

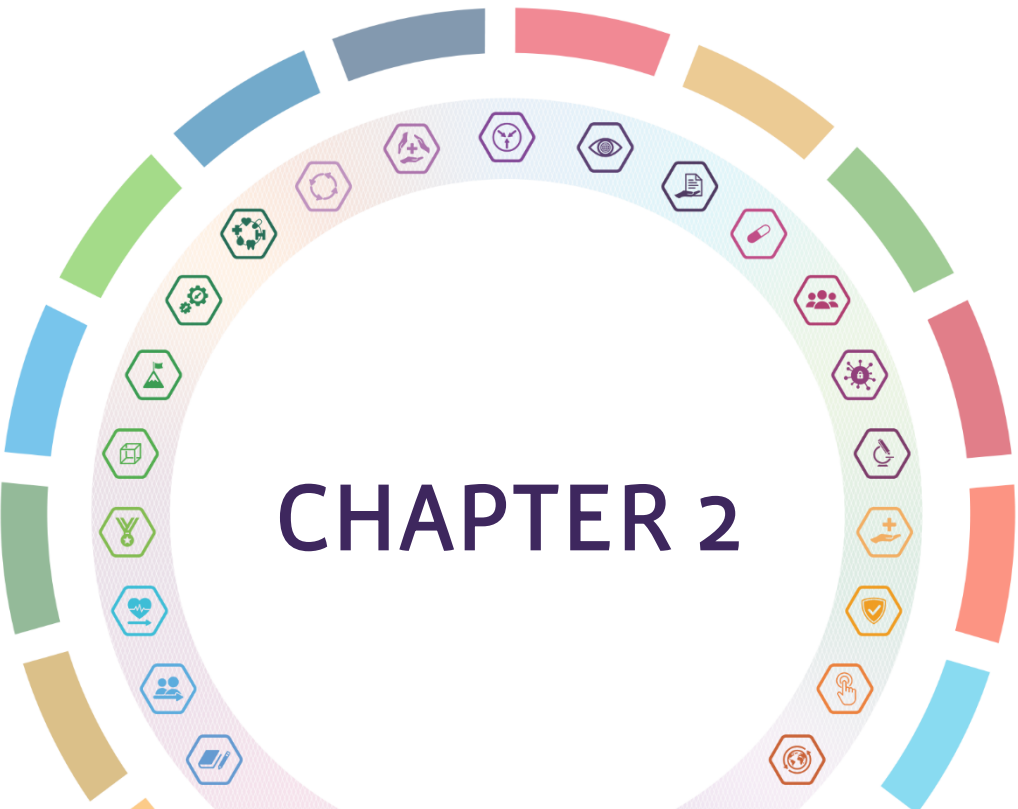


GLOBAL SITUATION REPORT ON PHARMACY 2025

WORKFORCE, PRACTICE, POLICY

*Evidence, investment and solutions
to strengthen health systems*





CHAPTER 2

Global pharmacy workforce: Trends, challenges and opportunities

This multi-part chapter presents a global analysis of the pharmacy workforce, addressing trends, migration, competencies, new roles, gender equity, and optimal working environments. It aligns with the WHO Workforce 2030 Strategy and FIP Development Goals, highlighting the importance of structured education, ethical recruitment, professional recognition, and sustainable practice conditions.





2F. Optimal working environments



Contributors

Author and reviewer:

Dr Zuzana Kusynová, Head of Policy and Compliance, FIP, the Netherlands



Content list

Contributors	4
Content list.....	5
High level summary	6
1. Workforce development, planning and retention.....	9
2. Challenges in working environments	9
3. Positive practice environments	10
4. Conclusion.....	10
References	11



High level summary



1. Optimal working environments for pharmacists are essential for ensuring high-quality patient care, job satisfaction, and overall well-being.
2. A supportive workplace should provide adequate staffing, manageable workloads, and sufficient breaks to prevent burnout.
3. Clear communication channels, collaborative teamwork, and access to continuous professional development help pharmacists stay informed and engaged. Additionally, fostering a culture of respect and safety, including measures to prevent workplace violence, enhances job security and motivation.
4. Ultimately, an optimal work environment empowers pharmacists to perform their roles effectively while maintaining their professional and personal well-being.
5. FIP and the World Health Professions Alliance (WHPA) advocate for positive practice environments (PPEs), a concept that FIP has advanced through toolkits, workforce intelligence, and gender-responsive strategies such as the FIPWiSE PPE Toolkit.
6. Strategic, data-driven workforce planning is essential: Countries must assess population trends, disease burdens, and policy priorities to ensure the supply of pharmacy professionals aligns with national health needs—examples from Namibia and Ireland show practical impact using FIP tools.
7. Emotional intelligence is foundational to workforce resilience: FIP's Emotional Intelligence Toolkit provides early-career pharmacists with practical strategies to strengthen communication, manage stress, and foster workplace well-being.
8. Workplace equity must be gender-responsive: The FIPWiSE Positive Practice Environment Toolkit for Women in Science and Education supports the creation of inclusive, supportive work environments—crucial in a profession where women make up most of the workforce but remain underrepresented in leadership.

