

Workforce sustainability and supporting positive practice in community pharmacy

An international report by the FIP Community Pharmacy Section

2023



Colophon

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Foreword

We are proud that, in 2018, FIP was present at the historic global conference in Astana, Kazakhstan, where we contributed to the Declaration of Astana on primary health care. The declaration, endorsed by heads of state and ministers, renewed political focus on primary health care and, on behalf of pharmacists around the world, FIP made a commitment to support the declaration with the ultimate aim of achieving universal health coverage. Building sustainable primary health care is one of the key pledges in the declaration, which stated that the success of primary health care would be driven by knowledge and capacity building, technology, financing and human resources for health.

At that time, we faced several challenges: global health threats such as antimicrobial resistance, HIV and air pollution, and an 18 million shortage of health workers by 2030 predicted by the World Health Organization. Then came the COVID-19 pandemic, an event that has disrupted the course of health care. We are still facing the repercussions of the pandemic, which has impacted progress in global health, delaying essential childhood vaccinations, hindering diagnosis of diseases and decreasing access to treatments. And we must address its toll on health workers.

It is highly significant that this report on workforce sustainability and supporting positive practice in community pharmacy, produced by FIP's Community Pharmacy Section, is being launched on the fifth anniversary of the Astana Declaration. There is no health without a health workforce, and we know that community pharmacists are an integral part of a modern primary healthcare system, performing pharmaceutical triage and providing pharmacy services for people with long-term conditions. Without pharmacists, our health systems and our communities would have fared much worse during the pandemic. The research by the Community Pharmacy Section, setting out the challenges that our community pharmacist workforce is facing, is extremely important. A stark finding is that 62% of survey respondents spoke of experiencing burnout or other mental health concerns related to their work as pharmacists. We must do all we can to address this serious issue.

Crucially, this report makes valuable recommendations for both policy and practice to support the mental health and well-being of pharmacists so that they can continue delivering high-quality care to patients. I am heartened that this work also found that a majority of pharmacists expressed a strong belief in the future of our profession and its potential. I, too, believe in a bright future for pharmacy, but we must act to ensure it. I thank all who have contributed to this report, which is of great value to the future of our profession. I look forward to working with our members and member organisations in using its content to protect and strengthen our pharmacy workforce.

Forward with pharmacy, forward with FIP.



Paul Sinclair
President
International Pharmaceutical Federation (FIP)

1 Introduction

1.1 Background

This global report has been produced by the FIP Community Pharmacy Section (CPS) and is the first of its kind. It gathers individual community pharmacist's experience of their day-to-day practice in their communities and their own outlook on their future practice and the sustainability of their profession. It is a build on the CPS Vision document for 2020–2025, which defines the unique skills and potential of community pharmacists around the world to sustain their current pivotal roles and contributions to their communities' health care but also to add more choice and access to primary health care for the communities they serve.

As a global representative body, the CPS is acutely aware of community pharmacists' essential roles in sustaining our healthcare systems even more through the COVID pandemic. The positivity to the role of the community pharmacist by people at a time when other healthcare practitioners' doors were closed to them was universal. This ability to do more for people has not gone unnoticed either at a community level or at a government and policy level, but it needs recognition and investment to be sustainable.

The CPS is acutely aware of the personal toll on community pharmacists who worked on the frontline of communities' health care relentlessly and tirelessly. This brought into focus the broader issue of the profession's capacity to sustain current services under pressure and, in turn, to rapidly undertake expanded services. The clear vision for the future of the profession links to the unique skills, choice and accessibility provided at the heart of every community by pharmacists. This report researches the enablers and barriers that exist to achieving positive practice environments and a sustainable profession that will not only continue to serve communities' health care needs but also continue to attract and maintain a dedicated and fulfilled workforce.

The [FIP CPS vision document](#) for 2020–2025 sets out a roadmap for the future of community pharmacy, setting priorities for actions that can be implemented at national, regional and local levels.¹ Importantly, the vision document signals the intention to optimise pharmacists' skills for the benefit of all people and communities. The vision document outlines several key areas that are essential for workforce sustainability alongside the mental health and well-being of community pharmacists. By recognising the value of pharmacists, expanding their role, providing comprehensive pharmaceutical care, promoting innovation and technology, and encouraging collaboration and teamwork, the document highlights that a sustainable workforce can provide quality care to patients while also promoting the mental well-being of providers, i.e., the pharmacists.¹

Several key international initiatives are making substantial progress towards supporting the sustainability of the community pharmacy workforce, including the FIP [Workforce Transformation Programme](#).² The programme is designed to assist countries in assessing their individual pharmacy workforce needs and priorities, support them to develop needs-based national workforce strategies and infrastructure, and provide co-created solutions, tools, mechanisms and resources for implementation.²

Workforce sustainability in health care is essential for achieving several of the United Nations Sustainable Development Goals (SDGs). The SDGs are a set of 17 global goals adopted by the United Nations General Assembly in 2015, with the aim of addressing various social, economic and environmental challenges facing the world.³ The 17 SDGs aims by 2030 to end poverty, protect the planet and ensure that all people enjoy peace and prosperity. One of the SDGs is "Good health and well-being" (SDG 3), which focuses on ensuring healthy lives and promoting well-being for all ages.³ To achieve this goal, it is essential to have a sustainable healthcare workforce that is sufficient in numbers, competent, well-trained and motivated to provide quality healthcare services to all people, on an equitable basis.⁴

In alignment with the SDGs, the International Pharmaceutical Federation (FIP) published the 21 [FIP Development Goals](#) (DGs) in 2020, which are a key resource for transforming the pharmacy profession.⁵ The goals align with FIP's mission to support global health through advancement of pharmaceutical sciences, practice and education. The FIP DG 21 (Sustainability in pharmacy) calls on the profession to have policies, regulations and strategies to ensure the sustainability of pharmacy practice. Mechanisms proposed to achieve sustainability include “engaging members of the workforce from all sectors in sustainability discussions” and “through appropriate remuneration models for pharmaceutical services”. Furthermore, FIP DG 13 (Policy development) highlights the need for “policies addressing pharmaceutical workforce welfare, well-being and safety in the workplace”.⁵

Concurrently, the World Health Professions Alliance (WHPA), of which FIP is a founding member, and the World Health Organization (WHO) have released a report that highlights the physical and psychological damage faced by healthcare professionals during the COVID-19 pandemic.⁶ The report concludes that health systems failed to protect healthcare workers, leaving them feeling undervalued and without support or security. The report calls for greater involvement of healthcare professionals in rebuilding healthcare systems after the pandemic and for healthcare workers to have a greater say in high-level planning and decision making. It also calls for concerted efforts to protect healthcare workers from violence, improve mental health and psychosocial support, and address vaccination hesitancy and rejection. The report is based on evidence from the WHPA's five members (FIP-led), that together represent 41 million healthcare professionals.⁶

1.1.1 Evolving economic, professional practice and workplace pressures

Meeting the growing demands on health systems is having a significant impact on the well-being of all health professionals. Community pharmacists and pharmacies continued to play a pivotal role in the COVID pandemic, which has placed increased workload pressure and subsequent effects on the well-being of pharmacists worldwide. At the same time, the changing roles and evolving scope of pharmacists may also be exerting additional role stress in the workplace. Pressures on the supply chain of medicinal products and pharmacy staff shortages, among other factors, are also contributing to a more difficult and complex professional practice. The evolving economic, professional practice and workplace pressures need to be addressed. It is critical for all community pharmacy workplaces to be supported with evidence-based strategies that can be adapted to foster positive mental health and well-being.

The pharmacy workforce faces several challenges, including but not limited to:

- **Shortages of pharmacists:** Many countries are experiencing a shortage of practising pharmacists, which can lead to increased workloads and decreased quality of care. This shortage can be related to a lack of educational opportunities and low salaries.⁷
- **Rapidly changing health landscape:** The healthcare industry is rapidly changing due to advances in technology, increased demand for services and changes in reimbursement policies. Pharmacists need to adapt to these changes and stay current with the latest advances in their practice.⁸
- **Burnout and stress:** The workload and evolving responsibilities of pharmacists can be demanding and stressful, which can lead to burnout and decreased job satisfaction.⁹
- **Limited scope of practice:** In some countries, the scope of practice of pharmacists is limited, which can restrict their ability to provide comprehensive healthcare services. This may also limit their job satisfaction and career opportunities.
- **Lack of recognition:** Pharmacists may not always receive the recognition they wish for their contributions to healthcare. This can lead to a lack of motivation and job satisfaction.¹⁰
- **Pharmacist role expectations:** Changes in university curricula in some countries have changed the expectations of newly graduating pharmacists to an expanded role with a greater emphasis on new practices and increased patient orientation. However, the reality in practice might be quite different. This can lead in some jurisdictions to a significant level of dissatisfaction, when comparing their education to practice in different settings.

- **Increased workload:** Community pharmacists may be responsible for filling a high volume of prescriptions and providing a wide range of services to patients. Business efficiencies and the need for higher productivity might increase the pressure on pharmacists. This can lead to long work hours, high workloads and limited time for breaks or rest.¹¹
- **Lack of support staff:** Community pharmacists may work in understaffed pharmacies or may not have access to sufficient support staff, such as pharmacy technicians or assistants. This can increase workload and attention to low value tasks, and limit the ability to provide quality care.
- **Increasing patient demands:** Community pharmacists may face high levels of demand from patients who expect immediate and personalised attention. This can be stressful and overwhelming, especially if there are limited resources or support staff available. The lack of convenient access from patients and pharmacists to prescribers might leave patients unsatisfied when needing a solution that is outside the pharmacist's legal capacity.
- **Regulatory burden:** Community pharmacists must comply with various regulations and documentation requirements, which can be time-consuming, antiquated and stressful. These regulations are not always understood by other healthcare professionals, clients or patients, who put pressure on pharmacy staff to try to meet their demands.
- **Financial pressures:** Due to the competitive nature of reimbursement models, community pharmacists may face financial pressures and business-related objectives not felt by other health care professionals.¹² These pressures can be stressful and impact job satisfaction.
- **Medicines and health products shortages:** Temporary medicine unavailability has become "the new normal" or "business as usual", even in high income countries. With the COVID-19 pandemic, this phenomenon became more commonplace as shortages of essential medicines and other basic products such as masks, thermometers, hand sanitiser etc. increased, affecting patients and normal supply of medicines and health products in pharmacies, adding more burden to pharmacists and their teams.¹³

All these factors have led to community pharmacists having to face a range of role stressors that can impact their job satisfaction, mental health and overall well-being, as well as workforce retention.

