ROYAL PHARMACEUTICAL SOCIETY

PHARMACIST SUPPORT

Workforce and Wellbeing Survey 2022

Survey analysis by the RPS Research Team

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Contents

EXECUTIVE SUMMARY 1

INTRODUCTION 3

Method 4

Findings and Discussion 4

1 DEMOGRAPHICS 5

2 MENTAL HEALTH AND WELLBEING 7

3 BURNOUT AT WORK (OLDENBURG BURNOUT INVENTORY) 9

4 ACCESS TO MENTAL HEALTH AND WELLBEING SUPPORT AT WORK 11

5 ACCESS TO OTHER MENTAL HEALTH AND WELLBEING SUPPORT 12

6 OTHER COMMENTS 14

CONCLUSION AND RECOMMENDATIONS 15

REFERENCES 17

APPENDIX 18

Executive Summary

Since 2019, we have worked closely with the independent charity Pharmacist Support to improve our understanding of mental health and wellbeing among the UK pharmacy workforce and explore the impact of existing workplace culture on pharmacy teams. Over the last four years, we have conducted an annual workforce wellbeing survey and used the findings to help develop our programme of work to support mental health and wellbeing in pharmacy.

The evidence gathered to date suggests that workplace pressures, and the subsequent impact on mental health and wellbeing, is still a significant issue in the pharmacy workforce. The main purpose of this year's annual survey is to explore the mental health and wellbeing of the pharmacy workforce, in particular, the obstacles that prevent workforce wellbeing measures to be implemented in practice, and to identify areas which require further improvement and/or support.

SUMMARY OF KEY FINDINGS

Overall, the results are broadly consistent with findings from previous years. A total of 1,496 responses were received. The majority of our survey respondents were *white, female pharmacists working in community settings* in England. There appears to be an increase in the number of respondents rating their mental health as good/very good in 2022 (31%) compared to previous years, especially 2020 (17%), where the majority of respondents believed the COVID-19 pandemic had impacted their mental health and wellbeing to some extent. However, the majority of respondents (88%) are at *high risk of burnout*, and this figure is consistent with figures from previous years, where the risk of burnout was 89% (both in 2021 and 2020). Despite the higher proportion of respondents rating their mental health and wellbeing as poor or very poor in 2020, more respondents that year also reported enjoying or really enjoying their work (54%), compared to the figures in 2021 (32%) and 2022 (28%).

The majority of respondents in 2022 (81%) reported being *offered regular rest breaks* during working hours; of these, 39% *usually took a break* and 34% stated they *were frequently unable to take a break*; 14% of respondents stated there were *not offered rest breaks*.

Inadequate staffing was considered the most prominent issue reported by the majority of respondents across all sectors as having a negative impact on respondents' mental health. These findings are broadly consistent across England, Scotland, and Wales. However, when reviewing the data by sector, it is clear from the findings that several issues raised relate, specifically, to community pharmacy. Our survey findings paint a bleaker picture in community pharmacy, where respondents are at a higher risk of burnout and more likely to rate their mental health as poor compared to other sectors. Respondents from community pharmacy were also less likely to be offered rest breaks and protected learning time, and experience verbal or physical abuse from patients and the public.

A recurring theme is concern that the underlying factors contributing to poor mental health and wellbeing, such as inadequate staffing, lack of protected learning time, lack of colleague or senior support, long working hours, and lack of rest breaks, are not perceived as being addressed. Some respondents do not believe wellbeing support is the solution to addressing these core issues. While the majority of the respondents appeared to be aware of employer, or NHS-funded occupational health services, only a small number of respondents appeared to be aware of the RPS wellbeing hub that is available to members. In terms of awareness of the services offered by the charity, Pharmacist Support, the majority of respondents reported they had heard of the charity.

These findings increase our understanding of mental health and wellbeing in the pharmacy workforce, and will help us to continue advocating for changes that will support positive mental health and wellbeing, as well as feed into the development and expansion of our workforce and wellbeing programme.

We will continue to advocate for:

- Pharmacy working environments must have a culture of belonging that is inclusive, celebrates diversity and supports wellbeing
- All pharmacists must be given access to, and be enabled to take, appropriate rest breaks, both for the welfare of pharmacists and for patient safety
- Pharmacists must have dedicated protected learning time within working hours
- Investment is needed in the pharmacy workforce to train more pharmacy staff and upskill existing staff to work at the top of their competence
- Pharmacists and their staff must have continued access to national wellbeing and occupational health support

Introduction

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacy across England, Scotland, and Wales. We promote pharmacy in the media and government, lead the way in medicines information, and support pharmacists in their education and development.

