ROYAL PHARMACEUTICAL SOCIETY

PHARMACIST SUPPORT

Workforce and Wellbeing Survey 2024

Survey design, analysis and report produced by the RPS Science and Research Team

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Contents

1 Executive Summary

Since 2019, the Royal Pharmaceutical Society (RPS) has worked closely with Pharmacist Support to improve understanding of mental health and wellbeing among UK pharmacists and explore the impact of workplace culture on pharmacy teams. Over the last five years, the findings of an annual, joint workforce wellbeing survey have informed the development of the RPS' mental health and wellbeing support programmes and targeted resources, such as the Wellbeing Hub. In addition, the survey results have informed many developments within Pharmacist Support, such as the creation of a new counselling service, the ACTNow wellbeing campaign, wellbeing resources and workshops, and a new training programme for managers and leaders titled 'Embracing a Workplace Wellbeing Culture'.

As agreed at the Workforce Wellbeing roundtable held on 29th February 2024, the 2024 survey saw the inclusion of pharmacy technicians for the first time. This survey was distributed to all those registered with the General Pharmaceutical Council (GPhC) which in turn significantly increased the number of responses received.

The evidence gathered to date suggests that workplace pressures, and the subsequent impact on mental health and wellbeing, remain a significant issue throughout the pharmacy profession. The 2024 results of the Workforce Wellbeing Survey show that 87% of the pharmacy workforce is at risk of burnout, which is largely consistent with both the 2023 and 2022 reports[1,2]. This proportion remained the same when the sample was broken down by profession, with 87% of pharmacists and pharmacy technician respondents at risk of burnout.[1,2]. What is more, a high number of pharmacy professionals still report that they have considered and/or have decided to leave their role within pharmacy due to workplace pressures.

The purpose of this annual survey was to gather evidence on the mental health and wellbeing of the pharmacy workforce, the obstacles that prevent the pharmacy workforce from accessing support services or workforce wellbeing measures to be implemented in practice, and to identify areas which require further improvement and/or support.

2 Introduction

The RPS is the professional body that represents pharmacists throughout Great Britain. It promotes and advocates for the role of pharmacy in the UK's wider health system, represents the interests of all pharmacists in the media and government, and supports pharmacist members in their education and development at all career stages.

Pharmacist Support is an independent charity supporting pharmacists and their families, former pharmacists, trainees and MPharm students by providing a wide variety of support services, including guidance and advice on mental health and wellbeing.

APTUK is the professional body that represents pharmacy technicians across the United Kingdom. It advocates for pharmacy technicians and influences legislation and policy, for the benefit of patients, the public and delivers opportunities for pharmacy technician members in continued professional development and education in specialist areas of practice.

Since 2019, the RPS has worked closely with Pharmacist Support to improve understanding of mental health and wellbeing among the UK pharmacy workforce, as well as the existing workplace stressors and barriers to a healthy workplace environment. Over the last five years, an annual, joint workforce wellbeing survey has been undertaken and the findings used to help develop an extensive programme of work to support mental health and wellbeing in pharmacy, including the development of policy and support resources such as the RPS Wellbeing Hub and RPS Protected Learning Time Policy.

Past annual surveys allowed the identification of some of the main contemporary challenges experienced by the pharmacy workforce; it is hoped that this year's survey will provide insights into any changes to these challenges and to further explain pharmacy workplace experiences. Findings from the past three years show a consistent trend of survey respondents being at high-risk of burnout, with 86-89% scoring above the defined cut-off[1–4]. This year's results show that the risk of burnout was equally high for pharmacist and pharmacy technicians', with 87% of respondents at risk in both groups.

The RPS published the Workforce Wellbeing Action Update in October 2024, which provided an overview of the actions agreed by participating organisations at the February 2024 Workforce Wellbeing Roundtable Event, and summarised the actions made by the organisations to date[5]. This piece of work was completed in collaboration with Pharmacist Support to explore workforce wellbeing, the impact of poor wellbeing on patient safety and professional environments, and share the actions pharmacy organisations are actively taking to address the concerns raised by pharmacy professionals. This document shares the key updates on each of the actions agreed upon by key stakeholder organisations. This report reassures us that the participating stakeholders are following through on their commitment to further research and collaboration to improve professional wellbeing, with the goal of better understanding the measures required to address issues in the pharmacy workforce. Following on from this update, the purpose of the 2024 Workforce Wellbeing survey is to gather the evidence needed to support decisions on how the RPS is best placed to advocate for changes that will support positive mental health and wellbeing, and to inform the development and expansion of the RPS pharmacy wellbeing programme. The results will also continue to inform the support provided by Pharmacist Support.

Where appropriate, survey findings are also compared to findings from previous years (2020, 2021, 2022, and 2023) to help identify any trends or changes over time[1–4]. This year's sample includes Pharmacy Technicians for the first time, which should be considered when interpreting the year-on-year comparisons. Where necessary, we have separated the pharmacist and pharmacy technician data to ensure a more accurate assessment of the variance between the two sectors can be made. The ultimate goal for both organisations is to advocate for pharmacy workplace cultures that are conducive to positive mental health and wellbeing.

3 Method

The 2024 Workforce Wellbeing online survey was developed in collaboration with Pharmacist Support and distributed using Microsoft Forms. This year, the General Pharmaceutical Council (GPhC) and the Association of Pharmacy Technicians UK (APTUK) collaborated on the WWB survey by reviewing the questionnaire content and disseminating the agreed questionnaire to members and registrants.

The survey included questions which explored the current mental health and wellbeing of respondents, their workplace experiences, and their awareness and access to support services and resources.

The 2023 survey introduced an eligibility screening section at the beginning of the Workforce Wellbeing Survey, which was effective in ensuring only the target population responded to the full questionnaire. Due to this success, this eligibility section was included again in the 2024 questionnaire. This year, the survey included Pharmacy Technicians to gather insights on the wellbeing of all General Pharmaceutical Council (GPhC) registrants. The eligibility section was adapted to ensure that responses received were from the target audience – pharmacy professionals who are currently working/studying/in training and/or are registered with the General Pharmaceutical Council (GPhC).

Most questions in Sections 1 to 6 were mandatory, and question branching was implemented to ensure respondents could skip questions which were not applicable to them. Questions in Section 7 (Inclusion and Diversity) were optional and provided a free-text "Other" option to allow respondents to personalise their answers if they did not feel represented in the existing list.

Several questions were added to align with the RPS and Pharmacist Support's key areas of focus in 2024, including question on the impacts of medication shortages on patients and pharmacists, and the prevalence of isolation and loneliness throughout the profession.

The survey was launched on Tuesday 15 October 2024 as part of the Pharmacist Support ACTNow wellbeing campaign and closed on Tuesday 12 November 2024. A link to the survey was emailed to RPS members and registered users identified through the RPS contacts' management system. The survey was distributed and promoted by Pharmacist Support and the GPhC via newsletters, social media, and stakeholder networks. Regular reminders were sent throughout the data collection period by the RPS, Pharmacist Support, and GPhC. The survey was open to both RPS members and non-members.

The survey data was exported from MS Teams to Excel and analysed using descriptive and, where appropriate, inferential statistics. The qualitative data was coded and thematically analysed using deductive methods[6]. Burnout scores were calculated using the standardised method of the Oldenburg Burnout Inventory[7]. Where appropriate, responses were also compared to the 2019, 2020, 2021, 2022 and 2023 datasets. All notable year-on-year differences have been reported.

Percentages were calculated using the total number of survey respondents; however, responses may not add up to 100% for one or more of the following reasons:

- The question may have allowed respondents to provide more than one answer
- Individual percentages are rounded to the nearest whole number (e.g., 99% or 101%), apart from where response rates are shown to one decimal place (e.g., 0.5%)
- Only the most common responses may be shown in the table.

4 Findings and Discussion

A total of **6,598** responses were received, which is a 5.5 times increase compared to last year, and the largest response rate of all previous years (Table 1). 67% of respondents were pharmacists (n=4342) and 30% were pharmacy technicians (n=1962). The remaining 3% of respondents were Foundation / Trainee pharmacists (n=34), MPharm students (n=52), or others (n=93).

2019	2020	2021	2022	2023	2024
Total number of responses					
1,324	959	1,014	1,496	1,273[a]	6,598[b]

Table 1: Year-on-year comparison of the number of responses to the RPS Workforce wellbeing survey.

[a]This number includes those who completed the eligibility section of the survey but were not able to complete any questions past section one. The number of eligible respondents was 1188. [b]This number includes those who completed the eligibility section of the survey but were not able to complete any questions past section one. The number of eligible respondents was 6487, which included Pharmacy Technicians.

It is acknowledged that the low survey response rates can lead to biased results and, ultimately, will be more likely to represent the opinions of those who are more engaged with professional leadership activities. In past year's this has limited the generalisability of the presented results; however, this year's survey response is much greater than in past years, making up 7.3% of the registered pharmacy professionals in Great Britain (64,415 pharmacists and 26,324 pharmacy technicians)[8]

Despite the large increase in response rate in this year's survey which is likely to be more representative of the GB pharmacy workforce, it is recommended that readers bear in mind that this sample is not likely to represent all pharmacy professionals when interpreting the results in this report.

4.1 Demographics

The main demographic information is summarised below. The findings are broadly consistent (proportionally) with the representation of responses in previous RPS surveys, including previous Wellbeing surveys (2020, 2021, 2022 and 2023) and the GPhC data[1–4,9]. A full dataset can be found in Appendix 1.

SUMMARY OF DEMOGRAPHIC DATA

Most survey respondents (82%) worked and/or studied in England, 11% in Scotland, and 6% in Wales (Figure 1). Approximately two thirds of respondents (67%) were pharmacists, of which 67% reportedly had between 11 and 39 years of practice experience. The other respondents were pharmacy technicians (30%), foundation/trainee pharmacists (1%) and undergraduate students (1%).

Figure 1: Geographical distribution of 2023 WWB survey respondents

- Those working in community practice pharmacy settings made up the largest proportion of respondents (46%), followed by hospital pharmacy (26%), general practice (12%), and academia or education bodies (3%). 11% of respondents worked in other settings, such as care homes, 111, or mental health services.
    - The proportion of respondents working in community pharmacy settings increased from 38% in 2023, to 46%.
- 64% were employed full-time (including self-employed individuals), and 34% were employed part-time (including self-employed individuals). 1% of the respondents were currently not in paid employment, and another 1% were currently on leave (e.g., maternity, paternity, sickness, etc.).
    - The proportion of respondents working full-time has increased slightly from the previous year; however, this value has been relatively consistent in all reports going back to 2020 (61% in 2023, 59% in 2022, 62% in 2021 and 65% in 2020) 1–4.
    - The proportion of respondents recorded as working part-time has remained consistent with the results of our 2023 survey, at 34%.
- 40% of all respondents were members of the RPS, while 52% were not affiliated with any pharmacy professional leadership body (RPS, APTUK, or NI Forum). The proportion of RPS member responses to the survey has dropped from the 2023 surveys, the results from which showed 82% of respondents were RPS members.
    - This indicates that the collaboration efforts with GPhC and APTUK and assistance with dissemination succeeded in reaching pharmacy professionals not currently in professional leadership networks. As this work aims to gather insights on the wellbeing of all pharmacy professionals based in Great Britain, not just those with RPS membership, this is positive progress that suggests that the results from the 2024 survey are likely to be more representative of the wider profession.