1.1.2 An overview of the published evidence

In recent years there has been an increased interest in research into workplace pressures and the mental health and well-being of pharmacists, reflecting community pharmacists' increased exposure to high levels of stress and demands in their daily work. There have been several studies published examining the impact of workplace stress on the pharmacy workforce in community pharmacy. The negative impact of workplace stress on pharmacists' mental health and well-being has been well documented, and includes increased risk of burnout, depression and anxiety. The mental health and well-being of pharmacists working in community pharmacy settings is an increasingly important issue.

National pharmacy professional organisations have been at the forefront of this research. In Great Britain, the Workforce and Wellbeing Survey 2022¹⁴ conducted by the Royal Pharmaceutical Society aimed to gather data on the workforce and well-being of pharmacists across GB (England, Scotland and Wales). The results of the survey indicate that pharmacists in GB are facing a significant workload burden, with many reporting long working hours, excessive workload demands, and high levels of stress and burnout. The survey also highlighted the impact of the COVID-19 pandemic on pharmacists, with many reporting increased stress and workload due to the pandemic. The survey identified 73% of pharmacists have considered leaving their role or leaving the profession, while 88% of pharmacists were at high risk of burnout. The survey highlighted the need for greater support for pharmacists, including improved staffing levels, better access to training and development opportunities, and more support for mental health and well-being.¹⁴

In Ireland, the Irish Pharmacy Union published a report titled "Perspectives of community pharmacy" in 2019, which provides insights into the community pharmacy sector in Ireland.¹⁵ The report is based on a survey of community

pharmacists and pharmacy owners, as well as interviews with key stakeholders. The report highlights the important role that community pharmacies play in the healthcare system, with pharmacists being seen as accessible and trusted healthcare professionals by the public. However, the report also identifies several challenges facing the sector, including increasing workload pressures, a shortage of pharmacists and a lack of recognition of the value of community pharmacy by other healthcare providers. The report discussed the potential for community pharmacies to expand their role in providing healthcare services, through the provision of vaccinations and point-of-care testing. However, the report notes that this would require additional funding and support from the government.¹⁵

The Canadian Pharmacy Mental Health and Workforce Wellness Survey by the Canadian Pharmacists Association in 2022 investigated the state of mental health and workforce wellness within the profession.¹⁶ The survey data highlight concerning findings on the health of Canada's pharmacy workforce, with one in five considering their mental health and well-being to be good or very good, and 92% at risk of burnout. Additionally, 48% of pharmacy professionals reported experiencing abuse or harassment from patients at least weekly, and inadequate staffing was reported to have a severe negative impact on the mental health and well-being of 52% of respondents. Finally, 72% of respondents considered leaving their position or the pharmacy profession entirely during the pandemic due to the impact of work on their mental health and well-being.¹⁶

University researchers have also been active in research in this area. Tobia *et al* examined the stress levels of community pharmacists during the COVID-19 pandemic in Italy.¹⁷ The results showed a significant increase in perceived stress levels among pharmacists during the pandemic, with high levels of emotional exhaustion, fear and risk perception reported. The authors suggest that comprehensive support should be provided to protect the well-being of pharmacists who provide an essential service during the pandemic.¹⁷

Balayssac *et al* investigated the level of work-related stress in French community pharmacies and its associated comorbidities and causes.¹⁸ The survey was sent to all French community pharmacies and collected data on socio-demographic factors, professional status, work-related stress, fatigue, sleep disturbances, anxiety and depression symptoms, medical consultations, medicines use, psychoactive drug use and causes of work-related stress. Work-related stress was detected in 32.8% of participants and was significantly associated with several comorbidities, such as anxiety, depression and sleep disturbances. Three causes of stress were identified: workload, working atmosphere and deterioration of work quality. Causes of work-related stress differed among professionals. The study recommends developing individual and organisational stress management in French community pharmacies.¹⁸

Chapman *et al* report on a national survey of the Australian pharmacy workforce to determine the extent of work-related stress, how it is managed, barriers to getting help, and preparedness for stressful situations.¹⁹ The survey revealed high levels of stress, particularly among those under 30 years of age and those with 10 years or less in the pharmacy workforce. Just under half of the respondents reported dissatisfaction with their work-life balance. The study suggests the need for interventions to reduce the occurrence of work-related stress and recommends repeating the survey to determine changes.¹⁹

A cross-sectional study was conducted by Alameddine *et al* to assess the level of resilience and its relationship to burnout, job satisfaction, intention to quit and changes in practice among community pharmacists in Lebanon during the COVID-19 pandemic and economic crisis.²⁰ The study found that community pharmacists had a relatively low level of resilience and high burnout levels. It also found that more than half of pharmacists were dissatisfied with their job and had an intention to quit in the coming year. The study highlights the need for effective interventions to enhance the well-being and job satisfaction of pharmacists during public health crises.²⁰

A study by Al Kudsi *et al* aimed to assess burnout, resilience, and levels of depression, anxiety, stress and fear among community pharmacists in Qatar during the COVID-19 pandemic.²¹ The study found that pharmacists experienced moderate burnout and moderate resilience, with depression, anxiety and stress reported by a high percentage of participants. The authors suggested that interventions at personal, national and organisational levels are necessary to

enhance the well-being of pharmacists and prevent burnout, including decreasing stress, and improving self-efficacy and resilience.²¹

A study by Yong *et al* aimed to explore the factors affecting Australian community pharmacists in providing cognitive pharmacy services (CPS).²² The study found that supportive pharmacy environments enabled pharmacists to provide CPS, which increased workplace and career embeddedness, while workplace culture at odds with professional pharmacist values resulted in job dissatisfaction and staff turnover.²²

A survey of registered pharmacists in New Zealand²³ found that many pharmacists were dissatisfied with their working conditions and experienced high levels of psychological distress. Factors contributing to job dissatisfaction included working longer hours and processing more prescriptions per day. The study also found that more pharmacists in New Zealand perceived their work environment to be conducive to safe and effective primary care. Overall, job satisfaction and psychological distress levels among pharmacists in New Zealand have not improved in the past two decades.²³

A 2022 systematic review by Dee *et al*, involving 11,306 pharmacists across Australia, Canada, Italy, Japan, Lebanon, Portugal, Singapore and USA, found that more than half (51%) of pharmacists were experiencing burnout.²⁴ Risk factors for burnout included longer working hours, less professional experience, high patient and prescription volumes, excessive workload, and poor work/life balance. The COVID-19 pandemic has negatively impacted pharmacist burnout and resilience. There is a need to identify and evaluate effective individual and organisational burnout interventions.²⁴

In overview, these publications demonstrate the importance of addressing workplace pressures to promote the mental health and well-being of pharmacists in community pharmacy settings. The findings of these studies also highlight the need for further research to better understand the complex relationships between workplace pressures and pharmacists' mental health and well-being, and to develop effective interventions and policies to support pharmacists in their daily work.

1.1.3 Possible solutions to address the economic, professional practice and workplace pressures

To address the challenges faced by pharmacists in community pharmacy settings, various strategies have been proposed and implemented to promote a positive workplace culture, provide support for mental health and well-being, and mitigate the negative impact of workplace stress on pharmacists.²¹ These policies and solutions may be implemented at different levels, including organisational, national and international levels.

At the international level, organisations such as the WHO have recognised the importance of promoting the mental health and well-being of healthcare workers, including pharmacists.²⁵ The WHO has developed guidelines and recommendations for healthcare organisations to promote mental health and well-being in the workplace, including strategies such as promoting a positive work environment, providing support for stress management and resilience-building, and providing access to mental health services. The WHO also recommends that healthcare organisations provide resources and support to help staff manage their workload and stress levels, such as access to mental health services, counselling and support groups, as well as resources to promote stress management and resilience-building.²⁶

At the national level, policy changes can also be implemented to address workplace pressures and support pharmacists' mental health and well-being. For example, some countries have implemented legislation to regulate the maximum working hours for pharmacists, to prevent excessive workload and burnout. Other countries have implemented policies to promote workplace flexibility, including part-time work and job sharing, to support work-life balance for pharmacists. In addition to policy changes, various solutions have also been proposed to address workplace pressures and support pharmacists' mental health and wellbeing. These include providing training and development opportunities to enhance pharmacists' skills and competencies, implementing workload management strategies such as task delegation and staffing levels, mandatory working breaks, and providing resources to support stress management and resilience-building. Strategies such as promoting a positive workplace culture, providing workplace flexibility, managing workload,

promoting workplace resources, and providing workplace interventions may help to mitigate the negative impact of workplace stress on pharmacists' mental health and well-being.

There are also several practical strategies that community pharmacies can implement to support the mental health and well-being of their staff. For example, community pharmacies can provide regular staff training and development opportunities to help staff develop new skills and enhance their competencies. They can also implement task delegation and staffing level strategies to reduce workload pressure on individual staff members. In addition, community pharmacies can provide resources and support to help staff manage their stress levels, such as promoting work-life balance and providing access to mental health services. There are several evidence-based interventions that have been shown to be effective in reducing burnout in healthcare professionals. One such intervention is the use of mindfulness-based practices. A systematic review by Luken and Sammons found evidence that mindfulness practices effectively reduced job burnout in healthcare professionals.²⁷

In conclusion, national and international policies and initiatives, as well as practical strategies at the community pharmacy level, can all play a critical role in supporting the mental health and well-being of pharmacists. It is important for healthcare organisations, policymakers, and community pharmacy leaders and professional pharmacy organisations to work together to create a supportive and positive work environment that prioritises the mental health and well-being of pharmacists and supports them in their role as healthcare professionals. Further research is needed to evaluate the effectiveness of different policies and solutions, and to develop evidence-based interventions to support the mental health and well-being of pharmacists in their daily work.