Since 2019, we have worked closely with the independent charity Pharmacist Support to improve our understanding of mental health and wellbeing among the pharmacy workforce and explore the impact of existing workplace culture on pharmacy teams. Over the last four years, we have conducted an annual workforce wellbeing survey and used the findings 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 our Wellbeing Hub.

The main purpose of this annual survey is to explore the mental health and wellbeing of the pharmacy workforce, in particular, the impact of work and work-related stress on mental health and wellbeing, and to identify areas which require further improvement. The evidence gathered to date suggests that workplace pressures, and the subsequent impact on mental health and wellbeing, is still a significant issue in the pharmacy workforce.

Our annual survey has enabled us to identify some of the main challenges experienced by the pharmacy workforce on a daily basis. Findings from our 2020 and 2021 surveys suggest that 89% of all respondents were at high risk of burnout, scoring above the defined cut offs for exhaustion and disengagement (RPS, 2020; RPS, 2021). This was a 9% increase compared to 2019 (RPS, 2019). The 2020 survey results revealed how the COVID-19 pandemic amplified pressures that were already inherent in the system; these experiences continued to impact respondents in 2021, although to a lesser extent than during the peak of the COVID-19 pandemic. Our data is concomitant with other studies highlighting the impact of COVID-19 across health systems, leading to a higher incidence of burnout and increased incidence of mental health conditions in healthcare professionals (BMA, 2020; Elbeddini, 2020; Muller, 2020).

Findings from the 2022 survey will increase our understanding of mental health and wellbeing in the pharmacy workforce, help us to continue advocating for changes that will support positive mental health and wellbeing, and feed into the development and expansion of our workforce wellbeing programme.

Where appropriate, survey findings are also compared to findings from previous years (2019, 2020, 2021) to help identify any trends or changes over time. Our ultimate goal is to ensure that our workplace cultures are conducive to positive mental health and wellbeing.

METHOD

An online survey was developed in collaboration with our stakeholders and piloted using Microsoft Forms. The questionnaire included questions on the current mental health and wellbeing of respondents, and their awareness and access to support services and resources. A copy of the 2022 Workforce Wellbeing questionnaire can be accessed here.

Most questions in Sections 1 to 5 were mandatory, and the routing of questions was used to enable respondents to skip questions that were not applicable Questions in Section 6 (Inclusion and Diversity) were optional.

The survey was launched on 20 September 2022 and closed on 14 October 2022. A link to the survey was emailed to RPS members and registered users identified through the RPS contacts' management system. The survey was also disseminated via our social media and stakeholder networks and regular reminders were sent throughout the data collection period. The survey was open to both RPS members and non-members.

	2019	2020	2021	2022
Total number of responses	1,324	959	1,014	1,496

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

The survey data was exported into Excel and analysed using descriptive statistics. The qualitative data was coded and thematically analysed. Burnout scores were calculated using the standardised method of the Oldenburg Burnout Inventory (Demerouti, 2010). Where appropriate, responses were also compared to the 2019, 2020 and 2021 datasets with any significant differences 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.

FINDINGS AND DISCUSSION

A total of **1,496** responses were received, which is the highest number of responses received to this survey to date (Table 1).

We know that low response rates can lead to biased results and individuals who are more engaged are more likely to respond to survey requests. We, therefore, recommend that the reasons for the variation in response rates in different years are **further** explored to ensure that we are able to engage with a wider proportion of the pharmacy workforce, including harder to reach and underrepresented groups.

