som fx vikar)

- (1) Fast
- (2) Tidsbegrænset
- (4) Ved ikke
- (3) Andet _____

Hvor mange timer arbejder du gennemsnitligt om ugen i apoteksregi i alt?

- (1) 1-10 timer
- (2) 11-20 timer
- (3) 21-36 timer
- (4) +37 timer (fuldtid)

Hvor mange år har du arbejdet i apoteksregi i alt i Danmark?

- (1) 0-1 år
- (6) 1-5 år
- (2) 5-10 år
- (3) 10-20 år
- (5) + 20 år

I hvilken region ligger det apotek/de apoteker du er ansat på? (Hvis du er ansat på et sygehus-apotek, behøver du ikke at svare på dette spørgsmål)

- (1) Region Nordjylland
- (2) Region Midtjylland
- (3) Region Syddanmark
- (4) Region Sjælland
- (5) Region Hovedstaden
- (7) Flere af ovenstående
- (6) Andet. Forklar venligst: _____

Hvor gammel er du?

- (1) Under 25
- (2) 25 – 34
- (3) 35 – 44
- (4) 45 – 54
- (5) 55 – 64
- (6) 65+

Hvad identificerer du dig som?

- (1) Kvinde
- (2) Mand
- (3) Andet

Nu vil vi bede dig om at vurdere din tilfredshed indenfor forskellige aspekter af din nuværende ansættelse på apoteket. Hvis du er ansat på flere apoteker, så tag udgangspunkt i det apotek du bruger mest tid på.

En række af spørgsmålene forekommer enslydende – sådan er skemaet opbygget. Udfyld venligst alle spørgsmål, også selvom du føler, at du allerede har besvaret det.

Hvor tilfreds er du med følgende forhold ved dit arbejde:

	Meget tilfreds	Tilfreds	Hverken tilfreds eller utilfreds	Utilfreds	Meget utilfreds
Løn for de timer jeg arbejder	(1)	(2)	(3)	(4)	(5)
Graden hvormed jeg føler mig som en del af et hold	(1)	(2)	(3)	(4)	(5)
De muligheder jeg har for at diskutere mine bekymringer	(1)	(2)	(3)	(4)	(5)
Min løn/løntrin	(1)	(2)	(3)	(4)	(5)
At få finansiering til kurser (udover de kurser jeg overenskomstmæssigt har krav på)	(1)	(2)	(3)	(4)	(5)
Den tid jeg har til at nå alt mit arbejde	(1)	(2)	(3)	(4)	(5)
Kvaliteten af arbejdet generelt med kunder/borgere/patienter	(1)	(2)	(3)	(4)	(5)
Standarden af den faglige service der gives til kunder/borgere/patienter	(1)	(2)	(3)	(4)	(5)
Graden hvormed jeg bliver passende betalt, for det jeg bidrager med til apoteket	(1)	(2)	(3)	(4)	(5)
Mængden af den støtte og vejledning jeg får	(1)	(2)	(3)	(4)	(5)

Måden hvorpå der drages omsorg for kunder/borgere/patienter	(1)	(2)	(3)	(4)	(5)
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Hvor tilfreds er du med følgende forhold ved dit arbejde:

	Meget tilfreds	Tilfreds	Hverken tilfreds eller utilfreds	Utilfreds	Meget utilfreds
Mine muligheder for fremmelse	(1)	(2)	(3)	(4)	(5)
De mennesker jeg taler og arbejder med	(1)	(2)	(3)	(4)	(5)
Den tid der bruges på administration	(1)	(2)	(3)	(4)	(5)
Min arbejdsbelastning	(1)	(2)	(3)	(4)	(5)
Mine udsigter for fortsat ansættelse	(1)	(2)	(3)	(4)	(5)
Standarden af den faglige service, jeg på nuværende tidspunkt kan give	(1)	(2)	(3)	(4)	(5)
De muligheder jeg har for at fremme min karriere	(1)	(2)	(3)	(4)	(5)
Omfanget hvormed jeg er tilstrækkelig uddannet til det jeg laver	(1)	(2)	(3)	(4)	(5)
Det overordnede bemandingsniveau	(1)	(2)	(3)	(4)	(5)
Følelsen af, at min indsats på arbejdet er værdifuldt	(1)	(2)	(3)	(4)	(5)
Den respekt og fair behandling jeg får af min chef	(1)	(2)	(3)	(4)	(5)

Hvor tilfreds er du med følgende forhold ved dit arbejde:

	Meget tilfreds	Tilfreds	Hverken tilfreds eller utilfreds	Utilfreds	Meget utilfreds
Tiden til rådighed til at færdiggøre alt det jeg skal nå	(1)	(2)	(3)	(4)	(5)
Det jeg har nået, når jeg går hjem efter endt arbejdsdag	(1)	(2)	(3)	(4)	(5)
Den jobsikkerhed jeg har	(1)	(2)	(3)	(4)	(5)
At få fri fra arbejde til efteruddannelse	(1)	(2)	(3)	(4)	(5)
Den personlige udvikling jeg får fra mit arbejde	(1)	(2)	(3)	(4)	(5)
Graden hvormed mit arbejde er varieret og interessant	(1)	(2)	(3)	(4)	(5)
Den hjælp og opbakning som er til rådighed for mig i mit job	(1)	(2)	(3)	(4)	(5)
Hvor selvstændigt jeg kan handle i mit arbejde	(1)	(2)	(3)	(4)	(5)
Muligheden for at deltage i kurser	(1)	(2)	(3)	(4)	(5)
Mulighederne for en karriere indenfor mit felt	(1)	(2)	(3)	(4)	(5)
Den generelle standard af den faglige service som gives på mit apotek	(1)	(2)	(3)	(4)	(5)

Hvor tilfreds er du med følgende forhold ved dit arbejde:

	Meget tilfreds	Tilfreds	Hverken tilfreds eller utilfreds	Utilfreds	Meget utilfreds
Fremtidsudsigterne for min faggruppe generelt i apotekssektoren	(1)	(2)	(3)	(4)	(5)
Den overordnede kvalitet af den vejledning jeg får i mit arbejde	(1)	(2)	(3)	(4)	(5)
Den løn jeg får	(1)	(2)	(3)	(4)	(5)
Mine arbejdstider	(1)	(2)	(3)	(4)	(5)
Omfanget hvormed jeg kan bruge mine færdigheder og kompetencer	(1)	(2)	(3)	(4)	(5)
Omfanget af udfordringer i mit job	(1)	(2)	(3)	(4)	(5)
Tiden til rådighed til faglig service til kunderne/borgerne/patienterne	(1)	(2)	(3)	(4)	(5)
Hvor tryk fremtiden ser ud for mig på dette apotek	(1)	(2)	(3)	(4)	(5)
Kontakten jeg har med mine kollegaer	(1)	(2)	(3)	(4)	(5)
Kunder/borgere/patienter får den omsorg de har brug for	(1)	(2)	(3)	(4)	(5)
Overordnet, hvor tilfreds er du med dit job?	(1)	(2)	(3)	(4)	(5)

For at kunne forbedre arbejdsforholdene og den generelle jobtilfredshed blandt farmaceuter og farmakonomer, er Netværk For Apotekspraksis (NUAP) meget interesseret i at høre mere om, hvad der er med til at øge din jobtilfredshed.

Skriv venligst, hvilke aspekter af dit arbejde der er med til at øge din generelle jobtilfredshed:

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8.2 Significant differences in age groups

Table: Illustration of the age groups with significant differences in job satisfaction across the 7 MJS Scales and the last item, identified via Bonferroni post-hoc test. A p-value of <0.05 is considered statistically significant.

Dependent variable	Age Group	Age Group	P-value
Personal Satisfaction	< 25	35-44	0.002
	< 25	45-54	0.001
	< 25	55-64	0.004
	< 25	> 65	0.01
	25-34	45-54	0.006
Satisfaction with Workload	< 25	45-54	0.008
	< 25	55-64	0.010
	< 25	> 65	0.048
	25-34	45-54	0.004
	25-34	55-64	0.011
Satisfaction with Professional support	< 25	55-64	0.029
Satisfaction with Training	None		
Satisfaction with Pay	< 25	35-44	0.026
	< 25	55-64	0.005
Satisfaction with Prospects	None		
Satisfaction with Standard care	< 25	45-54	0.027
	< 25	55-64	0.020
Overall Satisfaction	< 25	35-44	0.008

	< 25	45-54	0.001
	< 25	55-64	0.001
	< 25	> 65	0.016
	25-34	55-64	0.039

Part II

Abstract

Objectives: The aim of this study was to conduct a systematic literature review and identify, review and evaluate existing research on job satisfaction among pharmacists and pharmacy technicians (PTs) employed in community- and hospital pharmacies worldwide.

Methods: The systematic literature search was performed on PubMed from 1977 to 2023, to retrieve relevant publications. Eligibility criteria included English-language quantitative cross-sectional studies that focused on job satisfaction among pharmacists and PTs in hospital- and community pharmacies worldwide, utilizing validated questionnaires.

Results: The literature search yielded 96 articles from 26 different countries across 6 world regions, providing a comprehensive overview of job satisfaction among pharmacy professionals. These world regions included Oceania, Africa, Asia, Europe, the Middle East, and North America. The studies examined various dimensions of job satisfaction among pharmacists and PTs, highlighting the impact of factors such as workload, salaries, professional relationships, clinical activities and opportunities for career advancement. Regional variations in job satisfaction levels were observed, with Western countries generally reporting higher satisfaction levels compared to regions like the Middle East and Africa.

Conclusion: This systematic review highlighted key factors influencing job satisfaction among pharmacists and PTs in community and hospital pharmacies across the world. Understanding these determinants allows healthcare organizations to implement strategies to improve workplace conditions and support pharmacy professionals' well-being. Further research is crucial to develop evidence-based interventions that enhance job satisfaction, promote retention, and improve healthcare outcomes globally.

Exploring Job Satisfaction among Pharmacists and Pharmacy Technicians at Community- and Hospital Pharmacies Worldwide: A Systematic Review

1. Aim

The primary objective was to conduct a systematic literature review and a thematic narrative analysis to investigate and evaluate existing literature on job satisfaction among pharmacists and pharmacy technicians (PTs) employed in community- and hospital pharmacies across the world.

2. Methods

This systematic review partially adhered the PRISMA Scoping Review guidelines. A scoping overview of the various dimensions was completed which included article titles, authors, publication years, research aims, target groups, countries, methods (questionnaire structure), sample sizes, and findings. For the analysis, a narrative approach was used to provide a comprehensive synthesis of literature on the topic. This approach facilitated a broad analysis of the articles, examining them across different professions and work settings, and evaluating the findings of various articles within each continent.

2.1 Data collection

Firstly, the research question was defined: *“What is the current published literature on job satisfaction among pharmacists and PTs working in community- and hospital pharmacies worldwide?”*. Hereby, a systematic search was conducted in PubMed on January 18th, 2024. The search period covered publications from 1977 to 2023. Articles that were not available through the initial search were manually sought and reserved on the Royal Danish Library Website. The total number of studies identified is described in figure 3.

2.1.1 Search terms

In the final search, the selected search terms illustrated in Figure 1 were selected to gather the most suitable literature for this review. Three key aspects relevant to this study were identified:

Job satisfaction, Pharmacists and Pharmacy Technicians, and Questionnaires, each connected by an “AND”. Within each aspect, search terms, in the form of “MESH terms” and “Text Words” were integrated into the search strategy and connected by an “OR”.

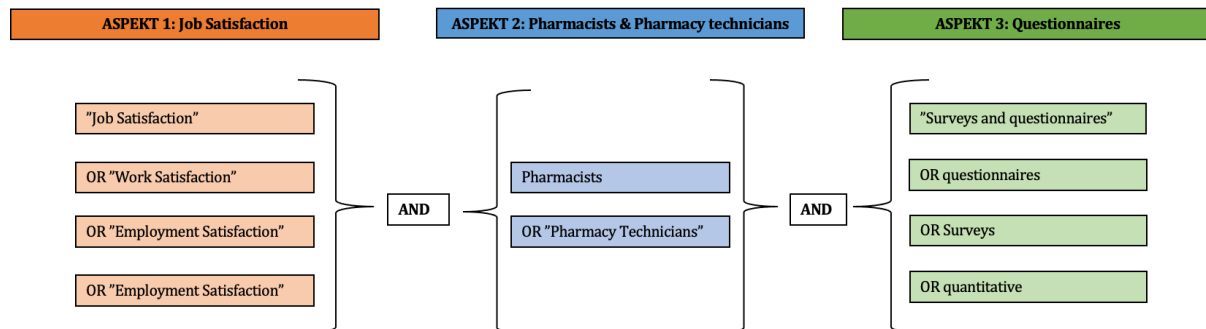


Figure 1: Search words used for the literature search.

2.2 Eligibility Criteria

The eligibility criteria are demonstrated in Figure 2. To align with the aim, the following criteria were established. The qualified literature was limited to the English language and quantitative cross-sectional studies, which included questionnaires. Consequently, any qualitative research was deemed irrelevant to this study. Studies that utilized validated questionnaires or sought to validate a questionnaire while investigating job satisfaction were included. Literature that aimed to examine job satisfaction in relation to other events such as COVID-19, the physical environment, automation, preceptors, etc., was excluded. Additionally, studies that aimed to investigate burnout were excluded if they did not also investigate job satisfaction. By excluding literature on unrelated topics, the study maintained a clear focus on its primary objectives and ensured the relevance and coherence of the findings. To expand the scope, worldwide studies without any time restrictions were included. The study exclusively focused on pharmacists and PTs, thereby excluding research involving other healthcare professionals. Additionally, only studies investigating pharmacists and PTs employed in community- and/or hospital pharmacies were considered. Therefore, individuals working in pharmaceutical companies, those who were self-employed, or in similar settings were not included in the study. Finally, any studies that were inaccessible were naturally omitted from the study as well.

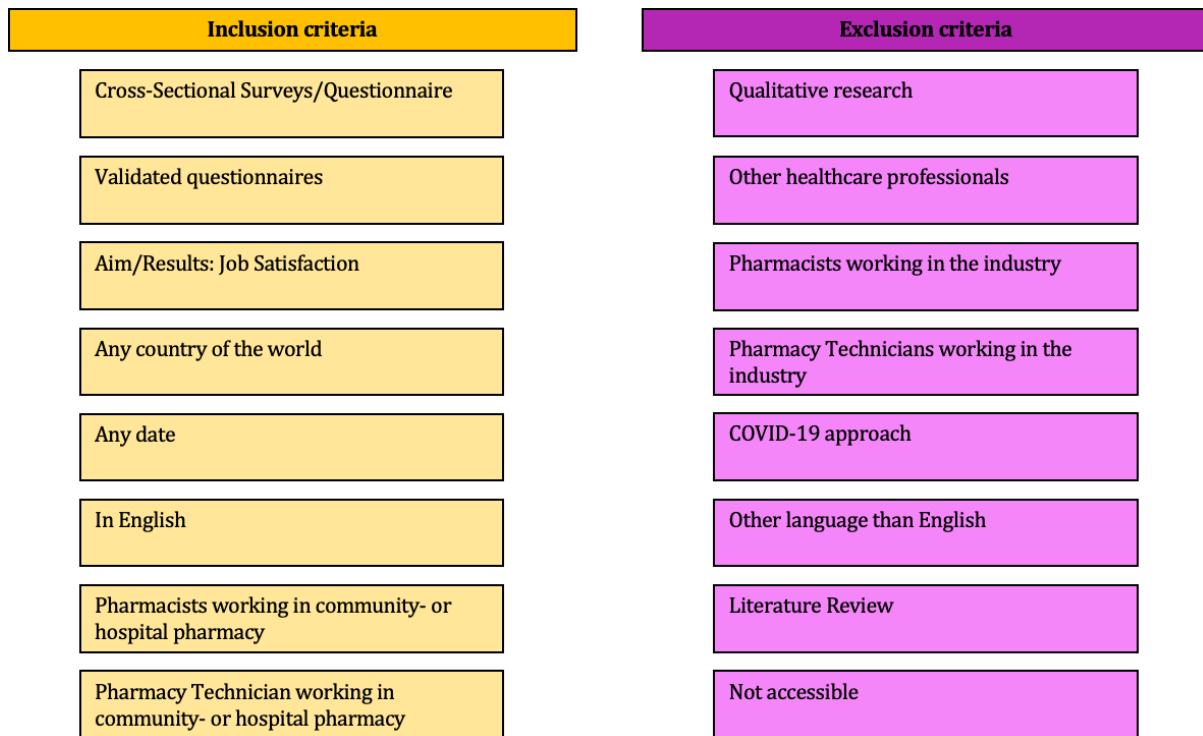


Figure 2: The eligibility criteria for the literature search

2.3 Literature Selection

The systematic literature search resulted in a total of 295 articles. Figure 3 shows a flow diagram of the steps taken during the literature search. Titles and abstracts from the articles were manually screened according to the search terms and eligibility criteria (Figure 1 & 2). As demonstrated in Figure 3, this left a total of 136 articles whilst the remaining 159 articles were excluded. Full-text articles were then reviewed manually, and the unsuitable articles (n=38) were removed. All relevant articles that met the eligibility criteria were included whilst the remaining articles were excluded. The relevant 96 full-text articles were thematically analyzed and categorized. To facilitate a scoping overview, all articles were assigned a number. Accordingly, the article titles, authors, publication years, research aims, target groups, countries, methods (questionnaire structure), sample sizes, and findings were thoroughly highlighted, documented and organized into a table (see Appendix 7.1 for a condensed version of the table).