To collate data at an international level, the FIP Community Pharmacy Section commissioned a study with the overarching aim to gather global data on the community pharmacy workforce sustainability and to identify workplace enablers and barriers to support positive practice. There is a specific focus on how professional and practice environments may impact on mental health and well-being of pharmacists. These data could then be used by the member organisations to inform and develop their own country strategic policies and approaches. In addition, this approach can be adopted by other sectors across the profession.

2 Research design

2.1 Research phases

Three phases of research using a mixed methods approach was undertaken:

1. Narrative literature review

- **Objective:** To undertake an in-depth review of the literature.
- **Outcome:** Inform a series of townhalls and a global survey.

2. Qualitative townhalls

- **Objective:** To conduct a series of townhalls to explore the issues pharmacists feel in the workplace and their views on strategies to best support the pharmaceutical workforce and what is needed to advance/take the profession forward in this area.
- **Outcome:** Inform the development of a global survey.

3. Quantitative global survey

- **Objective:** To conduct a global survey to explore how community pharmacy can be better supported through the generation of policy decisions and practical solutions to resolve role stressors in community pharmacy.
- **Outcome:** Inform recommendations on possible policy and strategies for consideration by national member organisations to promote and support professional sustainability and positive practice.

The focus of this report will be the findings from the global survey (Objective 3).

3 Global survey

3.1 Objectives

The specific objectives were to:

- a) Identify the professional practice and workplace enablers and barriers that may impact on mental health and well-being of pharmacists;
- b) Identify policies and programmes targeted in addressing aim (a);
- c) Determine the effectiveness of policies and programmes at the community pharmacy level, in supporting positive practice and the mental health and well-being of pharmacists;
- d) To make recommendations on possible policy and strategies for consideration by national organisations to promote and support professional sustainability and positive practice.
- e) To enable the FIP Community Pharmacy Section to curate a global repository for this survey outcomes and data. This will enable community pharmacists, locally, regionally and globally to share and learn from each other's continuing professional development in positive practice.

3.2 Methods

This FIP CPS survey was conducted in August 2023.

3.2.1 Design of the survey questionnaire

The survey was created using the online survey platform REDCap and was administered in English. The design process unfolded in the following steps:

- A narrative review of the published international surveys previously applied in Ireland, Canada and England was undertaken and providing the template for the study's draft survey.
- The draft survey underwent a thorough evaluation by members of the FIP CPS. This group brought together a breadth of international experience from various regions.
- Three countries were selected, each with five to 10 respondents, to pilot test the survey for clarity and ease of completion.
- Once finalised, the survey was distributed as outlined in the population and sampling section.

The survey instrument (Appendix 1), were categorized into five main sections:

- i. The demographics section includes questions on gender, age, primary area of practice, year of practice and country.
- ii. The professional and workplace pressures section includes questions about workload, job demands, job resources, workplace culture and work-life balance.
- iii. Impact on mental health and well-being of community pharmacists.
- iv. Policies and initiatives to address workplace pressures and mental health and well-being of community pharmacists.
- v. Effectiveness of practical strategies at the community pharmacy level, in supporting the mental health and well-being of pharmacists.

3.2.2 Population and sampling

The survey was distributed through two primary channels:

- i. It was initially shared via email with FIP's national member organisations that expressed interest in forwarding it to their members.
- ii. FIP centrally disseminated the survey to its individual members and pharmacists through various means, including direct emails, newsletters and social media platforms.

Each distribution method was accompanied by a letter that invited recipients to participate in the survey and included a link to access the online survey platform. A follow up email to individual FIP members was sent 20 days after the initial distribution. Similarly, reminders were sent to national member organisations, urging them to prompt their members to complete a follow up survey.

3.2.3 Data analysis and management

The process of data analysis was carried out using the statistical software, SPSS, and Microsoft Excel. This involved examination of the data, encompassing both descriptive statistics and a qualitative analysis of the open-ended questions. Regarding data management, data will be retained for five years (minimum) from completion of the research and managed/stored in accordance with University of Newcastle's Research Data and Primary Materials Management Procedure.

3.2.4 Ethics

Ethics approval was obtained from The University of Newcastle, Australia on 23 June 2023 (H-2023-0180).

3.2.5 Limitations

Despite efforts to ensure the survey items could accommodate the complexity and diversity of the existing international pharmacy models, it may have been difficult for some individuals to reflect their country's situation through the options available in the survey. Despite efforts to ensure the accuracy of the data, FIP and the CPS cannot be held responsible for inaccurate data that may have been submitted by respondents. Due to the nature of the survey, and the lack of databases to compare the sample to the population, the representativeness of the respondents cannot be verified.

3.3 Results

Completed responses were received from 768 participants. Table 1 provides an overview of the responses received from each WHO region. Primarily, most of the respondents were based in European countries (n=386; 50.3%), followed by countries in the Region of the Americas (n=120; 15.6%) and the Western Pacific (n=113; 14.7%) regions.

3.3.1 Respondent characteristics

Table 1. Sample distribution per WHO region covered by the study

WHO Region	Responses (n=768)	Percentage of sample (%)
	768	100%
African	73	9.5
Eastern Mediterranean	26	3.4
European	386	50.3
Region of the Americas	120	15.6
South-East Asian	50	6.5
Western Pacific	113	14.7

The survey results revealed a diverse representation of gender among respondents (Table 2). The majority identified as female (including trans women), constituting 56.1% of the total sample, while the male category (including trans men) accounted for 40.9%. A smaller proportion identified as non-binary (0.8%), and an additional 0.9% fell into the "Other" category.

Table 2. Gender of respondents

Gender	Responses (n=768)	Percentage of sample (%)
	768	100%
Female (including trans women)	431	56.1
Male (including trans men)	314	40.9
Non-binary	6	0.8
Other	7	0.9
Prefer not to say	10	1.3

The survey results indicate a diverse age distribution among the respondents (Table 3). The largest age group falls within the range of 35–44 years, constituting 24.7% of the total sample. The 45–54 years age group accounted for 26.3% of respondents. Additionally, the 55–64 years category represented 19.3% of the sample, while the 25–34 years and 65

years or older groups constituted 21.9% and 5.3%, respectively. A smaller proportion of respondents, 2.1%, belonged to the 18–24 years age group. A small number of respondents (0.4%) chose not to disclose their age preference.

Table 3. Age of respondents

Age	Responses (n=768)	Percentage of sample (%)
	768	100%
18–24 years	16	2.1
25–34 years	168	21.9
35–44 years	190	24.7
45–54 years	202	26.3
55–64 years	148	19.3
65 years or older	41	5.3
Prefer not to say	3	0.4

The majority, comprising 82.4% of the total sample, identified themselves as being affiliated with privately owned community pharmacies, 8.3% of respondents indicated their association with publicly owned community pharmacies, and 9.2% of participants reported engaging in roles related to community pharmacy practice encompassing academia and research (Table 4).

Table 4. Type of community pharmacy practice

Type of community pharmacy practice	Responses (n=768)	Percentage of sample (%)
	768	100%
Community pharmacy (privately owned)	633	82.4
Community pharmacy (publicly owned)	64	8.3
Other role related to the practice of community pharmacy	71	9.2

The survey results indicate the spread of current positions held by the respondents within community pharmacy (Table 5). The majority, comprising 43% of the total sample, reported being employee pharmacists. Furthermore, 41.3% identified as owner or owner/manager, indicating a significant proportion of respondents actively involved in the management of pharmacy establishments. A smaller percentage, 7.3%, identified as self-employed pharmacists, which includes those engaged in locum or relief work. Additionally, 1.4% were pharmacy interns/provisional pharmacists, while 0.4% were students. The median hours worked per week by these Individuals was 40 hours.

Table 5. Current position

Current position	Responses (n=768)	Percentage of sample (%)
	768	100%
Owner	131	17.1
Owner/manager	186	24.2
Employee pharmacist	330	43
Self-employed pharmacist (including locum/relief)	56	7.3
Pharmacy intern/provisional pharmacist	11	1.4
Student	3	0.4
Other	24	3.1
Missing	27	3.5

The data reveal a broad spectrum of experience levels (Table 6), with 21.6%, reported having between 11–19 years of experience. Similarly, 23.6% of respondents had accumulated more than 20–29 years of experience, 16.9%, reported having between 30–39 years of experience, 12.9% had between 6–10 years of experience, while 11.6% fell within the 2–

5 years category. A smaller percentage, 4.3%, had less than 2 years of experience, and 4.9% had between 40-49 years of experience.

