The perceptions of Zimbabwean Pharmacists of their overall job satisfaction and the factors associated with it

# T. NDLOVU<sup>1</sup>, P. GAVAZA<sup>2</sup>\*, C. C. MAPONGA<sup>1</sup>

<sup>1</sup>School of Pharmacy, University of Zimbabwe, P.O. Box M167 Mount Pleasant, Harare, Zimbabwe.

<sup>2</sup>College of Pharmacy, University of Texas at Austin, Room PHR3.209, Austin, TX 78712-0127, USA.

Job satisfaction plays an important role in the motivation, productivity and performance of employees including pharmacists. We investigated the perceptions of Zimbabwean pharmacists of their overall job satisfaction and the factors associated with it. A random sample of 120 licensed pharmacists working in community, and hospital pharmacies and industry in Zimbabwe participated in this cross-sectional study. Pharmacists were highly satisfied with their jobs. Older pharmacists and those with more experience were more satisfied than younger ones. Pharmacists in industry had the greatest job satisfaction while those in large chain retail pharmacies had the lowest. Owners were more satisfied with their jobs than non-supervisor pharmacists. There was no significant difference in job satisfaction by gender and marital status. We conclude that although pharmacists in Zimbabwe are satisfied with their jobs in general, this is not so for young pharmacists who mainly work in retail chain pharmacies.

Key words: Job satisfaction, pharmacy manpower, pharmacy, Zimbabwe

### INTRODUCTION

Job satisfaction plays a critical role in motivation, performance and productivity of employees. Satisfied employees have less absenteeism from the workplace, greater commitment and dedication to the task and are willing to go beyond the 'call of duty' to get the job done [1]. Satisfied employees tend to be more productive, creative and committed to their employers [2]. Studies have also shown a direct relationship between staff satisfaction and patient satisfaction and patient compliance [3, 4]. Employees have high expectations of the quality of work and other factors affecting job satisfaction. [5]

Pharmacists have been shown to have lower job satisfaction levels than other professionals [6, 7, 8]. Low levels of pharmacists' job satisfaction compromise their pride in their work, quality of life and poses potential health hazards to society. Pharmacists' levels of satisfaction with their work activities are a prominent predictor of job turnover [7]. In Zimbabwe the demand for pharmacists outstrips supply resulting in notable recruitment difficulties. More and more pharmacists continue to leave the country for neighbouring countries, Europe and USA, thus worsening the deficit [9]. Part of the explanation for this out-migration may lie in issues of job satisfaction. There is a glaring lack of data on pharmacists' job satisfaction in the country.

This study was designed to investigate how pharmacists feel about the different aspects of their jobs, described the self-reported job satisfaction levels among pharmacists and identified the factors that influence this.

#### **EXPERIMENTAL**

The questionnaire was developed by reviewing current literature on job satisfaction among health professionals in general and pharmacists in particular [5, 8]. Pertinent items were adapted from validated instruments [5, 8].

The first section included six questions covering demographic information, including sex, age, marital status, qualifications, university attended and city of employment. The second section focussed on the respondents' job characteristics such as their area of practice, average number of hours worked, fringe benefits received and their ranking of their jobs' stress levels. The third

<sup>\*</sup>Author to whom correspondence may be addressed

section focussed on facet free job satisfaction measures. These measured the respondents' global or overall satisfaction with the job and the job environment and the questions did not refer to specific aspects of the job. Questions covered topics such as absenteeism, satisfaction with life, likelihood of making a genuine effort at finding a new job and recommendations to younger persons about whether or not to choose pharmacy as a profession. Respondents were also given the opportunity to make comments.

The questionnaires were distributed in December 2004 (along with a cover letter explaining the purpose of the study) to 120 pharmacists on duty in licensed premises comprising community pharmacies, hospital pharmacies, manufacturing industries and wholesalers. According to the Medicines Control Authority of Zimbabwe (MCAZ) there were 479 registered pharmacists in the country as of December 2004 [10].

The study was conducted in four randomly selected cities namely Harare (the capital city), Bulawayo, Mutare and Gweru. pharmacists in Harare and Bulawayo, the questionnaires were distributed in person. The questionnaires were left with the pharmacist and collected at a later agreed date. Some pharmacists chose to fill in the questionnaires immediately. For pharmacists in Gweru and Mutare the questionnaires were administered over the telephone. All the questionnaires that had not been filled by the end of February 2005 were not included in the study. The distribution of questionnaires by city and practice area is shown in Table 1.