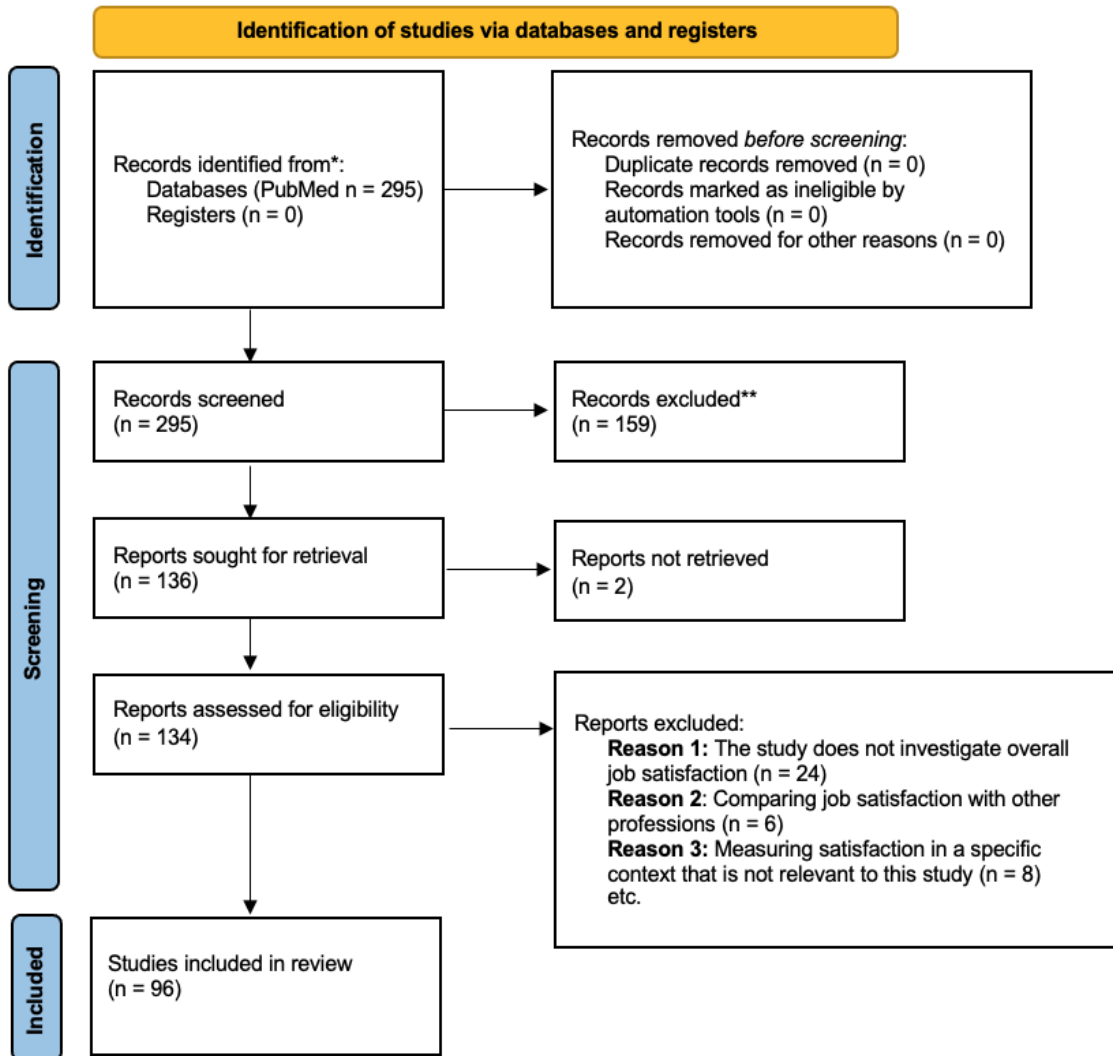


Figure 3: Results of the literature search presented according to the PRISMA flow diagram.

3. Results

Research Trends in Job Satisfaction

The literature search resulted in 96 articles that met the eligibility criteria. The studies were conducted in 26 different countries within 6 regions of the world, as illustrated in Figures 4 and 5.

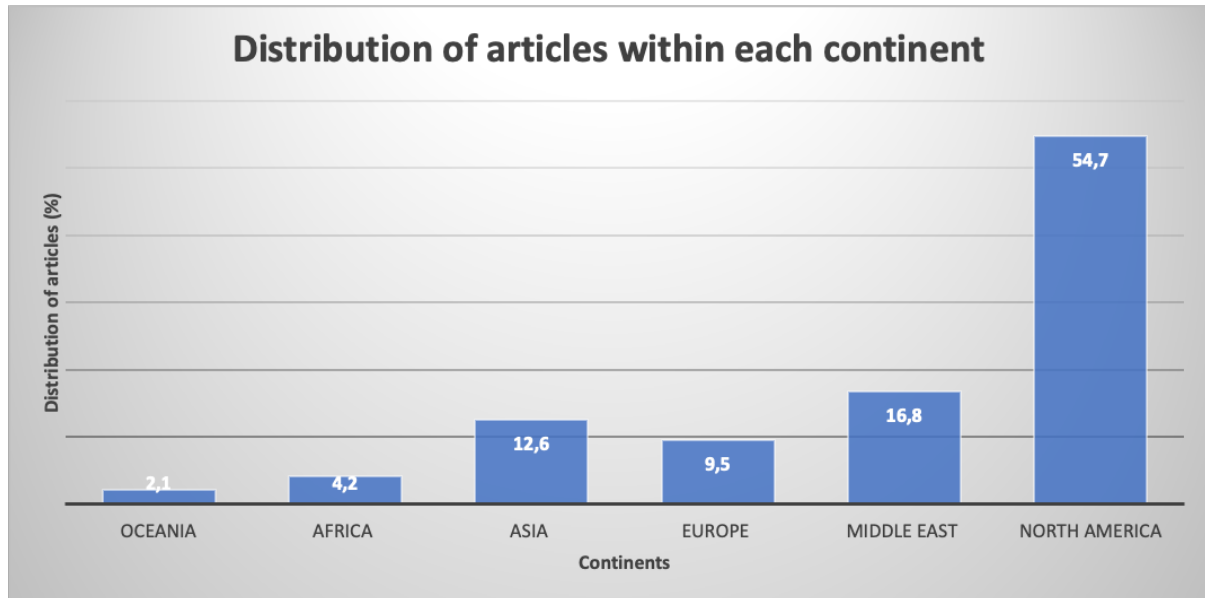


Figure 4: The distribution of articles within each world regions in percentage, based on the 96 articles included in this study.

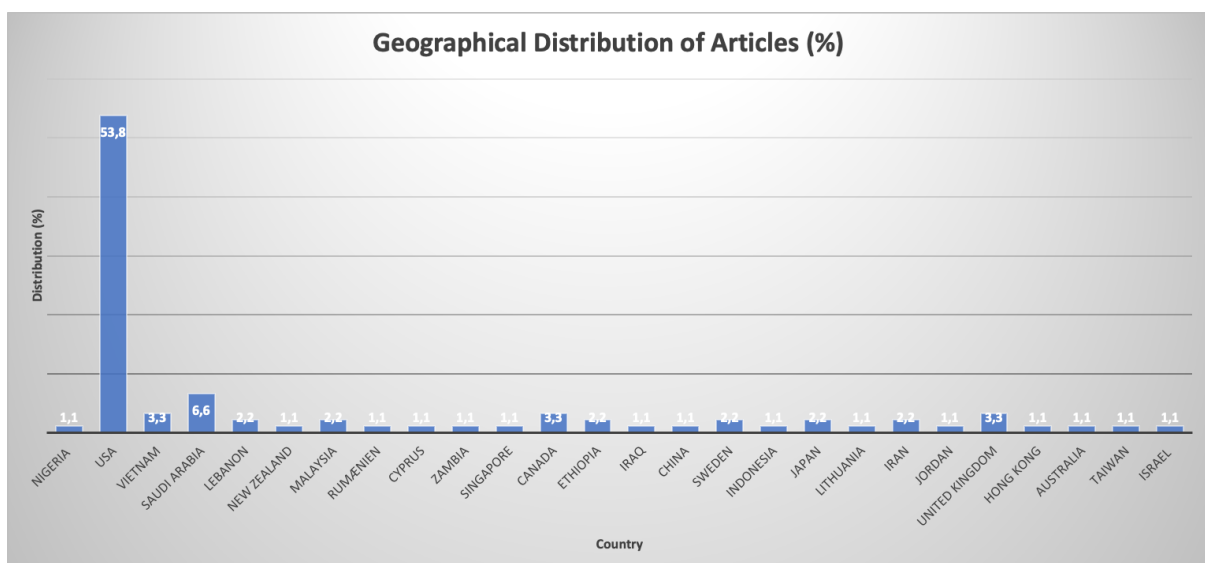


Figure 5: The distribution of countries in percentage, based on the 96 articles included in this study.

The included literature is from the years 1977-2023, spanning over 46 years, as demonstrated in Figure 6.

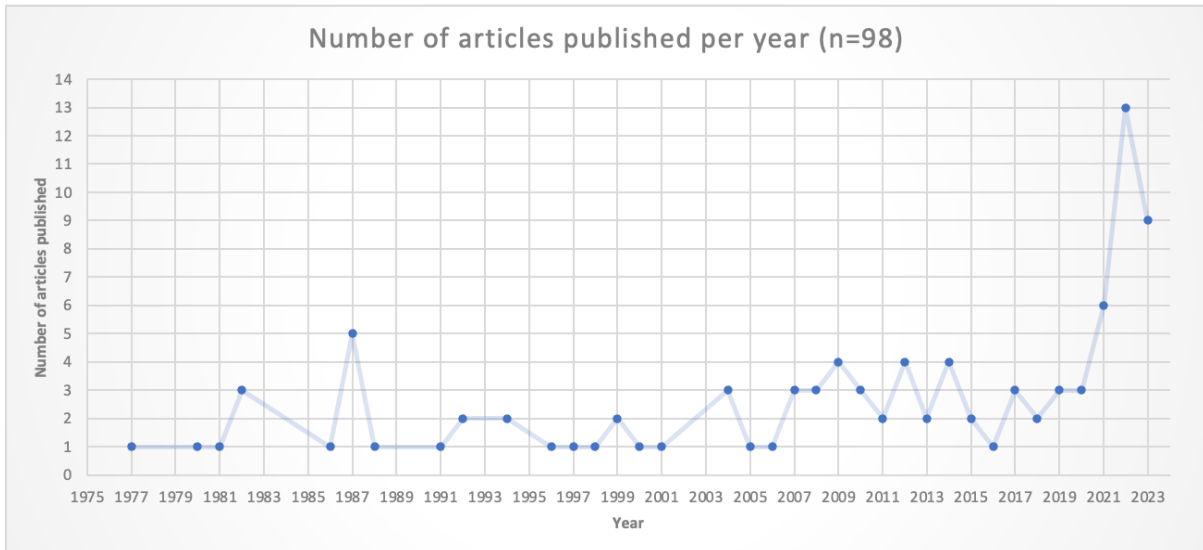


Figure 6: The distribution of the number of publications per year in the timeframe 1977-2023, based on the 96 articles included in this study.

The distribution of the different work settings (hospital- and community pharmacies) and the different professions (pharmacists and PTs) are demonstrated in Figure 7.



Figure 7: The distribution of work settings and professions, respectively, in percentage, based on the 96 articles included in this study. The work settings include articles on hospital pharmacies, community pharmacies, and articles including both settings. The professions include articles on PTs, pharmacists, and articles including both professions.

Additionally, the distribution of the different instruments used to measure job satisfaction in the 96 articles are illustrated in Figure 8. It is important to note that many of the articles used instruments that did not specifically measure job satisfaction or were self-administered, hence they were not included in the figure.

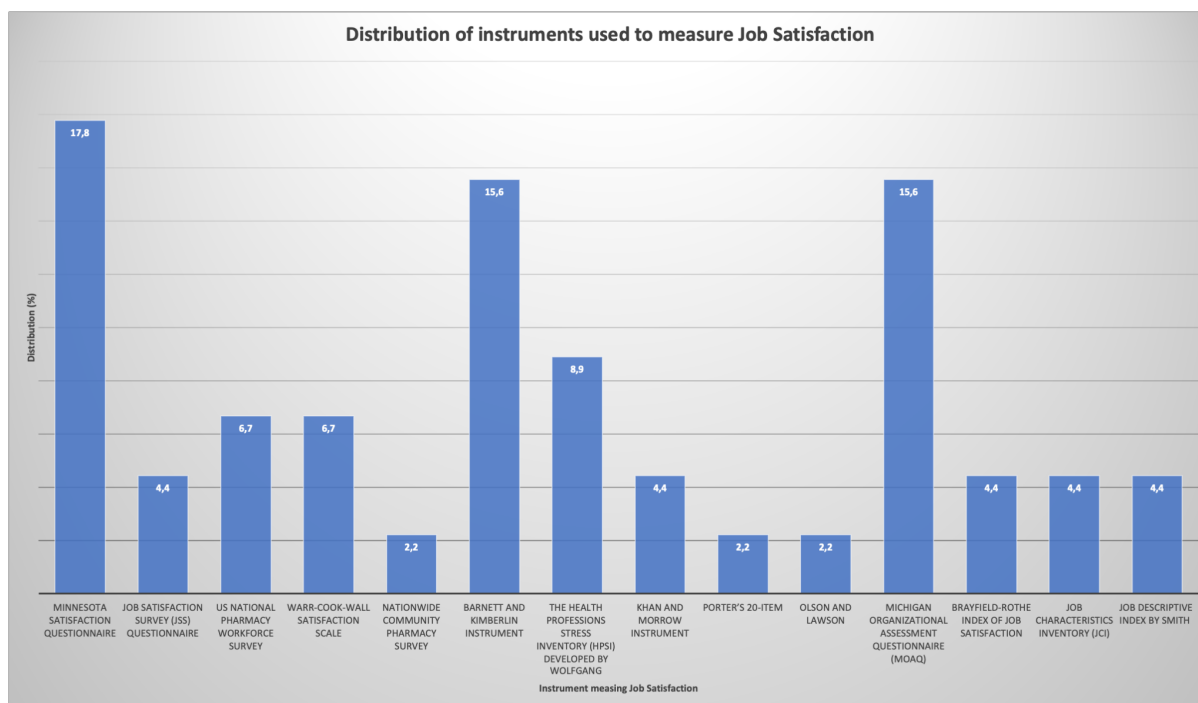


Figure 8: The percentage distribution of the instruments used to measure job satisfaction in the 96 articles. Instruments that measure aspects other than job satisfaction are excluded from the figure.

This systematic review, comprising 96 articles, investigated job satisfaction among pharmacists and PTs across different world regions. It employed a comprehensive approach to explore major themes and insights from the literature categorized by world region, providing a broad perspective on the factors influencing job satisfaction in community and hospital pharmacy settings. The analysis summarized key findings, compared continental trends, and highlighted significant patterns among different countries.

Oceania (2 articles)

The articles from Oceania, which included the countries New Zealand and Australia, showed varying levels of satisfaction among pharmacists and PTs in community- and hospital settings influenced by multiple factors. In the New Zealand study, both hospital- and community pharmacists agreed that their primary practice site provided a conducive environment for primary care (57%) and had adequate staffing levels (1). Those working fewer hours reported higher satisfaction with break time and job completion. Furthermore, ongoing stress and dissatisfaction were highlighted in the New Zealand study as major issues, contributing to the issue of retaining professionals within the pharmacy field.

In Australia, younger hospital pharmacists and PTs (<30 years) reported significantly lower job satisfaction levels compared to other age groups (2). The study highlighted the number of hours worked per week as being negatively associated with job satisfaction and ability utilization as the most influential factor on respondents' perception of their ideal job. Both studies underscored the impact of workload and working hours on job satisfaction, with longer hours correlating with increased dissatisfaction (1,2). When comparing the two studies, pharmacists in New Zealand appeared to be more stressed and less satisfied with their jobs compared to their counterparts in Australia.

Africa (4 articles)

In Nigeria, most hospital pharmacists reported a low level of satisfaction with their jobs (53.1%). Specifically, pharmacists expressed low levels of job satisfaction with their working facilities (58.6%), coworker relationships (51.8%), and remuneration (54%) (3). Notably, a large portion of pharmacists with high job satisfaction disagreed with the thought of leaving the healthcare sector due to their relationship with co-workers. Simultaneously, relationship dynamics with co-workers showed positive progression with age. 65.5% of individuals reporting high job satisfaction expressed motivation to work in the public health sector due to the favorable working facilities (3). Yet satisfaction with the working facility decreased with age, suggesting that enthusiasm and optimism wane over time. Generally, remuneration emerged as a universal concern across different age groups, reflecting Nigeria's prevailing economic challenges (3).

In Zambia, the overall mean job satisfaction score of the responding pharmacists were 3.05 (SD = 0.64) (4). The difference in job satisfaction between pharmacists in the public- and private sectors was pronounced. Pharmacists in the private sector reported higher satisfaction levels with an average score of 3.47 out of 5, compared to 2.90 in the public sector. The difference in satisfaction between sectors were consistent across gender, age, marital status, and urban residency (4). Job satisfaction varied depending on different factors. Leadership opportunities were associated with higher levels of satisfaction, whereas limited resources, such as drugs and equipment, were linked to lower levels of satisfaction. Additionally, pharmacists with higher income showed a 25% higher job satisfaction compared to those earning less, underlining the influence of financial compensation on job satisfaction (4).

In Ethiopia, near to half (47.0%) of the hospital pharmacists were poorly satisfied with their jobs (5). Hereby, the overall satisfaction among hospital pharmacists was notably low, with 58% dissatisfied with their working environment and 83.8% overwhelmed by workload. In addition, 81.2% of the pharmacists were unhappy with their salary, and nearly half felt overqualified for their roles (5). The prevalent dissatisfaction was also compounded by inadequate work conditions (60.0%), a lack of professional recognition (67.5%) and limited incentives (46.2%), which were critical factors driving the high levels of dissatisfaction among Ethiopian pharmacists (5).

Asia (12 articles)

In Vietnam, two studies revealed that a majority (80.4% and 74.1%, respectively) of hospital pharmacists, reported being satisfied with their job (6,7). Aspects like gender, years of working, additional duties, and the type of hospital were identified as crucial determinants of job satisfaction. Pharmacists who had worked in the field for 3–5 years, more than 5 years, those who worked in private hospitals, or those who did not have any other duties, had significantly higher job satisfaction than other groups. Additionally, factors such as working conditions, leadership styles, and benefits were found to significantly influence the pharmacists' job satisfaction. Hereby, working conditions were the most strongly contributing factor (7).

Conversely, in Malaysia, while supportive work environments, collegial relationships, and opportunities for professional growth contributed positively to job satisfaction, challenges such as management practices, salary concerns, workload, and advancement opportunities were prominent among public sector pharmacists (8,9). The mean job satisfaction for the pharmacists in the public sector was moderately high with a score of 58.09 (SD = 11.83) out of a maximum possible score of 90.0. Additionally, the study found that there was a significant correlation between job satisfaction and organizational commitment (9).

In China, the analysis indicated that only the working environment positively correlated with hospital pharmacists' job satisfaction, while job demands, job control, and workload were negatively associated with it (10). These factors also predicted emotional exhaustion among pharmacists, suggesting that work characteristics heavily influenced overall job satisfaction and well-being (10).

Indonesia found that community pharmacists faced barriers like lack of time for interaction and lack of recognition, which significantly affected their job satisfaction (11). Singapore reported a lower job satisfaction among PTs in patient care areas, with burnout significantly affecting their contentment (12).

In both Japan and Hong Kong, job satisfaction among hospital pharmacists varied significantly based on their education, sector, and involvement in clinical activities (13–15). In both countries, older pharmacists were more satisfied with their jobs compared to their younger counterparts (13,14). Younger pharmacists, notable those under 34 in Japan and under 40 in Hong Kong, experienced elevated levels of stress and dissatisfaction, particularly regarding interpersonal relationships and training systems. This resulted in lower job satisfaction among the younger pharmacists, while older pharmacists reported higher satisfaction due to greater job stability and accumulated experience (14,15). Despite facing dissatisfaction with certain conditions in their workplace, the Japanese hospital pharmacists found significant value in their roles, highlighting the intricate connection between their job satisfaction and the meaningful impact they perceived their work to have. Involvement in clinical activities was a crucial factor affecting job satisfaction in both countries. Hospital pharmacists who spent more time on clinical pharmacy services or administrative activities reported higher job satisfaction (13,15). Studies in Hong Kong showed that women achieved higher job satisfaction by spending more time on drug distribution, whereas men showed less satisfaction with increased time in the same role (13). Overall, the research highlighted the importance of clinical involvement and job enrichment for pharmacists' job satisfaction in both Japan and Hong Kong.

Community pharmacists in Japan also reported dissatisfaction, influenced by personal development opportunities and interpersonal relationships, highlighting the importance of role fulfillment and supportive work environments (14). Community pharmacists showed similar age-related trends in job satisfaction. Younger pharmacists, especially those under 39, often felt dissatisfied due to inadequate opportunities for personal development and external factors such as salary, employment terms and conditions, and employee training systems (14).