INCLUSION AND DIVERSITY DATA

The survey included optional questions to assess inclusion and diversity. The main findings are summarised below:

- 91% of respondents were between 25 and 64 years of age (n=5,887)
- 72% of respondents were female (including trans women) and 23% male (including trans men), with 97% stating that their current gender identity is the same as they were assigned at birth (n= 6462)
- 87% of respondents identified as heterosexual, 3% identified as gay men/women, and 2% identified as bisexual (n=6463)
- 58% of respondents were married and 22% had never been married or registered in a civil partnership (n=6458)
- 73% of respondents were White (of which 95% were English/Scottish/Welsh/Northern Irish/ British), 14% Asian or British Asian (of which 50% were Indian and 20% were Chinese), and 4% Black/African/ Caribbean/Black British (of which 85% were African and 13% were Caribbean) (n=1166)
- 88% of respondents did not consider themselves to have a disability (n=6480)
- 41% of respondents were Christian and 27% stated they had no religion (n=6316)
- 11% of respondents chose the option "prefer not to say" in response to the question asking about religion, respectively. This was a notably higher percentages compared to other questions in this section (mean 5.1%, min 2%, max 11%).

In general, the figures reported above are broadly consistent with the findings from the 2023 RPS Workforce Wellbeing Survey and the RPS EDI survey 2022 (n=1,496 and n=1,232, respectively).

COMPARISON TO GENERAL PHARMACEUTICAL COUNCIL DATA

Overall, the 2024 survey results are broadly consistent with findings from previous years. For example, the majority of 2024 survey respondents were white, female pharmacists working in community settings in England. In comparison to the latest GPhC workforce survey data available for registered pharmacy professionals (79,770 GPhC registrants), the sample appears to overrepresent White and Christian pharmacists, despite the increased response rate.

The GPhC workforce data reports that 49% of all pharmacist respondents (n=13,136) were white, which is lower than the proportion of white respondents in this survey (58%, n= 6487). This comparison also highlights the drastic underrepresentation of Asian/British Asian respondents in the 2024 survey dataset; this demographic represents 16% of the survey respondents compared to 29% of all GPhC registered pharmacy professionals. However, black and mixed ethnicity pharmacists are proportionately represented in the 2024 RPS WWB survey results, when compared to the 2019 GPhC survey (Table 2).

Additionally, 34% of the GPhC's pharmacist respondents identified as Christian; however, this value is notably higher at 41% in the current sample. A full comparison of the 2024 Workforce Wellbeing data and GPhC data can be found in Table 2.

	2024 Workforce Wellbeing Respondents (n=6487)[a]		2019 GPhC Workforce Survey (n=79,770)[b]	
Characteristic	Number	Percentage	Number	Percentage
	Gender Identity[c]		Sex[c]	
Female (incl. trans females)	4670	72%	55,333	69%
Male (incl. trans males)	1490	23%	24,405	31%
Other	52	1%	5	<0.5%
Prefer Not to Say / Not known	226	3%	27	<0.5%
Age Group				
<24	147	2%	2,512	3%
25-34	1067	16%	27,454	34%
35-44	1548	24%	21,539	27%
45-54	1752	27%	16,438	21%
55-64	1520	23%	10,153	13%
65+	296	5%	1,674	2%
Prefer not to say	153	2%	-	-
Location				
England	5296	82%	66,511	83%
Scotland	713	11%	7,048	9%
Wales	409	6%	4,173	5%
Other	69	1%	2,038	3%
Race/ethnicity				
White British	3779	58%	39,411	49%
White Other	505	8%	4,565	6%
Mixed	105	2%	876	1%
Asian or Asian British	1066	16%	23,299	29%
Black or Black British	310	5%	4,093	5%
Other	128	2%	1,458	2%
Prefer not to say	497	8%	6,068	8%

Table 2: Sample demographic comparison between the RPS 2023 Workforce Wellbeing Survey and 2019 GPhC Workforce Survey.

a, The total eligible survey response n=6487; however, the sample size varies for optional demographic inclusion and diversity questions. Please See Appendix A for the exact sample sizes for survey section 7; b, Base used encompassed all GPhC registrants (n=79,770), including pharmacy technicians. This profession was not eligible to complete the 2023 RPS Workforce Wellbeing survey and therefore is not represented in this sample; c, The 2024 RPS Workforce Wellbeing survey has collected data on gender identity, whereas the 2019 GPhC Workforce survey collected data on sex.

4.2 Mental health and wellbeing

Both community and hospital pharmacy professionals were more likely to report mental health as poor/very poor compared to those in GP pharmacy (36% and 36% vs 31%, respectively); however, neither sector's reporting is significantly higher than the whole sample reporting (Figure 2). These findings are broadly consistent across England, Scotland, and Wales. International respondents (including Northern Ireland) were more likely to rate their mental health as good/very good in comparison to their British counterparts; however, caution should be taken when interpreting these findings due to the small international sample.

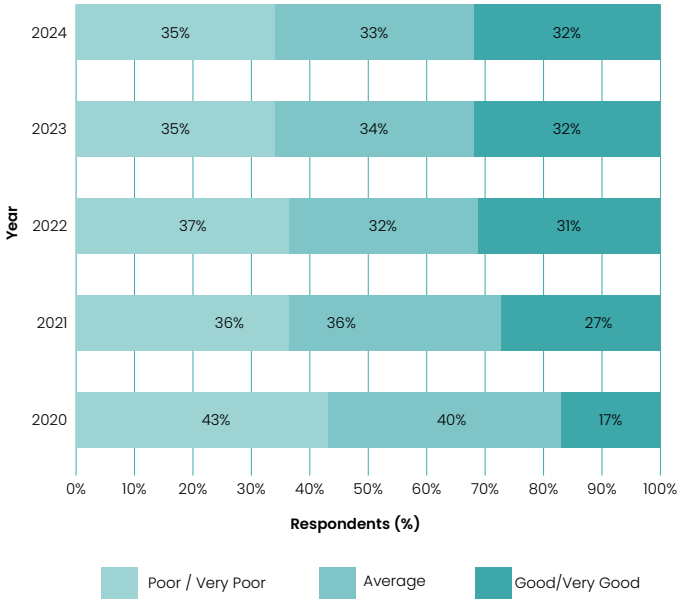

Figure 2: Respondents' rating of their mental health and wellbeing within past 12 months, compared year-on-year (2020 to 2024). The 2024 sample includes pharmacy technicians, while previous years did not; however, the figure depicts a whole-sample comparison.

- 33% of all respondents reported that their mental health and wellbeing had been average in the last year, which is a similar proportion to previous years (Figure 2) despite the addition of pharmacy technicians in the survey sample. Similar trends were observed with responses by sector (Community, Hospital, and General Practice), working pattern (Full-time and part-time), and GB country (England (inc. Isle of Man and Channel Islands), Scotland and Wales). It is only when the data is considered by gender that a notable difference is seen in the proportions reporting their mental health and wellbeing as average (35% female respondents vs. 28% of male respondents).
- 35% of respondents reported that their mental health had been poor/very poor over the past 12 months. This proportion was slightly higher for those working in community and hospital pharmacy (36% and 36%) compared to those in General Practice (31%). Additionally, a larger proportion of full-time respondents reported their mental health as poor/very poor (37%) when compared with those working part-time (30%).
- The proportion of respondents who reported their mental health as good/very good did not change from 2023 to 2024, which does not follow the positive year on year trend consistently seen throughout the years. Since 2020, this number has grown from 17% of respondents, to 32% in 2023 and 2024 (Figure 2). However, it is worth noting that many of the 2020 respondents (85%) reported the impact the COVID-19 pandemic had on their mental health and wellbeing, which would explain why this year's proportions are drastically different to those reported in previous years[3]. As the 2024 sample included pharmacy technicians and this addition had minimal impact on this result, it can be assumed that the proportion of pharmacists and pharmacy technicians reporting their mental health as good/very good is comparable.
- When data is considered by country, international respondents (n=57) had a much larger proportion of respondents with good/very good mental health (60%), especially when compared against Welsh, English, and Scottish respondents (31%, 32%, and 34%, respectively). Notably, the proportion of Welsh respondents who reported their mental health as Good/very good rose from 23% in 2023 to 31% in 2024, which is more consistent with the reporting from other GB countries[2]. Additionally, the gap in female vs male respondents reporting their mental health and wellbeing as good/very good has closed from 2023 (30% female vs. 39% male) to 2024 (31% female vs 35% male). Interestingly, there has not been much improvement in the proportion of females reporting good mental health, but a decline in male respondents reporting good mental health[2].
- Promisingly, the proportion of respondents reporting that they Enjoy/Really enjoy their work has increased between 2023 (29%) and 2024

(38%). When the sample is split into pharmacists and pharmacy technicians, we notice a disparity between the two groups. The proportion of pharmacy technicians who reported that they Enjoy/Really enjoy their work was notably higher at 43% (n=1990) when compared against the pharmacist sample (34%, n=4384).The inclusion of pharmacy technicians in the 2024 sample appears to explain the whole sample increase visible in Figure 3.

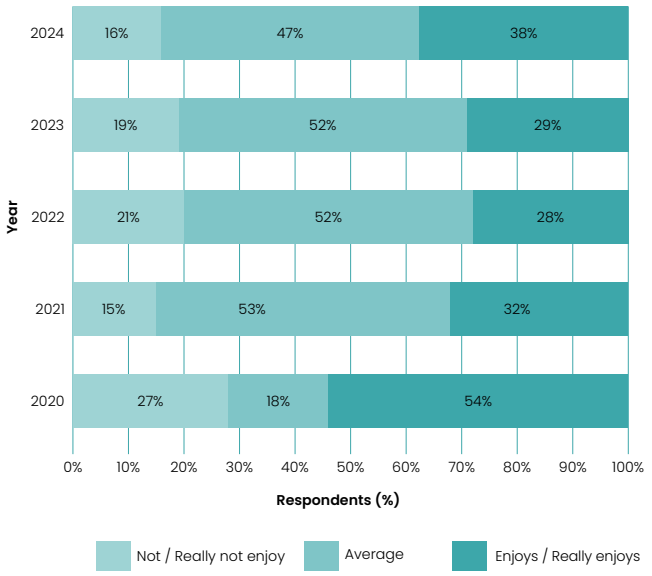

Figure 3: Respondents' rating of their work enjoyment on a day-to-day basis, compared year-on-year (2020 to 2023). Samples do not include those who are not currently working / studying or those who selected " Prefer not to say", "Not applicable", or equivalents. The reduced samples for each year are: 2020, n=947; 2021, n=986; 2022, n=1,428; 2023, n=1,177; 2024, n=6487. The 2024 sample includes pharmacy technicians, while previous years did not; however, the figure depicts a whole-sample comparison.

- Just shy of half of the 2024 sample (46%) reported that they enjoy some aspects of their work or study on a day-to-day basis; 37% reported they enjoy / really enjoy their work on a day-to-day basis and only 16% reportedly don't / really don't enjoy their work (Figure 3). The proportions have shifted slightly from 2023, with more individuals enjoying their work, and less not enjoying their work (RPS, 2023). In comparison to the sample as a whole, International (including Northern Ireland) respondents were, generally, more positive, with 52% reporting that they enjoy / really enjoy their work on a daily basis.