The survey instrument was pilot-tested on six pharmacists prior to the survey. These pharmacists were interviewed after completing the questionnaires and their comments were taken into consideration resulting in two more questions being added to the questionnaire and some of the questions being rephrased. The results of the pilot survey were not included in the study.

The data were analysed with a spreadsheet (Excel version 7.0, Microsoft, Redmond, WA, USA). The students' t-test, ANOVA test and the Mann-Whitney tests were used to analyse the data. For all the tests, the significance level was set at p = 0.05. The dependence of job satisfaction on other variables was tested using the Pearson correlation coefficient (r). The proportion of the variance in job satisfaction due to each specific facet was determined using the square of the correlation coefficient  $(r^2)$ .

### **RESULTS**

Out of the 120 questionnaires distributed, 79 completed by respondents assistance from the interviewers and nine were conducted via telephone, for a total response rate of 73%. The respondents' mean  $\pm$  S.D age was  $31 \pm 6$  years. The majority of the pharmacists (56%) were in the 20 - 29 years age group. Only 4 respondents (5%) had postgraduate qualifications. Other demographic data are shown in Table

**Table 1: Distribution of questionnaires to respondents** 

Practice Area	Number of Pharmacists				
	Harare	Bulawayo	Gweru	Mutare	Total
Community pharmacies	50	15	5	5	75
Hospital pharmacies	16	5	2	2	25
Manufacturer and wholesale	15	5	0	0	20
Total	82	24	7	7	120

Variable	No. (%)	Mean Job	P- Value	
	Respondents	Satisfaction		
Gender:				
Male	51 (58)	3.84	0.69	
Female	37 (42)	3.76		
Marital status:				
Married	50 (57)	3.82	0.61	
Single	35 (40)	3.74		
Other	3 (3)	4.33		
Position held				
Pharmacist	42 (48)	3.4	0.0011	
Manager	39 (44)	4.1		
Owner	3 (8)	4.57		
Years at present job:				
≤ 2 years	42(48)	3.45	0.04	
3-5 Years	22 (25)	3.68		
5-10 years	17 (19)	4.41		
> 10 years	7 (8)	4.71		

Table 2: Respondents' Characteristics and mean job satisfaction (n=88)

When asked to rate their overall satisfaction with their jobs on a lickert scale, most pharmacists' responses were highly favourable, with a mean job satisfaction score  $\pm$  0.98. Pharmacists in the manufcaturing industry (M = 4.43) had significantly higher job satisfaction levels recorded than those in large-chain retail pharmacies (M = 3.19). The latter recorded the lowest job satisfaction (p = 0.0082). Older respondents were more satisfied than younger ones (p = 0.0047). A Pearson correlation (r) showed a significant relationship between job satisfaction and the number of years at one's present job (r = 0.42; n = 88; p = 0.04).

There was no significant difference between the mean job satisfaction for males (M = 3.84) and that for females (M = 3.76) (t = 0.406; p = 0.69) as shown in table 2. There was no significant difference in mean job satisfaction between the married (M = 3.82), single (M = 3.74) and other groups (M = 4.33) (t = 0.392; p = 0.61). The average number of hours worked per week was  $47.2 \pm 6.6$  hours (range 40 - 70 hours). There was no relationship between the average number of hours worked per week and mean job satisfaction of the pharmacists (p = 0.087).

The proprietors of pharmacies were more satisfied (4.57) with their jobs than pharmacist managers (4.1) and duty pharmacists (3.4)

who were the least satisfied with their jobs (p = 0.0011).

All the pharmacists were receiving at least one fringe benefit; with the majority (91%) getting at least two fringe benefits. The fringe benefits enjoyed by pharmacists included medical aid, transport allowance, housing allowance, company car, accommodation, cell phone and lunch. The pharmacists who were getting more fringe benefits showed greater satisfaction with their jobs (p < 0.001) than those who received less.

Most of the pharmacists (53%) ranked their jobs as being stressful. Pharmacists who experienced less job-related stress had higher job satisfaction (p=0.008) than those who rated their jobs as being stressful. Forty-four percent and 38% of pharmacists rated their workload as being heavy and reasonable respectively. The pharmacists who felt that their workload was either heavy or reasonable had higher mean job satisfaction than those pharmacists who felt that their workload was either light or very heavy (p=0.0011).

### **DISCUSSION**

The response rate of 73% obtained in this study is higher than the response rates obtained in other studies (. 50% obtained by

Purohit and Stewart [5], 52.5% by Willett and Cooper [11] and 68% by Johnson *et al.* [8]). This could have been partly due to the fact that most of the questionnaires in this study were distributed in person, while in the other studies all the questionnaires were mailed.