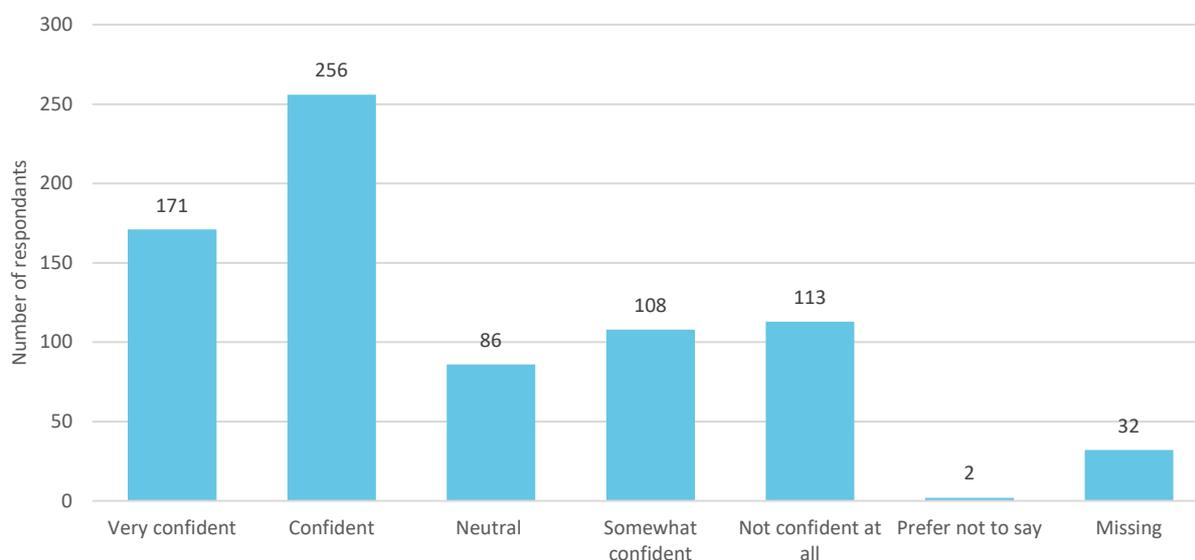
Table 6. Stage of career - Years of experience

Stage of career	Responses (n=768)	Percentage of sample (%)
	768	100%
Less than 2 years	33	4.3
2–5 years	89	11.6
6–10 years	99	12.9
11–19 years	166	21.6
20–29 years	181	23.6
30–39 years	130	16.9
40–49 years	38	4.9
50 years or more	5	0.7
Missing	27	3.5

3.3.2 Views on the future sustainability of community pharmacy

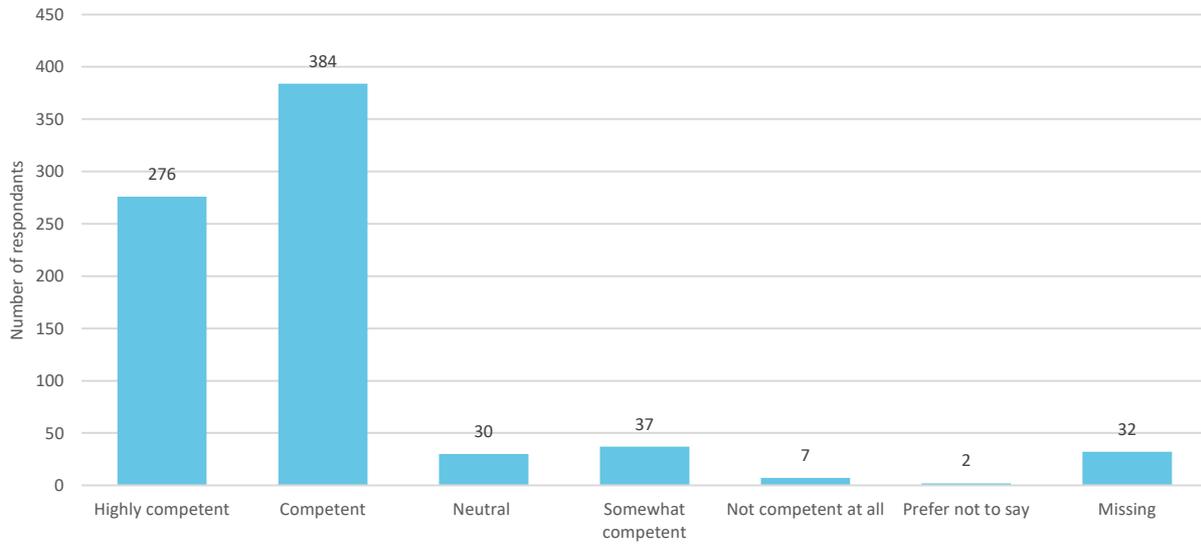
A significant proportion, 55.6%, expressed being “very confident” or “confident” in the future of community pharmacy, indicating a strong belief in its role and potential. On the other hand, 14.1% indicated being “somewhat confident”, while 11.2% expressed a “neutral” stance, suggesting a level of uncertainty or ambivalence, and 14.7%, reported being “not confident at all”, signifying concerns or reservations about the future of community pharmacy. These diverse views underscore the complex landscape and discussions surrounding the role of community pharmacy in the healthcare ecosystem (Figure 1).

Figure 1: Confidence levels on the future of community pharmacy (n=768)



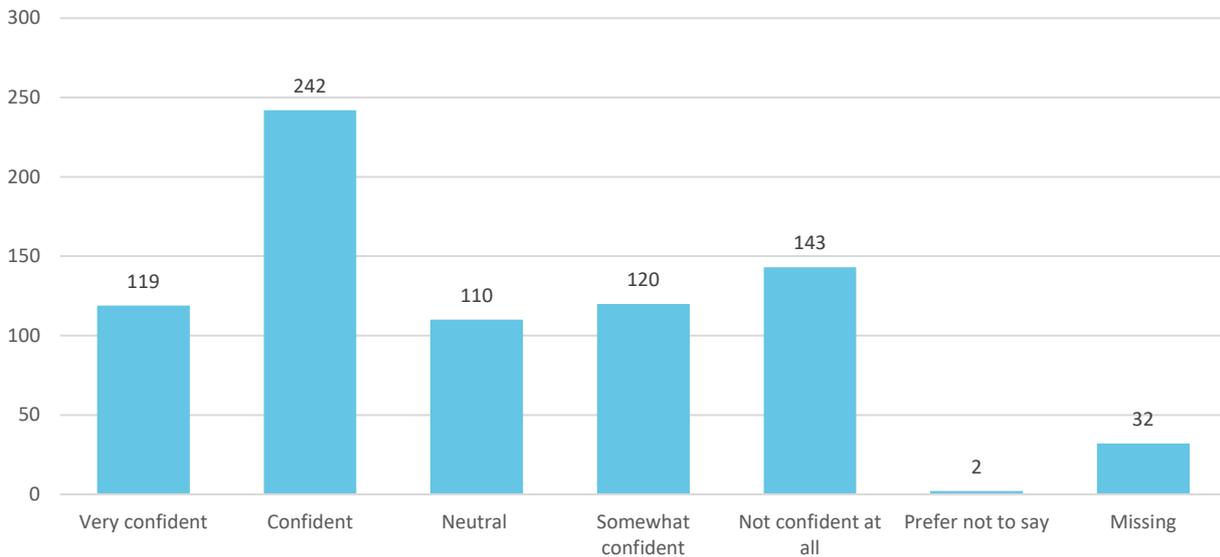
A significant majority, 85.9%, expressed a high degree of confidence in their competence, categorising themselves as “highly competent” or “competent”. A smaller percentage, 4.8%, indicated being “somewhat competent”, while 3.9% remained “neutral” about their competence level, possibly reflecting a degree of self-assessment ambiguity. A very small fraction, 0.9%, admitted to feeling “not competent at all” (Figure 2).

Figure 2: Self-reported level of competence to practise the profession (n=768)



A diverse range of sentiments emerged, illustrating the complexity of this topic. Overall, 15.5% expressed a high level of confidence, categorising themselves as “very confident” in the future sustainability of community pharmacy, and 31.5% of respondents reported feeling “confident”, further emphasising a positive outlook. By contrast, 18.6% indicated being “not confident at all”, signifying concerns, 15.6% expressed being “somewhat confident”, while 14.3% adopted a “neutral” stance, reflecting a range of perspectives from optimism to uncertainty (Figure 3).

Figure 3: Level of confidence on the future sustainability of community pharmacy

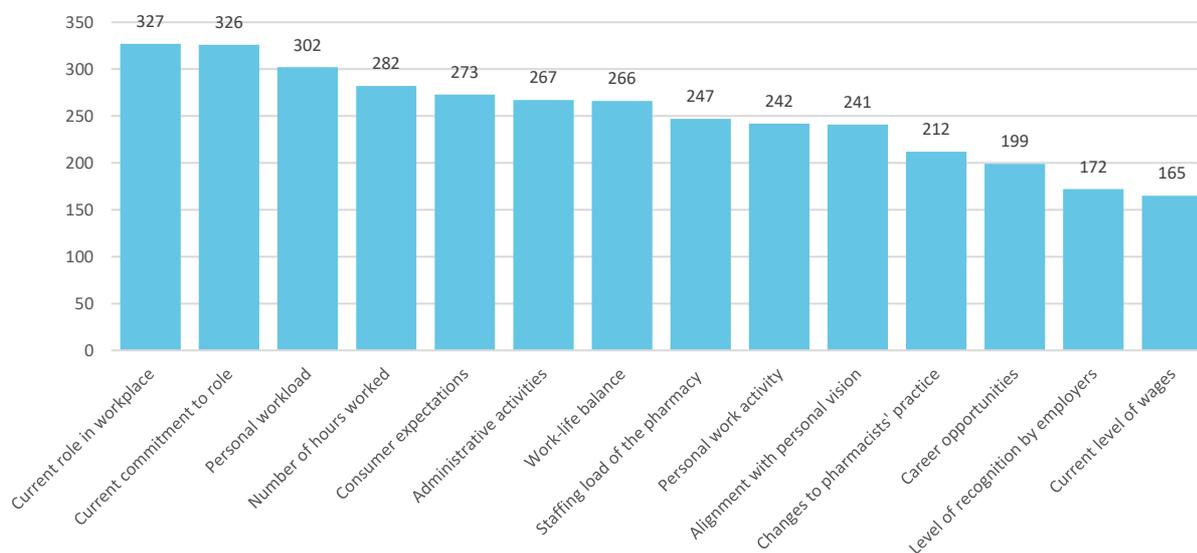


3.3.3 Professional and workplace pressures

The survey results highlight the impact in varying degrees of various work environment factors on workplace pressure experienced by respondents (Figure 4). Several key factors were having a “large effect” impact on pharmacists’ workplace pressure. A substantial 42.6% of respondents indicated that their current role within the workplace had a significant influence on the level of workplace pressure and, similarly, 42.4% reported that their current commitment to their role had a substantial impact on workplace pressure. A substantial 39.3% recognised the substantial influence of personal workload on workplace pressure, while 34.6% emphasised that work-life balance played a significant role in

determining workplace pressure. Nearly one-third (32.2%) of respondents emphasised the impact of staffing load within the pharmacy on their workplace pressure.