Finally, in Taiwan, the study revealed that stress, particularly related to dispensing, management, and hospital rules, significantly affected hospital pharmacists' job satisfaction and well-

being (16). Job support was positively related to job satisfaction and negatively related to intentions to change job content or quit, emphasizing the critical role of organizational support in mitigating job stress (16).

Europe (9 articles)

In Romania, a significant majority of community pharmacists expressed high job satisfaction, with 57.7% rating their satisfaction as 4 and 8.89% as 5 on a 5-point scale. Satisfaction increased with age, with no significant gender differences in job satisfaction (17). In Cyprus, pharmacists working in private pharmacies experienced higher satisfaction, particularly regarding pay, promotions, and coworker relations. Job satisfaction in Cyprus was inversely related to perceived stress and directly correlated with self-efficacy (18).

Sweden reported exceptionally high satisfaction levels, with 91.4% and 91.0% of pharmacists in two separate studies indicating they were satisfied "most of the time" or "all of the time" (19). Factors contributing to this high satisfaction included female gender and having access to continuing professional development. Despite the high overall satisfaction, only 41% expressed a desire to choose the same career again, indicating contemplation regarding career longevity (19).

In the United Kingdom, pharmacists appeared to be satisfied with their work, with female pharmacists showing higher satisfaction levels compared to their male counterparts (20). Community pharmacists showed the lowest satisfaction rates across sectors, primarily due to dissatisfaction with remuneration, despite deriving significant satisfaction from patient interactions and professional responsibilities (20). Both community and hospital pharmacists found considerable satisfaction in their colleagues, patient contact, and the responsibilities entrusted to them. Furthermore, the study revealed that the strength of desire to practice pharmacy was a predictor of both job satisfaction and intentions to quit pharmacy (20).

In Northern Ireland, 57% of community pharmacists and 60% of hospital pharmacists reported being satisfied "most of the time" (21). Both groups identified interruptions, excessive workload, and inadequate staffing as the most stressful aspects of their employment. Community pharmacists, however, experienced higher stress levels than their hospital counterparts (21). Additionally, a Lithuanian study revealed that pharmacists at community pharmacies reported

above-neutral job satisfaction levels, with their role in patient care contributing significantly to their job fulfillment despite the demands of their positions (22).

Only one study in Europe was conducted on hospital PTs, comparing the job satisfaction of hospital PTs in France and Quebec, Canada (23). The study observed that PTs in Quebec reported higher satisfaction rates with their schedules and salaries compared to their counterparts in France. Furthermore, a high proportion of PTs indicated that working in the healthcare field, contributing to the patient care, being autonomous and collaborating with pharmacists were factors that had an impact on their job satisfaction (23).

Middle East (16 articles)

In Saudi Arabia, a minority of community pharmacists (22.4%) reported satisfaction with their roles, indicating a low level of contentment. Despite this, the overall job satisfaction score among Saudi community pharmacists was moderate, with a score of 130.74 out of 199 (24). Generally, results from both sectors showed that Saudi pharmacists were moderately satisfied with their jobs (25). Although most of the pharmacists were satisfied (39.1%) and slightly satisfied (24.6%) with their current jobs, about two-thirds (61.9%) expressed an intention to leave (26).

In contrast, while the overall response among Lebanese pharmacists leaned towards dissatisfaction, those working in hospital settings reported notably higher satisfaction with their work environments compared to their counterparts in other sectors (27). Nearly half of all pharmacists surveyed in Lebanon reported poor job satisfaction, with a significant portion of community pharmacists (52.3%) indicating dissatisfaction and over 40% contemplating quitting within the year (28).

In Iran, the scenario was slightly more positive, where a majority of community pharmacists were satisfied with their profession. However, this satisfaction did not extend to financial aspects, where there was notable dissatisfaction, highlighting the significant impact of economic factors on job contentment (29,30).

In Israel, the satisfaction levels were relatively high across both public and private sectors, with pharmacists appreciating job security, intellectual challenges, and responsibilities (31). Those

in the private sector valued high income and the opportunity to counsel patients, indicating that professional activities and rewards significantly influence satisfaction levels (31).

Jordanian hospital pharmacists generally reported higher satisfaction compared to their counterparts in community pharmacies. The lower satisfaction in community settings could possibly be due to feeling less engaged in patient-oriented functions, which contrasts with the more integrated roles observed in hospital environments (32). Iraq showed moderate satisfaction levels among community pharmacists, suggesting a middle ground in job satisfaction compared to other countries in the region (33).

North America (52 articles)

Board-certified pharmacists in the USA reported a notably high job satisfaction rate, with over 93% indicating that they were either “very satisfied” or “somewhat satisfied” with their roles (34). Ambulatory care PTs also expressed significant satisfaction, particularly valuing their independence and positive interaction with pharmacist coworkers (35). Most technicians felt completely committed to their career for more than 10 years (55.4%) and intended to continue working as pharmacy technicians until retirement (43%). Hospital pharmacists showed increased satisfaction correlated with involvement in clinical activities and comprehensive patient care practices (36–38).

Demographic factors such as gender and age were prominent in these articles conducted in the USA. On average, women exhibited 16.0% higher levels of satisfaction with their professional lives than men, and the difference was statistically significant. This trend showed consistency across various settings and age groups, with younger female pharmacists showing particularly higher satisfaction levels (39–41). Older pharmacists and those with more advanced educational achievements, such as postgraduate training, tended to report greater job satisfaction, underscoring the positive impact of professional development and experience on career contentment (42,43).

Pharmacists and PTs in hospital pharmacies generally reported higher levels of job satisfaction. A Canadian study showed that job satisfaction of hospital pharmacists was 3.93 (SD = 0.85) out of 5, indicating general satisfaction with their jobs (36). Another study from the USA indicated overall job satisfaction among hospital pharmacists of a mean score of 3.72 out of 5 (SD

= 0.85) on the job satisfaction scale. Hospital pharmacists valued their involvement in clinical activities and patient care, which significantly enhanced their job satisfaction. The engagement in patient outcomes and professional respect associated with clinical roles contributed positively to their job experience (37). Likewise, the high job satisfaction of hospital PTs was due to the structured work environment and the clinical involvement that the hospital settings provide (35).

Conversely, job satisfaction among pharmacists and PTs in community pharmacies in North America varied significantly, often influenced by several challenging factors. Community pharmacists frequently faced high levels of job dissatisfaction, influenced by stress from high workload and customer service demands (44). A study conducted on community pharmacists in the USA showed that more than one-half of all pharmacists (57%) thought about quitting their position at least yearly, and one quarter considered quitting monthly. Furthermore, more than half of the community pharmacists considered quitting their jobs due to stressors (44). Community PTs reported moderate levels of job satisfaction. Limited advancements and dissatisfaction with pay were significant negatives impacting their overall job satisfaction (45). The level of support provided by supervisors and the organization was also emphasized as crucial factors in managing job stress and enhancing satisfaction among community PTs (46).

4. Reflections

Research Trends in Job Satisfaction

This comprehensive analysis illustrates the geographic and thematic differences in job satisfaction research. By examining the data presented in the figures, emerging trends and focus areas on job satisfaction across different global regions and professional settings were uncovered.

Figures 4 and 5 shows that more than half of the studies on job satisfaction originated from the USA (54.7%), highlighting the limited research in this area from other regions. Furthermore, the Middle East accounted for 16.8% of the studies, while Asia contributed 12.6%. Europe, Africa, and Oceania represented smaller portions of the research, with only 9.5%, 4.2%, and 2.1% of publications, respectively, indicating a significant gap in research from these regions.

This uneven distribution of research highlights a potential bias in the existing literature, as the predominance of studies from the USA may not fully be representative of the factors influencing job satisfaction globally. To achieve a more comprehensive understanding and develop relevant strategies and policies relevant for each region, it is crucial to encourage and support research efforts in underrepresented regions such as Europe, Africa, and Oceania.

As illustrated in Figure 6, the distribution of publications on job satisfaction of pharmacists and PTs in pharmacies has remained relatively stable over the years. However, a noteworthy increase in publications was observed from 2020 to 2023, suggesting a growing focus in this area. Especially in 2022, with 13 studies conducted in this field, indicated heightened interest possibly in response to evolving workplace dynamics or emerging trends in employee well-being.

Figure 7 provides an overview of the distribution of research conducted on pharmacists vs. PTs and community- vs. hospital pharmacies. It is notable that very little research has been done on the job satisfaction of PTs, with only 8.4% of the studies specifically investigating PTs' job satisfaction. In contrast, 88.4% of the studies focused on pharmacists' job satisfaction, highlighting substantial global interest and extensive research in this area. This high level of attention also underscores the importance of the pharmacist profession within the research community. Factors contributing to this interest include the broader scope of responsibilities pharmacists have, including clinical roles and patient counseling, which introduce more variables affecting their job satisfaction (29,47). Moreover, as highly educated professionals with a prominent role in healthcare, their job satisfaction has broader impacts on healthcare delivery and policy (47). Understanding their satisfaction is crucial as it directly impacts patient outcomes and healthcare efficiency (29). Additionally, pharmacists' visibility and accessibility within the healthcare system make readily available subjects for research (47). In terms of the distribution of studies investigating job satisfaction in community- and hospital pharmacies, this study found a balanced representation between the two settings, with 24.3% and 37.1%, respectively. Most studies (38.6%) examined both environments simultaneously, which may be due to an interest in understanding how different work settings within the same professional field compare, potentially offering broader insights into factors affecting job satisfaction across various healthcare environments.

Figure 8 reveals that three instruments have been consistently used across multiple articles: the Minnesota Satisfaction Questionnaire (17.8%), the Barnett and Kimberlin Questionnaire (15.6%), and the Michigan Organizational Assessment Questionnaire (15.6%), highlighting their prominence in job satisfaction research. Utilizing the same instrument across various studies may be advantageous as it facilitates easier comparison of job satisfaction data across different research settings. The variety of tools shown, including less commonly used instruments like the Job Descriptive Index at 4.4%, reflects methodological diversity across studies. This diversity not only provided a broad spectrum of insights into job satisfaction but also suggested potential cultural and contextual influences on how job satisfaction is assessed globally.

Job satisfaction across countries

The narrative analysis combined job satisfaction data for pharmacists and PTs across various world regions, revealing a complex interplay of cultural, economic, and professional dynamics that influence satisfaction levels. This reflection explored the trends and drew comparisons across continents, underscoring similarities and differences in regional data. Reflecting on these variations provided deeper insights into global job satisfaction dynamics and the contributing factors.

North America and Europe both reported higher job satisfaction levels among pharmacists and PTs, particularly in hospital settings, compared to other world regions. The structured work environment, clear career pathways, significant opportunities for professional development, and clinical involvement contributed to this high satisfaction. Similarly, in Europe, notably in Scandinavian countries, pharmacists benefited from supportive work environments, comprehensive professional development opportunities, and strong healthcare systems that enhanced job satisfaction. The emphasis on work-life balance in these regions also played a crucial role.

The limited research findings from Oceania highlighted varying levels of job satisfaction, with both New Zealand and Australia studies highlighting the impact of workload on job satisfaction. Pharmacists in New Zealand reported higher stress levels compared to their Australian counterparts, suggesting distinct regional challenges despite similarities.

In Africa, including countries like Nigeria, Ethiopia, and Zambia, pharmacists reported lower job satisfaction levels. Key factors contributing to dissatisfaction included economic challenges, inadequate remuneration, poor working conditions, and limited access to professional development. The inadequate infrastructure of healthcare facilities, lack of essential supplies, and overcrowded settings further hindered professionals from meeting personal and professional needs. Economic instability in these regions significantly impacted the healthcare sector, thereby negatively affecting pharmacists' job satisfaction. Notably, a large portion of pharmacists emphasized the significance of their relationships with co-workers, which significantly enhanced their job satisfaction, even though other factors were compromising it.

The findings from Asian countries underscored the critical role of supportive work environments, opportunities for professional growth, suitable payment, and effective management in enhancing job satisfaction among pharmacists. Addressing these factors has the potential to significantly improve pharmacists' job satisfaction and professional retention in the region.

The Middle East exhibited diversity in job satisfaction levels, with countries like Lebanon and Saudi Arabia demonstrating moderate to low satisfaction rates. In Lebanon, the economic crisis, marked by hyperinflation, has severely impacted the livelihood of healthcare professionals and reduced pharmacists' salaries. In Saudi Arabia, pharmacists reported high stress levels due to inadequate staffing. Economic challenges, political instability, and limited opportunities for professional growth collectively contributed to lower satisfaction levels. Community pharmacists, in particular, reported lower satisfaction levels due to the lack of clinical involvement and patient centered activities.

5. Conclusion

In summary, this review highlighted the geographical disparities in job satisfaction research among pharmacists and PTs worldwide. The findings suggested a lack of studies focusing on job satisfaction among PTs globally, with a notable concentration of research within the field in the USA compared to other parts of the world.

Given the diverse survey instruments utilized across the articles, direct comparisons of study outcomes posed a challenge. Nevertheless, a clear trend was observed in the Middle East and

Africa, where job satisfaction was generally lower compared to Europe and North America. This discrepancy suggested that Western countries were more satisfied, which might be due to better resources and enhanced infrastructure supporting their work environments. The findings also highlighted the pivotal role of economic stability, professional development opportunities, robust collegial relationships, and favorable work environments in shaping job satisfaction across all regions of the world. Additionally, insights from multiple countries highlighted the significant contribution of clinical activities to enhancing job satisfaction among hospital employees.

Ultimately, this study underscored the importance of addressing these key factors to enhance job satisfaction and retain skilled pharmacy professionals worldwide. By expanding research initiatives and addressing regional differences, the global healthcare community could develop more targeted strategies aimed at enhancing job satisfaction, thereby potentially elevating healthcare outcomes across diverse settings.

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7. Appendix

7.1 Further processing of the final included articles

Table: The article titles, authors, publication years, target groups, countries, methods (questionnaire structure), and sample sizes, were highlighted, and organized into a table.

Article name, Author, Year	Target group	Country	Methods (questionnaire)	Methods (sample size)
<i>Evaluation of job satisfaction among pharmacists working in public health facilities</i> Abba Khalid Abdullahi, Adaobi Uchenna Mosanya, et. al., 2023	Hospital Pharmacists	Nigeria	Online validated questionnaire adapted from the Minnesota questionnaire short form and the Job Description Index (JDI)	326 pharmacists
<i>Job satisfaction among board-certified pharmacists in Virginia</i> Vasyl Zbyrak, Rotana M. Radwan, Teresa M. Salgado, 2023	Board certified pharmacists	USA	This cross-sectional study utilized data from the 2018 Virginia Pharmacy Workforce	13,962 Of 15,424 completed the survey
<i>Job satisfaction of hospital pharmacists in a representative province in Mekong Delta, Vietnam</i> Van De Tran, Thi My Loan Vo, Khanh Nguyen Di. et al., 2023	Hospital pharmacists	Vietnam	A cross-sectional survey. A self-administered questionnaire.	235 survey participants
<i>Which aspects of job determine satisfaction among pharmacists working in Saudi pharmacy settings?</i> Md. Ashraful Islam, Atta Abbas Naqvi, 2023	Community pharmacists	Saudi Arabia	Data was collected using the English version of Job Satisfaction Survey (JSS) questionnaire.	A total of 241 samples were analyzed

<i>Burnout and coping strategies among health system pharmacists in Lebanon: a cross-sectional study</i> Rosa Abilmona, Hani Dimassi, Rafah Aboulhosn and Nibal Chamoun, 2023	Hospital pharmacists	Lebanon	A cross-sectional study Maslach Burnout Inventory-Human Services Survey for Medical Personnel (MBI-HSS (MP))	115 filled the survey (response rate of 75.1%).
<i>Factors impacting job satisfaction among pharmacists in the Arab world: A qualitative study</i> Ali Azeez Al-Jumaili, Rehab Elhiny et al. 2023	Pharmacists	12 arab countries	A qualitative study derived from a larger quantitative survey	110 from a total of 2137 participants
<i>What drives job satisfaction among community pharmacists? An application of relative importance analysis</i> Olajide O. Fadare, Matthew J. Witry, Caroline A. Gaither et al., 2023	Community pharmacists	USA	Data were obtained from the 2019 National Pharmacy Workforce Survey administered to 96,110 licensed U.S. pharmacists.	5467 (5.8%) responses were obtained
<i>Pharmacists' Satisfaction with Work and Working Conditions in New Zealand—An Updated Survey and a Comparison to Canada</i> Sharon Jessie Lam, Larry D. Lynd and Carlo A. Marra, 2023	Registered pharmacists	New Zealand	Validated and reliable General Health Questionnaire-12 (GHQ-12).	694 (24.7%) pharmacists responded
The stress, satisfaction and fulfillment of early career pharmacists – a qualitative analysis of a survey on their professional and personal lives Pui Ying Chee, Li Vern Tan, Caryn Chuen Wei Lee et al., 2023	Early career pharmacists (ECPs)	Malaysia	The questions were adapted from Schommer et al.'s questionnaire studying the professional and personal well-being of pharmacists and student pharmacists.	About 120 ECPs participated in the study.
<i>A pilot assessment of the career and job satisfaction of the pharmaceutical workforce in Lebanon</i> Elsa Nassar, Sibelle Kassouf, Aline Hajj, et al., 2022	Pharmacists	Lebanon	A cross-sectional survey. A self-administered questionnaire was used.	114 pharmacists
<i>An instrument for measuring job satisfaction (VIJS): A validation study for community pharmacists in the context of the COVID-19 pandemic in Vietnam</i> Thuy Thi Phuong Nguyen, Giang Thi Huong Truong, Huong Thi Thanh Nguyen, et al., 2022	Community pharmacists	Vietnam	A Vietnamese self-administered questionnaire (VIJS) was designed. The study used exploratory factor analysis (EFA) and confirmatory factor analysis (CFS) to construct validity of the VIJS.	351 community pharmacists
<i>Assessment of pharmacy technician job satisfaction and duties in ambulatory care pharmacy settings: A mixed-methods analysis</i>	Ambulatory care pharmacy technicians	USA	This study used a mixed-methods sequential explanatory design of quantitative followed by qualitative data analysis.	74 (59%) pharmacy technicians