- Approximately half of the respondents (47%) did not consider taking time out of work due to the impact work/study was having on their mental health and wellbeing. 18% of all respondents reported that they had taken time off work for this reason, and an additional 33% expressed that they had wanted to take time off of work/study but had not felt/been able. When the data was split, the whole-sample results were comparable for pharmacists and pharmacy technicians. For both pharmacists and pharmacy technicians, 18% reported that they had taken time off work due to the impact their work was having on their mental health. The proportion who wanted to take time off of work/study but had not felt/been able varied slightly between the two sectors, with 33% of pharmacists (n=4384) and 32% of pharmacy technicians (n=1990) responding with these options.

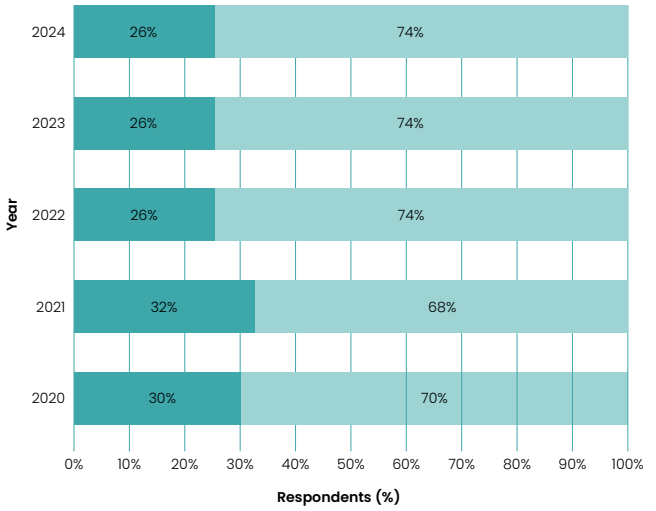

Figure 4: Proportion of respondents who, in the last year, have or have not considered leaving their job or the pharmacy profession due to the impact of work/study on their mental health and wellbeing, compared year-on-year (2020 to 2024). Samples do not include those who selected " Prefer not to say", "Not applicable", or equivalents. The reduced samples for each year are: 2020, n=901; 2021, n=959; 2022, n=1,408; 2023, n=1,156; 2024, n=6487. The 2024 sample includes pharmacy technicians, while previous years did not; however, the figure depicts a whole-sample comparison.

- 61% of respondents shared that they had considered leaving their current role or the pharmacy profession in the past year due to the impact work/study was having on their mental health and wellbeing. An additional 11% reported that they had left their role/sector/the profession for this reason.

- A lower proportion of those working in General Practice and Hospital pharmacy expressed that they were likely to consider leaving their role/ sector/the profession (69% and 72%, respectively) when compared with Community pharmacy (79%).

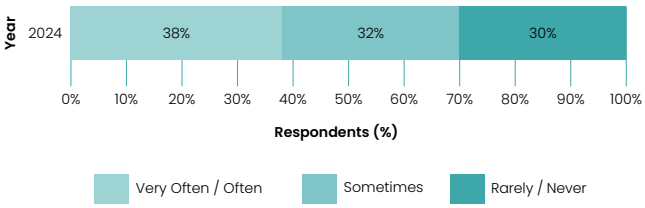

Figure 5: Proportion of respondents who, in the past six months, have felt lonely and/or isolated. Question was asked for the first time in 2024 survey, so not prior results are included for comparison (n=6487).

- 70% of the 2024 WWB survey respondents reported that they experienced loneliness and/or isolation at some point in the past 6 months (38% Very often/Often and 32% Sometimes). International respondents (including Northern Ireland) were more likely to respond that they rarely/never experienced isolation or loneliness (46%) when compared with GB countries (England, 29%; Scotland, 33%; Wales, 32%). Those working in Community pharmacy and General Practice were more likely to report that they experience isolation or loneliness Very often/Often when compared to those working in Hospital Pharmacy (42% and 40% vs 32%, respectively). This question was introduced in the 2024 survey and so cannot be compared to results in past years' reports.

4.3 Burnout at work (Oldenburg Burnout Inventory)

As with previous years' results, the Oldenburg Burnout Inventory (OBI) (Demerouti, 2010), a standardised tool for measuring burnout in healthcare professionals, has been utilised to assess the risk of burnout amongst the 2024 survey respondents. The consistent use of this tool has allowed us to produce a year-on-year comparison (Table 3).

RISK OF BURNOUT

- 87% of the 2024 survey respondents were at high risk of burnout, as measured by the OBI tool. This figure was consistent for pharmacists and pharmacy technicians. Burnout scores in England and Wales were the same when rounded (88%), with those working in Scotland showing a significantly reduced risk of burnout by comparison (84%, $p<0.05$ for both). A notably smaller proportion of international respondents (including Northern Ireland) were at a high risk of burnout when compared against all British countries, with 73% scoring above the defined threshold; however, the difference in the proportion of international respondents at risk of burnout respondents is only statistically significant when compared against Welsh ($p<0.05$) and English ($p<0.05$) respondents.
- The risk of burnout varies between pharmacy sectors. 91% of those working in community pharmacy were at a high risk of burnout, whereas the proportion at risk of burnout decreases to 88% and 84% for those working in hospital pharmacy and general practice, respectively (91% community pharmacy vs. 86% non-community pharmacy, $p<0.05$). Similar trends were found in 2023 and 2022, where the risk of burnout was also highest in community pharmacy at 93% and 96%, respectively[1,2].
- When we compare the risk of burnout between male and female respondents, we see that female respondents are at a slightly higher risk (87% vs. 85%, respectively); however, the difference is not significant.
- The risk of burnout in male respondents has risen from 80% in 2023 to 85% in 2024. As the proportion of male respondents has not changed, this could either reflect a more accurate representation of burnout risk given the larger sample size, or a shift in male pharmacists' professional experiences from 2023 to 2024.

Burnout scores year-on-year (%)					
	2020	2021	2022	2023	2024
All respondents	**89%**	**89%**	**88%**	**86%**	**87%**
Breakdown by sector					
Community pharmacy	96%	95%	96%	93%	91%
Other sectors	82%	85%	80%	87%	86%
Breakdown by sex					
Female	91%	90%	90%	88%	87%
Male	85%	83%	84%	80%	85%

Table 3: Burnout in pharmacy professionals, year-on-year (2020 to 2024), measured by the Oldenburg Burnout Inventory (Demerouti, 2010). The 2024 sample includes pharmacy technicians, while previous years did not; however, the OBI scores for pharmacists and pharmacy technicians were both the same as the whole-sample proportion reported in this table.

When respondents were asked to identify the factors which have negatively impacted their mental health and wellbeing over the past year, the most commonly selected were: Inadequate staffing, (70%), Lack of work-life balance (49%), Increased financial pressures (47%), Lack of protected learning time (47%), and Lack of colleague or senior support (47%), and Long working hours (34%).

Increased financial pressures was not in the top five influential factors in the 2023 WWB survey results, suggesting a dramatic rise in financial concerns between 2023 and 2024. Additionally, the impact of Long working hours was only selected by 34% of 2024 respondents, compared to 42% in 2023. Inadequate staffing and Lack of work-life balance were once again the top two factors, as was the case in the 2023 and 2022 results.

MEDICATION SHORTAGES

In the 2024 WWB survey, we have introduced questions exploring the impact of medication shortages on pharmacy professionals' wellbeing and the perceived potential for patient harm. 56% of this year's respondents shared that their mental health and wellbeing has been impacted by medication shortages within the past 12 months.

When asked whether medicine shortages have put patients at risk over the past 12 months, 41% of respondents responded Yes. A further 36% responded that they were not sure, and only 19% said No (Figure 6).

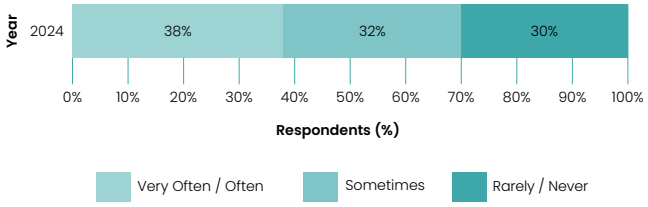

Figure 6: Proportion of respondents who believe medication shortages have put their patients at risk in the past 12 months. Question was asked for the first time in 2024 survey, so not prior results are included for comparison (n=6487).

- In England and Wales, this value was the same, with 44% of respondents from these countries reporting that they believe medication shortages have directly put their patients at risk. In Scotland, this value was notably lower, at 35%. Moreso, only 13% of international respondents believed that their patients had been put at risk due to medication shortages in the past 12 months. However, caution should be taken when comparing the international result to GB countries, as the international sample is very small, and does not take into account variations in medication shortage management and health system variations.

52% of those working in community pharmacy and 47% of respondents from General Practice believe that their patients have been put at risk as a result of medication shortages. This is much higher than those working in Hospital Pharmacy (34%).

Individuals who reported that they believed medication shortages had put their patients at risk of harm were asked to expand upon their answers in an open text question. From the responses

received (n=2304), three key themes were identified: 1) Patient harm, 2) Condition flare/relapse, and 3) Quality of life.

1) Patient harm

Survey respondents raised concerns around patients' safety when medication is unavailable. The circumstances presented varied depending on the patients' condition and the length of medication shortage experienced. The responses received highlight that medication shortages have the potential to increase the risk of debilitating condition occurrence or loss of life.

"Delays in patients receiving sight-saving medication e.g. antibiotic eye drops, eye injections not able to be given due to shortages in topical anaesthetics or suitable antiseptic (e.g. iodine)"

"Babies having to go without CF drugs and having to source elsewhere"

"Delays in supply of Tegretol puts patients with epilepsy at risk"

"Antimicrobials not available to treat infections - have seen patients develop sepsis as a result of not being able to access the right antibiotic"

While medications are in shortage, patients may receive alternative medications with a different route of administration, which can put patients at a greater risk of complications. Additionally, the increased complexity of organising alternative medications can increase the risk of errors or missed patients.

"Unavailability of first line medicines for high-risk patients in hospital. Often the alternatives are inferior or more invasive."

"Phosphate and potassium effervescent tablets unavailable for multiple patients - IV alternatives more invasive"

"Patients have been forced to switch to IV infusions on an interim basis as the SC doses were unavailable. This meant setting up an entire new service with home administration of the IV infusion. It needed to be managed in a time critical manner and this felt that the transition was rushed. Patient safety may have been compromised due to the additional pressures at work."

Several respondents noted that patients in community settings were, in some cases, going to hospitals to source medications they were unable to access through typical means.

"Patients who cannot receive medicines in the community are increasingly contacting the hospital for supplies which puts pressure on inpatient treatments and time spent on inpatient care whilst trying to resolve care for those who are in the community."

"Babies having to go without CF drugs and having to source elsewhere, some of it only available from hospitals so patients have to sort that"

2) Condition flare/relapse

Many responses noted the risk of condition flare or relapse when medication unavailability results in missed doses. Individuals noted the potential stress this can cause patients, especially those suffering from mental health conditions, where the potential for relapse itself can cause severe distress.

"Lack of urgent medicines risk of relapse due to lack of mental health drugs - quetiapine. patient stress ADHD, poorly managed diabetes - GLP1 shortage"

"A lot of ADHD medicines not available so caused a lot of distress and anxiety to patients and their families putting their mental health at risk"

"Patients who are well established and mentally stable on medications in an inpatient setting have deteriorated and had discharge planning delayed due to unavailability of their medication."