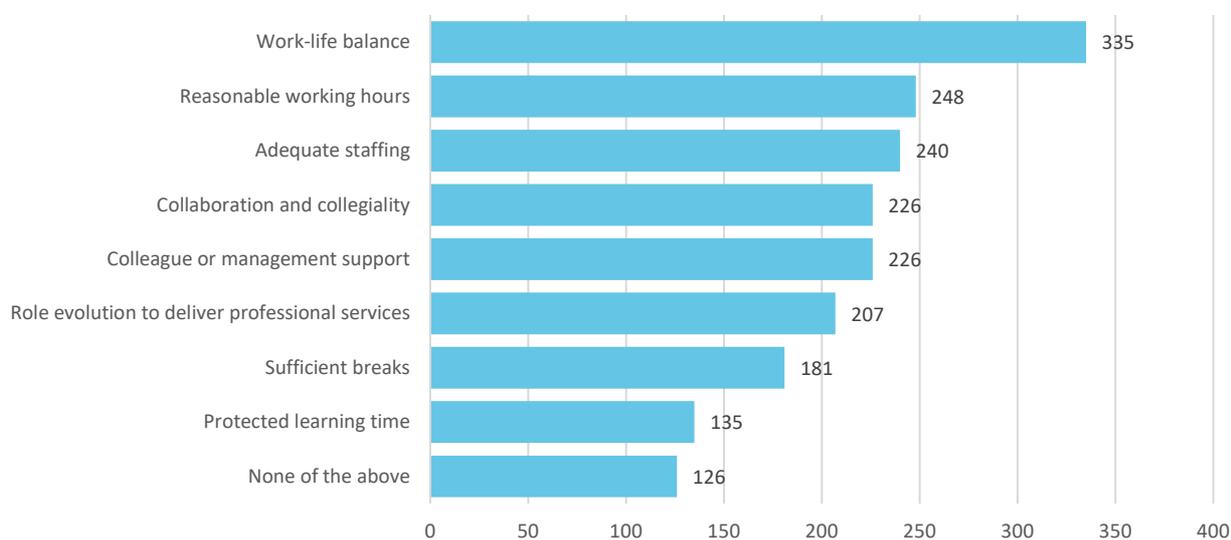
Figure 4: Work related factors and impact on pharmacists' workplace pressure



3.3.4 Impact on mental health and wellbeing of community pharmacists

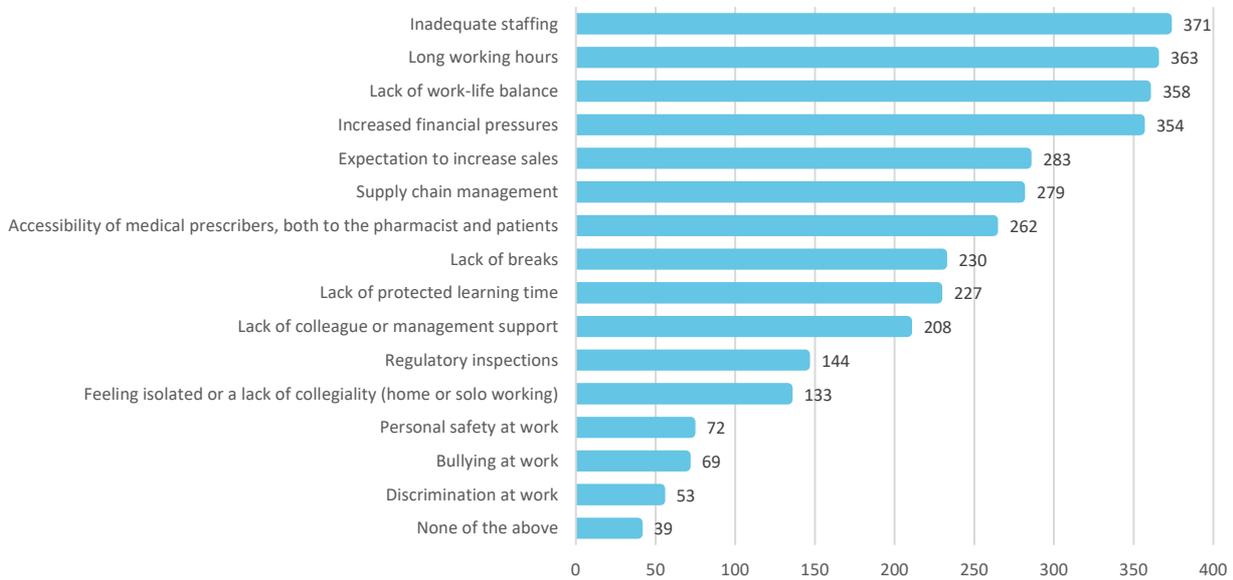
Respondents indicated several factors as contributing positively to their mental health and wellbeing (Figure 5). The majority, at 43.6%, indicated that achieving a healthy work-life balance had a significant positive impact on their mental health and well-being. Approximately 31.3% of respondents emphasised the importance of having adequate staffing levels, and 32.3% highlighted the significance of reasonable working hours. Nearly a quarter, at 23.6%, recognised the positive impact of having sufficient breaks during their workday. Approximately 29.4% acknowledged the positive influence of support from colleagues or management on their mental health and well-being. Likewise, 29.4% identified collaboration and collegiality as factors contributing positively to their mental health and well-being, and 27% reported that the evolution of their role to deliver professional services had a positive impact on their mental health and well-being. While somewhat less prominent, 17.6% indicated that having protected learning time was beneficial to their mental health and well-being.

Figure 5: Factors with positive impact on pharmacists' mental health and wellbeing



A significant majority, at 48.3%, highlighted the negative impact of insufficient staffing levels on their mental health and well-being (Figure 6). Approximately 47.3% of respondents emphasised the adverse effects of long working hours on their mental health, while 46.6% of respondents reported that a lack of work-life balance and 46.1% reported increased financial pressures were a major factor affecting their mental health negatively.

Figure 6: Factors with negative impact on pharmacists’ mental health and wellbeing



Approximately 15.2% of respondents described their mental health and well-being as “very good” (Figure 7). The majority, at 33.1%, reported that their mental health and well-being were in a “good” state. A significant 27% characterised their mental health and well-being as “average”. About 16.4% of respondents indicated that their mental health and well-being were “poor” and 4.4%, reported their mental health and well-being as “very poor”.

Figure 7: Pharmacists’ overall mental health and well-being

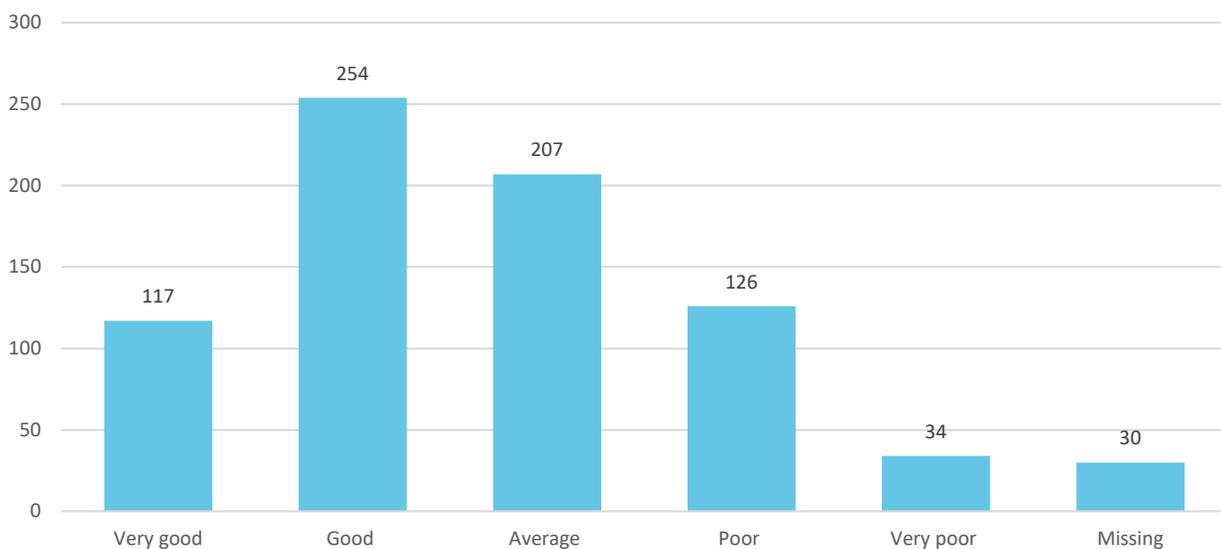


Figure 8 presents the results pertaining to burnout and other mental health concerns related to work within the pharmacy profession, as reported by survey respondents. Out of the 768 survey participants, a significant majority of 62% (n=476) acknowledged experiencing burnout or other mental health concerns related to their work as a pharmacist.

On the other hand, 23.4% of respondents (n=180) reported not experiencing burnout or mental health concerns in relation to their work as pharmacists.