Elizabeth G. Schlosser, Tara Rennekamp, Elizabeth Bald et al., 2022				
<i>Community pharmacist's perspective regarding patient-centered communication in conjunction with pharmaceutical practice: A cross-sectional survey</i> Aura Rusu, Marius Calin Chereches, Cristian Popa et al., 2022	Community pharmacists	Romania	An online cross-sectional self-administered survey was conducted.	A total of 506 questionnaires were collected and analyzed.
<i>Effect of Occupational Stress on Pharmacists' Job Satisfaction in Saudi Arabia</i> Lamees Aldaiji, Ahmed Al-jedai, Abdulrahman Alamr et al., 2022	Pharmacists	Saudi Arabia	A cross-sectional, self-administered, paper-based survey	284 of 371 questionnaires were returned.
<i>Job Motivation and Satisfaction Among Female Pharmacists Working in Private Pharmacy Professional Sectors in Saudi Arabia</i> Hussain Abdulrahman Al-Omar, Fowad Khurshid, Sarah Khader Sayed et al., 2022	Female pharmacists	Saudi Arabia	Cross-sectional study Web based survey. It measured them using a pre-validated 16-item instrument, the Warr-Cook-Wall (W-C-W) scale, where each item is rated on a 7-point Likert scale.	A total of 232 female pharmacists participated in the study
<i>Assessing Job Satisfaction and Stress among Pharmacists in Cyprus</i> Georgios Stavrou, Olga Ch. Siskou, Michael A. Talias et al., 2022	Pharmacists in public and private sector	Cyprus	Survey (JSS) questionnaire was used to estimate job satisfaction, and the Perceived Stress Scale-14 (PSS-14) questionnaire to evaluate perceived stress.	419 pharmacists
<i>Level of job satisfaction among pharmacists in public and private health sectors in Zambia: a preliminary study</i> Moses Mukosha, Ellah Zingani, Aubrey C. Kalungia et al., 2022	Pharmacists	Zambia	Cross-sectional study It used a previously validated self-administered questionnaire to measure job satisfaction	We sent out 200 questionnaires, of which 156 (78.0%) were returned.
<i>Exploring job satisfaction among pharmacy professionals in the Arab world: a multi-country study</i> Ali Azeez Al-Jumaili, Fatimah Sherbeny, Rehab Elhiny et al. 2022	Pharmacists	18 Arabic countries	This study was a cross-sectional design. The survey items were mainly adapted from the US National Pharmacist Workforce Survey.	A total of 2137 usable surveys were received
<i>Over-the-counter counseling in community pharmacies and job satisfaction among pharmacy professionals: A reflection of current scenario and possible solutions</i> Ammar Abdulrahman Jairoun, Sabaa Saleh Al-Hemyari, Ammar Ali Saleh Jaber et al., 2022	Community pharmacists	Saudi Arabia	A cross-sectional study. The researchers developed a self-administered structured questionnaire.	A total of 543 pharmacists participated in this study.
<i>A global study on job and career satisfaction of early-career pharmacists and</i>	Early-career pharmacists and	Global	A cross-sectional survey was distributed to members of the	1014 respondents from 92 countries

<i>pharmaceutical scientists</i> Sherly Meilianti, Ayodeji Matuluko, Nazifa Ibrahim et al., 2022	pharmaceutical scientists		International Pharmaceutical Federation (FIP) Young Pharmacists Group (YPG) A previously validated questionnaire using 5-point Likert scales was used.	participated in this study.
<i>A national study on the resilience of community pharmacists in Lebanon: a cross-sectional survey</i> Mohamad Alameddine, Karen Bou-Karroum, and Mohamad Ali Hijazi, 2022	Community pharmacists	Lebanon	In the second segment, pharmacists were asked to rate their job satisfaction on a 5-point Likert scale.	A total of 459 community pharmacists
<i>Status shields and pharmacy work: Differences among workers by role and context</i> Cameron W. Piercy and Angela N. Gist-Mackey, 2022	Pharmacy technicians, pharmacists, and PharmD students	USA	Cross-sectional Survey Job satisfaction was measured using Edwards and Rothbard's (1999) three-item scale.	Our final sample includes 298 people working in pharmacies
<i>Gender and Pharmacists' Career Satisfaction in the United States</i> Manuel J. Carvajal, Ioana Popovici and Patrick C. Hardigan, 2021	Registered pharmacists	USA	This study was based on self-reported survey data collected from a random sample of licensed pharmacists practicing throughout the United States	737 of 2400 (32.6%) pharmacists
<i>Burnout and resilience among pharmacy technicians: A Singapore study</i> Jin Jian Chong, Yan Zhi Tan, Lita Sui Tjien Chew et al., 2021	Pharmacy technicians	Singapore	A cross-sectional survey. A 60-item questionnaire with 4 main categories.	733 of 1252 PTs (58.5%).
<i>Assessment of Canadian Hospital Pharmacists' Job Satisfaction and Impact of Clinical Pharmacy Key Performance Indicators</i> Mia Losier, Douglas Doucette, Olavo Fernandes et al, 2021	Hospital pharmacists	Canada	An electronic survey, consisting of 36 questions, was developed using a validated pharmacist job satisfaction tool	284 pharmacists
<i>Assessment of job satisfaction among pharmacy professionals</i> Muluwork Sahile Berassa, Tebeje Ashegu Chiro and Selamawit Fanta, 2021	Hospital Pharmacists	Ethiopia	Cross-sectional study. Semi-structured self-administered questionnaire.	80 of 85 (95%) participants
<i>Assessment of job satisfaction among community pharmacists in Baghdad, Iraq: a cross-sectional study</i> Inas R. Ibrahim, Mohamed I. Ibrahim, Ibrahim A. Majeed et al., 2021	Community pharmacists	Iraq	Cross-sectional study. A survey questionnaire using Warr-Cook-Wall satisfaction scale (ranging from extremely dissatisfied to extremely satisfied) was used to assess job satisfaction.	A total of 436 community pharmacists
<i>Job satisfaction of clinical pharmacists</i>	Clinical pharmacists	Vietnam	Cross-sectional study. Self-administered questionnaire.	197 out of the

<i>and clinical pharmacy activities implemented at Ho Chi Minh city, Vietnam</i> Hai-Yen Nguyen-Thi, Thuy-Tram Nguyen-Ngoc, Minh-Thu Do-Tran et al., 2021				239 (82.4%) CPs participated
<i>Factors associated with burnout and job satisfaction in Chinese hospital pharmacists</i> Jie Zhao, Xiaojian Zhang, Shuzhang Du, 2020	Hospital pharmacists	China	Chinese versions of the Job Satisfaction Survey (JSS) and the Minnesota Satisfaction Questionnaire (MSQ)	1394 of 1786 pharmacists
<i>Job Satisfaction among Swedish Pharmacists</i> Sofia Mattsson and Maria Gustafsson, 2020	Pharmacists	Sweden	Cross-sectional study. Job satisfaction was evaluated using a five-item validated version of the survey from McCann et al.	94 Pharmacists
<i>Exploration of barriers affecting job satisfaction among community pharmacists</i> Muhammad Khalid Rijaluddin, Wahyu Utami, Zulhabri Othman, et al., 2020	Community pharmacists	Indonesia	This study reported data from the Nationwide Community Pharmacy Survey 2018. The results specific to participants in the East Java region were used for this study.	A sample of 1015 of community pharmacists
<i>Job satisfaction, work commitment and intention to leave among pharmacists: a cross-sectional study</i> Nedaa Al-Muallem, Khaled Mohammed Al-Surimi, 2019	Pharmacists at different healthcare settings.	Saudi Arabia	Data were collected using an English version of a validated questionnaire developed and used in a Malaysian study by Chua et al.	325 out of 515 (63%) pharmacists
<i>Gender and Age Variations in Pharmacists' Job Satisfaction in the United States</i> Manuel J. Carvajal, Ioana Popovici and Patrick C. Hardigan, 2019	Pharmacists	USA	Cross-sectional study. The survey questionnaire, previously validated, was exclusively designed for this and other pharmacist workforce studies.	701 of 2400 (31.0%) pharmacists
<i>Hospital pharmacy technicians practice and perceptions in France and Quebec, Canada</i> Christel Roland, Aurélie Guérin. Pascal Vaconsin et al., 2019	Hospital pharmacy technicians	France and Quebec, Canada	Cross-sectional study. A self-administered survey, with a total of 17 questions were asked using a four-choice Likert scale.	224 of 628 (36%) respondents from France 101 of 350 (29%) respondents from Canada
<i>Gender differences in the measurement of pharmacists' job satisfaction</i> Manuel J. Carvajal, Ioana Popovici and Patrick C. Hardigan, 2018	Licensed pharmacists	USA	This study was based on self-reported survey data.	A total of 736 of 2400 pharmacists
<i>Associations between Work Activity and Work Setting Categories and Dimensions of Pharmacists' Quality of Work Life</i> Jon C. Schommer, Caroline A. Gaither, William R. Doucette, 2018	Hospital and community Pharmacists	USA	Eight quality of work life variables were obtained from the 2014 National Pharmacist Workforce Survey data file.	2445 out of 5053 (48.4%) pharmacists

<i>Cluster analysis of pharmacists' work attitudes</i> Nakagomi K, Hayashi Y, Komiyama T, 2017	Community and hospital Pharmacists	Japan	Self-administered surveys of cross-sectional studies of pharmacists were designed with reference to previous Japanese studies, 3 overseas studies, and some ideas by several pharmacy managements.	1579 community pharmacists and 435 hospital pharmacists.
<i>Pharmacists' satisfaction with their work: Analysis of an alumni survey</i> Maria Gustafsson, Sofia Mattsson, Andy Wallman, Gisselle Gallego, 2017	Pharmacy graduates	Sweden	The questionnaire was developed using information from the literature as well as general alumni surveys from other departments. There were five questions about job satisfaction measured using a five-item validated version of the satisfaction survey from McCann et al.	A total of 222 (43%) graduates completed the survey
<i>Current status, challenges and the way forward for clinical pharmacy service in Ethiopian public hospitals</i> Arebu Issa Bilal, Zelalem Tilahun, Gebremedhin Beedemariam Gebretekle et al., 2017	New graduates working in public hospitals	Ethiopia	Quantitative data was collected using a pre-tested and self-administered questionnaire customized based on previous studies.	A total of 160 (37.5%) graduates,
<i>Results of the 2015 National Certified Pharmacy Technician Workforce Survey</i> Shane P. Desselle & Erin R. Holmes, 2015	Certified pharmacy technicians (CPhTs)	USA	In this cross-sectional study, a questionnaire was used to survey a nationwide randomized sample of CPhTs.	A total of 702 CPhTs completed the survey. Of those, 516 (73.5%) were used in the analysis.
<i>Evaluating Pharmacists' Motivation and Job Satisfaction Factors in Saudi Hospitals</i> Nabila Benslimane and Mohamed Khalifa, 2016	Pharmacists and pharmacy managers in Saudi hospitals.	Saudi Arabia	Two questionnaires were used in the study. One was Minnesota Satisfaction Questionnaire, the second was self-administered.	The study involved 19 pharmacy managers and 71 pharmacists
<i>Assessing the relationship between pharmacists' job satisfaction and over-the-counter counselling at community pharmacies</i> Gvidas Urvonas & Loreta Kubiliene, 2015	Community pharmacists	Lithuania	Job satisfaction was measured using the Index of Job Satisfaction (by Brayfield and Rothe)	305 community pharmacists
<i>An Analysis of Job Satisfaction among Iranian Pharmacists through Various Job Characteristics</i> Mohamad Javad Foroughi Moghadam, Farzad Peiravian, Azadeh Naderi et al., 2014	Pharmacists	Iran	Self-administered validated questionnaire, inspired by a Lebanese questionnaire by Salameh et al.	575 of 700 (82%) pharmacists
<i>Job satisfaction, organization commitment and retention in</i>	Fully registered pharmacists in	Malaysia	A cross-sectional survey using a self-administered validated	A total of 247 (52.9%) pharmacists

<i>the public workforce: a survey among pharmacists in Malaysia</i> Gin Nie Chua, Lai Jiuan Yee, Bee Ai Sim et al., 2014	the public sector.		and reliable questionnaire.	
<i>Quality of Life and Job Satisfaction of Dispensing Pharmacists Practicing in Tehran Private-sector Pharmacies</i> Marzieh Majd, Farshad Hashemian, Farnaz Younesi Sisi et al., 2012	Practicing pharmacists in private-sector pharmacies	Iran	Cross-sectional descriptive analysis. The questionnaire was validated under supervision of Iranian Pharmacists Association.	
<i>Job satisfaction among chain community pharmacists: results from a pilot study</i> Ana L. Hincapie, Stephanie Yandow & Stephanie Hines et al., 2012	Chain community pharmacists	USA	Job satisfaction questions were adapted from the Warr-Cook-Wall scale, including an additional "patient interaction" item.	32 pharmacists
<i>Assessment of pharmacists' job satisfaction and job-related stress in Amman</i> Doaa Al Khalidi & Mayyada Wazaify, 2013	Registered and currently practicing pharmacists	Jordan	The study utilized a self-administered survey methodology with a pre-validated and pre-piloted questionnaire adapted from a previous study conducted in Northern Ireland.	244 of 430 questionnaires were returned. 235 respondents were included.
<i>The association of subjective workload dimensions on quality of care and pharmacist quality of work life</i> Michelle A. Chui, Kevin A. Look & David A. Mott, 2014	Practicing community pharmacists	USA	The survey instrument contained 63 items, including measures related to pharmacist and pharmacy characteristics, job satisfaction, burnout, and perceived performance of tasks in the medication dispensing process.	A total of 169 surveys were completed and returned.
<i>Community pharmacists' occupational satisfaction and stress: a profession in jeopardy?</i> Mark A. Munger, Elliot Gordon, John Hartman et al., 2013	Community pharmacists	USA	The study involved a self-administered online survey. An 88-item battery of statements adapted from a reliable and validated instrument developed by Barnett and Kimberlin was used.	303 of 857 pharmacists
<i>British pharmacists' work-life balance – is it a problem?</i> by Elizabeth Seston and Karen Hassell, 2014	Pharmacists within the community and hospital sector	Great Britain	The study utilized a validated work/life balance scale consisting of statements related to work demands, personal time, stress levels, and impact on relationships.	12,364 pharmacists.
<i>Community Pharmacists' Subjective Workload and Perceived Task Performance: A Human Factors Approach</i> Michelle A. Chui, David A. Mott, 2012	Practicing community pharmacists	USA	The study utilized a self-administered survey instrument containing 63 items.	A total of 169 of 224 (75%) surveys were completed
<i>Interpersonal interactions, job demands</i>	Hospital pharmacists	USA	Cross-sectional study using ei-	A total of 566 of

<i>and work-related outcomes in pharmacy</i> Caroline A. Gaither and Anagha Nadkarni, 2012			ther five- or seven-point Likert-type scales previously used in literature.	1874 (30.2%) completed surveys was obtained.
<i>Job satisfaction and the association with involvement in clinical activities among hospital pharmacists in Hong Kong</i> Wai-Man Lau, Janet Pang & Williamn Chui, 2011	Hospital pharmacists (full-time pharmacists employed by the Hospital Authority)	Hong Kong	Cross-sectional survey. The section consisted of the adapted Barnett and Kimberlin instrument, with 42 items grouped into 13 subscales in the same way as devised by Barnett and Kimberlin.	A total of 124 responses (41.8%) were received out of 297 mailed questionnaires.
Key determinants of hospital pharmacy staff's job satisfaction by Cicely S. Liu & Lesley White, 2011	Pharmacists and pharmacy support personnel practicing in Australian hospitals.	Australia	Job satisfaction and career satisfaction, were measured by 10 items adapted from Barnett and Kimberlin's previously validated instrument. Using a 5-point scale.	The survey was sent to 350 pharmacy staff in Australia, in which 188 responded (53,7%).
<i>Effect of postgraduate training on job and career satisfaction among health-system pharmacists</i> Rosalyn S. Padiyara & Kathy E. Komperda, 2010	health-system pharmacists	USA	The questionnaire included previously validated questions for job and career satisfaction among pharmacists, as well as additional questions evaluating satisfaction with specific intrinsic and extrinsic factors affecting job satisfaction.	1010 of 2463 questionnaires were suitable for analysis.
<i>A latent class analysis of job satisfaction and turnover among practicing pharmacists</i> Patrick C. Hardigan & Nisarata Sangasubana, 2010	Actively practicing pharmacists	USA	Job satisfaction was measured using a 5-item scale	A total of 429 of 2353 surveys were usable and included in the study.
<i>Care Providers' Satisfaction with Restructured Clinical Pharmacy Services in a Tertiary Care Teaching Hospital</i> Tania M Mysak, Christine Rodruque, and Jane Xu, 2010	Pharmacists working in a tertiary care teaching hospital.	Canada	Cross-sectional study.	26 pharmacists (58%), 223 nurses, and 92 physicians completed the survey.
<i>Job Stress: Its Relationship to Hospital Pharmacists' Insomnia and Work Outcomes</i> Ying-Chen Yeh, Blossom Yen-Ju Lin, Wen-Hung Lin et al., 2009	Actively practicing Hospital pharmacists	Taiwan	The structured questionnaire used in the study was developed based on theoretical literature, practical insights, and input from focus groups of pharmacists. The questionnaire consisted of 44 questions, with each item measured on a five-point Likert scale.	The study had a sample size of 247 hospital pharmacists (22%).
<i>Exploring the relationship between pharmacists' job satisfaction, intention</i>	Community and	United Kingdom	Job satisfaction was measured using the validated Warr-	32,181 pharmacists (76.6%).

<i>to quit the profession, and actual quitting</i> Elizabeth Seston, Karen Hassell, Jane Ferguson et al., 2009	hospital pharmacists		Cook-Wall job satisfaction scale	
Practice Settings, Job Responsibilities, and Job Satisfaction of Nontraditional PharmD and BS Pharmacy Graduates by Pamela U. Joyner, Tracy E. Thomson & Susan J. Blalock, 2009	Graduates of the nontraditional PharmD program and graduates with a BS in pharmacy from the University of North Carolina.	USA, specifically at the University of North Carolina.	The study utilized a questionnaire to gather data on practice settings, job responsibilities, and job satisfaction of nontraditional PharmD and BS Pharmacy graduates. The questionnaire likely included items related to career mobility, clinical skills, job performance, job security, research skills, salary, and other relevant factors.	214 (73%) of the 293 nontraditional PharmD graduates surveyed and 189 (64.5%) of the 293 BS graduates surveyed completed the survey instruments.
<i>Assessing job satisfaction and stress among pharmacists in Northern Ireland</i> Laura McCann, Carmel M. Hughes, Colin G. Adair et. al., 2009	Community and hospital pharmacists	Northern Ireland	A questionnaire was adapted from one that had been previously used in the US and was tailored to reflect pharmacy practice within NI, using a subset of questions (33 items) from the Health Professions Stress Inventory (HPSI) developed by Wolfgang	766 replies (39%) were obtained
<i>Factors affecting job and career satisfaction among community pharmacists: A structural equation modeling approach</i> Matthew M. Murawski, Nalin Payachat & Cynthia Koh-Knox, 2008	Community pharmacists	Indiana, USA	The questionnaire used questions from the previously validated instruments of Barnett and Kimberlin and Khan and Morrow.	75 of 108 pharmacists participated
<i>A modified model of pharmacists' job stress: The role of organizational, extra-role, and individual factors on work-related outcomes</i> Caroline A. Gaither, Abir A. Kahaleh, William R. Doucette et al., 2008	Licensed pharmacists	USA	The study utilized a cross-sectional mail survey with previously validated summated Likert-type scales.	2250 of 4895 (46%) licensed pharmacists
<i>Application of Rasch rating scale model to analysis of job satisfaction among practicing pharmacists</i> Patrick C. Hardigan and Manuel J. Carvajal, 2008	Community and hospital pharmacists	USA	A survey with 12 latent constructs provided the framework for the model. All variables were measured using a 5-point Likert type scale.	820 responses (16.4%).
<i>The effects of work setting on pharmacists' empowerment and organizational behaviors</i> Abby Kahaleh & Caroline Gaither, 2007	Pharmacists	USA	The study utilized a self-administered questionnaire. Validity and reliability of the questionnaire were likely ensured through expert review, pilot testing, and measures of internal consistency.	421 of 1,200 (42.4%) a random national sample of pharmacists was used

<i>Should I Stay or should I go? The influence of individual and organizational factors on pharmacists' future work plans</i> Caroline A. Gaither, Anagha Nadkarni, David A. Mott et. al., 2007	Licensed pharmacists	USA	The conceptual model for this study is based on the work of Mobley et al.	1564 pharmacists returned a survey.
<i>Structural model of certified pharmacy technicians' job satisfaction</i> Shane P Desselle and Erin R. Holmes, 2007	Certified pharmacy technicians (CPhTs)	USA	Job satisfaction was measured using Porter's 20-item 5-point Likert-type summated rating scale. The organizational	1004 of 3200 responses (31,4%) were returned. 835 respondents were used for the analyses.
<i>Community Pharmacists' Work Environments: Evidence from the 2004 National Pharmacist Workforce Study</i> David H. Kreling, William R. Doucette, David A. Mott et al., 2006	Actively practicing pharmacists	USA	Cross-sectional study via a questionnaire	2075 of 4179 pharmacists responded (44%). 1564 responses were used.
<i>Job Turnover Intentions Among Certified Pharmacy Technicians</i> Shane P. Desselle, 2005	Certified Pharmacy Technicians	USA	Cross-sectional descriptive design using adaptations of widely reported and previously validated Likert-type summated rating scales.	Of 3200 a total of 1004 responses were returned (31.4%), and the analysis was based on 835 respondents.
<i>Involvement of immunization-certified pharmacists with immunization activities</i> Melinda M Neuhauser, Danielle Wiley, Lynn Simpson et al., 2004	Pharmacists	USA	Job Satisfaction Survey: A 4-question job satisfaction survey was included, measuring general job satisfaction	Response rates were 48% (n = 101) and 36% (n = 158) for immunization-certified and noncertified pharmacists, respectively.
<i>Pharmacists' Assessment of Dispensing Errors: Factors, Practice Sites, Professional Functions and Satisfaction</i> C.A. Bond & Cynthia L. Raehl, 2001	Actively practicing pharmacists	USA	Job satisfaction was measured using a linear scale where pharmacists marked their satisfaction level from very dissatisfied to very satisfied	A total of 2862 pharmacists returned surveys out of 7298 mailed (39%).
<i>Pharmacist job turnover, length of service, and reasons for leaving, 1983-1997</i> David A. Mott, 2000	Licensed pharmacists	USA	Cross-sectional study, questionnaire.	Out of 1600, a total of 541 pharmacists responded (34.5%).
<i>Pharmacists' Attitudes Regarding Quality of Worklife</i> Patrick P. McHugh, 1999	Pharmacist-members of the American Pharmaceutical Association (APhA).	USA	The survey instrument consisted of 108 questions, and included open-ended questions, dichotomous responses, and 5- and 6-point summated rating (Likert-style) response scales.	Of 2014 surveys that were mailed, 1199 responses were included in the analysis (60%).
<i>Pharmacists' job satisfaction and perceived utilization of skills</i> Emily R. Cox & Valerie Fitzpatrick,	Pharmacists practicing in institutional and	AUSA	Job satisfaction was measured using a four-item instrument	Out of 600 surveys mailed, 194 were returned (35%).