3) Quality of life

Medication shortages and missed doses can have severe consequences for patients and dramatically impact their quality of life while alternative treatments are being managed.

There was a noted risk of withdrawal symptoms associated with the medication shortages and condition relapse, which is a challenging situation for a patient to be in. This was a particularly common concern for patients with ADHD.

"Complete unavailability of ADHD medications specially for children puts them at risk of withdrawal symptoms."

"Shortage of drugs for ADHD - guanfacine had to order imports due to risks from withdrawal and lack of others could have risked affecting family life and education

"Nebs and pabrinex shortages; acute respiratory settings mean my patients may not be able to have timely treatment, and those experiencing withdrawal may have negative consequences".

The emotional and mental toll of potentially missing a dose of medication can be difficult for patients to manage, and dramatically impact their lives.

"Waiting longer for medicines, sometimes involves missing doses, heightened anxiety amongst patients."

"Unable to obtain adequate supplies of essential medications causes distress and worry to the patients and their families. They feel the NHS is failing them"

"Condition not managed, resulting in harm or hospitalisation, negative mental impact on patient and caregiver worrying about as stated above."

REST BREAKS

The majority of survey respondents (78%) reported that they are offered regular rest breaks in the place of work and/or study. This number is comparable in pharmacists (77%) and pharmacy technicians (79%). This number has declined steadily since 2022, when 85% reported that they were offered a rest break (Figure 7). For the purposes of this survey, we have defined rest breaks as a 20-minute, uninterrupted rest. Of the 78% who are offered rest-breaks, only 39% reported that they usually felt able to take those breaks; the remaining 39% in this group reported that they frequently choose not to or were unable to take the breaks they had been offered. 17% of all respondents were not offered rest-breaks at all, which has risen from the reported value in 2023 (13%).

- When broken down by role, we see that proportion of pharmacy technicians that are offered breaks is similar to pharmacists. However, a notably higher proportion of pharmacy technicians are able to take breaks (47%, n=1990) when compared to pharmacists (35%, n=4384).
- When broken down by sector, we see that those in community pharmacy are typically offered fewer rest breaks when compared with those working in hospital and GP pharmacy (82% vs. 90% and 88%, respectively).
- Those who were offered breaks, but were unable to take them (32%, n=2021), were asked why. Multiple responses could be selected from the list provided; the most commonly selected options were Workload means I can't take a break (331; 16%), Staffing levels mean I can't take a break (216; 11%), and In theory I am able to take a break but it continuously gets interrupted (214; 11%). Percentages have been given from those eligible to answer this question (n=2021).

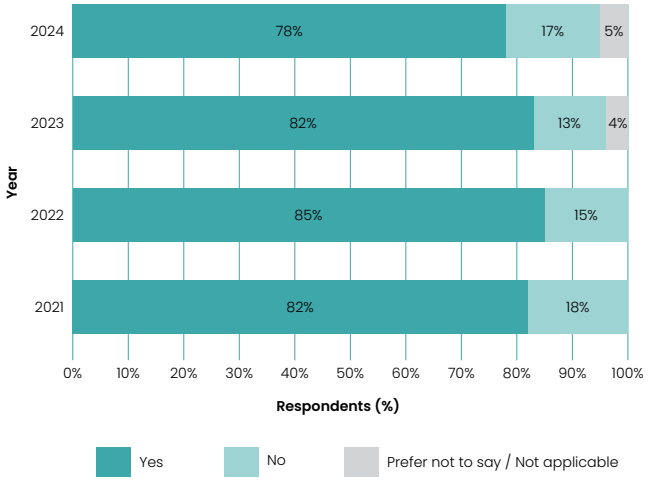

Figure 7: Proportion of respondents who are offered regular rest breaks during working hours. Rest breaks are defined as a 20-minute period of uninterrupted rest. This question was not asked in 2020. In 2023, the "Prefer not to say" and "Not applicable" options were added. The 2024 sample includes pharmacy technicians, while previous years did not; however, the figure depicts a whole-sample comparison.

PROTECTED LEARNING TIME (PLT)

Just over half (59%) of the 2024 survey respondents believe they are not given sufficient PLT to focus on their professional development and learning needs in their place of work and/or study. Of those with employers who offered PLT (33%), 14% were only offered protected learning time to focus on mandatory organisational training rather than their own professional development/learning goals. These figures are broadly consistent with all previous workforce wellbeing surveys.

- Access to protected learning time varied between pharmacy sectors; only 35% of those working in community pharmacy are offered sufficient PLT, a much lower rate than those working in hospital pharmacy and general practice (44% and 68%, respectively).
- Access to PLT also varied by location; 73% of Welsh respondents were not offered sufficient learning time. This value was notably lower amongst English and Scottish respondents (64%) and international respondents (45%).
- Of the survey respondents who reported that they were offered insufficient or no protected learning time in their place of work/study, the majority believed that they were expected to fit their learning into the workday around their designated workload, or into their personal time. There were also a notable number of respondents who believed that there wasn't funding or backfill available that would allow their employer to offer protected learning time.
- The survey respondents who were offered protected learning time within their place of work and/or study primarily used this time to focus on clinical development (24%, 523/2159), education and training development (19%, 409/2159), and leadership development (6%, 122/2159). 31% of respondents (674/2159) focussed on a mixture of all available options presented (Appendix 1). These areas of focus, and the proportions of respondents prioritising each area, are largely consistent with the 2023 and 2022 Workforce Wellbeing survey results.

EXPERIENCE OF VERBAL OR PHYSICAL ABUSE IN THE WORKPLACE

When asked about experiences of verbal abuse in the workplace, 42% of respondents shared that they had experienced this form of abuse within the past 6 months (Figure 8). The majority (72%) of the abuse was from patients/members of the public; however, 11% of cases were reportedly from a colleague and/or manager within the respondents' workplace.

When asked if they experienced verbal abuse as a result of medication shortages, 49% of respondents responded Yes, and a further 3% responded Prefer not to say. The focus of abuse as a result of medication shortages has not been explored in previous surveys.

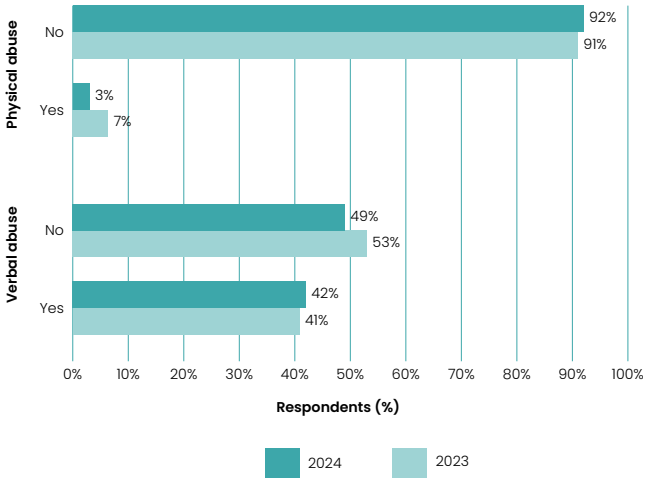

Figure 8: Comparison of respondents who reported experiencing verbal and physical abuse in 2023 (n= 1188) and 2024 (n= 6487). In the surveys prior to 2023, verbal and physical abuse were grouped, and therefore cannot be compared. The 2024 sample includes pharmacy technicians, while the 2023 sample did not; however, the figure depicts a whole-sample comparison.

When asked about experiences of physical abuse in the workplace, 3% (220/6487) reported that they had experienced physical abuse within the past 6 months (Figure 8). A further 3% (179/6487) respondents responded Don't know/Not sure or Prefer not to say. 81% (179/220) of those who had experienced physical abuse reported that it was a member of the public or a patient who abused them. 10% (21/220) shared that the abuse was at the hands of a colleague.

When asked if they experienced physical abuse specifically in response to medication shortages, 4% of respondents responded Yes, and a further 3% responded Prefer not to say.

Overall, the figures surrounding verbal and physical abuse has remained consistent between 2023 and 2024.

4.4 Access to mental health and wellbeing support at work

Work-related stress is a known cause of staff absence and poor performance, therefore, having access to mental health and wellbeing support at work is clearly beneficial for both employers and employees. As such, the levels of awareness of mental health and wellbeing support within and out of pharmacy professionals' workplaces could be used to assess burnout/stress risk within the pharmacy profession.

- A small proportion (21%) of the 2024 survey respondents felt as though their mental health and wellbeing was a priority in their work setting Always (9%) or Often (12%). 41% felt this was Rarely (23%) or Never (18%) a priority in their workplace environment.
- When the sample was broken down into pharmacists vs. pharmacy technicians, there was slight variation in the sample responses:
    - 22% of pharmacy technicians felt as though their mental health and wellbeing was a priority and sufficiently supported in their workplace Always (10%) or Often (12%). 37% reported that this was Rarely (22%) or Never (15%) a priority.
    - 20% of pharmacists felt as though their mental health and wellbeing was a priority and sufficiently supported in their workplace Always (8%) or Often (12%). 43% reported that this was Rarely (23%) or Never (19%) a priority.
    - The proportion of pharmacists and pharmacy technicians who believe their wellbeing is a priority is comparable. However, a notably higher proportion of pharmacists believe their mental health and wellbeing is never a consideration in their workplace.
- The majority of the 2024 survey respondents (66%) shared that they are aware of occupational health and wellbeing support services provided by their employer, institution, or trust (Table 4). This number was very similar in pharmacist respondents (66%) and pharmacy technicians (65%). This proportion of pharmacists who are aware of wellbeing support services has decreased by 10% since the 2023 survey. Considering the increased sample size of the 2024 survey, going beyond those engaged with RPS activities, it is likely that this more recent figure more accurately represents the GB pharmacy profession.
- The proportion of pharmacy professionals' awareness of mental health and wellbeing support services varies between sectors. The majority of hospital pharmacists (91%) reported that they were aware of the support services available to them, which is significantly higher than the whole sample figure ($p<0.05$). However, only 52% of community pharmacists and 63% of general practice pharmacists were aware of these services (Table 4).
- Of the 2024 sample, 15% of respondents were aware of the services available to them and were able to access them and receive the support they required. 36% of respondents were aware of the occupational health and wellbeing support services available to them but had not needed to access those services, a further 15% of the respondents were aware of the services but had not accessed them due to difficulty/barriers.
- When the data was broken down by sector, respondents working in community were less aware of the available occupational health and wellbeing support services provided by their employer compared to hospital pharmacy ($p<0.05$) (Table 4). There was also a notable disparity in awareness between male and female respondents.

	Yes	No
All respondents (n=6487)	**69%**	**31%**
Breakdown by sector		
Community pharmacy (n= 2983)	52%	48%
Hospital pharmacy (n=1698)	91%	9%
General Practice (n-= 770)	63%	37%
Breakdown by gender		
Female (n=4670)	71%	29%
Male (n=1490)	63%	37%

Table 4: Awareness of occupational health and wellbeing support services provided by employer or university

- Respondents who were unable to access the services were also asked what would help them feel more confident in accessing the support available to them; the top responses shared were: Protected time to access support so it can be accessed at a time convenient to me (20%), Reassurance on the confidentiality of the support available (17%), Improving accessibility of the service i.e., being able to access services via different means such as online and/or face-to-face (15%), and Services being available at suitable times (15%).

Respondents were asked to expand on how they felt their workplace does or does not support their mental health and wellbeing. From the responses received (n=3993), three key themes were identified: 1) Workload, 2) Workplace treatment, and 3) Mental health concerns.