Figure 8: Burnout or other mental health concerns related to work as a pharmacist

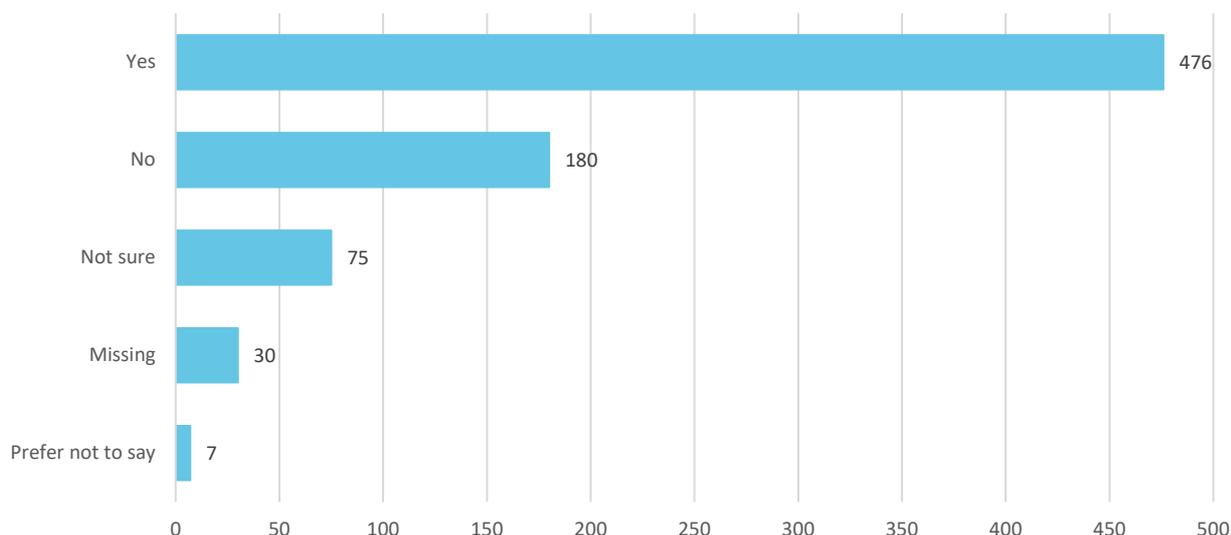
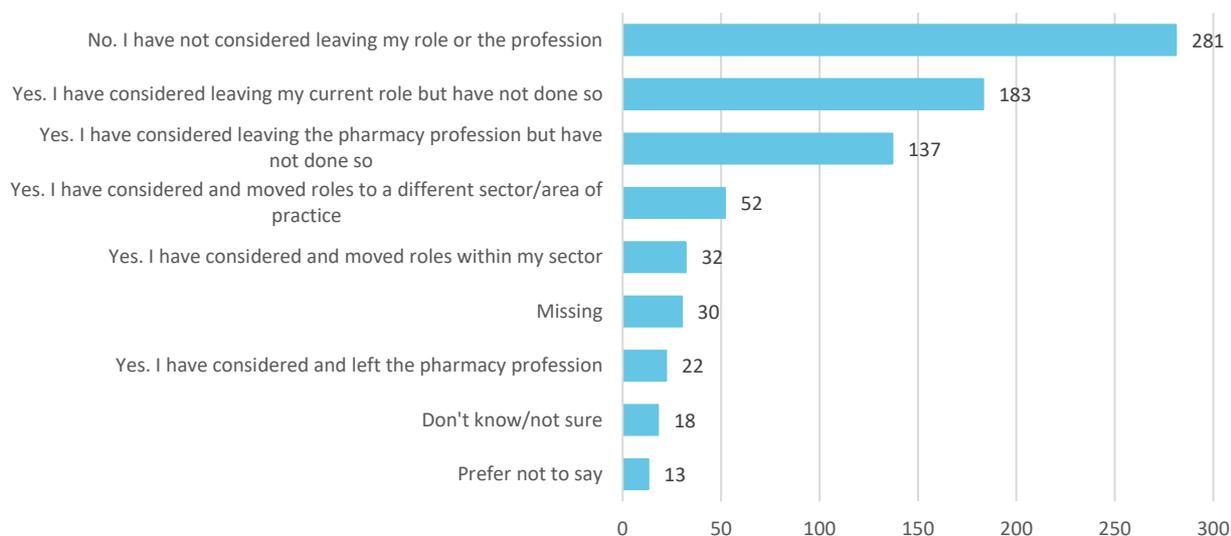


Figure 9 presents the survey results regarding the impact of work as a pharmacist on respondents’ considerations of leaving their current role or the pharmacy profession. Out of the 768 survey participants, 36.6% (n=281) had not considered leaving their current role or the profession. Conversely, 23.8% (n=183) reported that they had considered leaving their current role but had not acted. Furthermore, 17.8% (n=137) revealed that they had contemplated leaving the pharmacy profession altogether.

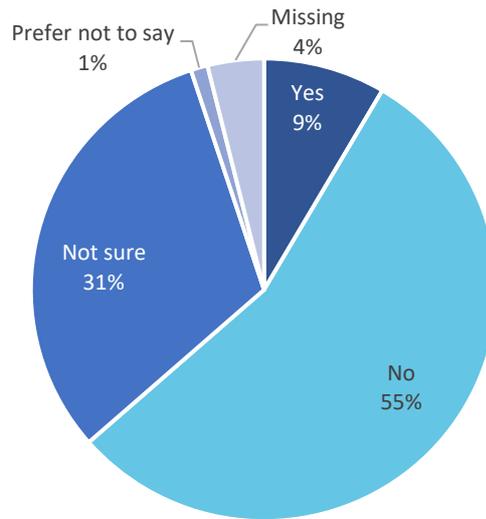
Figure 9: Considerations of leaving current role or the pharmacy profession



3.3.5 Policies or formal programmes aimed at addressing workplace pressures in community pharmacy

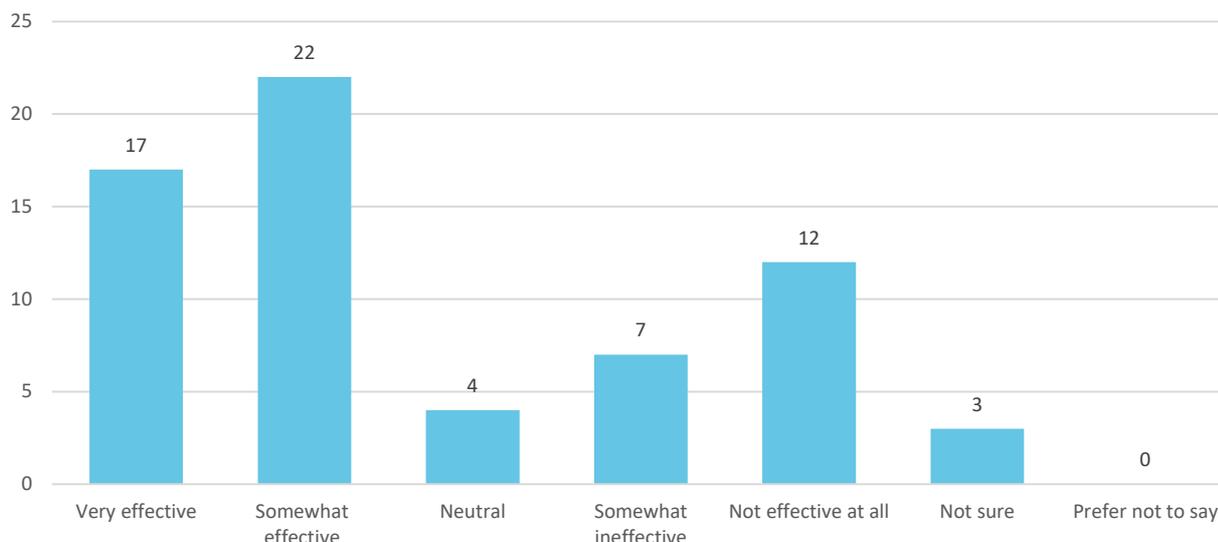
Most respondents (55.1%, n=423) reported that their regions do not have policies or programmes in place to address workplace pressures in community pharmacy (Figure 10). This finding suggests that a significant portion of respondents may not have access to formal measures tailored to address workplace pressures within their community pharmacy settings. In contrast, only 8.5% (n=65) indicated that their regions have policies or formal programmes in place specifically designed to address workplace pressures in community pharmacy.

Figure 10: Policies or formal programmes aimed at addressing workplace pressures in community pharmacy



Out of the 65 survey participants who indicated there was a policy or formal programme available in their region to address workplace pressures in community pharmacy, 17 (26.2%) also provided feedback on the effectiveness of these policies and initiatives, expressing that the policies and initiatives in place to address workplace pressures in community pharmacy were “very effective” (Figure 11). A significant portion, representing 33.8% of respondents (n=22), considered the policies and initiatives to be “somewhat effective”. A significant 29.3% of participants (n=19) believed that the policies and initiatives are “somewhat ineffective” or “not effective at all”. This group perceives these measures as having little to no impact in mitigating workplace pressures.

Figure 11: Effectiveness of policies or formal programmes aimed at addressing workplace pressures in community pharmacy (n=65)

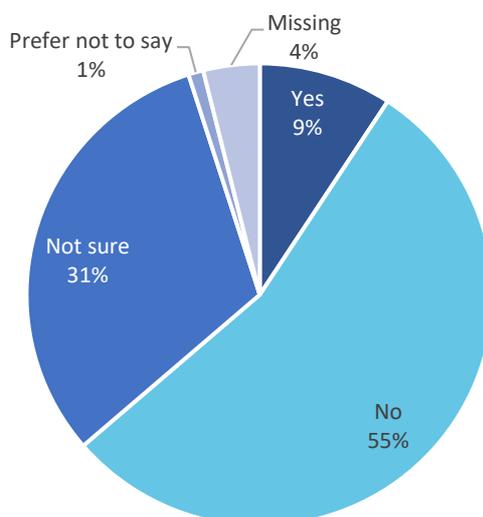


The qualitative feedback by several respondents mentioned the availability of a pharmacist support and counselling service (e.g., Pharmacists’ Support Service, which is a telephone support service in Australia). While some respondents expressed disappointment with the limited support from government, others mentioned efforts from within the profession, such as through professional organisations, in providing assistance (e.g., the Irish Pharmacy Union Wellbeing in the Pharmacy Course).