Key message



Creating fair, safe, and supportive working environments is a prerequisite for workforce sustainability, quality care, and gender equity in pharmacy. FIP is leading global efforts to enable positive practice environments through data-driven tools, policy advocacy, and inclusive leadership development.



Related FIP Development Goals



All [21 FIP Development Goals \(DGs\)](#)¹ align with optimal working environments, as workforce elements are embedded in each goal.

Call to action



1. Implement national and institutional workforce development strategies that incorporate safe staffing, retention strategies, and capacity building, to build a sustainable and resilient pharmacy workforce.
2. Promote positive practice environments (PPEs) through workplace safety policies, anti-harassment measures, flexible scheduling, and professional recognition systems.
3. Support workforce retention and satisfaction through career development programmes, for example through continuous professional learning (e.g., strengthening emotional intelligence), to enhance pharmacists' skills and job satisfaction.
4. Advocate for reasonable remuneration, in addition to workload limits and adequate staffing to prevent work-related stress and improve patient care quality.
5. Use data and workforce intelligence to track workplace challenges, monitor progress, and inform evidence-based advocacy.





Pharmacists are essential to public health — yet many still work in fragile environments marked by chronic understaffing, excessive workloads, burnout, and limited career progression. In some settings, fear of speaking up, rigid performance quotas, and inadequate mental health support further threaten service sustainability and safety.¹⁻³

FIP has placed **Positive Practice Environments (PPEs)** at the heart of its workforce transformation strategy. Through initiatives such as the **FIPWiSE toolkit**, emotional intelligence resources, and its leadership in the **World Health Professions Alliance (WHPA)**, FIP provides practical tools, benchmarks, and policy guidance to help stakeholders build safer, fairer, and more resilient workplaces.^{4,5}

A healthy pharmacy workplace supports retention, performance, and well-being, ultimately leading to better patient safety, stronger teamwork, and more responsive health systems.^{4,6}

FIP calls on health ministries, professional bodies, and employers to prioritise safe staffing, support structures, and mental health protections for the pharmacy workforce.



1. Gulbis A et al. (2024). Highlights how institutional support, workforce satisfaction, and burnout impact retention in pharmacy practice. *Journal of the American College of Clinical Pharmacy*. <https://doi.org/10.1002/jac5.1954>
2. Beal J et al. (2023). Discusses working conditions and policy gaps in community pharmacy. *Journal of the American Pharmacists Association*. <https://doi.org/10.1016/j.japh.2021.02.011>
3. Tsao N et al. (2019). Examines negative perceptions of working conditions and patient safety. *Canadian Pharmacists Journal*. <https://doi.org/10.1371/journal.pone.0217777>
4. World Health Professions Alliance (WHPA). Stand up for Positive Practice Environments. <https://www.whpa.org/activities/positive-practice-environments>
5. Usman N et al. (2022). Details FIPWiSE and its role in promoting PPEs for women in pharmacy. *Pharmacy Education*. <https://doi.org/10.46542/pe.2022.221.763770>
6. Deery, M., & Jago, L. (2015). Revisiting talent management, work-life balance and retention strategies. *International Journal of Contemporary Hospitality Management*, 27, 453-472. <https://doi.org/10.1108/IJCHM-12-2013-0538>



1. Workforce development, planning and retention

Workforce development and planning are key for global healthcare reform. The World Health Organization (WHO) has made it clear that there is no possibility of healthcare delivery without a corresponding capable and competent workforce; simply put, there is no health without workforce.¹ FIP has outlined in its strategic plan its aim to support pharmaceutical workforce development around the world to deliver the vision of a world where everyone benefits from access to safe, effective, quality and affordable medicines and health technologies, as well as from pharmaceutical care services provided by pharmacists, in collaboration with other healthcare professionals.