1) Workload

Many respondents felt that they were able to share their concerns about their high workload with colleagues and managers; however, support to alleviate their stress is not always put in place. A lack of capacity review and consistently increasing demand were noted as making individuals' workloads unmanageable. Many respondents feel as though supportive action doesn't happen when they need it most.

"The organisation is good at putting out narratives and policies to support well-being but fail to actually deliver on this, especially very senior managers."

"Target driven work with increasing demand and no review of capacity to reach all those targets."

"Increased workload and reduction in staff… I burnout due to having to do 5 people's workload and working 7 days a week to get the urgent work done.

"I often raise issues and worries about practice to my managers and nothing changes, no support, no guidance"

Additionally, the high workloads many pharmacists and pharmacy technicians experience mean that the self-guided support tools offered in their workplaces aren't helpful, as there is no time for them to use the tools and materials. In these circumstances, although wellbeing is discussed, the responsibility for improving workplace wellbeing is placed on the individual, and not on the organisation leaders.

"Often give mindfulness/self-reading as support which isn't always useful given the lack of time to be able to do"

"Support is theoretical but in reality, you do not get support and have to either fight for it or workload means it is not possible to take proactive advantage of support yourself"

"Sometimes feel like feedback is not listened to. The organisation provides blanket support, but clinical staff often don't have enough time to utilise it"

Despite a number of respondents feeling as though the support offered either isn't available or accessible, there were also many respondents who mentioned that mental health and wellbeing services are available in their workplace and are extremely helpful.

"Very supportive and open-minded team who I feel comfortable talking to"

"Lots of resources available for staff including psychological support."

"There is access to a private health centre with counselling services available"

2) Workplace treatment

A number of responses from pharmacy professionals noted the unsupportive treatment they experience from senior team members or management staff they interact with. These anecdotes suggest that senior management have been dismissive of wellbeing and workplace concerns or, in some cases, have made team members feel bad for requesting support or leave for their mental health or wellbeing.

"Some people are supportive although some in senior positions are dismissive even when this is pointed out to them"

"Senior management know we do not have enough staff but do nothing about it"

"Made to feel guilty if you phone in sick due to mental health, not seen as a proper illness worthy of having time off

"My senior management team had antiquated views on mental health and offers intense judgement on those who need mental health breaks"

Many respondents felt that they received a lack of recognition in their workplace, leaving them feeling undervalued. Additionally, the lack of pay reviews as workloads and responsibilities continue to rise for pharmacy professionals was a frequently mentioned issue. Many felt as though the pay they received did not align with the volume of work expected. Some workplaces reportedly also do not offer their staff paid sick-leave.

"No acknowledgement of how hard we work, no praise, no recognition, no benefits or rewards for increased workload, everything gone up cost wise but no increase in pay. No support. Had to privately pay for therapy due to no support from workplace."

"No sick pay so can't afford to be ill"

"I have been denied pay progression and as a result am being severely underpaid for my level of experience and knowledge. We also have pay deductions during any sickness absence."

Respondents also noted the lack of appropriate rest breaks in their workplace and how this impacted their wellbeing. In some cases, workplaces did encourage staff to take breaks, but did not adjust their workload or targets to allow them to do so.

"30-minute break in a 12-hour shift is not long enough, constant and heavy workload by services that keep getting loaded upon us with no extra staff"

"I was expected to continue and had no time for lunch breaks or even a drink, I was told I had to make time, but there wasn't physically time so I asked them to put in set breaks for me, they also physically couldn't without it affecting the service."

"10-hour days, no scheduled breaks, huge volume of checking and bagging, high expectations from patients and then we have Pharmacy First ! Impossible to do all safely."

Locum staff responding felt as though their wellbeing and mental health was not considered as important as their colleagues. Challenges associated with understanding new systems and teams were not taken into consideration for these professionals.

"As a Locum pharmacist I don't feel that at times I am considered at all in terms of health and wellbeing. Just expected to get on with it. This can be difficult with new systems and lack of staff."

"As a locum they expect you to do the work, there is no support for our wellbeing"

"Locums are not treated equally as permanent staff. No support for wellbeing"

3) Mental health concerns

Improvements in understanding and supporting pharmacy professionals' mental health was noted by some, suggesting that steps are being taken in the profession to seriously consider individuals' wellbeing.

"They are doing much better at recognising staff needs in terms of mental health and accessing support, flexible working etc."

"very strong emphasis on wellbeing, physical and mental. Mental health first aiders in place. Support available with counselling and other support. Strong wellbeing offers. Individualised support for staff."

"We have a Mental health first aider and team leaders, and all upper management are supportive and mental health focused."

"Plenty of wellbeing chats, access to online support, access to mental health first aiders."

However, this positive progress does not seem to be the case for all workplaces, with other responses highlighting a collective worsening mental health in the profession. Many of those who report concerns regarding their mental health do not feel as though the support provided is adequate.

"However, there is little being done to address the causes of worsening mental health - we can raise issues as a group, and nothing seems to change."

"They say they are concerned about my mental health and wellbeing, but nothing is done about the pressures that cause me to get stressed it is all just about the service"

"I feel that if I were to talk about my mental health and ask for support it would be held against me"

"They watch as you tell them your mental health is plummeting and will tell you that reasonable adjustments aren't possible and maybe you're in the wrong job."

4.5 Access to other mental health and wellbeing support

AWARENESS OF THE SUPPORT SERVICES PROVIDED BY THE RPS AND PHARMACIST SUPPORT

Over the last five years, the annual, joint workforce wellbeing survey findings have been used to help develop the RPS wellbeing support workstreams, including the RPS Wellbeing Hub.

- Of this year's survey respondents, 83% of all pharmacists were unaware of the RPS' Wellbeing Hub, which is 13% greater than the reported 2023 value, likely due to the survey's distribution from organisations other than the RPS which has expanded the survey's reach beyond those engaged with the RPS.
- Of the RPS members responding, 77% of RPS members were unaware of the RPS Wellbeing Hub. Given the expansion of the workforce wellbeing programme and projects completed, such as the 2023 Workforce Wellbeing Roundtable, and the recent Action Update published in October 2024, it is disappointing to see that the awareness and impact of this work is not higher amongst pharmacy professionals. It is possible that there is some confusion as to what the Workforce Wellbeing hub is, and the expectations of a hub (i.e., is it an informative resource or a support service) could be made clearer.

The previous survey findings have also been used to develop support services offered by Pharmacist Support. At present Pharmacist Support assists current and former pharmacists and their families as well as pharmacy students and trainee pharmacists. Of the responding pharmacists eligible for support, 58% had heard of Pharmacist Support. This was down from 70% in the survey undertaken during 2023. 42% reported that they had never head of Pharmacist Support. The change in pharmacists' awareness is likely due to the expanded sample of pharmacists (n=4384) and is likely to be a more accurate representation of the awareness the GB pharmacists have of Pharmacist Support.

Of the pharmacists who were aware of Pharmacist Support, the services they were most familiar with were: Counselling service (19%), Peer support via Listening Friends (15%), and information and enquiries (14%).

As a charity, it remains Pharmacist Support's purpose to support their pharmacy family in perpetuity, as well as continuing to evolve to remain relevant. Pharmacist Support are increasingly asked about extending support to Pharmacy Technicians Of the responses received, 76% agreed or strongly agreed that this would be a positive move to support pharmacy technicians. 5% disagreed/strongly disagreed with the suggestion of Pharmacist Support expanding its support to Pharmacy Technicians.

In the 2024 survey, we have included an additional question which explores which Pharmacist Support services respondents feel are most essential. The three most essential services, from the perspective of the survey respondents, were: Mental Health support (e.g. counselling and peer support), Awareness raising of the issues impacting those working in pharmacy, and Individual wellbeing training/personal development (e.g., stress management training).

CONCERNS ABOUT ADDICTION AND ADDICTIVE BEHAVIOUR

Addiction is defined by the NHS as not having control over doing, taking, or using something to the point where it can cause harm to the individual. Addictive behaviour, or behavioural addiction, is a type of addiction where the individual affected is compelled to take part in specific behaviour(s) repeatedly, regardless of the potential negative consequences.

In response to the question on addiction or addictive behaviours, 13% of respondents had reportedly been personally concerned about addiction or addictive behaviours in the last year, of which only 2% sought support. A further 3% responded that they did not know/were not sure, and 4% preferred not to say. These figures are consistent with the findings in previous years.

4.6 Other comments

A total of 1259 responses were received to the final survey question, which asked whether respondents had any further comments which had not been covered by the survey.

COMMENTS RELATED TO WORKFORCE WELLBEING

The majority of the comments shared provide insights into the primary concerns and adverse experiences pharmacists experience in their workplaces. Many focus on the insufficient funding, staff numbers, and pay. One factor that respondents identified as contributing to the workload stress was the consistently increasing responsibilities pharmacists and pharmacy technicians are taking on and the consistent changes within the profession. Comments from pharmacy technicians also highlight the limited career development opportunities available in their role. Some key examples which stressed these common themes are shown below:

"The current pressures on community pharmacy staff are at an acute level. We are working to our limits and with more and more in the form of services we must offer being implemented, many are at breaking point."

"In the past, pharmacists and doctors were often able to earn a comfortable salary that allowed them to buy a home and support their families. Today, however, even with two working parents, it has become challenging to achieve financial stability. It's concerning that NHS wages have not kept pace with inflation."

"As a pharmacy technician I would like to up skill, but you can only grow in the profession as an ACT."

"Yes, the pressure on ACT technicians is absolutely enormous at the moment more than ever and are very underpaid for their roles."

COMMENTS RELATED TO THE PURPOSE OF THE RPS WORKFORCE WELLBEING SURVEY

A number of comments related to purpose of the Annual Workforce Wellbeing Survey, with many comments questioning the impact the results are likely to have. There were a number of comments expressing hope that the data gathered could allow targeted action to be taken which will benefit the pharmacy profession. Some key examples which discuss these points are included below:

"I hope that this survey will achieve something for us Pharmacists and not another tick box exercise."

"Thank you for doing this survey. More needs to be done to recognise the growing risk of burnout in our profession."

"I don't believe this survey will change my problems or fear working with some members of team."

COMMENTS RELATED TO PHARMACY LEADERSHIP

A number of comments focussed on concerns for the future of the pharmacy workforce and what role the pharmacy leadership organisations (RPS, APTUK, GPhC, NHS trusts, etc.) could play in supporting pharmacists' wellbeing. Some key examples which discuss these points are included below:

"Senior pharmacy managers are lacking in training to support staff with their mental health needs and can sometimes, increase their staffing stress levels. It would be good if this gap could be filled by RPS."

"Until well-being schemes are mandated employers will not incorporate them, so the GPhC needs to continue to advocate for pharmacy professionals to have access to better services to support mental well-being."

"I feel that all the bodies RPS, Pharmacist Support & GPhC need to come together to address the serious lack of awareness of Pharmacy and Pharmacists in general - e.g. advertising campaigns."

5 Discussion

The joint workforce wellbeing survey from the RPS and Pharmacist Support is a vital source of information which sheds light on the contemporary thoughts, feelings, and experiences of the British pharmacy professionals. The 2024 results show that the risk of burnout is high across all sectors, regions, and demographics measured, with 87% of all survey respondents being classed as high-risk for burnout. This value has decreased only slightly from the 2023, 2022 and 2021 results (86%, 88% and 89%, respectively). Interestingly, there was no variation in the proportion of pharmacists vs. pharmacy technicians at risk of burnout, with 87% of both samples reportedly at risk.