3.3.6 Policies or formal programmes to support the mental health and well-being of community pharmacists

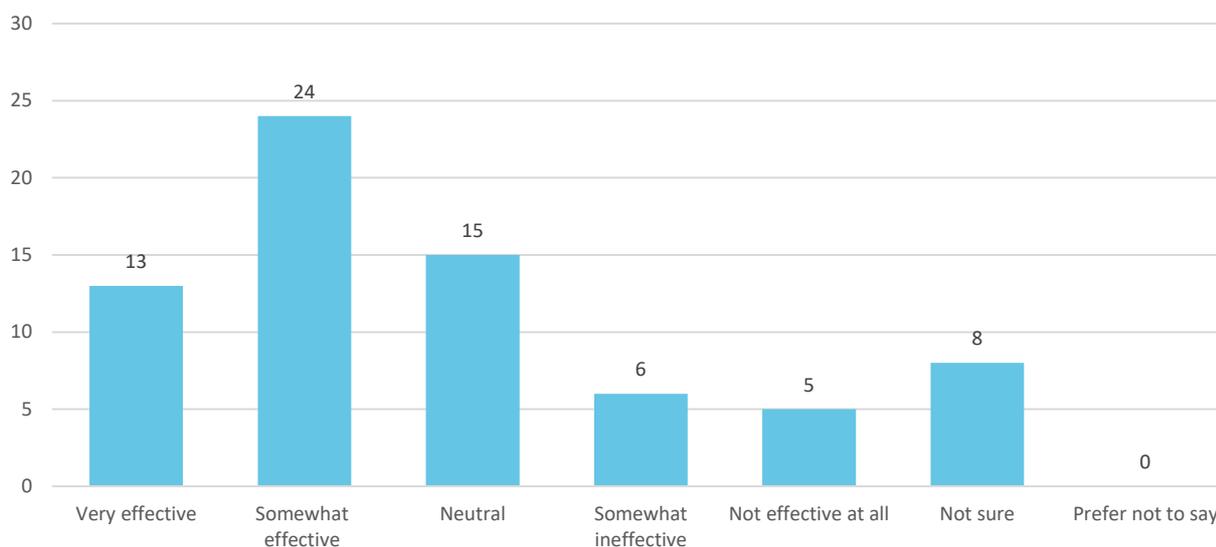
The majority of respondents, (54.4%, n=418) indicated that their regions or organisations do not have policies or formal programmes in place aimed at supporting the mental health and well-being of community pharmacists. A substantial 31.4% of participants (n=241) expressed uncertainty regarding the presence of such policies or programmes in their regions (Figure 12).

Figure 12: Policies or formal programmes aimed at supporting the mental health and well-being of community pharmacists



Of the 71 responses indicating there were policies or formal programmes aimed at supporting the mental health and well-being of community pharmacists (Figure 13), 18.30% (n=13) considered the policies and initiatives as “very effective”. A significant portion, representing 33.8% of respondents (n=24), reported that the policies and initiatives were “somewhat effective”, acknowledging a positive effect, but may feel that there is room for improvement.

Figure 13: Effectiveness of policies or formal programmes aimed at supporting the mental health and well-being of community pharmacists (n=71)



The qualitative feedback by multiple respondents mentioned mental health first aid training as well as other training programmes like workshops, seminars and talks. Professional organisations and associations were highlighted to play a role in supporting mental health through the provision of resources, assistance programmes and confidential hotlines for pharmacists. Several respondents indicated the availability of employee assistance programmes offered by professional organisations. Initiatives related to resilience, self-care and personal well-being were mentioned, such as the Irish Pharmacy Union “Well-being in the pharmacy” course and access to resources for maintaining personal resilience. The mention of the Pharmacists' Support Service in Australia, and digital resources such as podcasts (e.g., “Resilient pharmacist”) and mobile apps (e.g., the American Pharmacists Association (APhA) Wellbeing app) were often highlighted. Regular funding of mental health support was consistently highlighted as a barrier to providing necessary resources for mental health initiatives.

While it was indicated that some regions or organisations have taken proactive steps to address mental health challenges, a significant portion lack structured support measures. Furthermore, the prevalence of uncertainty among respondents suggests a need for enhanced awareness and communication about available mental health resources within the pharmacy profession. These findings underscore the importance of continuous efforts to prioritise and improve mental health support for community pharmacists.

3.3.7 Summary of overall qualitative feedback

This qualitative summary presents a diverse range of recommendations and insights from pharmacists regarding specific changes needed to better support their mental health and well-being within their countries. Pharmacists from various regions shared their perspectives, highlighting the multifaceted challenges they face and suggesting potential policy solutions:

- **Working to full scope:** Several respondents emphasised the need for expanded scopes of practice, including advanced roles, to recognise pharmacists as integral healthcare professionals.
- **Integration within healthcare systems:** Integration with national healthcare systems and increased collaboration with other healthcare professionals were suggested to enhance the role of community pharmacies in public health.
- **Mental health support programmes:** Specific programmes addressing mental health issues within the pharmacy profession were recommended, including mandatory mental health first aid training and counselling services.
- **Reduced workload:** Pharmacists expressed a desire for reduced workloads, citing long working hours, high pressure, and the expectation to sell unnecessary products as sources of stress.
- **Improved working conditions:** Recommendations included improving working conditions, having access to efficient breaks, and addressing the issue of standing for extended periods due to a lack of proper seating.
- **Staffing ratios:** Suggestions were made for policies mandating minimum staffing levels relative to prescription or customer loads were made to alleviate workplace pressure. Recommendations were made for clear guidelines on staff-to-services ratios to ensure quality care and prevent overburdening pharmacists with multiple tasks.
- **Professional recognition:** Recognition of pharmacists as healthcare professionals was emphasised as a crucial aspect of mental health support and ensuring policies are supportive of pharmacists' roles was frequently mentioned.
- **Public awareness:** Respondents highlighted the importance of educating the public about the role and responsibilities of pharmacists to gain more respect and understanding.
- **Adequate remuneration:** Pharmacists emphasised the need for better remuneration that reflects the value of their work.
- **Stigma reduction:** Policies were proposed to reduce stigma associated with mental health issues and promote accessible counselling and support.
- **Policy monitoring:** Suggestions for policy implementation monitoring and targeted support for well-being were made to ensure the effectiveness of mental health initiatives.
- **Support in regions with civil conflict:** Pharmacists from regions affected by civil conflict expressed the need for stability and support, recognising that mental health might not be a current priority.

4 Discussion

The findings of this global report conducted by FIP's Community Pharmacy Section shed light on the future of pharmacy as a dynamic and essential component of healthcare systems worldwide, particularly in primary health care. Recent policy statements, including those by WHO,²⁸ highlight the need for health care systems to invest in primary health care. This WHO policy is reflected in a several countries' health policy.²⁹ Considering these policies, it is essential to ensure that there is a vibrant community pharmacy network which can play a role in the increased investment in primary health care.

The contextualisation of community pharmacies' unique skillset is the basis of the FIP Workforce Transformation Programme. This report not only highlights the positivity of the pharmacy profession, adaptability and confidence but also that the formation of any regional, national or international healthcare policy must be the full utilisation of community pharmacists' unique skill set and accessibility. As stated in the FIP [Workforce Transformation Programme](#) report,² "access to quality essential health services, and safe and effective medicines and vaccines, is fundamental to achieving universal health coverage (UHC) by 2030 as outlined in the United Nations Sustainable Development Goals (SDGs). Health service delivery, health workforce and access to essential medicines are three of the WHO's essential health system strategic building blocks." Additionally, the report states that "investing in the development of an adaptable, flexible and competent pharmaceutical workforce contributes towards achieving UHC, SDGs and strengthening health systems". Considering two key factors — workforce and investment in primary health care — the sustainability of community pharmacy and its workforce becomes of paramount importance.

In this report, approximately 60% of community pharmacists expressed a strong belief in the future of their profession reflecting a strong conviction in the sustainability of the role and future potential of community pharmacy. Despite the formidable work pressures they encounter, community pharmacists maintain an unwavering commitment to their communities, underscoring their resilience and dedication to providing essential healthcare services. Moreover, the overwhelming, nearly 90% of respondents expressed high confidence in their professional competence, providing strong evidence of a profession that is well-prepared and willing to meet evolving healthcare challenges and opportunities.

The report emphasises the perception of the future sustainability in community pharmacy, with approximately half the respondents expressing confidence in its sustainability and the professional impact it could have on health care. This confidence provides an underlying maturity and passion for the professions' adaptability, positive expansion into comprehensive patient care services and a pivotal role in delivering accessible health care. The strength and commitment of community pharmacy to meet need was already exhibited during the COVID-19 pandemic. The positive perception of community pharmacists' contributions during the pandemic highlights the profession's unique ability to step up and provide vital healthcare services when other healthcare practitioners' doors were closed. This spirit continues to flourish with respect to new patient-related services, but requires sustainable remuneration.

The optimism shown in the responses to this questionnaire aligns with the global sentiment among pharmacists, as highlighted in various national surveys. For instance, the Royal Pharmaceutical Society's 2022 "Workforce and well-being" survey reveals that despite significant workload burdens, many pharmacists in Great Britain remain committed to their roles. Similarly, the Irish Pharmacy Union's 2019 report underlines the important role of community pharmacies in Ireland's healthcare system. However, alongside this optimism, it is crucial to recognise the challenges faced by pharmacists, such as those reported in the Canadian "Pharmacy mental health and workforce wellness" survey. These challenges, including burnout, mental health concerns and workplace pressures, underline the urgent need for comprehensive policy, programmes and practice recommendations to ensure the well-being, mental health and sustainability of the pharmacy profession. The profession's ability to maintain its positive trajectory hinges on addressing issues such as burnout, mental health concerns and workplace pressures.

In contrast, 62% of survey respondents have acknowledged experiencing burnout or other mental health concerns related to their work as pharmacists. These data are a stark and concerning statistic. There is a pressing need for immediate action to address these critical issues by and within the profession and from policy makers. Burnout and mental health concerns not only impact the well-being of individual pharmacists but can compromise individual patient care and the sustainability of community pharmacy as a whole. Urgency in developing and implementing policies, programmes and support systems to combat burnout is essential to allow pharmacists to keep adding value to healthcare systems and offer an attractive professional pathway to younger individuals.