1999	ambulatory care settings.		(developed by Barnett and Kimberlin).	161 usable responses were analyzed.
<i>Importance of clinical activities to job satisfaction in Japanese pharmacists</i> Atsufumi Kawabata, Etsuko Murakami, Masahiro Iwaki et al., 1998	Hospital pharmacists	Japan	The questionnaire was constructed along the same lines as that of Olson and Lawson, with only slight modifications, so that the results could be easily compared with theirs. The four-item general job satisfaction subscale of Barnett and Kimberlin was used in the manner described by Olson and Lawson.	Of the 495 pharmacists to whom questionnaires were distributed, 297 returned usable responses (60.0%).
<i>Satisfaction among residents in ASHP-accredited pharmacy residency programs</i> Chad VanDenBerg, And John E. Murphy, 1997	Pharmacy residents in ASHP-accredited residency programs.	USA	A questionnaire was developed on the basis of a review of literature on job satisfaction within the pharmacy profession. The questionnaire consisted of 34 items.	Questionnaires were returned by 413 (59%) of the 697 subjects.
<i>Relationship between hospital pharmacists' job satisfaction and involvement in clinical activities</i> David S. Olson and Kenneth A. Lawson, 1996	Hospital pharmacists	USA	The study utilized a mail questionnaire adapted from a previously validated survey that measured pharmacists' job satisfaction (developed by Barnett and Kimberlin).	Out of 612 questionnaires mailed, 354 usable responses were returned (58.4%).
<i>The health professions stress inventory: Factor structures for pharmacists'</i> Gireesh V- Gupchup & Alan P. Wolfgang, 1994	Practicing registered pharmacists	USA	Cross-sectional study. The questionnaire also contained measures of job dissatisfaction.	Responses were received from 755 registered pharmacists (56.9%).
<i>Effect of "Mood that day" on pharmacists' job and career satisfaction</i> Jean M. B. WoodWard and I-Chun Chen, 1994	Pharmacists	USA	Job satisfaction was measured using a 3-item scale of Overall Job Satisfaction from the Michigan Organization Assessment Questionnaire, and career satisfaction was assessed with a 4-item pharmacy career satisfaction scale.	Out of 692 pharmacists selected, 389 usable responses were received (56.9%). The results reported are based on the responses of 573 pharmacists.
<i>Professional Self-Image among israeli pharmacists: Sectoral differences</i> Ahuva Lustig & Shlomo P. Zusman, 1992	Pharmacists in the private, community, and hospital sectors	Israel	The questionnaire was partly based on a questionnaire used previously in similar research and partly tailored to fit the literature.	Of the 300 questionnaires mailed, 145 were returned
<i>Factors affecting pharmacists' selection of rural or urban practice sites in Nebraska</i>	Licensed pharmacists	USA.	The study adapted a questionnaire that was used in a 1983	Final sample of 689 usable responses.

David M. Sott, Tuesday J. Neary, 1992			study by the Public Health Service.	315 were urban pharmacists and 374 were rural pharmacists.
<i>Job-related Stress: Perceptions of Employee Pharmacists</i> Brian g. Ortmeier & Alan P. Wolfgang, 1991	Registered pharmacists	USA ⁸ io	The questionnaire also contained a job dissatisfaction scale, which consisted of four Likert-type items.	Responses were received from 327 pharmacists (55,2%).
<i>The Relationship Between Pharmacy Practice Setting and Job Design</i> Donald R. Rickert, 1988	Independent pharmacists, chain pharmacists, hospital pharmacists	USA	The General and Job Facets Module of Michigan Organizational Assessment Questionnaire (MOAQ), and Hall's Professionalism Scale.	
<i>Oklahoma pharmacists' explanations of professional satisfaction and dissatisfaction</i> David A. Ralph & Michael Langenbach, 1987	Registered and licensed pharmacists	USA.	Questionnaire with a section comprising the general satisfaction which was modeled after the Brayfield-Rothe index of job satisfaction.	153 responses (51.7%).
<i>Job Satisfaction of HMO Pharmacy Personnel</i> L. Douglas Ried & Richard E Johnson, 1987	Pharmacists and pharmacy personnel.	USA	Questionnaire based on the facet-specific measures of the Minnesota Job Satisfaction Questionnaire.	126 of 173 completed questionnaires were returned (73%). 54.5% of the respondents were pharmacists.
<i>An Equity Model of Staff Pharmacists' Job Satisfaction</i> L. Douglas Ried & William F. McGhan, 1987	Licensed pharmacists	USA	Questionnaire, which included 3 facet-free questions from the Michigan Survey of Working Conditions and 3 facet-specific questions from the Minnesota Job Satisfaction Questionnaire.	208 staff pharmacists completed the questionnaire.
<i>Self-reported Burnout Among HMO Pharmacists</i> Richard E. Johnson, L. Douglas Ried, Nan Robertson, 1987	Pharmacists	USA	Cross-sectional study, questionnaire.	67 respondents (70%).
<i>Job characteristics and satisfaction of pharmacy technicians</i> Linda M. Cortese, David W. Greenberger, Philip J. Schneider et. al., 1987	Pharmacy technicians	USA	Job satisfaction was measured by the Minnesota Job Satisfaction Questionnaire (MSQ).	A total of 123 completed the questionnaire.
<i>Development and Validation of an Instrument to Measure Pharmacists' Satisfaction with their Jobs and Careers</i> Cancace Wilt Barnett & Carole L. Kimberlin, 1986	Licensed pharmacists	USA	Mail survey questionnaire design which was validated.	random sample of 2100 pharmacists.
<i>Perceptions of Work among Men and Women Pharmacists in Non-administrative Positions</i> Willard G. Quandt and Patrick L.	Hospital pharmacists	USA	Questionnaire with 153 questions and represented the three modules from the Michigan Organizational Assessment	Of 507 mailed surveys, 279 (55%) responses were used.

Mackercher, 1982			Questionnaire (MOAQ).	
<i>Job satisfaction among Hospital Pharmacy Personnel</i> Michael W. Noel, Richard J. Hammel & J. Lyle Bootman, 1982	All pharmacy personnel employed in hospitals	USA	16 facet-free questions from the University of Michigan Survey of Working Conditions were used to measure overall job satisfaction. The facet-specific measures of job satisfaction were the 13 “facets” of Minnesota Job Satisfaction Questionnaire.	Usable questionnaires were returned by 202 (74.8%) of the pharmacists and 131 (62.5%) of the support personnel.
<i>Job Content and Pharmacists’ Job Attitudes</i> Willard G Quandt, Patrick L. McKercher & Douglas A. Miller, 1982	Non-Administrative hospital pharmacists	USA	-item questionnaire, whereas the majority of the survey items were three modules from the Michigan Organizational Assessment Questionnaire (MOAQ),	Of the 507 hospital pharmacists sampled, 283 (56%) respondents were used.
<i>Job Satisfaction in the Practice of Clinical Pharmacy</i> Terry Michael Rauch, 1981	Pharmacists assigned to 35 Army Medical Treatment Facilities.	USA	The study was conducted using a survey designed to measure satisfaction with different aspects of the job on a seven-point scale	153 pharmacists responded to the survey (96%), and 145 respondents were included in the analysis.
<i>Job satisfaction of hospital pharmacy technicians in North Caroline</i> Middleton J. Coburn, Jean Paul Gagnon et al., 1980	Hospital pharmacy technicians and Hospital pharmacy directors	USA	Technicians’ satisfaction was measured using the Job Description Index as defined by Smith.	389 questionnaires were returned, yielding a response rate of 70.3% technicians and 91.6% directors.
<i>Levels of satisfaction among hospital pharmacists</i> C. Anderson Johnson, Richard J. Hammel and J. Stephen Heinen, 1977	Hospital pharmacists	USA	Facet-specific job satisfaction measure was the 13 dimensions of the Minnesota Job Satisfaction Questionnaire (MJSQ).	195 pharmacists received the questionnaire, and 132 (68%) responded).
<i>Pharmacists’ Attitudes Toward Work Life: Results from a National Survey of Pharmacists</i> David A. Mott, William R. Doucette, Caroline A. Gaither, Craig A. Pedersen et. al., 2004	Pharmacists	USA	Previously validated rating scales were used to measure job satisfaction, job stress, work-home conflict, role overload, role ambiguity and role conflict. Scale reliability for each work attitude measure was assessed with coefficient alpha, and validity of the scales was assessed with factor analysis.	Random sample of 5000 pharmacists received the questionnaire, and 1737 of actively practicing pharmacists who responded were included in this study.

Part III

Abstract

Objectives: The aim of this study was to investigate which factors increase job satisfaction among pharmacists and pharmacy technicians (PTs) working in community- and hospital pharmacies in Denmark.

Methods: This report utilized statements from a questionnaire survey that was conducted in Part I of this master thesis project. Coding and thematic analysis were used to analyze the statements from the questionnaire. Purposive sampling was used to collect data from the questionnaire survey and to recruit interview participants for validating interviews. Relevant quotes from the interviews were categorized in the previously defined themes.

Results: The thematic analysis of 322 collected statements resulted in eight different codes and three main themes: *Social conditions*, *Professional conditions* and *Structural conditions*. These reflected the main areas that affect and increase the employees' job satisfaction at the pharmacy. The results from the validating interviews aligned with statements presented in the survey's comment section and showed substantial agreement with the three identified themes. With the application of Herzberg's two-factor theory the theme "social conditions" was identified as a motivator, highlighting the importance of good relationships with coworkers and engaged leadership. The second theme "professional conditions" was identified as a motivator underscoring the importance of professional development and recognition. Lastly the theme "structural conditions" which included salary, staffing and work schedules, was identified as a hygiene factor, addressing factors that might lead to job dissatisfaction.

Conclusion: By combining the results of this study with Herzberg's two-factor theory, it became clear that both hygiene factors and motivators affect the job satisfaction of pharmacists and PTs in Danish pharmacies. All three themes must be considered to create a more satisfying and motivating work environment, leading to better overall performance and increased job satisfaction.

Hvilke Faktorer er med til at Øge Jobtilfredsheden blandt Farmaceuter og Farmakonomer på Danske Apoteker?:

Et Kvalitativt Studie

1. Formål

Formålet med denne opgave er at undersøge, hvad der er med til at øge jobtilfredsheden blandt farmaceuter og farmakonomer på privat- og sygehusapoteker i Danmark. Dette blev gjort med opfordring fra Netværk For Udvikling af Apotekspraksis (NUAP).

2. Metode

2.1 Dataindsamling

2.1.1 Kommentarer fra spørgeskemaundersøgelse

Hovedopgaven i denne specialeopgave (Part I) undersøger jobtilfredsheden blandt farmaceuter og farmakonomer på de danske privat- og sygehusapoteker. Dette blev gjort via en større spørgeskemaundersøgelse, som blev sendt ud til alle apoteker i Danmark. I forbindelse med spørgeskemaundersøgelsen var det muligt for de deltagende at efterlade en kommentar i slutningen af spørgeskemaet, hvor de kunne kommentere på, hvad de personligt mener, bidrager til en øget jobtilfredshed på apotekerne. Formuleringen lød: *“For at kunne forbedre arbejdsforholdene og den generelle jobtilfredshed blandt farmaceuter og farmakonomer, er Netværk For Udvikling af Apotekspraksis (NUAP) meget interesseret i at høre mere om, hvad der er med til at øge din jobtilfredshed. Skriv venligst, hvilke aspekter af dit arbejde der er med til at øge din generelle jobtilfredshed:”*.

Der blev dermed benyttet purposive sampling til indsamling af data, da der kun var interesse i at indsamle data specifikt fra farmaceuter og farmakonomer ansat i apotekssektoren i Danmark.

2.1.2 Semistruktureret interviews

Efterfølgende blev der yderligere foretaget semistrukturerede valideringsinterviews. Disse blev foretaget for at understøtte og henholdsvis be- eller afkræfte resultaterne fra spørgeskemaundersøgelsen.

I forbindelse med spørgeskemaundersøgelsen kunne deltagerne frivilligt henvende sig til en privat mail, hvis de var interesserede i at indgå i et yderligere interview. Tre frivillige deltagere henvendte sig på mail, og to af dem valgte efterfølgende at indgå i et online interview. Her blev også brugt purposive sampling, og udført to separate online interviews over Zoom (1).

Interviewene fulgte en semistruktureret opbygning, hvor interviewerens benyttede sig af en interviewguide (Appendix 7.1) (2). Interviewguiden blev bygget op således, at deltagerne først blev introduceret for interviewerens og formålet med interviewene, hvorefter de fik oplyst diverse praktiske oplysninger om hvordan interviewene ville forløbe. Dernæst blev de bedt om kort at introducere dem selv, deres professionelle virke, herunder antal år de havde været ansat på apoteket, om de var deltid- eller fuldtidsansatte, samt i hvilken apotekssektor de var ansat (privat apotek eller sygehusapotek).

Det strukturerede interview fulgte herefter en række specifikke spørgsmål i overensstemmelse med skemaet i interviewguiden. Først blev de stillet et hovedspørgsmål, som var designet til at få interviewpersonen til at svare så specifikt som muligt. De tre hovedspørgsmål i interviewguiden, tog hver især udgangspunkt i de definerede temaer fra dataanalysen af kommentarerne fra spørgeskemaundersøgelsen. Dette var vigtigt, så interviewpersonerne, hhv. kunne be- eller afkræfte, hvorvidt det pågældende tema også påvirkede deres jobtilfredshed. Hovedspørgsmålet kunne lyde: *“Mange af respondenterne udtalte, at sociale forhold på apoteket er vigtigt ift. at øge jobtilfredsheden. Er du enig?”*. Hvis det blev vurderet, at de ikke havde besvaret dette spørgsmål fyldestgørende, ville de blive stillet et supplerende spørgsmål, som omhandlede det specifikke tema. Sådan et spørgsmål kunne lyde: *“Er det vigtigt for dig at have gode og støttende kollegaer?”*. Dette blev gjort for at opnå så fyldestgørende et svar som muligt, eller for at hjælpe interviewpersonen på rette spor.

Interviewene blev lydoptaget og transskriberet i Word (Appendix 7.3). Deltagerne blev informeret om dette, og gav samtykke til at deltage.

2.2 Dataanalyse

2.2.1 Kommentarer fra spørgeskemaundersøgelse

Til at analysere og fortolke de indsamlede kommentarer, blev der anvendt tematisk dataanalyse (3). Der blev benyttet en induktiv kodningsmetode (4). Processen var følgende:

- Først blev alle kommentarer inddelt i mindre sektioner.
- Den første sektion blev læst igennem, og relevante koder blev bestemt ud fra citaterne og dernæst fortolket.
- Herefter blev en ny sektion af datasættet læst igennem, og inddelt under de oprettede koder. Hvis nogle af citaterne ikke matchede de oprettede koder og fortolkninger, blev nye relevante koder oprettet.
- Denne proces blev gentaget indtil alle citater var kodet og fortolket (se Appendix 7.2)
- Til sidst blev alle koder inddelt i større temaer og beskrevet. Der blev desuden udvalgt citater til hver kode som bedst understøtter fortolkningerne.

2.2.2 Semistruktureret Interviews

De foretagne interviews fungerede som valideringsinterviews. Data fra interviewene blev derfor ikke analyseret, men var blot til for at understøtte de fundne temaer fra spørgeskemaundersøgelsen. Relevante citater fra interviewene, som understøttede de enkelte koder og temaer, blev ligeledes kategoriseret under de koder og temaer som matchede citatet, hvilket kan ses i resultatafsnittet.

3. Resultater

Der blev indsamlet i alt 322 kommentarer fra spørgeskemaundersøgelsen og identificeret 3 hovedtemaer, som afspejler betydningsfulde områder, der påvirker medarbejdernes jobtilfredshed på apoteket. Dette kan være nyttigt for at identificere områder, hvor der er behov for forbedringer for at øge jobtilfredsheden og trivslen blandt medarbejderne (5). De 3 definerede hovedtemaer er baseret på 8 koder og deres fortolkning. De identificerede temaer og deres tilhørende koder er:

Tema 1: Sociale forhold

- a. Nærværende og engageret ledelse

- b. Støttende kollegaer

Tema 2: Faglige forhold

- c. Mulighed for faglig udfoldelse, ansvar og udvikling
- d. Netværk uden for apotekssektor
- e. Respekt og anerkendelse fra kunder

Tema 3: Strukturelle forhold

- f. Bedre løn og arbejdstider
- g. Passende bemanning og tid til opgaver
- h. Stabil og ligeligt fordelt vagtplan

De to valideringsinterviews, blev udført på to kvindelige deltagere på hhv. 38 og 39 år. Begge deltagere var uddannede farmakonomer og ansatte på hhv. Sygehusapoteket Region Nordjylland og Sygehusapoteket Region Syd. De refereres i opgaven som farmakonom 1 og farmakonom 2. De to farmakonomer var enige i alle udsagn under interviewene, og dermed er de kommentarer som bedst understøtter koderne udvalgt.