However, a higher proportion of pharmacists believe their mental health and wellbeing is not considered in their workplace (19%) compared to pharmacy technicians (15%). Factors such as inadequate staffing, lack of work-life balance, and increasing financial pressures were the key contributing factors to the poor mental health experienced by many in the pharmacy workforce. Inadequate staffing and a lack of work-life balance has been consistently reported to impact pharmacy professionals' wellbeing since 2022. The persistence of these impacting factors suggests that current work is not effectively addressing pharmacy professionals' concerns, despite the efforts from the RPS and Pharmacist Support, or the ongoing work is not reaching those who need it. The current workstreams should be evaluated to assess their effectiveness in addressing these specific factors, and the effectiveness of their dissemination strategy. Additionally, more targeted action should be taken to address these concerns, which are known to increase the mental health burden and risk of burnout for pharmacy professionals in Great Britain.

Despite the majority of our 2024 respondents sharing that they are offered regular rest breaks (78%), approximately half of those offered breaks reported that they frequently choose not to or were unable to take them due to their workload, inadequate staffing, and interruptions from co-workers. When broken down by role, we also found that a notably higher proportion of pharmacy technicians were able to take breaks (47%) compared to pharmacists (35%).The importance of rest breaks to protect healthcare professionals from burnout has been widely

documented[10,11].If consistently occurring, a lack of time to recover from a demanding workload and stressful workplace events could become overwhelming and deteriorate individuals' mental health. The qualitative results from this year's survey emphasise how severely poor work environments are impacting individual's mental health and professional motivation. Respondents feel undervalued, unsupported, and overworked. The additional stress caused by the rising occurrences of medication shortages is also evident from this year's survey results, with many pharmacy professionals feeling concerned or responsible for patients for whom they've been unable to provide care due to the lack of medication access. These results highlight the need to address the lack of consistent rest breaks in pharmacy workplaces, as it is a clear, contributing factor to occupational burnout.

With medication shortages increasing approximately 70% since 2021, and the frequent reporting from pharmacists that they are "firefighting" this issue, it is important to understand how this is impacting those working in the pharmacy sector[12–14]. Building on the work conducted by Juliette, et al. (2024), we included questions in this year's WWB survey to assess the impact of medication shortages on pharmacy professionals and patients[15]. Over half of our survey respondents (56%) sharing that the rising occurrence of medication shortages has impacted their wellbeing, and a further 41% reporting that their patients had been placed at risk due to shortages, it is clear more needs to be done to support pharmacy professionals in these difficult circumstances. The additional stress and burden this places on pharmacy team members to find appropriate alternative medications, avoid delays to care, and to support patients appropriately when a treatment isn't available at all has been widely documented by pharmacy leadership organisations[16,17]. The qualitative results highlight how many serious medical conditions shortages can affect and how distressing this has been for pharmacy professionals. In March 2024, the RPS created a Medicine Shortages Working Group, Chaired by RPS Fellow Dr Bruce Warner. The group is comprised of experts from primary and secondary care, patients, the pharmaceutical industry, suppliers, regulators, government and the NHS. On November 27th of this year, they published the report "Medication Shortages: Solutions for Empty Shelves"[18]. This report explored the causes of shortages, the extent of the impact on patients and healthcare professionals, and provided a number of recommendations on how shortages could be prevented and managed to reduce their impact. This report is the first step in enacting change, which hopes to reduce distressing circumstances for patients and pharmacy professionals.

Isolation and loneliness amongst pharmacy professionals has been explored for the first time in this year's survey, with results highlighting a need for focus on this topic to improve the individuals' wellbeing. With 70% of respondents reporting that they felt lonely or isolated often or very often, it is clear that more action must be taken to instil a sense of community and collaboration in the pharmacy sector. Feelings of loneliness and isolation were more prevalent for those working in GP and community pharmacy settings.

Protected learning time has also been highlighted as an area of need amongst pharmacy professionals, as it has been in previous years. 59% of survey respondents expressed that they are currently not given sufficient protected learning time to focus on their professional development and learning needs. This lack of priority given to professional development and learning in pharmacy settings has been continuously reported since the 2020 workforce wellbeing survey[3]. Pharmacy professionals believe that they are currently expected to fit their learning into the workday around their designated workload, or into their personal time. Given the consistent reporting of understaffing, unrealistic workloads, and demanding levels of responsibility, pharmacy leaders should not assume that learning can be squeezed into a pharmacy professional's working day or personal time. Designated, protected time is required to ensure that professionals are not distracted or interrupted from their learning. As this issue has been regularly reported as an area of need in the past five WWB surveys, it is clear that more needs to be done to address the lack of protected learning time in the pharmacy profession.

SECTOR-SPECIFIC ISSUES

It is clear from the findings that a number of issues raised impact community pharmacy more severely than other sectors. Our community pharmacy

respondents were at a significantly higher risk of burnout, less likely to be able to take uninterrupted rest breaks, and received insufficient protected learning time when compared with hospital or GP pharmacy. Respondents from community were also more likely to experience verbal or physical abuse from patients and the public. The poorer work environments and working conditions are proving to have a large impact on community pharmacy professionals' mental health and wellbeing, with this group consistently showing the highest risk of burnout in all past workforce wellbeing surveys[1–4]. In addition to the community pharmacy-specific issues, this year's survey highlighted topics which impacted GP and community pharmacy similarly. Those working in community pharmacy and GP settings were more likely to experience loneliness/isolation Very often or Often compared to those working in hospital pharmacy. The concerns of medication shortages were also reportedly higher in community pharmacy and GP work settings too. The additional reports of isolation and concerns around medication shortages in GP and community pharmacy settings provide insight which can allow pharmacy organisations to take targeted action to improve the working conditions of pharmacy professionals working in GP settings.

Although there are some common concerns throughout all sectors, there is a need to recognise the sector-specific trends and consider how the differences in work environments/cultures could be contributing to the worrying results presented in this report. We would recommend that the RPS and Pharmacist Support take a sector-specific approach when developing strategies to address the underlying issues identified. However, caution should be taken when interpreting the responses from different sectors, given the varying and small number of responses received from some of these groups.

RESPONSE RATE

This year's WWB survey saw a response rate 5.55x greater than the 2023 results (2023 n=1188; 2024 n=6598)2. Although this increase has expanded our database and will improve the generalisability of our results, the sample still represents just 7.3% of the registered pharmacy professionals in Great Britain. Additionally, there is still an over-representation of white, female pharmacists working in community settings in our sample. This year also saw the inclusion of pharmacy technicians in the survey sample, which has allowed us to explore differences in workplace experience between pharmacists and pharmacy technicians. We believe it is important to recognise that the views and experiences represented in this survey are primarily reflective of white, females and those working in community, and to consider what implications this and the sample size may have on the findings and their generalisability. However, with this increased sample size, we are able to assess the reliability of our results compared to previous years; despite the large increase in responses, the same key areas of concern, such as risk of burnout, protected learning time, and insufficient rest breaks, remain. This suggests that the results previously reported, and this year's results are likely to be an accurate reflection of the broader pharmacy workforce.

Ahead of future surveys, the RPS should continue to explore strategies to increase the response rate further and to ensure that the demography of the sample is reflective of the contemporary pharmacy workforce.

6 Acknowledgements

We would like to thank Pharmacist Support for their continued collaboration throughout the development of the annual Workforce Wellbeing surveys and reports.

This year, we had additional support in the survey construction, dissemination and review of the report from the GPhC and APTUK, which allowed us to expand our reach and dramatically increase the survey response rate.

7 References

1. Workforce and Wellbeing Survey 2022. (2022).
2. Royal Pharmaceutical Society. Workforce and Wellbeing Survey 2023. https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Workforce%20Wellbeing/Workforce%20and%20Wellbeing%20Survey%202023-007.pdf (2023).
3. Workforce Wellbeing Report - 2020. https://www.rpharms.com/Portals/0/RPS document library/Open access/Mental Health and Wellbeing/Mental Health and Wellbeing Survey 2020_FINAL2.pdf (2020).
4. RPS and Pharmacist Support Mental Health and Wellbeing Survey 2021. (2021).
5. 2024 Workforce Wellbeing Roundtable Report. (2024).
6. Braun, V. & Clarke, V. Using thematic analysis in psychology. Qual Res Psychol 3, 77–101 (2006).
7. Demerouti, E., Mostert, K. & Bakker, A. B. Burnout and Work Engagement: A Thorough Investigation of the Independency of Both Constructs. J Occup Health Psychol 15, 209–222 (2010).
8. General Pharmaceutical Council. The GPhC Register as of 31 May 2024 - Trend Data. https://assets.pharmacyregulation.org/files/2024-06/gphc-register-trend-data-may-2024 final.docx#:~:text=On%2031%20May%202024%2C%20the,%25%20pharmacy%20technicians%20(26%2C324). (2024).
9. GPhC survey of registered pharmacy professionals 2019 | General Pharmaceutical Council. https://www.pharmacyregulation.org/about-us/publications-and-insights/research-data-and-insights/gphc-survey-registered-pharmacy-professionals-2019.
10. Bridgeman, P. J., Bridgeman, M. B. & Barone, J. Burnout syndrome among healthcare professionals. Am J Health Syst Pharm 75, 147–152 (2018).
11. Stutting, H. L. The Relationship Between Rest Breaks and Professional Burnout Among Nurses. Crit Care Nurse 43, 48–56 (2023).
12. 'We're firefighting in the background': the pharmacists coping with record drug shortages | Health | The Guardian. https://www.theguardian.com/society/article/2024/may/09/pharmacists-england-coping-with-record-drug-shortages.
13. Medicine shortages in England 'beyond critical', pharmacists warn | Health | The Guardian. https://www.theguardian.com/society/article/2024/may/09/medicine-shortages-in-england-beyond-critical-pharmacists-warn.
14. Medicines shortages reported to government increase by almost 70% since 2021. Pharmaceutical Journal (2024) doi:10.1211/PJ.2024.1.254917.
15. Juliette, B. & Robin, C. Influence of drug shortages on the well-being at work of pharmacists practicing in community pharmacies. Exploratory Research in Clinical and Social Pharmacy 15, 100471 (2024).
16. The law must change to improve medicine shortages. https://www.rpharms.com/about-us/news/details/The-law-must-change-to-improve-medicine-shortages.
17. The struggle around medicines shortages | General Pharmaceutical Council. https://www.pharmacyregulation.org/about-us/news-and-updates/regulate/struggle-around-medicines-shortages#impact.
18. Medicines Shortages:Solutions for Empty Shelves. https://www.rpharms.com/medicinesshortages (2024).

8 Appendix

Appendix 1: Survey Response Tables

Total number of respondents (n) = 6598

Most questions in Sections 1 to 6 were mandatory (where applicable). Questions in Section 7 (Inclusion and Diversity) were optional. Branching/routing was used to enable respondents to skip questions that were not applicable, which may translate into a higher number of "Not applicable / No response".