The mean score of 3.81 obtained in this study indicate that pharmacists are highly satisfied with their jobs. Zimbabwean pharmacists' mean job satisfaction is higher than the mean job satisfaction obtained by Johnson *et al.* (2.53) [8] and that obtained by Hammel (3.03) [6] and slightly less than 3.94 obtained in the study carried out by Pharmacy Today [12].

In accordance with findings of Willett and Cooper [11] older pharmacists and those with more years at one's present job in our study were found to have greater mean job satisfaction. Young pharmacists appear to be seeking roles which are more professionally satisfying. This is however contrary to other studies that found that age had no effect on pharmacists' job satisfaction [13].

In the present study, gender and marital status did not have a significant effect on job satisfaction (p = 0.69) a finding which concurs with Maio *et al.* [13]. Other studies found out that men had greater job satisfaction than women [14] whilst others found that women had greater job satisfaction than men [5].

The finding that pharmacists working in pharmaceutical industries and private hospitals had higher mean job satisfaction than retail pharmacists is consistent with several previous studies [5, 11, 13]. Pharmacists working in large-chain retail pharmacies had the lowest job satisfaction, which is consistent with the findings of the study carried out by Pharmacy Today [12]. The low job satisfaction of retail pharmacists could be due to the greater conflict between professional and business especially given interests. that pharmacists are given sales targets they have to achieve per month by their employers.

Consistent with findings of Villet and Cooper [11] and Purohit and Stewart [5], pharmacy owners were more satisfied than manager managers and non-supervisors who had the lowest job satisfaction (p = 0.001). As expected, the pharmacists who were receiving

more fringe benefits also had greater mean job satisfaction (p < 0.001).

### **CONCLUSION**

pharmacists The in Zimbabwe rated themselves as being highly satisfied with their jobs. Factors associated with higher job satisfaction included advanced age, longer working experience at the present job, working in industry and being a manager or proprietor. Job satisfaction was found to be low among young pharmacists (age <30 years), those working in a retail pharmacy, particularly in large chain retail pharmacies and the duty pharmacists. Low job satisfaction and the associated reduction in morale and motivation among the young pharmacists may account for their emigration to neighbouring countries and beyond. Measures should be taken to enhance job satisfaction of young pharmacists and those working in retail and community pharmacies.

#### **ACKNOWLEDGEMENTS**

The assistance rendered by Mr T. Mandiri in designing of the questionnaire is gratefully acknowledged. Special thanks go to Mr R. Pachawo and Mr K. Sibanda for assisting in data collection and to Dr T. Simbini for assistance rendered in statistical analysis of the data/results.

## **REFERENCES**

- [1] N. A. Warth, http://www.nationnews.com/strongview. cfm 2004 (Accessed on 18th October 2004).
- [2] J. M. Syptak, D. W. Marsland and D. Ulmer, <a href="http://www.aafp.org/fpm 1999">http://www.aafp.org/fpm 1999</a> (accessed on 15 October 2004).
- [3] D. O. Kaldenberg, B. A. Regrut, The Satisfaction Report, Newsletter 3, 1999.
- [4] S. Simoens, A. Scott, 2001, http://www.smj.org.uk (accessed on 20 October 2004).
- [5] A. A. Purohit, J. E. Stewart, Pharm. Manag. 152 (1980) 137 143.

- [6] R. J. Hammel, F. R. Curtiss, J. Heinen. Pharm. Manag. 151 (1979) 29 – 37.
- [7] C. A. Gaither, J. Am. Pharm. Assoc. 39 (1999) 353-361.
- [8] C. A. Johnson, R. J. Hammel, J. S. Helnen, Am. J. Hosp. Pharm. 34 (1977) 241–247.
- [9] D. R. Katerere, L. Matowe, Am. J. Health-Syst. Pharm. 60 (2003) 1169-70.

- [10] Medicines Control Authority of Zimbabwe (MCAZ). Harare, 2004.
- [11] V. J. Willet, C. L. Cooper, Pharm. J. 256 (1996) 94 98.
- [12] Pharmacy Today 5 (1999) 1, 8.
- [13] V. Maio, N. I. Goldfarb, C. W. Hartmann. Pharmacy Today 29 (2004) 190 -195.
- [14] D. A. Mott. Am. J. Health-Syst. Pharm. 57 (2000) 975-984.