Nedenfor beskrives de 3 temaer samt deres tilhørende koder. Under hver kode er der tilføjet relevante citater fra spørgeskemaundersøgelsen og interviewene.

Tema 1: Sociale forhold

Ud fra de indsamlede kommentarer, var det tydeligt at et godt forhold med ledelse og kollegaer, spiller en vigtig rolle i at skabe et tilfredsstillende arbejdsmiljø.

Kode 1.1: Nærværende og engageret ledelse

En nærværende, lydhør og støttende ledelse er vigtig for medarbejdernes arbejdstilfredshed. Medarbejderne værdsætter ledere, der selv er engagerede i arbejdet, er gode til at kommunikere og skaber et godt arbejdsmiljø.

Citat fra spørgeskemaundersøgelsen: *"Jeg har en rigtig god apoteker, som ikke lader os mangle noget. Betalt frokost udefra i højsæsoner, ergonomiske faciliteter i top."* og *"En chef der er meget synlig og selv tager en kæmpe tørn, når det kommer til arbejdet."*

Citat fra interview farmakonom 2: *“Ja, selvfølgelig har det det, fordi hvis ikke du har en ordentlig leder, så har du heller ikke nogen, at støtte op af og få støtte af.”*

Kode 1.2: Kollegialt fællesskab

Støttende kollegaer og gode relationer mellem kollegaer er vigtige for et godt arbejdsmiljø. Medarbejderne værdsætter et positivt og inkluderende arbejdsklima, hvor de trives sammen med deres kollegaer.

Citat fra spørgeskemaundersøgelsen: *"Gode kollegaer er tit min primære glæde ved mit arbejde." og "Plads til alle typer på ens arbejdsplads, humor og omsorg for hinanden."*

Citat fra interview farmakonom 1: *“ Det betyder rigtig meget, at vi har den her tillid og glæde af hinanden. Ellers så har man jo ikke lyst til at yde røven ud af bukserne hver evig eneste dag i 2 år. [...] Så ja, altså det sociale med mine kollegaer, hvis ikke jeg kunne lide dem, så havde jeg ikke lyst til at være her.”*

Tema 2: Faglige forhold

Mulighed for faglig udfoldelse, udvikling og anerkendelse for faglig indsats og ekspertise er vigtigt for at apoteksmedarbejderne føler sig tilfredse med deres job. Netværksarbejde uden for apoteksgrænser bidrager til faglig udvikling og øger på den måde arbejdstilfredsheden. Kundens anerkendelse for faglige ekspertise på apoteket er også en vigtig faktor for medarbejdernes arbejdstilfredshed.

Kode 2.1: Mulighed for faglig udfoldelse, ansvar og udvikling

Mulighed for at udvikle sig fagligt og påtage sig ansvar er vigtigt for arbejdstilfredsheden. Medarbejderne ønsker mulighed for at udvide deres faglige kunnen og påtage sig ansvar i overensstemmelse med deres kompetencer og ekspertise.

Citat fra spørgeskemaundersøgelsen: *"Jeg elsker min faglighed og vil rigtig gerne udbygge den. Savner at vi farmakonomer bliver brugt noget mere til det vi er gode til."*

Citat fra interview farmakonom 2: *“Jeg synes det faglige er meget væsentligt fordi, hvis vi skal sælge os selv ud til afdelingerne, så skal vi jo også kunne noget som de ikke kan. Vi skal kunne sælge den på, at vi kan opdage nogle ting og fange nogle ting som de måske ikke selv opdager, og der bliver man jo nødt til at have tid og støtte i og skal kunne det faglige.”*

Faglig udvikling gennem kurser og daglig sparring, kan bidrage til medarbejdernes faglige udfoldelse og vækst i deres professionelle kompetencer. Dette er også en vigtig faktor som kan øge arbejdstilfredsheden.

Citat fra spørgeskemaundersøgelsen: *"Gode muligheder for at få ansvarsområder. Faglig udvikling gennem kurser og daglig sparring."*

Kode 2.2: Netværk udenfor apotekssektoren

I undersøgelsen udtrykker medarbejderne et behov for at etablere netværk uden for apotekssektoren og samarbejde på tværs af faggrupper, for at forbedre deres jobtilfredshed og faglige udvikling. Tværfagligt netværk kan bidrage til at udvide deres horisont og skabe nye muligheder for faglig udvikling, samt forbedre patient- og kundeoplevelsen og behandlingen af patienter.

Citat fra spørgeskemaundersøgelsen: *"Netværksarbejde uden for min egen organisation og mest de netværk som ligger udenfor apotekssektoren."* og *"Flere muligheder indenfor tværfaglige projekter for at forbedre patientoplevelsen og behandling af patienter kunne lige gøre det sidste indenfor jobtilfredshed."*

Citat fra interview farmakonom 1: *"Altså vores dagligdag der er sygeplejerskerne jo vores anden kollega, hvis man kan sige det sådan. Og vi har jo læger, vi har kommunikation med hver dag, så jo altså, det er vigtigt for mig. Det er jo en del af min arbejdsdag."*

Kode 2.3: Behov for respekt og anerkendelse fra kunder

Medarbejderne ønsker at blive respekteret, anerkendt og værdsat af kunder for deres faglige indsats og ekspertise. De har behov for at blive set og respekteret for deres arbejde, så kunderne ikke kun anser apoteket som et medicinudleveringssted. Når man føler sig værdsat for det faglige arbejde man gør, er man også mere tilbøjelig til at være tilfreds med sit arbejde.

Citat fra spørgeskemaundersøgelsen: *"Hvis kundeklientellet behandlede farmaceuter og farmakonomer bedre og udviste mere respekt for faggruppen."* og *"Jeg synes, at vi stadig ikke bliver anerkendt for den faglighed eller viden vi har på apoteket. Kunderne bruger apoteket mest (er min følelse), som et lagerhus hvor de henter deres medicin efter de har været hos lægen."*

Citat fra interview farmakonom 2: *“Det er jo vigtigt, for det er jo ligesom svært at gennemgå medicinliste, hvis ikke man ligesom har en gensidig respekt.”*

Tema 3: Struktur og organisering af arbejdet

Medarbejderne efterspørger en bedre løn, arbejdstider, passende bemanning, mere ligelig fordeling af arbejdsopgaver, stabile arbejds-skemaer og respekt for deres fritid. Disse faktorer har også betydning for jobtilfredsheden.

Kode 3.1: Bedre løn og arbejdstider

Bedre løn samt forbedrede arbejdstider er vigtig for medarbejdernes jobtilfredshed. Medarbejderne er utilfredse med de lange og sene arbejdsdage. Samtidig mener de at lønnen er lav, og at der er for lidt fokus på honorarer samt tillæg. Der fremhæves vigtigheden af en mere retfærdig og sammenlignelig lønstruktur mellem den offentlige og den private sektor.

Citat fra spørgeskemaundersøgelsen: *“Bedre løn og arbejdstider”* og *“Løn burde være højere, selvom jeg er på 4. Anciennitet og 10.000 kr tillæg pr måned, da det er hårdere end andre jobs hvor det ikke er stressende at arbejde og hvor man har fleksjob og kan arbejde hjemme. Det kan man ikke som apoteksansat.”*

Citat fra interview farmakonom 1: *“Helt sikkert. Selvfølgelig spiller lønnen ind, og vi vil alle sammen gerne have mere i løn. Altså det gør det da.”*

Kode 3.2: Passende bemanning og tid til opgaver

Medarbejderne har brug for tid til at benytte deres faglighed for at kunne udføre et godt stykke arbejde. Medarbejderne ønsker at løse opgaver så godt som deres faglighed kræver, men underbemanning gør, at det ikke altid er muligt, hvilket påvirker deres jobtilfredshed negativt.

Citat fra spørgeskemaundersøgelsen: *“Tid til opgaver og en bemanning der passer til belastningen på arbejdet på den specifikke dag”* og *“Jeg ønsker at have tiden til at udføre mit arbejde til punkt og prikke, men på grund af underbemanning, skal vi løbe for hurtigt og gøre kun lige, hvad der er nødvendigt for at afdelingerne kan klare sig. (Vi opfylder tit ikke vores kontrakter, fordi vi skal være flere steder samtidig).”*

Citat fra interview farmakonom 1: *“Ja, helt sikkert. Det gør jeg da. Vi kan godt mærke, vi har manglet nogen, at vi har manglet 1-2 kollegaer fast hver dag.” [...] Altså det her tempo vi har*

kørt nu, det vil ikke kunne holde til i tid og evighed. Det har bare lige været en periode, som vi vidste at der ville slutte på et tidspunkt.”

Kode 3.3: Stabil og ligeligt fordelt vagtplan

For at øge arbejdstilfredsheden, fremhæves behovet for en mere stabil vagtplan og respekt for medarbejdernes fritid.

Citat fra spørgeskemaundersøgelsen: "Et mere stabilt skema- og generelt mere respekt for ens fritid. At ens fridage ikke bliver byttet rundt konstant. At der ikke bliver flyttet rundt på en hele tiden."

Flere respondenter udtrykker, at de er trætte af ikke at have en fast arbejdsplads, idet de bliver sendt rundt mellem de forskellige filialer. Herudover pointerer flere, at arbejdet burde være fordelt ligeligt mellem medarbejderne, så arbejdsbyrden ikke ligger på få. Dette ville hjælpe med at undgå udvikling af stress blandt medarbejderne, og derimod øge deres trivsel og jobtilfredshed.

Citat fra spørgeskemaundersøgelsen: "Fordelingen af arbejdet mellem medarbejderne skal fordeles mere ligeligt."

Citat fra interview farmakonom 2: "Ja, det er vigtigt. Jeg synes det [skemaet] er meget fint. Det kører meget fast."

4. Refleksion

Resultaterne fra de semistrukturerede interviews viste en overensstemmelse med de fund, der blev præsenteret i kommentarfeltet i spørgeskemaundersøgelsen. I de validerende interviews blev der udtrykt stor enighed i de tre hovedtemaer: Sociale forhold, faglige forhold og strukturelle forhold samt deres tilhørende koder. Disse er alle vigtige elementer, der er med til at påvirke jobtilfredsheden på apoteket.

Herzbergs to-faktor teori, udviklet af psykolog Frederick Herzberg i 1950'erne, opdeler de arbejdsrelaterede faktorer i hygiejnefaktorer og motivationsfaktorer (6). Hygiejnefaktorer er ydre elementer knyttet til arbejdsmiljøet, som ikke motiverer medarbejderne, men som kan forårsage utilfredshed, hvis de er fraværende eller håndteres utilstrækkeligt. Dette kan omfatte løn, virksomhedens politikker, tilsynsforhold, arbejdsforhold og jobsikkerhed. Motivationsfaktorer er

iboende faktorer, der er direkte forbundet med selve jobbet, og har en dyb indvirkning på arbejdsglæden. Disse faktorer omfatter præstation, anerkendelse, selve arbejdet, ansvar og personlig vækst (6).

I denne kvalitative undersøgelse om jobtilfredsheden blandt farmaceuter og farmakonomer bemærkes det, at de tre hovedtemaer fra dataene overholder Herzbergs rammer: Sociale forhold, faglige forhold og strukturelle forhold.

Sociale forhold

I forbindelse med Herzbergs motivationsfaktorer fokuserer dette tema på den nødvendige støttende atmosfære med kolleger og en engagerende ledelse. Det kollegiale fællesskab og nære relationer på arbejdspladsen var et fremtrædende tema blandt respondenterne. Resultaterne indikerer, at gode interpersonelle relationer og et engageret ledelsesteam i organisationen er afgørende for at etablere et tilfredsstillende arbejdsmiljø. Medarbejderne værdsatte ledere, der er kommunikative og involverende, samt en team-orienteret atmosfære, der fremmer gensidig respekt og samarbejde.

Faglige forhold

De faglige forhold på apoteket kan kategoriseres som en motivationsfaktor i Herzbergs teori. Her fremhæves vigtigheden af faglig udvikling, anerkendelse og individuel brug af færdigheder. Respondenterne tilkendegav et stort ønske om muligheder relateret til deres faglige vækst, og anerkendelse af faglige færdigheder. Dette vil ikke kun øge arbejdsglæden, men også motivere til bedre præstationer, hvilket viser den direkte effekt af denne motivationsfaktor på medarbejdernes morale og produktivitet.

Strukturelle forhold

Dette tema afspejler Herzbergs hygiejnefaktorer, og inkluderer faktorer som løn, passende bemanning og forudsigelige vagtplaner. I denne undersøgelse udtrykte flere respondenter dette område som en kilde til utilfredshed, eftersom de følte, at de er underbetalt, ofte er underbemandede og har ustabile vagtplaner. At adressere disse faktorer forbedrer muligvis ikke jobtilfredsheden markant, men hvis de ikke kontrolleres, kan de resultere i en grad af utilfredshed, som ville forstyrre det overordnede arbejdsmiljø.

5. Konklusion

Ved at kombinere resultaterne fra denne undersøgelse med Herzbergs motivationsteori bliver det klart, at både hygiejnefaktorer og motivationsfaktorer påvirker farmaceuter og farmakonoms jobtilfredshed på apoteket. Alle tre temaer skal tages i betragtning for at have et holistisk miljø, der ikke kun forhindrer tilfredshed, men også aktivt øger arbejdsglæden. Denne teoretiske ramme viser sig at være særlig nyttig til at identificere specifikke forbedringsområder i organisatorisk praksis og politikker i apotekssektoren. Med fokus på at forbedre både hygiejne- og motivationsfaktorerne kan apoteksledelsen skabe et mere tilfredsstillende og motiverende arbejdsmiljø, hvilket fører til højere arbejdsglæde og bedre overordnet præstation.

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7. Appendix

7.1 Interview guide

Introduktion

- To farmaceutstuderende fra København Universitet
- Skriver speciale som undersøger jobtilfredshed blandt farmaceuter og farmakonomer på privat- og sygehusapoteker i Danmark.

Formål med interview

- Som en del af specialeprojekt har vi undersøgt jobtilfredsheden blandt farmaceuter og farmakonomer på apotekerne i Danmark gennem en større spørgeskemaundersøgelse. ifm. spørgeskemaundersøgelsen gjorde vi det muligt for respondenterne at efterlade en kommentar, om hvad der for dem er med til at øge jobtilfredsheden på apoteket. Disse mange kommentarer har vi kategoriseret i temaer, og det er disse temaer vi hhv. vil be-/afkræfte gennem disse interviews.

Praktisk

- Interviewet optages på telefonen. Vil udelukkende anvendes for at kunne genlytte til interviewet ifm. vores projektarbejde.
- Interviewet vil blive behandlet fortroligt og dit navn vil blive anonymiseret ifm. opgaven.
- Du må endelig stoppe mig undervejs, og sige til hvis du har nogle spørgsmål eller der er noget du er i tvivl om.
- Jeg vil gøre dig opmærksom på at interviewet er frivilligt, og at du altid kan trække dit samtykke tilbage.
- Et relativt kort interview på ca. 15 min.
- Vi kommer som sagt til at optage, så du må gerne tale højt og tydeligt
- Jeg kommer til at stille spørgsmålene.
- Har du nogle spørgsmål inden vi går i gang?

Spørgsmål

Generelle spørgsmål

- Til en start vil vi gerne bede dig om at præsentere dig selv og dit professionelt virke. (Personen skal afdække profession, antal år på apoteket, primær eller sekundær, fuld eller deltid).

Interviewspørgsmål

Hovedspørgsmål	Supplerende spr. (hvis personen ikke siger det selv, som omhandler undertemaerne/codes)	Prompt spr.
Mange af respondenterne udtalte at sociale forhold på apoteket er vigtigt ift. at øge jobtilfredsheden. Er du enig?	-Er en god ledelse vigtig for dig? -Er det vigtigt for dig at have gode og støttende kollegaer?	“Hvorfor” “Kan du uddybe ..” “Kan du sætte nogle flere ord på..” “Hvad mener du når du siger..”

Mange respondenter udtalte at de faglige forhold på apoteket er vigtigt ift. at øge jobtilfredsheden. Er du enig?	-Er muligheden for faglig udvikling/flere ansvarsområder på arbejdet vigtigt for dig? -Er et netværk udenfor apotekssektoren vigtigt for dig? (Tværfagligt netværk med andre faggrupper). -Er det at blive respekteret og anerkendt af kunderne på dit arbejde, vigtigt for dig?	“Hvorfor” “Kan du uddybe ..” “Kan du sætte nogle flere ord på..” “Hvad mener du når du siger..”
Mange respondenter udtalte at de strukturelle forhold på apoteket er vigtigt ift. at øge jobtilfredsheden. Er du enig?	-Er lønnen og arbejdstider på apoteket vigtigt for dig? -Er mængden af bemanning på apotek, og den tid der er til at udføre dine arbejdsopgaver, vigtigt for dig? Er den måde jeres arbejdsskema er bygget op på samt den stabilitet der er i arbejdsskemaet vigtigt for dig?	“Hvorfor” “Kan du uddybe ..” “Kan du sætte nogle flere ord på..” “Hvad mener du når du siger..”

7.2 Kvalitativ Analyse

“Skriv venligst, hvilke aspekter af dit arbejde der er med til at øge din generelle jobtilfredshed:”

Tabel Her er de otte koder og udvalgte udsagn hertil fra respondenterne demonstreret.