Percentages were calculated using the total number of survey respondents. However, responses may not add up to 100% for one or more of the following reasons:

- *The question may have allowed respondents to provide more than one answer*
- *Individual percentages are rounded to the nearest whole number (e.g., 99% or 101%), apart from where response rates are shown to one decimal place (e.g., 0.5%)*
- *Only the most common responses may be shown in the table.*

Section 1 - Eligibility

1. Are you a registered pharmacist?	N	%
Yes	6375	97%
No	223	3%
Total	**6598**	**100%**

2. Are you a pharmacy student?	N	%
Yes	101	45%
No	122	55%
TOTAL	**223**	**100%**

3. Are you a foundation pharmacist/trainee?	N	%
Yes	11	9%
No	111	91%
TOTAL	**122**	**100%**

Section 2 - About You

4. Which country do you mostly work (or study) in?	N	%
England (incl. Isle of Man and Channel Islands)	5296	82%
Scotland	713	11%
Wales	409	6%
Northern Ireland	22	0%
Not applicable / No response	12	0%
TOTAL	**6487**	**100%**

4. Which country do you mostly work (or study) in?	N	%
International	35	1%
Not applicable / No response	12	0%
TOTAL	**6487**	**100%**

5. Are you a...	N	%
Pharmacist	4342	67%
Pharmacy technician	1962	30%
Pharmaceutical scientist	4	0%
Foundation / Trainee pharmacist	34	1%
Undergraduate Student	52	1%
Other	56	1%
No response	37	1%
TOTAL	**6487**	**100%**

6. What stage of your career are you in?	N	%
0-2 years of practice	551	8%
3-5 years of practice	509	8%
6-10 years of practice	656	10%
11-19 years of practice	1363	21%
20-29 years of practice	1512	23%
30-39 years of practice	1321	20%
40-49 years of practice	480	7%
50+ years of practice	62	1%
Not applicable / No response	33	1%
TOTAL	**6487**	**100%**

7. What are your current working hours? Please select all that apply.	N	%
Employed full-time;	3747	55%
Employed part-time;	1722	25%
Self-employed full-time (incl. locum);	402	6%
Self-employed part-time (incl. locum);	487	7%
Studying full-time;	70	1%
Studying part-time;	99	1%
Currently on leave (e.g., maternity, paternity, or sickness);	92	1%
Currently not in paid employment;	90	1%
Not applicable / No response;	12	0%
Other	62	1%
More than one option could be selected so total is greater than sample size.	**6783**	**100%**

8. What is your main area of practice?	N	%
Community pharmacy	2983	46%
Hospital pharmacy	1698	26%
General Practice	770	12%
Other primary care setting	146	2%
Commisioning organisation	175	3%
Academia or Educational body	168	3%
Pharmaceutical Industry	80	1%
Professional Bodies or Regulators	26	0%
Government and other public bodies	42	1%
Total	**6487**	**100%**

8. What is your main area of practice?	N	%
Mental health services	153	2%
Prison	52	1%
Other	194	3%
Total	**6487**	**100%**

9. Are you a member of any of the below professional leadership bodies (PLB)?	N	%
Royal Pharmaceutical Society (RPS)	2573	40%
Pharmacy forum NI	2	0%
Association of Pharmacy Technicians UK (APTUK)	517	8%
Not applicable	3395	52%
TOTAL	**6487**	**100%**

Section 3 - Your mental health and wellbeing

10. In the last year, how would you rate your overall mental health and wellbeing?	N	%
Very good	503	8%
Good	1577	24%
Average	2162	33%
Poor	1555	24%
Very poor	682	11%
Not applicable / No response	8	0%
TOTAL	**6487**	**100%**

11. In the past six months, how often have you felt lonely or isolated?	N	%
Very often	899	14%
Often	1544	24%
Sometimes	2103	32%
Rarely	1166	18%
Never	775	12%
TOTAL	**6487**	**100%**

12. If you have experienced loneliness or isolation at work, what do you believe are the main causes? Please select all that apply.	N	%
Lack of team support or camaraderie;	2009	13%
High workload and stress;	4568	30%
Limited interaction with colleagues or patients;	1024	7%
Remote or solitary working conditions;	773	5%
Feeling disconnected from your team or the wider organisation;	1830	12%
Few opportunities for collaborative working;	972	6%
Feeling undervalued or unrecognized;	3396	23%
Other;	449	3%
TOTAL	**15021**	**100%**

13. On a day-to-day basis, which of the following statements about work (or study) enjoyment best describes you?	N	%
I really enjoy my work	784	12%
I enjoy my work	1597	25%
I enjoy some aspects of my work	2954	46%
I don't enjoy my work	441	7%
I really don't enjoy my work	571	9%
I am not currently working / studying	67	1%
Prefer not to say	54	1%
Not applicable / No response	19	0%
TOTAL	**6487**	**100%**

14. In the last year, have you taken time off work (or study) due to the impact of your work on your mental health and wellbeing?	N	%
No	3067	47%
I have wanted to, but I have not felt able to	1620	25%
I have wanted to, but I have not been able to	506	8%
Yes - a month or more in total	477	7%
Yes - between one week and one month in total	411	6%
Yes - less than one week	257	4%
Prefer not to say	84	1%
Not applicable / No response	65	1%
TOTAL	**6487**	**100%**

15. In the last year, at any point, has the impact of your work (or study) on your mental health and wellbeing caused you to consider leaving your job or the pharmacy profession?	N	%
No, I have not considered leaving my role or the profession	1674	26%
Yes, I have considered leaving my current role but have not done so	2045	32%
Yes, I have considered leaving the pharmacy profession but have not done so	1913	29%
Yes, I have considered and moved roles within my sector	233	4%
Yes, I have considered and moved roles to a different sector / area of practice	331	5%
Yes, I have considered and left the pharmacy profession	157	2%
Prefer not to say	72	1%
Not applicable / No response	62	1%
TOTAL	**6487**	**100%**

Section 4 - Burnout at work

16. Please indicate the extent to which you agree or disagree with each of the following statements (Oldenburg Burnout Inventory)	Strongly agree	Agree	Disagree	Strongly disagree	Total
I always find new and interesting aspects in my work	11%	50%	33%	6%	100%
	688	3244	2139	416	6487
There are days when I feel tired before I arrive at work	38%	47%	12%	3%	100%
	2494	3053	751	189	6487
It happens more and more often that I talk about my work in a negative way	27%	41%	27%	6%	100%
	1733	2648	1722	384	6487
After work I tend to need more time than in the past in order to relax and feel better	37%	42%	18%	3%	100%
	2382	2722	1175	208	6487
I can tolerate the pressure of my work very well	6%	48%	36%	9%	100%
	409	3146	2366	566	6487
Lately I tend to think less at work and do my job almost mechanically	10%	39%	43%	8%	100%
	635	2549	2781	522	6487
I find my work to be a positive challenge	6%	43%	40%	10%	100%
	411	2789	2623	664	6487
During my work I often feel emotionally drained	29%	44%	24%	4%	100%
	1862	2839	1539	247	6487
Over time I can become disconnected from my type of work	12%	41%	41%	6%	100%
	750	2650	2685	402	6487
After working I have enough energy for my leisure activities	3%	21%	45%	30%	100%
	226	1385	2910	1966	6487
Sometimes I feel sickened by my work tasks	13%	33%	41%	12%	100%
	853	2137	2692	805	6487
After my work I usually feel worn out and weary	37%	44%	16%	3%	100%
	2373	2881	1029	204	6487
This is the only type of work that I can imagine myself doing	9%	37%	40%	14%	100%
	582	2383	2619	903	6487
Usually, I can manage the amount of my work well	9%	60%	25%	6%	100%
	616	3902	1594	375	6487
I feel more and more engaged with my work	4%	28%	55%	14%	100%
	269	1792	3548	878	6487
When I work, I usually feel energised	3%	26%	51%	20%	100%
	197	1719	3285	1286	6487

17. Which of the following would you say have had a negative impact on your mental health and wellbeing in the last year?	N	%
Long working hours;	2246	34%
Lack of work-life balance	3255	49%
Lack of rest breaks	2432	37%
Lack of protected learning time	3115	47%
Lack of colleague or senior support	3100	47%
Inadequate staffing	4643	70%
Feeling isolated (home or solo working)	939	14%
Discrimination at work	715	11%
Bullying at work	943	14%
Regulatory inspections	507	8%
GPhC Registration Assessment	794	12%
Other studies/assignments e.g., IP, other post-graduate studies	787	12%
Personal safety at work	546	8%
Increased financial pressures	3099	47%
Other	590	9%
Not applicable / No response	236	4%
Percentages were calculated using the total number of survey respondents (n = 1496). More than one option could be selected.	**6598**	

18. In the past 12 months, has your mental health and wellbeing been impacted as a result of not having the medication available for your patients?	N	%
No, medication shortages have not impacted my wellbeing and/or workload	1871	29%
Yes, medication shortages have impacted my wellbeing and/or workload	3665	56%
Don't know / Not sure	818	13%
Prefer not to say	133	2%
TOTAL	**6487**	**100%**

19. Have medicine shortages put patients you've treated at risk over the past 12 months?	N	%
Yes	2634	41%
No	1234	19%
Don't know / Not sure	2317	36%
Prefer not to say	302	5%
TOTAL	**6487**	**100%**

20. Please specify in what way the patient(s) were put at risk	QUAL

21. In the past 12 months, have you experienced verbal abuse as a result of medication shortages?	N	%
Yes	3169	49%
No	2601	40%
Prefer not to say	206	3%
Not applicable / No response	510	8%
TOTAL	**6486**	**100%**

22. In the past 12 months, have you experienced physical abuse as a result of medication shortages?	N	%
Yes	286	4%
No	5527	85%
Prefer not to say	166	3%
Not applicable / No response	506	8%
TOTAL	**6485**	**100%**

23. Does your place of work (or study) offer regular rest breaks during working hours?	N	%
Yes, I am offered and usually do take a break	2547	39%
Yes, I am offered but I am frequently unable to take a break *	2021	31%
Yes, I am offered but choose not to take a break	476	7%
No, I am not offered breaks	1089	17%
Not applicable / No response	226	3%
Prefer not to say	128	2%
TOTAL	**6487**	**100%**

24. Why are you unable to take a break?	N	%
Workplace culture (e.g., I am expected to continue working)	93	5%
My workload means I can't take a break	853	42%
Staffing levels mean I can't take a break	158	8%
Pressure to be present so patients and the public can access medicines and advice	175	9%
In theory I am able to take a break, but it continuously gets interrupted	683	34%
My break would be unpaid	41	2%
Not applicable / No response	18	1%
TOTAL	**2021**	**100%**

Branched question - not all survey respondents had the option to respond to this question (n=1071). More than one option could be selected.

25. Does your place of work (or study) offer appropriate time for you to address your professional development and learning needs?	N	%
No, I'm not given any protected learning time	2792	43%
No, I'm not given sufficient protected learning time	1053	16%
Yes, but I'm only given time for mandatory organisational training	1197	18%
Yes, I am given sufficient protected learning time	962	15%
Don't know / Not sure	320	5%
Prefer not to say	163	3%
TOTAL	**6487**	**100%**

26. What areas of professional development do you mainly focus on during your protected learning time?	N	%
Clinical development (clinical skills or training to deliver a service)	523	24%
Leadership development	122	6%
Management development	56	3%
Research development	44	2%
Education and training development	409	19%
Staff or team wellbeing activities or learning	64	3%
Mixture of all options	674	31%
Other	100	5%
Not applicable / No response	167	8%
TOTAL	**2159**	**100%**

Branched question - not all survey respondents had the option to respond to this question (n=2159). Only one option could be selected.