FIP has developed a comprehensive workforce development strategy and published a series of influential global reports on subjects ranging from workforce intelligence and capacity building, to quality assurance frameworks and continuing professional development. In addition, FIP has developed a number of tools designed to support progressive and transformative workforce development.² Countries around the globe have used these tools to transform pharmaceutical education and ultimately create a flexible and adaptable pharmaceutical workforce.^{3, 4}

FIP also advocates for health workforce planning to be a strategic process that assesses current and future healthcare needs to ensure that the right number of skilled pharmacy professionals are trained and available when they enter the workforce. Countries such as Namibia collaborated with FIP when analysing factors such as population growth, disease trends and healthcare policies to estimate workforce supply and demand at the time of graduation.⁵ In Ireland, such analysis helped institutions align educational programmes with health care needs, preventing shortages.⁶

Effective planning also considers geographic distribution, ensuring that underserved areas receive adequate healthcare coverage. Representatives of pharmacy organisations in Australia have developed a rural pharmacist recruitment and retention tool, to address issues such as poor attraction, recruitment, and retention.^{7, 8}

Indeed, attraction, recruitment, and retention are important. In the recent literature, the link between employee attitudes, such as job satisfaction and organisational commitment, personal dimensions, such as stress and alcohol abuse, and work-life-balance have become intertwined. These links inform the development of more focussed strategies to assist in retaining talented staff.⁹ A 2024 study looking into haematology and oncology pharmacists, as highly specialised and important professionals in healthcare systems, revealed institutional support is essential in modernising practice models, revamping professional development, creating better measures of direct and indirect patient care activities, and ensuring effective support for well-being.¹⁰ As part of this topic, FIP published a toolkit, empowering (early career) pharmacists with emotional intelligence tools, to enhance job satisfaction through better communication, decision-making, and workplace relationships. Pharmacists and pharmacy staff frequently interact with patients, healthcare providers, and colleagues, requiring empathy, self-awareness, and emotional regulation to handle stressful situations effectively. Strong emotional intelligence fosters a positive work atmosphere, reduces burnout, and improves overall job fulfillment, enhancing both job satisfaction and the quality of care.¹¹

2. Challenges in working environments

Whilst regulating pharmacy services reimbursement practices should be the first priority, as confirmed by a 2021 study conducted in the USA,¹² acknowledging local contexts of workplaces, giving adequate control, applying adaptive thinking, enhancing connectivity, and dynamic continuous learning opportunities are improving the experience of providing care in community-based pharmacies.^{13, 14} However, these factors can be lacking; in a study conducted in Canada in 2016, pharmacists working in chain community pharmacies, who must meet monthly quotas for expanded services, reported a significant negative impact on their working conditions and the perceived safety of patient care.¹⁵ Similarly, in a study from the USA in 2021, company climate and workflow were perceived the most negatively by those working in chain pharmacies. For example, a majority of pharmacists feared being disciplined for addressing patient safety concerns with management, which may be detrimental to patient safety.¹⁶ Such work-related stress may contribute to potentially unsafe practices of patient care.





3. Positive practice environments

The World Health Professions Alliance (WHPA), of which FIP is a founding member, advocates for positive practice environments (PPEs)—health care settings that support excellence and decent work conditions. These have the power to attract and retain staff, provide quality patient care and strengthen the health sector as a whole.¹⁷

PPEs are necessary to provide equal rights, obligations, equal treatment, and opportunities for all genders according to their needs, to achieve gender equity and PPEs in workplaces. Given that women form the majority of the pharmacy workforce,¹⁸ FIP developed the FIPWiSE (FIP women in science and education initiative) toolkit for positive practice environments, building on the WHPA PPE campaign. FIP used the toolkit as a basis to describe and identify factors that enable PPEs from a pharmaceutical science and pharmacy education perspective. The toolkit provides a set of possible solutions for individuals, employers, institutions, and policymakers, as well as real-life examples, perspectives, and good practice implementations and suggestions from women around the world.¹⁹

4. Conclusion

Strengthening the pharmaceutical workforce requires not only strategic planning and education but also supportive working environments. FIP's global efforts have guided countries in aligning workforce supply with health needs, while also promoting well-being, gender equity, and retention through positive practice environments. Ensuring that pharmacists are both well-prepared and well-supported is essential to sustaining high-quality, accessible healthcare.