Koder:	Udsagn:
Nærværende og engageret ledelse	<p>"At min nærmeste leder er nærværende. At jeg trives med mine nærmeste kollegaer."</p> <p>"Tillid fra chefen. Gode dygtige kolleger. God lydhør og loyal chef."</p> <p>"Jeg er super glad for mine kollegaer, leder og chef. Jeg føler mig tryk i jobbet."</p> <p>"Min ledelse har min ryg, og har tillid til at jeg kan agere selvstændigt, dette giver mig god tilfredshed."</p> <p>"Vi er heldige at have en god og lydhør apoteker!!!!"</p> <p>"Jeg har en rigtig god apoteker, som ikke lader os mangle noget. Betalt frokost udefra i højsæsoner, ergonomiske faciliteter i top. En chef der er meget synlig og selv tager en kæmpe tørn, når det kommer til arbejdet."</p> <p>"God ledelse hvor samarbejde og tillid er nøgleord."</p> <p>"Tryghed ved chef."</p> <p>"Synlig og nærværende Ledelse."</p> <p>"En lyttende og forstående chef"</p> <p>"God dialog og tiltro begge veje med ledelse/chef."</p> <p>"En anerkendende apoteker."</p> <p>"At chefen var lydhør overfor problemer, og ikke bare hørte hvad h*n ville høre."</p> <p>"30 min samtale med min apoteker hver 12 uge (mini-mus) er en gamechanger. Giver en stor grad af kontakt og følelsen af at være tæt på ledelsen. Jeg er altid på filial."</p> <p>"Tillids mellem medarbejder og ledelse"</p> <p>"Motivation fra ledelsen"</p> <p>"En ledelse man føler at man kan komme til og blive hørt."</p> <p>"Positiv tilkendegivelser fra ledelsen"</p>

	<p>“Anerkendelse fra ledelse og kollegaer”</p> <p>“At jeg har en leder som yder støtte, omsorg, udvikling og sparring af mig i min ledelsesopgave.”</p> <p>“En Apoteker der anerkender sit personale og selv går med foran eller sammen med dem i de dagligdags opgaver”</p> <p>“Lyttende og "gennemsigtig" ledelse”</p> <p>“Klar og tydelig ledelse med respekt for de ansatte”</p> <p>"En apoteker der uddelegerer og støtter op om valgene jeg træffer og ikke spænder ben for faglig udvikling."</p> <p>“Ægte anerkendelse for faglig indsats - ikke kun for hurtighed og mange”</p> <p>"En støttende ledelse og mulighed for faglig udvikling."</p> <p>“Mange apoteker er underbemandede, og manglen på farmakonoverer overalt er stor. Derfor så jeg godt, at jeg fik mere anerkendelse for det arbejde jeg lægger. Både i form af højere løn, men også generelt i forhold til anerkendelse fra ledelsen i det daglige. Nogle gange føler man, at det er lige meget, om det er mig eller min kollega, der er på arbejde, så længe der er nogen”</p>
<p>Bedre løn og arbejdstider</p>	<p>"At jeg får mere i løn."</p> <p>"Bedre løn og arbejdstider”</p> <p>"Mere i løn for det arbejde jeg laver."</p> <p>"Mere løn og bedre arbejdstider."</p> <p>“Uacceptabel løn for alt det arbejde der laves."</p> <p>"Mere sammenlignelig løn mellem det private og offentlige, efter snart 10 år på arbejdsmarkedet er der for stor forskel på os der gik apoteksvejen og dem der valgte det private for samme antal timer på arbejde hver uge, når vi taler om det med mine gamle studiekammerater"</p> <p>"Befordring til høj takst - det koster medarbejderne penge at køre i egen bil."</p> <p>"Mere i løn, hver gang vi påtager os en ny opgave i apotekets sektor."</p> <p>“Mere i løn. Mulighed for at farmakonoverer kan blive apoteket."</p> <p>“Mere løn for det arbejde jeg laver."</p> <p>“Mere i løn så vi følger den offentliges sektors lønstigning."</p> <p>“Mere i løn/tillæg ift. belastning i forbindelse med udfordringer i bemandingen og efter ansvarsområder”</p> <p>“En højere løn vil helt sikkert være en motivationsfaktor”</p> <p>“Kunne være dejligt med mere i løn til Farmaceuter ansat på Sygehusapotek.”</p> <p>“En bedre løn, jeg kender pædagoger på deltid der tjener bedre end jeg gør, har bedre arbejdstider og fri i weekenderne. Farmakonoverer er virkelig underbetalt for det kæmpe stykke arbejde vi udfører.”</p> <p>“En højere grundløn (altså ikke ny løn/ tillæg jeg har forhandlet mig til)”</p> <p>“Løn der afspejler den travle hverdag og som afspejler den hjælp vi faktisk yder til kunderne/patienterne.”</p> <p>“God løn, god pension og gode arbejdsforhold”</p> <p>“Bedre lønvilkår”</p> <p>“Løn burde være højere, selvom jeg er på 4. Anciennitet og 10.000 kr tillæg pr måned, da det er hårdere end andre jobs hvor det ikke er stressende at arbejde og hvor man har fleksjob og kan arbejde hjemme. Det kan man ikke som apoteksansat.”</p> <p>“Jeg synes, der er plads til forbedringer angående løntrin. Vi har 3 løntrin plus anciennitet. Efter 8 år er der ikke flere løntrin. Hvad med at “belønne” de farmaceuter, der har været på apoteket i 10, 15 og 20 år?”</p>

	<p><i>“Mere løn, herunder også en honorering af aften arbejde i form af tillæg, startede tidligere end kl 20. Gerne fra 17.30-18.00”</i></p> <p><i>“Højere løn - alting er blevet dyrere, og det er svært at få selv et beskedent familieliv til at hænge sammen.”</i></p> <p><i>“Bedre arbejdstider (mindre weekendarbejde)”</i></p> <p><i>“Arbejdstiderne generelt på privatapotek er en udfordring”</i></p> <p><i>“Muligheden for at kunne få fri tidligt, det har altid heddet sig at dem med børn skulle prioriteres med hensyn til at gå tidligere”</i></p> <p><i>“En bedre senior politik... p.t er det kun de unge der tilgodeses med ekstra bonus og fordelagtige arbejdstider så det passer til børnefamilien. Erfaringer og flexibilitet få sygedage, ingen barns 1 sygedag belønnes ikke.”</i></p> <p><i>“Muligheden for at blive belønnet økonomisk for at trække det tunge læs og have det store overblik.“</i></p>
<p>Mulighed for faglig udførelse, ansvar og udvikling</p>	<p><i>"Mulighed for andre opgaver end skranke."</i></p> <p><i>"... mulighed for videreudvikling."</i></p> <p><i>“Mulighed for at blive klogere på specifikke områder”</i></p> <p><i>"Gode muligheder for at få ansvarsområder. Faglig udvikling igennem kurser og daglig sparring."</i></p> <p><i>"Jeg elsker min faglighed og vil rigtig gerne udbygge den. Savner at vi farmakonomer bliver brugt noget mere til det vi er gode til."</i></p> <p><i>"At kunne vejlede og hjælpe vores kunderne."</i></p> <p><i>"At kunne gøre en forskel med vejledning til kunderne”</i></p> <p><i>"Vi har fuldstændigt medbestemmelse i vores filial."</i></p> <p><i>"Muligheden for at deltage i flere forskellige arbejdsopgaver."</i></p> <p><i>"Variationen i arbejdsopgaver. Pulsene i dagligdagen. Der sker hele tiden noget nyt."</i></p> <p><i>“Mulighed for at rådgive kunderne bedre”</i></p> <p><i>“flere faglige muligheder”</i></p> <p><i>“Der skal være bedre mulighed for efteruddannelse”</i></p> <p><i>“flere kurser så man kan udvikle sig”</i></p> <p><i>“Flere opgaver med højere faglighed og større kendskab til at udnytte tidligere uddannelses kompetencer i faget“</i></p> <p><i>“Jeg ønsker at dyrke et fagligt miljø på apoteket, og bidrage til at klæde kommende generationer af farmaceuter på i forhold til klinisk farmaci. Jeg har en generel stor bekymring for fremtiden af det faglige miljø for farmaceuter i sygehusapotekssektoren. Der er en tendens til stigende driftsopgaver, og understøttelse af farmakonomernes arbejde i en grad som jeg frygter underminerer de kliniske farmaceuters faglighed. Der er ikke længere tid til at "nørde" med noget.....”</i></p> <p><i>“På sygehus apoteket oplever jeg i langt større grad, at kunne gøre brug af min faglighed, sammenlignet med min tid på privat apotek”</i></p> <p><i>“At kunne gøre en forskel for patienterne og øge patientsikkerheden, som vi på hospitalsapotekerne i høj grad gør via medicindispensering og optagelse af medicinanamneser.”</i></p>

Støttende kollegaer	<p>"Gode kollegaer er tit min primære glæde ved mit arbejde."</p> <p>"Gode kollegaer, de ansvarsområder man pådrager sig udover skrankeopgaver."</p> <p>"Gode og støttende kollegaer."</p> <p>"At min arbejdsplads er rummelig, når der opstår særlige behov."</p> <p>"dygtige kollegaer der vil samarbejdet - at man bliver sat pris på"</p> <p>"Godt samarbejde med kollegaer."</p> <p>"Plads til alle typer på ens arbejdsplads humor og omsorg for hinanden."</p> <p>"Den lille kontakt man nu engang har tid til med kollegerne i det daglige"</p> <p>"Høj grad af menneskelige relationer og sammenhold."</p> <p>"Svært at få god relation til ens kollegaer, da det ikke er muligt at have fælles pause"</p> <p>"At jeg har en flok fantastiske kolleger, jeg har det sjovt med og som jeg kan stå sammen med i at yde god rådgivning og sikre lægemiddelforsyningen i vores område."</p> <p>"Kollegaskabet skal være godt og det skal være sjovt at gå på arbejde"</p> <p>"Mine kollegaer og vores samarbejde."</p> <p>"Det venskabelige forhold jeg har til min kollegaer og ledere, sætter jeg stor pris på."</p> <p>"Det er rart at kunne hyggesnakke med både borgere og kollegaer."</p> <p>"Jeg har nogle virkelige gode kollegaer som støtter og gør min hverdag sjov og spændende."</p> <p>"Stedet jeg er ansat på og mine kollegaer er den eneste grund til jeg er der"</p>
Stabil og ligeligt fordelt vagtplan	<p>Generelt mangel på struktur og orden gør det stressfyldt at tage på arbejde."</p> <p>"At overenskomsten ift over og ekstra arbejde følges. Mindre alenearbejde i filialerne, mere fast skema hvor de gældende varsler om ændringer følges."</p> <p>"Fordelingen af arbejdet mellem medarbejderne skal fordeles mere ligeligt."</p> <p>"Et mere stabilt skema- og generelt mere respekt for ens fritid. At ens fridage ikke bliver byttet rundt konstant. At der ikke bliver flyttet rundt på en hele tiden."</p> <p>"At skemaet kan tilpasses ens (realistiske) ønsker."</p> <p>"En fleksibel arbejdsplads mht. vagtplan."</p> <p>"Det vil klart øge min tilfredshed ved at vi løfter i flok - de seneste år er der kommet en ligegyldighed og "jeg har ret til" som ikke styrker fællesskabet. Det er ALTID de samme der eksempelvis dækker ved sygdom, dem af os som er tilbage, løber alt for stærkt samtidig med at vi sætte er ære i ikke at smide sygemelding afsted. Der er mangel på en ordentlighed."</p> <p>"for at blive i branchen så skal arbejdsvilkår og især arbejdstiderne ændres meget for at man gider at være her/ for at tingene kan hænge sammen med ens privatliv"</p> <p>"Derudover har jeg fået lov til at have fri hver weekend og mulighed for at gå tidligt 2x ugentligt. Og det er næsten altid muligt at få fri på ønsket dage."</p>

<p>Netværk uden for apotekssektor</p>	<p><i>Netværksarbejde udenfor min egen organisation og mest de netværk som ligger udenfor apotekssektoren."</i></p> <p><i>"Flere muligheder indenfor tværfaglige projekter for at forbedre patientoplevelsen og behandling af patienter kunne lige gøre det sidste indenfor jobtilfredshed."</i></p> <p><i>"arbejde på tværs af faggrupper"</i></p> <p><i>"Sociale arrangementer, både store og små, internt og eksternt - vigtigt for sammenholdet og erfaringsudveksling."</i></p> <p><i>"Samarbejde med fx kommunen eller botilbud."</i></p> <p><i>"Faglig sparring med mine to farmaceutkolleger er skemasat 1 time hver uge. Vi ved altid hvor vi har hinanden og opnår konsensus. Både faglige drøftelser, hvad der rører sig og hvordan vi har det."</i></p> <p><i>"Sparring med kollegaer om fagligt udfordrende emner."</i></p> <p><i>"Samarbejde med mange faggrupper og mulighed for udvikling af opgaver."</i></p> <p><i>"Bruge min faglighed i sparring med læger og sygeplejersker"</i></p> <p><i>"Del af et fagligt netværk med farmaceutkolleger i hele regionen"</i></p> <p><i>"God samarbejde med læger og sygeplejersker"</i></p> <p><i>"Flere opgaver udenfor apoteket , medicin service plejehjem osv"</i></p> <p><i>"Mulighed for at udvikle sundhedsydelse og undervise eksternt"</i></p>
<p>Respekt og anerkendelse fra kunder</p>	<p><i>Hvis kundeklientellet behandlede farmaceuter og farmakonomer bedre og udviste mere respekt for faggruppen.</i></p> <p><i>"Jeg synes, at vi stadig ikke bliver anerkendt for den faglighed eller viden vi har på apoteket. Kunderne bruger apoteket mest (er min følelse), som et lagerhus hvor de henter deres medicin efter de har været hos lægen. De er ikke særlig ofte interesseret i at få vejledning også selvom, den vejledning de har fået hos lægen er meget begrænset eller ikke eksisterende."</i></p> <p><i>"At jeg bliver hørt og taget alvorligt."</i></p> <p><i>"..at man bliver sat pris på."</i></p> <p><i>"Jeg ville gerne blive i sektoren, men jeg synes det er hårdt gang på gang at skulle forklare hvad en Farmakonom er, hvad vores færdigheder er osv. Læger, sygeplejersker osv ved stadig ikke hvad vi kan, hvad vores uddannelse er. Borgerne på apoteket ved det heller ikke. Det er trættende at have en uddannelse, som jeg faktisk er stolt af, men konstant skulle forklare hvad jeg kan."</i></p>
<p>Passende bemanning og tid til opgaver</p>	<p><i>"At jeg har tid til at bruge min faglighed til gavn for patienter og personalet her på sygehuset."</i></p> <p><i>"Tid til at løse de af mine opgaver som ikke er skrankearbejde."</i></p> <p><i>"Tid til opgaver."</i></p> <p><i>"Jeg ønsker at have tiden til at udføre mit arbejde til punkt og prikke, men på grund af underbemanning, skal vi løbe for hurtigt og gøre kun lige, hvad der er nødvendigt for at afdelingerne kan klare sig. (Vi opfylder tit ikke vores kontrakter, fordi vi skal være flere steder samtidig)"</i></p>

	<p>"At der er mennesker nok på arbejde, så man kan nå de ting, der ikke kun er kundebetjening. Tid til sine opgaver uden forstyrrelser i form af at skulle i skranken eller tage telefoner."</p> <p>"Mere tid til faglig udvikling eller som minimum at der strammes op om at følge overenskomsten for dette."</p> <p>"Bedre tid til at udføre opgaverne kvalitetsmæssigt."</p> <p>"... og tiden til at bruge sin viden."</p> <p>"Tid til opgaver og en bemanning der passer til belastningen på arbejdet på den specifikke dag"</p> <p>"Underbemanning medfører til at man ikke bliver tilfreds men den rådgivning eller omsorg man vil ellers ønske at give til kunderne. Samt når man ikke sit arbejde og tage noget med det hjem, ikke får tid til at udvikler sig fagligt og får heller ikke tid til at snakke med andre kollegaer og udveksler hinandens problemer eller snakke om de daglig ting der sker på apoteket"</p> <p>"At jeg får mere tid til det ikke direkte kunde-relateret arbejde, fx mere tid til kvalitetsarbejdet, faglige kampagner mv"</p> <p>"At have tiden til at udføre de opgaver jeg skal nå (opgaver som strækker sig ud over at betjene kunder)."</p>
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7.3 Transskribering

Farmakonom 1:

Præsenter dig selv

Interviewer: Okay, så til en start så vil vi meget gerne være lidt komme og præsentere dig selv i forhold til dit professionelle virke. Sådan din profession hvad du laver hvor du er ansat.

Farmakonom 1: Jeg hedder Vinnie og jeg arbejder som farmakonom på sygehusapoteket i Nordjylland. Jeg er uddannet på privat apotek i 2009. I dagligdagen arbejder i noget, der hedder klinisk farmaci i en underafdeling, der hedder medicinsk service, hvor Vi er På nogle forskellige matrikler her i Nordjylland, hvor vi laver medicinservice. Og Det er alt fra at bestille varer de mangler medicinrummet til at lave organisations gennemgang og Så er vi sparringspartnere og Sådan nogle ting med sygeplejerskerne og lægerne.

Interviewer: Okay og hvor længe har du været på apoteket?

Farmakonom 1: Altså her hvor jeg er nu?

Interviewer: Nej generelt på apoteket.

Farmakonom 1: Jeg startede som ufaglært i januar måned 2006 og har været nonstop. Jeg har apoteksbranchen.

Interviewer: Og kun sygehus eller..

Nej privat apotek fra 2006 til 2016, dér i 2016 rejste jeg til Grønland og var et år på et sygehusapotek. Og ja så i 2018. Januar 18, startede jeg her på syghusapoteket i Nordjylland.

Interviewer: OK og du er fuldtidsansat?

Farmakonom 1: ja 35 timer.

Sociale forhold

Interviewer: OK super. Og så til nogle af hovedspørgsmålene, altså der var mange af respondenterne, der udtalte, at de sociale forhold på apoteket er ret vigtigt i forhold til at øge jobtilfredsheden. Hvor enig er du i det udsagn?

Farmakonom 1: Jamen, 100 procent. Vi har været ramt af rigtig meget sygdom oppe også både kortvarigt og langvarigt, så vi har i løbet rigtig, rigtig stærkt, men Vi er alligevel formåede at komme i mål med dagens drift, fordi vi ligesom har formået at støtte hinanden og hjælpe hinanden, og Vi har tillid til hinanden. Vi ved jamen, vi yder lige meget alle sammen. Vi yder alt, hvad vi kan, og vi respekterer, at nogle kan bare tage større skridt end andre, men det er okay fordi Hun gør, hvad hun kan. Det betyder

rigtig meget, at Vi har den her tillid og at glæde af hinanden. Ellers så har man jo ikke lyst til at yde roven ud af bukserne hver evig eneste dag i 2 år. Så ja altså det sociale med mine kollegaer, hvis ikke jeg kunne lide dem, så havde jeg ikke lyst til at være her.

Ledelse

Interviewer: OK og en god ledelse er det også vigtigt for dig?

Farmakonom 1: Ja, det er det. En god ledelse kan jo være mange ting men ja den den skal være god for ellers mister man motivationen og man kommer også nemt til at gå lidt på klingen med sine kollegaer, hvis ikke man har samme holdning til hvordan vi kommer videre, så ja der skal en god ledelse til.

Faglige forhold

Interviewer: Ja. OK. Hvad med de faglige forhold på apoteket? Hvor vigtigt er det i forhold til at øge jobtilfredsheden, føler du?

Farmakonom 1: Jeg synes det er Sådan lidt en midter på en skala fra 1 til 5. Det er vigtigt Jeg laver noget fagligt, der giver mig mening. Men Jeg kan godt gå med til at lave noget knap så fagligt Hvis Jeg har det godt med de mennesker jeg omgås. Jeg vil rigtig gerne have en udvikling inden for det faglige, og jeg kommer også til at kede mig med, hvis hvis der ikke sker noget i 10 år. Men Jeg kan godt gå på kompromis i en vis tid på med med det faglige, hvis ellers resten det fungerer. Hvis jeg ved Der er nu noget i vente.

Netværk uden for apotekssektoren

Interviewer: OK, og hvad med sådan noget som netværk udenfor apotekssektoren? Hvor vigtigt er det for dig i forhold til sådan noget tværfagligt netværk og sådan med andre faggrupper?

Farmakonom 1: Altså vores dagligdag Der er sygeplejerskerne jo vores anden kollega, hvis man kan sige det sådan. Og vi har jo læger, vi har kommunikation med hver dag, så jo altså, det er vigtigt for mig. Det er jo en del af min arbejdsdag.

Respekt og anerkendelse fra patienter

Interviewer: OK og sådan respekt og anerkendelse fra patienter. Nu ved jeg ikke hvor meget patientkontakt du har..

Farmakonom 1: Jeg har ingen længere.

Løn:

Interviewer: Så er det ikke super relevant, tænker jeg. Der var også mange der udtrykte, at sådan noget som strukturelle forhold også er vigtigt ift. at øge jobtilfredsheden. Sådan noget som løn og arbejdstider osv.