27. Are you aware of any reasons as to why protected learning time is not offered by your place of work (or study)?	N	%
I am expected to do learning in my own time	1711	28%
I am expected to fit learning in around my workload	1742	29%
There is no funding or backfill to enable my employer to offer protected learning time	739	12%
It has never been something that was offered here, there is no culture of learning where I work	305	5%
My employer/place of study doesn't have to offer protected learning time	261	4%
Not applicable / No response	1246	21%
TOTAL	**6004**	**100%**

Branched question - not all survey respondents had the option to respond to this question (n=6004). Only one option could be selected.

28. Have you experienced verbal abuse in your workplace (place of study) within the last 6 months?	N	%
No	631	53%
Yes	489	41%
Don't know/not sure	48	4%
Prefer not to say	20	2%
Not applicable / No response	148	2%
TOTAL	**6487**	**100%**

29. Whom did you experience this abuse from?	N	%
Colleague / Member of my immediate team	292	11%
Manager	231	8%
Other healthcare professional	128	5%
Member of the public / Patient	2012	72%
Prefer not to say	25	1%
Other	91	3%
TOTAL	**2779**	**100%**

Branched question - not all survey respondents had the option to respond to this question (n=2779). Multiple options could be selected which increases total response no.

30. Have you experienced physical abuse in your workplace (place of study) within the last 6 months?	N	%
No	5936	92%
Yes	220	3%
Don't know / Not sure	59	1%
Prefer not to say	120	2%
Not applicable / No response	152	2%
TOTAL	6487	100%

31. Whom did you experience this abuse from?	N	%
Member of the public /Patient	179	81%
Colleague / Member of my immediate team	21	10%
Manager	16	7%
Other healthcare professional	4	2%
TOTAL	**220**	**100%**

Branched question - not all survey respondents had the option to respond to this question (n=220). Multiple options could be selected which increases total response no.

Section 5 - Access to mental health and wellbeing support at work

32. Do you feel as though your mental health and wellbeing is a priority and sufficiently supported in your workplace environment?	N	%
Always	567	9%
Often	797	12%
Sometimes	1826	28%
Rarely	1467	23%
Never	1172	18%
Don'tknow / Not sure	447	7%
Prefer not to say	209	3%
TOTAL	**6485**	**100%**

33. Please expand on how you feel your workplace does/does not support your mental health and wellbeing	QUAL

34. Are you aware of any occupational health and wellbeing support services provided by your employer, university, or the NHS that you could access should you require support for your mental health and wellbeing?	N	%
Yes, I am aware of, and have accessed these services	982	15%
Yes, I am aware of, but have not needed to access these services	2335	36%
Yes, I am aware of, but have not accessed these services due to specific barriers	960	15%
No, I am not aware of these services	1937	30%
Not applicable / No response	271	4%
TOTAL	**6485**	**100%**

35. What would help you to be more confident in accessing the support available, whether from an employer, national, regional, or local support?	N	%
Protected time to access support so it can be accessed at a time convenient to me	541	20%
Services being available at suitable times	400	15%
Improving accessibility of the service i.e., being able to access services via different means such as online and/or face-to-face	389	15%
Reducing stigma around mental health in the workplace so I can talk about my issues if I want to	320	12%
Reassurance on the confidentiality of the support available	453	17%
Training of employers and employees to understand mental health issues	302	11%
Services available that are culturally aware / sensitive to my needs	186	7%
Other	77	3%
TOTAL	2668	100%

Branched question - not all survey respondents had the option to respond to this question (n=2668). Multiple options could be selected which increases total response no.

Section 6 - Access to other mental health & wellbeing services

36. In the last year, have you been concerned about addiction or addictive behaviours (i.e., increased alcohol consumption, drug use or abuse, an unhealthy relationship with food, gambling, or any other addictive behaviour)?	N	%
Yes, and I have sought support	152	2%
Yes, but I have not sought support	712	11%
No	5032	78%
Don't know / Not sure	211	3%
Prefer not to say	231	4%
Not applicable / No response	149	2%
TOTAL	**6487**	**100%**

37. Have you heard of the independent charity Pharmacist Support?	N	%
Yes, and I feel that I know a lot about them	526	8%
Yes, I've heard the name but I only know a little about them	1178	18%
Yes, but I've only heard the name	1070	16%
No	3534	54%
Not applicable / No response	179	3%
TOTAL	**6487**	**100%**

38. Which of the following services offered by the independent charity Pharmacist Support are you aware of? Please select all that apply	N	%
Information and enquiries	626	13%
Peer support via Listening Friends	659	14%
Counselling service	857	18%
Wardley Wellbeing Services (workshops and wellbeing learning platform)	245	5%
Financial assistance	604	13%
Specialist advice	355	8%
Addiction support	449	10%
ACTNow wellbeing campaign	337	7%
National student bursary scheme	173	4%
None of the above	269	6%
Not applicable / No response	97	2%
TOTAL	**4671**	**100%**

Branched question - not all survey respondents had the option to respond to this question (n=2668). Multiple options could be selected which increases total response no.

39. Currently, Pharmacist Support supports pharmacists (including retired pharmacists), those training to become pharmacists (students and trainees), and their families. Please indicate your agreement with the following statement: "Pharmacist Support should also support registered Pharmacy Technicians"	N	%
Strongly agree	3189	49%
Agree	1767	27%
Neither agree nor disagree	1182	18%
Disagree	225	3%
Strongly disagree	124	2%
TOTAL	**6487**	**100%**

Branched question - not all survey respondents had the option to respond to this question (n=597). Multiple options could be selected which increases total no. shown

40. Moving forward, which of the following activities and support do you believe are most important for Pharmacist Support to provide? Please select all that apply	N	%
Addiction support	1800	5%
Awareness raising of the issues impacting those working in pharmacy	4312	12%
Benefits and debt advice	2012	6%
Employment advice	3077	8%
Financial training and resources (e.g., budget planning	2002	5%
Financial grants	1809	5%
Individual wellbeing training/personal development (e.g., stress management taining)	3871	11%
Mental Health support (e.g. counselling and peer support)	4675	13%
Retirement planning	2847	8%
Workplace wellbeing training	3519	10%
Wellbeing resources for individuals (e.g., sleep or nutritional resources)	3183	9%
Wellbeing resources for workplaces (e.g., building positive workplace relationships)	3414	9%
TOTAL	**36521**	**100%**

Branched question - not all survey respondents had the option to respond to this question (n=597). Multiple options could be selected which increases total no. shown

41. Are you aware of RPS Wellbeing hub – a webpage with dedicated resources and sign-posting to support your wellbeing?	N	%
Yes, I am aware of and have used the wellbeing hub	88	1%
Yes, I am aware of but have not used the wellbeing hub	807	12%
No, I am not aware of the wellbeing hub	5592	86%
TOTAL	**6487**	**100%**

Section 7 - Inclusion and Diversity

42. What is your gender identity?	N	%
Male (including trans men)	1490	23%
Female (including trans women)	4670	72%
Non-Binary	27	0%
Prefer not to say	226	3%
Other	52	1%
TOTAL	**6465**	**100%**

43. Is your gender the same as you were assigned at birth?	N	%
Yes	6277	97%
No	25	0%
Prefer not to say	160	2%
TOTAL	**6462**	**100%**

44. What is your age?	N	%
24 and under	147	2%
25-34	1067	16%
35-44	1548	24%
45-54	1752	27%
55-64	1520	23%
65 and over	296	5%
Prefer not to say	153	2%
TOTAL	**6483**	**100%**

45. What is your sexual orientation?	N	%
Bisexual	129	2%
Gay man	112	2%
Gay woman / Lesbian	54	1%
Heterosexual	5652	87%
Asexual	28	0%
Pansexual	1	0%
Prefer not to say	472	7%
Other	15	0%
TOTAL	**6463**	**100%**

46. What is your legal marital or registered civil partnership status?	N	%
Never married and never resistered in a civil partnership	1444	22%
Married	3716	58%
In a registered civil partnership	72	1%
Seperated, but legally married	84	1%
Separated but still legally in a registered civil partnership	0	0%
Divorced	455	7%
Formerly in a civil partnership, which is now legally dissolved	9	0%
Widowed	88	1%
Surviving partner from a registered civil partnership	1	0%
Prefer not to say	589	9%
TOTAL	**6458**	**100%**

47. Do you consider yourself to have a disability?	N	%
Yes	577	9%
No	5673	88%
Prefer not to say	230	4%
TOTAL	**6480**	**100%**

48. Please indicate your disability	N	%
Vision (e.g. blindness or partial sight)	12	2%
Hearing (e.g. deafness or partial hearing)	49	9%
Mobility (e.g. difficulty walking short distances, climbing stairs, lifting and carrying)	119	21%
Learning, concentrating, remembering	28	5%
Mental Health	89	16%
Stamina or breathing difficulty	12	2%
Social or behavioural issues (e.g. neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger's Syndrome)	80	14%
Prefer not to say	33	6%
Other	133	24%
TOTAL	**555**	**100%**

49. What is your ethnic origin?	N	%
South Asian / South Asian British or East Asian / East Asian British	1066	17%
Black / African / Caribbean / Black British	310	5%
White	4320	67%
Mixed or multiple ethnic group	105	2%
Prefer not to say	497	8%
Other	128	2%
TOTAL	**6426**	**100%**

50. Asian or British Asian	N	%
Bangladeshi	46	4%
Chinese	111	11%
Indian	597	58%
Pakistani	216	21%
Other	57	6%
TOTAL	**1027**	**100%**

51. Black or Black British	N	%
African	39	85%
Caribbean	6	13%
Black Scottish/Welsh/English/Northern Irish/British	1	2%
Other	0	0%
Total	**46**	**100%**

52. White	N	%
White Scottish/Welsh/English/Northern Irish/British	3779	88%
White Irish	87	2%
White European	385	9%
Gypsy or Irish Traveller	2	0%
Roma	1	0%
Other	30	1%
TOTAL	**4284**	**100%**

53. Mixed or Multiple Ethnic Group	N	%
Black Caribbean and White	15	16%
Black African and White	7	7%
Black African and South Asian/South Asian British	4	4.2%
White and or East Asian/East Asian British	12	12.5%
White and South Asian/South Asian British	28	29%
Other	30	31%
TOTAL	**96**	**100%**

54. What is your religion or belief?	N	%
Baha 'I	1	0%
Buddhism	50	1%
Christianity	2565	41%
Hinduism	317	5%
Islam	458	7%
Jainism	24	0%
Judaism	31	0%
Sikhism	137	2%
Pagan	30	0%
Athiest	297	5%
No religion	1679	27%
Prefer not to say	676	11%
Other	51	1%
TOTAL	**6316**	**100%**

Section 8 - Final comments and submission

55. Real life stories and quotes are an extremely powerful method of communicating survey findings. Would you be happy for us to use your responses as quotes in the survey analysis and resulting publication?	N	%
Yes	4305	67%
No	2155	33%
TOTAL	**6460**	**100%**

56. Do you have any further comments that have not been covered in the survey?	**QUAL**

57. PWould you be interested in hearing more about the results of the survey? If so, please submit your email address below. Please note, sharing your email here will not impact the anonymity of your survey response.	**QUAL**

58. Please enter your email address below if you'd like to sign up to the Pharmacist Support charity newsletter. Please note, sharing your email here will not impact the anonymity of your survey response.	**QUAL**

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