References

1. World Health Organization (WHO). A Universal Truth: No Health Without A Workforce. 2014. Available from: https://www.who.int/publications/m/item/hrh_universal_truth
2. International Pharmaceutical Federation. Transforming our workforce – Workforce deployment and education: Systems, tools and navigation (2016). Available from: <https://www.fip.org/file/1392>
3. Meilianti, S., Smith, F., Ernawati, D., Pratita, R., & Bates, I. (2021). A country-level national needs assessment of the Indonesian pharmacy workforce. Research in social & administrative pharmacy: RSAP. <https://doi.org/10.1016/j.sapharm.2021.03.003>
4. Bader, L., Bates, I., & John, C. (2018). From workforce intelligence to workforce development: advancing the Eastern Mediterranean pharmaceutical workforce for better health outcomes. <https://doi.org/10.26719/2018.24.9.899>
5. Rennie, T., Nangombe, V., Mangombe, T., Kibuule, D., & Hunter, C. (2019). Health workforce planning in Namibia: assessing a pilot workforce survey of pharmacists. International Journal of Pharmacy Practice, 27. <https://doi.org/10.1111/ijpp.12547>
6. Fitzpatrick, K., Allen, E., Griffin, B., O'Shea, J., Dalton, K., & Bennett-Lenane, H. (2024). Career paths of a university's pharmacy graduates over 15 years: a cross-sectional evaluation. International Journal of Pharmacy Practice. <https://doi.org/10.1093/ijpp/riae013.019>
7. Obamiro, K., Tesfaye, W., & Barnett, T. (2020). Strategies to increase the pharmacist workforce in rural and remote Australia: a scoping review. Rural and remote health, 20 4, 5741. <https://doi.org/10.22605/RRH5741>
8. Terry, D., Peck, B., Hills, D., Bishop, J., Kirschbaum, M., Obamiro, K., Phan, H., Baker, E., & Schmitz, D. (2022). The Pharmacy Community Apgar Questionnaire: a modified Delphi technique to develop a rural pharmacist recruitment and retention tool. Rural and remote health, 22 4, 7347. <https://doi.org/10.22605/RRH7347>
9. Deery, M., & Jago, L. (2015). Revisiting talent management, work-life balance and retention strategies. International Journal of Contemporary Hospitality Management, 27, 453-472. <https://doi.org/10.1108/IJCHM-12-2013-0538>
10. Gulbis, A., Mahmoudjafari, Z., & Rao, K. (2024). A multistep approach and executive summary assessing and addressing workforce satisfaction and retention of the oncology pharmacy workforce. JACCP: Journal Of The American College Of Clinical Pharmacy. <https://doi.org/10.1002/jac5.1954>
11. International Pharmaceutical Federation. Leading with emotional intelligence – YPG professional development skills. Available from: <https://www.fip.org/file/3073>
12. Beal, J., Clabaugh, M., & Plake, K. (2021). Policy solutions to address community pharmacy working conditions. Journal of the American Pharmacists Association: JAPhA. <https://doi.org/10.1016/j.japh.2021.02.011>
13. Schommer, J., Lee, S., Gaither, C., Alvarez, N., & Shaughnessy, A. (2022). Improving the Experience of Providing Care in Community-Based Pharmacies. Pharmacy: Journal of Pharmacy Education and Practice, 10. <https://doi.org/10.3390/pharmacy10040067>
14. Qin-Shui, W. (2012). Measures of Optimizing Environment of Pharmacy Practice and Reducing Disputes between Pharmacist and Patients. Pharmacy Today.
15. Tsao, N., Lynd, L., Gastonguay, L., Li, K., Nakagawa, B., & Marra, C. (2016). Factors associated with pharmacists' perceptions of their working conditions and safety and effectiveness of patient care. Canadian Pharmacists Journal / Revue des Pharmaciens du Canada, 149, 18 - 27. <https://doi.org/10.1177/1715163515617777>
16. Clabaugh, M., Beal, J., & Plake, K. (2021). Perceptions of working conditions and safety concerns in community pharmacy. Journal of the American Pharmacists Association: JAPhA. <https://doi.org/10.1016/j.japh.2021.06.011>
17. World Health Professions Alliance (WHPA). Stand up for Positive Practice Environments. Available from: <https://www.whpa.org/activities/positive-practice-environments>
18. A Look at the Growing Number of U.S. Pharmacists. [Website]. Available from: <https://www.census.gov/library/stories/2024/10/american-pharmacists-month.html>
19. Uzman, N., Selcuk, A., Pehlivanovic, B., Balta, E., Halat, D., Etukakpan, A., Masyitah, N., Thompson, C., & Duggan, C. (2022). Enabling positive practice environments for women in science and education with FIPWiSE toolkit. Pharmacy Education. <https://doi.org/10.46542/pe.2022.221.761770>