The distribution of survey respondents across various demographic categories provides valuable insights into the multifaceted nature of the pharmacy workforce and the challenges and opportunities in practice. The survey results reflect a broad geographical reach, suggesting that the issues raised and discussed may be relevant on a global scale. However, about half of respondents were from Europe and need to be considered with the interpretation of results. Moreover, the gender distribution of survey respondents closely mirrors the global distribution of gender within the pharmacy profession. It is noteworthy that half of the respondents fall within the 34–54 years age range, highlighting that the discussion on the future of pharmacy extends across various career stages. The age distribution reinforces the idea that pharmacy professionals of all ages share common issues and challenges, and their collective input is essential for shaping the profession's future.

The survey findings on community pharmacists' well-being and workplace pressures further emphasise the pressing need for comprehensive policy and practice recommendations. The insights and data, gathered from 768 participants across different WHO regions, highlight key issues and provide valuable insights into the views and experiences of community pharmacists from various regions on critical issues related to their profession, well-being and mental health.

The top five work-related factors and impact on pharmacists' workplace pressure, were identified as current roles in the workplace, level of commitment, personal workloads, working hours, and consumer expectations. Policies and programmes should prioritise addressing these critical points.

Most respondents indicated they were not aware of any policies or formal programmes aimed at addressing workplace pressures and supporting mental health in their regions, with only 10% of surveyed individuals indicating the presence of such policies or programmes. This finding provides further evidence of the urgent need for the establishment of global policy which can be tailored to local or regional needs, although it is encouraging that some countries have taken proactive steps to address these issues. This finding provides further evidence of the urgent need for the establishment of global policy which can be tailored to local or regional needs, albeit that some countries have taken proactive steps to address these issues and lessons could be learned from their experiences. The varying perceptions of policy and programme effectiveness among those who reported the presence of policies or programmes highlight the complexity of addressing burnout and mental health concerns within the profession. These differing opinions underscore the importance of continuous evaluation and improvement of existing programmes to ensure they are not just superficial attempts but are genuinely effective in mitigating the challenges faced by pharmacists.

The emergence of programmes like the Pharmacists' Support Service in Australia and the Irish Pharmacy Union "Well-being in the pharmacy" course represents promising steps towards addressing the mental health and well-being concerns of pharmacists. These initiatives have been recognised as positive models that offer support and resources to help pharmacists cope with the unique challenges they face in their regions. The Pharmacists' Support Service in Australia, for instance, provides a confidential and readily accessible helpline for pharmacists seeking assistance with various issues, including mental health concerns, workplace stress and career-related challenges. On the other hand, the "Well-being in the pharmacy" course in Ireland focuses on proactive approaches to enhance the mental well-being of pharmacists. This course equips pharmacists with strategies and skills to manage stress, maintain a work-life balance and build resilience. It acknowledges the importance of prevention and self-care, helping pharmacists better navigate the pressures of their profession.

Indeed, cultural factors play a significant role in how mental health is perceived and addressed. Programmes should consider cultural sensitivities, the need for confidentiality and preferences when designing interventions and support systems. Moreover, programmes should be flexible and open to feedback from pharmacists to ensure they remain relevant and effective in their local contexts. By recognising and addressing the root causes of mental health challenges and considering local factors, these initiatives can have a more significant and lasting impact on the well-being of pharmacists worldwide.

The comprehensive insights gathered from pharmacists worldwide in the qualitative work presents a compelling call to action for the betterment of mental health and well-being within the pharmacy profession. The multifaceted challenges articulated by pharmacists from diverse regions underscore the urgency of addressing these pressing issues. The emphasis on improved working conditions, equitable remuneration and professional recognition illuminates the holistic approach required to nurture a sustainable and thriving pharmacy workforce. These invaluable insights resonate as a collective plea to acknowledge and prioritise the mental health and well-being of pharmacists, recognising their pivotal role in healthcare systems worldwide. Further analysis of the data generated by this study will also provide more specific information that can be fed into policy and programme design.

4.1 Limitations

The research aimed to capture the diverse and complex landscape opinions and experiences of international pharmacy. However, given the vast variability in pharmacy practices across different countries and regions, it might have been challenging for some participants to fully reflect their country's unique situation within the available survey options. This limitation may have affected the granularity and accuracy of the data collected, as nuances and specific challenges

within certain pharmacy models might not have been adequately captured. Furthermore, the survey primarily focused on identifying issues related to factors impacting mental health and well-being among pharmacists, and policies and programmes at national levels to support this. While this is a critical aspect, it may not capture the full spectrum of challenges and factors influencing the pharmacy profession's sustainability and positive practice environments. Other variables such as workplace conditions, remuneration, policy and practice drivers may also play significant roles but were not the primary focus of this survey. Finally, a limitation worth mentioning is the representation and influences of respondents from European regions, which made up half of the survey sample. This regional bias could potentially affect the applicability of the survey's findings to regions with distinct healthcare systems, pharmacy practices and cultural backgrounds around the world.

4.2 The future

Future research in the field of pharmacy should build upon the optimistic outlook highlighted in this global report while addressing the pressing challenges faced by pharmacists. One avenue for further exploration is to understand the nuances of how the positive and negative factors contributing to the mental health and well-being of pharmacists interact within specific healthcare systems, to inform targeted interventions and policies. Additionally, future research should expand beyond the identification of issues and delve into the effectiveness of policies and programmes aimed at supporting community pharmacy, while at the same time mitigating burnout and promoting mental wellness among pharmacists. Further research in this area will play a pivotal role in contributing to the betterment of pharmacists' mental health and the sustainability of positive practice environments.

5 Recommendations for policy and practice

5.1 Key points

The findings of this global report conducted by the FIP Community Pharmacy Section shed light on the future of pharmacy as a dynamic and essential component of healthcare systems worldwide. The following have been identified as key findings and points from this body of work, which have informed the development of the policy and practice recommendations outlined below.

1. Approximately 60% of community pharmacists expressed a strong belief in the future of their profession, reflecting a strong conviction in the sustainability of the role and future potential of community pharmacy.
2. Moreover, the overwhelming, nearly 90% of respondents expressed high confidence in their professional competence, providing strong evidence of a profession that is well-prepared and willing to meet evolving healthcare challenges and opportunities.
3. The report emphasises the perception of the future sustainability in community pharmacy, with approximately half the respondent's expressing confidence in its sustainability and the professional impact it could have on healthcare.
4. The positive perception of community pharmacists' contributions during the pandemic highlights the profession's unique ability to step up and provide vital healthcare services when other healthcare practitioners' doors were closed.
5. The optimism shown in the responses to this questionnaire aligns with the global sentiment among pharmacists, as highlighted in various national surveys.
6. In contrast, 62% of survey respondents have acknowledged experiencing burnout or other mental health concerns related to their work as pharmacists. These data are a stark and concerning statistic which needs to be addressed.
7. The survey findings on community pharmacists' well-being and workplace pressures further emphasise the pressing need for comprehensive policy and practice recommendations.

8. Most respondents indicated they were not aware of any policies or formal programmes aimed at addressing workplace pressures and supporting mental health in their regions, with only 10% of surveyed individuals indicating the presence of such policies or programmes.
9. The varying perceptions of policy and programme effectiveness among those who reported the presence of policies or programmes highlight the complexity of addressing burnout and mental health concerns within the profession. This finding provides further evidence of the urgent need for the establishment of global policy which can be tailored to local or regional needs, albeit that some countries have taken proactive steps to address these issues and lessons could be learned from their experiences.
10. Cultural factors play a significant role in how mental health is perceived and addressed.
11. By recognising and addressing the root causes of mental health challenges and considering local factors, initiatives can have a more significant and lasting impact on the well-being of pharmacists worldwide.

5.2 Recommendations

A series of recommendations is proposed to guide policy and practice in community pharmacy. By proactively implementing these recommendations at local, national and international levels, stakeholders can work collaboratively to secure the future and continued evolution of community pharmacy, support the mental health and well-being of pharmacists, and ensure the continued delivery of high-quality patient care.

Recommendation 1: Develop continuous evidence-based solutions dedicated to mental health and well-being of pharmacists, tailored to the unique challenges faced in community pharmacy.

The comprehensive insights gathered from pharmacists worldwide in the qualitative work presents a compelling call to action for the betterment of mental health and well-being within the pharmacy profession. The multifaceted challenges articulated by pharmacists from diverse regions underscore the urgency of addressing these pressing issues. The emphasis on improved working conditions, equitable remuneration, and professional recognition illuminates the holistic approach required to nurture a sustainable and thriving pharmacy workforce. There is an opportunity for pharmacists' professional organisations and for FIP to support them to develop and lead the implementation of these programmes.

Recommendation 2: Establish mechanisms for monitoring the implementation of mental health policies and initiatives.

This includes targeted support for the well-being of pharmacists to ensure the effectiveness of mental health support measures.

Recommendation 3: Any programme developed as part of expanded scope of practice of pharmacists should include support for mental health and well-being of pharmacists as an intrinsic part of the programme.

As the profession extends its scope of practice, it is evident that there will be increased pressures on the mental health and well-being of pharmacists. Addressing these issues will not only help improve pharmacists' well-being but also help the successful implementation of expanded scope programmes.

Recommendation 4: Emphasis on recognition and remuneration as part of the transition to patient-oriented services

Emphasise the importance of recognising pharmacists as healthcare specialists and ensure they receive adequate remuneration that reflects the value of their work. Fair compensation is a crucial aspect of mental health support.

Recommendation 5: Launch public awareness campaigns to educate the public about the essential role and responsibilities of pharmacists in healthcare.

As consumer expectation was a factor identified as impacting on pharmacists' mental health and well-being, there is a clear need for increased public understanding, through public awareness programmes, and for a more supportive work environment for pharmacists.

Recommendation 6: Future research to build upon the optimistic outlook highlighted in this global report while addressing the pressing challenges faced by pharmacists.

One avenue for further exploration is to understand the nuances of how the positive and negative factors contributing to the mental health and well-being of pharmacists interact within specific healthcare systems and cultural contexts can inform targeted interventions and policies.

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