Farmakonom 1: Helt sikkert. Selvfølgelig spiller lønnen ind, og vi vil allesammen gerne have mere i løn. Altså det gør det da. Hvis man får det samme for at sidde her som man gør ved at sidde i kassen i Netto, så tror jeg at man skal se på det.

Arbejdstider

Interviewer: Der var mere der du sagde ift. arbejdsforhold og arbejdstiderne.

Farmakonom 1: Lige nu arbejder vi fra 8 til 15 hver dag og som småbørnsfamilie, så passer det super godt for os. Hvorimod på et privat apotek, møder man som regel om formiddagen og fri til aftensmad. Det kan man sige der er for og imod, men jeg vil sige de arbejdstider jeg har nu, synes jeg er fantastisk. Vi arbejder jo heller ikke i weekenden. Vi arbejder ikke helligdage, vi er virkelig privilegerede på det punkt og nyder det så længe det varer.

Bemanding

Interviewer: Bemanding det nævnte lidt om før, men altså hvor meget bemanding der er, det spiller også en rolle.

Farmakonom 1: Ja, helt sikkert. Det gør jeg da. Vi kan godt mærke vi har manglet nogen, at vi har manglet 1-2 kollegaer fast hver dag. Men jeg synes faktisk, at vi ikke vil klare os i længden med det her, men vi er kommet i mål og har fået en ekstra kollega som snart er på trapperne igen, så helt klart

bemandingen har noget at sige. Altså det her tempo vi har kørt nu, det vil ikke kunne holde til i tid og evighed. Det har bare lige været en periode, som vi vidste at der ville slutte på et tidspunkt.

Arbejdsskema

Interviewer: Ja, det giver også god mening. Og hvad med den måde jeres arbejdsskema er bygget op på i forhold til den stabilitet der er i arbejdsskemaet? Og sådan at det ser ud på samme måde, eller om der er mange ændringer?

Farmakonom 1: Vi kommer jo på mange forskellige matrikler i det team jeg er tilknyttet, og vi ved jo altid på forhånd, hvor vi skal være henne. Så er vi for eksempel i Hjørring, hvor jeg sidder i dag. Jamen her har vi måske 25 forskellige afsnit, som vi så drifter sådan løbende i løbet af ugen. Så det er ikke sikkert, jeg ved hvor jeg skal være helt præcist i Hjørring. Jeg skal møde ind på sygehuset, det ved jeg, her har vi kontorplads. Om jeg skal på den ene eller på den anden afdeling, altså det står i skemaet, men det interesserer mig egentlig ikke. Det tager jeg jo fra dag til dag. Så jeg synes der er rigtig stor og rigtig god variation i det også.

Interviewer: Det er det måske også det du kan lide, så det er varierende.

Farmakonom 1: Jeg har mine egne faste afdelinger, som jeg kommer fast på et par gange om ugen, og så hjælper jeg og afløser de andre, hvor der er behov for det, og det synes jeg fungerer rigtig godt. Så jeg har ligesom mit eget, jeg kan være med til at udvikle og præge, men jeg kan også hjælpe de andre. Hvis de har brug for det med at afløse der.

Interviewer: Helt sikkert. Det var faktisk meget det tror jeg. Det var hurtigt. Det var nemt.

Hvis du skal vælge en af de forskellige emner vi har snakket om, hvad for en af dem er mest med til at øge din job tilfredshed?

Farmakonom 1: Jamen jeg tror det er en kombination af både af at jeg trives rigtig godt med mine kollegaer. Det betyder rigtig meget for mig, men også at fagligt føler jeg at jeg gør en forskel, og jeg ved at mit arbejde er i en udvikling lige nu, og det vil jeg gerne være med i. Havde det niveau, vi var på nu, havde det været det faglige, havde det været toppen af poppen, så er jeg virkelig glad for Jeg har nogle kollegaer, der kom med til at gøre dagen sjov, fordi så ville jeg køre lidt død i det. Så jeg tror jeg er rimelig heldig med gode kollegaer og en faglighed jeg synes der begynder at passe til det jeg gerne vil, selvom det er en lang proces.

Farmakonom 2:

Præsentation

Interviewer: Okay super så lad os gå i gang. Til at starte med, kan vi høre om dig og dit professionelle virke og hvad du laver til daglig?

Farmakonom 2: Altså til daglig er jeg ansat på Sygehus Lillebælt som farmakonom som den eneste i Sygehus Lillebælt på begge matrikler. Vi har både en matrikel i Vejle og i Kolding. I Vejle har vi primært lager og logistik, og i Vejle har vi produktion, fordi et cancer sygehus. Så har vi selvfølgelig klinisk farmaci og medicinservice ved siden af som alle andre. Men det er ligesom forskellen er, at det ene sted er lager og logistik, og det andet er produktion af cytostatika. Og jeg er på begge matrikler.

Interviewer: Okay, og hvor længe har du været apoteket?

Farmakonom 2: 10 år.

Interviewer: 10 år kun på sygehusapoteket eller også andre apoteker?

Farmakonom 2: Kun dér. Jeg startede der, da jeg blev udlært.

Interviewer: OK, og er du fuldtidsansat?

Farmakonom 2: 32,7 timer.

Interviewer: OK, du var ved at sige noget, inden jeg afbrød dig.

Farmakonom 2: Ja, jeg har haft vagter ved siden af ikke også, men det var jo så helt bare for at holde det ved lige ude på den anden side, men ellers så har jeg det ikke. Så jeg har kun været på sygehusapotek efter min elevtid.

Sociale forhold

Interviewer: OK. Helt sikkert. Og så var der mange af respondenterne, der udtalte, at de sociale forhold på apoteket er vigtige i forhold til at øge deres jobtilfredshed Er du enig i dette udsagn?

Farmakonom 2: Altså det er jeg helt enig i, og der er vi meget forskellige på de 2 matrikler. I Vejle går de rigtig meget op i at lave en masse socialt sammen og har for eksempel fokus på, at man kommer fælles til frokost og sådan på den måde. Der bliver lavet rigtig mange sådan sjove tiltag. Konkurrencer og sådan noget i hverdagen, hvor i Kolding der er det ikke rart. Altså der går man på arbejde og så er det det. Altså vi har også flere og flere driftsopgaver ude på afdelingerne, så vi ser ikke hinanden ret meget i Kolding, fordi de er ude på afdelingerne. I Vejle har vi mange driftsopgaver, hvor vi ligesom sidder og sidder bag en skærm. Så vi er ikke fysisk ude på afdelingen på den måde. Så man ser mere hinanden synes jeg i Vejle på en eller anden vis end man gør i Kolding.

Interviewer: Og du føler at det er med til at øge din jobtilfredshed?

Farmakonom 2: Det er med til at øge min jobtilfredshed, at jeg altså ser mine kollegaer og kan man sige, ja at man har nogen at sparre med både fagligt og sådan. Nu siger jeg privat, men du ved, snakker altså om løst og fast, hvis man kan sige det. Så noget socialt sammen.

Interviewer: Ja, og hvad med en god ledelse er det vigtigt for dig?

Ledelse

Farmakonom 2: Ja, det er meget altså, det er jo egentlig den samme ledelse, men der er 2 forskellige daglige ledere. Det er også 2 meget forskellige personalegrupper, så man kan heller ikke tænke at lede på samme måde, men det ene sted kunne man måske godt være lidt mere.. Det ved jeg ikke, nu siger jeg skrap, men altså, jeg ved ikke lige hvad jeg skal sige..

Interviewer: Ja, jeg mener, om lederne betyder meget for dig i forhold til dit job og din trivsel? om det overordnet har en indflydelse på din jobtilfredshed?

Farmakonom 2: Ja, selvfølgelig har det det, fordi hvis ikke du har en ordentlig leder, så har du heller ikke nogen, at støtte op af at få støtte af. Altså du jo forskellige faser, skal forskellige ting, hvis man kan sige sådan at man skal jo man kan. Jeg tænker ikke at alle job, bliver aldrig bare lyserøde og en dans på roser. Så hvis du har nogle problematikker, så skal du også have en ledelse der støtter dig på den ene eller anden måde eller altså, og som kræver noget af dig.

Men altså. Jamen, der støtter dig på den måde, at de enten kræver noget af dig eller bakker op om nogle problemer eller altså der skal være en synlig ledelse.

Faglighed

Interviewer: Ja helt sikkert. Det giver god mening. Og hvad med de sådan de faglige forhold på apoteket? Hvor vigtigt synes du, det er i forhold til at øge jobtilfredsheden?

Farmakonom 2: Jeg synes det faglige er meget væsentligt fordi hvis vi skal sælge os selv ud til afdelingerne, så skal vi jo også kunne noget som de ikke kan. Vi skal kunne sælge den på at vi kan opdage nogle ting og fange nogle ting som de måske ikke selv opdager, og der bliver man jo nødt til at have tid og støtte i og skal kunne det faglige, fordi hvis vi bare står ude på en afdeling og dispenserer, Det kan enhver gøre. Men hvis vi nu har tjekket at medicinlisten faktisk passede i første omgang, så kunne enhver jo dispensere derefter. Så det der med at man ligesom, at de opgaver vi har skal også give mening. Vi skal ikke bare stå og dosere. Jo selvfølgelig skal vi hjælpe sygeplejerskerne, men vi skal jo også have det faglige med indover. Vi skal ikke bare stå og dispensere for at dispensere. Giver det mening?

Interviewer: Ja, det giver god mening. Og er sådan noget som udviklingen for dit felt vigtigt for dig? faglig udvikling og ansvarsområder?

Farmakonom 2: Ja. Og altså det kommer lidt an på, fordi jeg ikke har noget imod at være.. Jeg er ikke nødvendigvis den, der støber... Jeg vil gerne være med til at starte projektet op og sådan noget. Jeg er ikke nødvendigvis den, der får ideen, men jeg vil gerne noget nyt, så vi kan prøve noget nyt, og vi kan prøve nogle andre ting af. Vi skal ikke .. "plejer" Det er det værste der findes i verden. Det er "vi plejer" Hvis du spørger mig.

Netværk udenfor apotekssektoren

Interviewer: Ja. OK. OK et netværk udenfor apotekssektoren hvor vigtigt er det for dig sådan at netværke med andre faggrupper?

Farmakonom 2: Altså du tænker du? Men du tænker vel stadigvæk inden for sygehus eller hvordan tænker du?

Interviewer: Både og, vel. Kun i sygehus eller også uden for sygehussektoren?

Farmakonom 2: Det er vigtigt med netværk. Vi behøver jo ikke alle sammen opfinde den dybe tallerken for det første i vores ydelser. Det andet, er jo også at de afdelinger, hvor vi kommer meget på, der har vi også rigtig godt samarbejde med lægerne og sygeplejersken, fordi vi har en bedre forståelse for hinanden og det nytter jo ikke, at vi laver alt muligt arbejde, og så finder ud af, at det faktisk overhovedet ikke giver mening, fordi det sætter en stopper, for næste step i et eller andet. Så man bliver nødt til at have sparring og noget netværk, man kan netværke inden for det. Og der kan man sige det er måske meget nogle gange farmaceuterne der har netværket med lægerne, hvor vi har dagligdagen og selvfølgelig møder vi dem også og de tager det måske op på et lidt højere fagligt niveau. Hvor vi jo egentlig mere i praksis af dem, der udfører det, og så på den måde. Ja.

Anerkendelse fra patienter

Interviewer: Det giver god mening OK og nu ved jeg ikke hvor meget har du noget patientkontakt overhovedet?

Farmakonom 2: Ja vi laver anamnesen, hvor vi ringer til patienterne 2 dage før altså ikke fysisk patient kontakt med dem. Men at vi ringer til patienterne 2 dage før de skal enten til en undersøgelse eller en operation for at gennemgå deres medicinlister. Så der har vi jo telefonisk kontakt med patienten.

Interviewer: Ja og hvor i forbindelse med det, hvor vigtigt er det så for dig at blive respekteret og anerkendt, at de patienter, du som taler med til hver dag?

Farmakonom 2: Det er jo vigtigt, for det er jo ligesom svært at gennemgå medicinliste, hvis ikke man ligesom har en gensidig respekt. Og der er jo så nogle der jo så ikke gider at tale, og så kan man sige jamen kan man overhovedet bruge den anamnese eller noget til noget. Men det er jo så få, som ikke accepterer at vi ringer, og det står jo også i deres indkaldelsepapir. Selvfølgelig er det, der skal der være en gensidig respekt fordi. Det er jo selvfølgelig nok det der med at blive patienter, så det de er jo på den anden side. Det er dem, der er syge eller dem der måske er syge så de har jo en helt anden tilgang end vi har. Vores er jo ren, nu siger jeg ikke fabriksarbejde, men du ved, det er bare hvis jeg ringede til de her patienter gennemgår. Hvis i altså, det er jo meget mere. Ja. Man har jo nogle værktøjer til at kunne snakke med patienterne om hvordan og hvorledes, og nogle gange får altså det sker jo for os alle, så kommunikationen så fungerer det ikke og så. Det må jeg tage det som udgangspunkt.

Interviewer: Men overordnet set så føler du, at det er vigtigt, at der ligesom er den anerkendelse og respekt.

Farmakonom 2: Men altså man kan sige mange gange så aner patienten jo ikke hvad en farmakonom er. Eller hvis vi siger apoteket, de aner jo ikke der er et apotek på et sygehus, så på den måde så men så må vi. Vi siger bare at vi ringer fra afdelingen af. Og så kunne vi være hvem som helst. Vi kunne være læge. Vi kunne være sygeplejerske. Vi kunne være. Men altså nogle gange, så er det jo bare det der med at så, så har man ikke nødvendigvis behov for at skulle sige det, fordi de måske alligevel er unødigt viden for patienten.

Interviewer: OK. Ja. så du føler måske heller ikke behovet i forhold til din faggruppe, når du laver de her anamneser. Sådan?

Farmakonom 2: Jeg har ikke behov for at de skal vide hvem i er og at de skal vide hvad en farmakonom er. Det kan jeg sagtens overleve uden, fordi det er jo ikke relevant for samtalen.

Løn og arbejdstider

Interviewer: OK. Super. Og hvad med dit forhold til de strukturelle forhold på apoteket? Sådan noget som løn og arbejdstider, hvor vigtigt er det for dig i forhold til din jobtilfredshed?

Farmakonom 2: Altså for mig med små børn er det vigtigt med arbejdstiden, at de passer ind i familielivet. Det er jo også en del af grundene til at vælge sygehus, men også fordi jeg synes jeg man er mere faglig på et sygehus end man er ude på et apotek i primært sektoren, men det er jo en temperamentssag. Men lønnen har da selvfølgelig også noget at sige, men hvis man gerne vil tjene mange penge skulle nok have valgt et andet fag, men jeg synes da absolut det er fedt med det nye overenskomst, hvor vi får noget mere, så man føler at man er mere værd. For dem, der råber højest, fordi de er en stor personalegruppe, det er jo tit sygeplejerskerne. De har selvfølgelig også nogle skæve arbejdstider end vi har. Men mange ved jo ikke hvad en økonom er overhovedet, men det er dejligt at blive tilgodeset. Så selvfølgelig har det også noget at sige.

Bemanding

Interviewer: Ja og. Hvad med mængden af bemanning på apoteket og den tid der er til at udføre ens arbejdsopgaver. Sådan hvor vigtigt er det?

Farmakonom 2: Det synes jeg er vigtigt, men det er jo en balancegang, fordi selvfølgelig skal der være tid til at udføre opgaven. Da jeg startede for 10 år siden, der var der mange eftermiddage, hvor man sad og gloede ind i skærmen, fordi så havde man ligesom lavet sit job, fordi der var det mest medicinservice, der var ikke så meget klinisk farmaci. Nu kommer der mere og mere af det. Da jeg startede, der var det lidt fornemt at sige, at vi havde travlt i det på apoteket, fordi vi havde sgu altid tid til at gå på toilettet altid tid til frokost. Nu synes jeg nu begynder det at være sådan, at man siger okay, vi begynder at være presset, men det er jo også for antallet af opgaver der er. I hvert fald for os. Og de ligger alle sammen samtidig så i og med at vi jo ikke kører i treholdsskift. Og kun er der 8 til 15 så hvis vi nogen der er syge, så har vi ikke nogen. Vi kan ikke bare ringe til nogen der er i nattevagt eller et eller andet. Vi har kun dem vi er, og så må vi enten aflyse eller løbe det hurtigere, og det synes jeg vi gør meget for tiden. Løber hurtigt. Så man kan sige, men det er jo heller ikke sådan jeg skal heller ikke sidde og glo ind i en skærm hele eftermiddagen, men jeg synes der er mange opgaver som sådan bliver løst lidt. Selvfølgelig nogle dage er travlere end andre dage, men jeg synes vi har nok at se til.

Interviewer: OK, men du føler ikke det sådan er max presset.

Farmakonom 2: Men nej vi er ikke maks pressede, men det er jo selvfølgelig heller ikke. Altså ikke maks presset, men det er selvfølgelig heller ikke sådan at man skal løbe med en halv tunge ud af halsen altid. Jeg har ikke noget imod at løbe hurtigt en gang imellem, men ikke hele tiden. Jeg synes jeg kan godt lide den afveksling fordi ville også være ked af hvis jeg bare skulle sidde og glo på en skærm til sidst ikk. Når andre har rigtig travlt. Jeg tænker Det er den der fordeling af arbejdsopgaver at vi måske ikke har altså. Vi fik mange arbejdsopgaver under corona med at dispensere sådan noget, og Det er jo rigtig dejligt for afdeling, men det er jo ikke noget fagligt i. Jeg synes altså vi skulle ind i et andet sted. Vi skal jo ind på det vi kan. Det er jo noget med altså medicinen og lave medicingennemgang og afstemninger og så videre. Altså dispenserer, Det kan alle jo gøre. Groft sagt.

Arbejdsskema

Interviewer: Ja og hvad med den måde, jeres arbejdsskema er bygget op på i forhold til den stabilitet, der er i arbejdsskemaet og Sådan? Hvor vigtigt er det?

Farmakonom 2: Ja det er vigtigt. Jeg synes det er meget fint. Det kører meget fast.

Interviewer: OK, så Det er bare faste arbejdstider.

Farmakonom 2: Ja der bliver ikke rykket rundt på det, og man skal ikke møde ind forskelligt, ikke ved os. Vi er meget fast. Der er ikke så meget der.

Hvad er med til at øge din jobtilfredshed?

Interviewer: Super og hvis Der er et af de her områder, som vi lige har talt om der Sådan fylder mest for dig og er vigtigst for dig. Hvilke område er det så? Som du mener sådan det der ligesom gør det for dig i forhold til at øge jobtilfredsheden.

Farmakonom 2: Det er jo sådan lidt en kombi, kan man sige for det, så Det er selvfølgelig for mig i hvert fald meget det sociale. Men Det er jo selvfølgelig også arbejdsopgaverne. Og Jeg kan godt lide at have noget at se til. Så så man kan sige. Ja. Det er blanding af det sociale og så arbejdsopgaverne er i hvert fald det vigtigste for mig.

Interviewer: Altså typen af arbejdsopgaverne, altså det med fagligheden eller din arbejdsopgaver, at du får lov til at bruge din faglighed.

Farmakonom 2: Ja, Ja!

Interviewer: OK. Helt sikkert.