1 Demographics

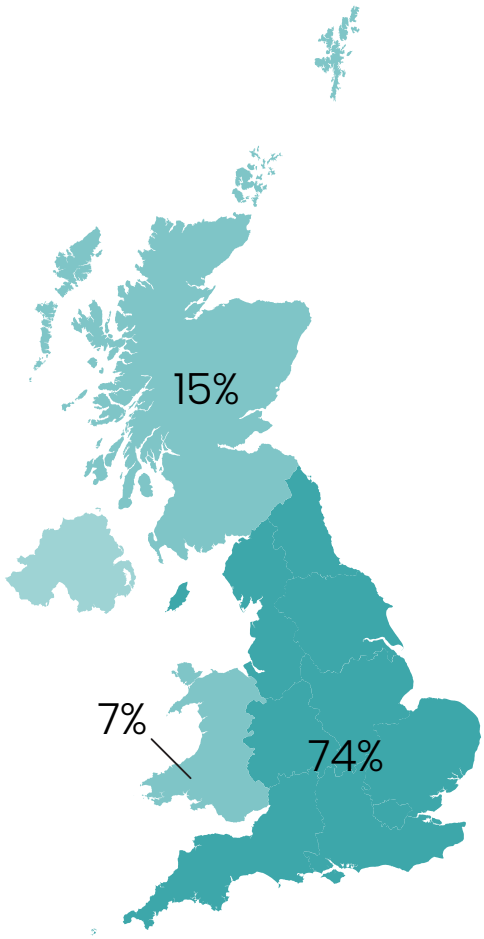

Figure 1: Percentage of respondents across England (74%), Scotland(15%) and Wales (7%), with respondents outside of GB making up 4% of our sample.

The main demographic information is summarised below. The findings are broadly consistent (proportionally) with the representation of responses found in previous RPS surveys, including previous Wellbeing surveys (2020, 2021) and the GPhC data (GPhC, 2019). A full dataset can be found in the Appendix.

1.1 Summary of demographic data

Almost three-quarters of respondents (74%) worked or studied in *England*, 15% in *Scotland*, and 7% in *Wales* (Fig. 1).

- The majority of respondents (80%) were *pharmacists*, of which almost three-quarters (72%) reported having between *11 and 39 years of practice experience*. Other respondents also included pharmacy technicians (4%) and pharmacy assistants (4%). It is interesting to note the increase in pharmacy technicians and pharmacy assistants responding to the survey since 2020, for example, there were over double the number of pharmacy technician respondents in 2021 (12) compared to 2020 (5) and over four-times the number of pharmacy technician respondents in 2022 (54) compared to 2021.
- The majority of respondents practiced in *community pharmacy* (49%) and in *hospital* settings (19%). Other sectors represented include *general practice* (10%), *academia or educational bodies* (3%) and the *pharmaceutical industry* (3%). Although there are some common themes identified across all sectors, it is important to recognise the risk of generalising all responses across the entire workforce.
- Over half of respondents (59%) were *employed full-time*, while 34% were *employed part-time*. Over three-quarters (76%) of those currently studying were *studying full-time*. Only 2% of respondents were *retired professionals*. The number of respondents working full-time appears to be slightly lower compared to previous years (62% in 2021 and 65% in 2020), although the proportion of respondents reported as working part-time appears to be broadly consistent with previous years. Given the number of respondents from previous surveys indicating their intention to

reduce their working hours due to stress and work pressures, it may be worth exploring the move from full-time to part-time hours in more detail, particularly in community. This will be important in determining whether this is, indeed, a true reflection of what is happening in practice.

1.2 Inclusion and diversity data

The survey included questions on inclusion and diversity which were optional. The majority of respondents did, however, complete this section of the survey. The main findings are summarised below:

- 83% of respondents were between 25 and 64 years of age
- 71% of respondents were female (including trans women) and 25% male (including trans men), with 96% stating that their gender was the same as assigned at birth
- 83% of respondents were heterosexual, 3% gay men/women, and 3% bisexual
- 55% of respondents were married and 28% have never been married or registered in a civil partnership
- 73% of respondents were white (of which 85% were English, Welsh or Scottish), 13% Asian or British Asian (of which 49% were Indian), and 4% black or black British (all of which were African)
- 86% of respondents did not consider themselves to have a disability
- 43% of respondents were Christian and 32% stated they had no religion
- 7% and 8% of respondents chose the option "prefer not to say" in response to the questions on sexual orientation and religion, respectively; a slightly higher percentage compared to other questions in this section (mean 2.5%, min 0.1%, max 8%). Interestingly, the number of respondents selecting "prefer not to say" for these questions was also higher compared to responses to the same questions in the RPS equality, diversity and inclusion (EDI) survey 2022.

In general, the figures reported above are broadly consistent with the findings from the latest RPS EDI survey 2022 (total of 1,232 responses).

1.3 Comparison to General Pharmaceutical Council data

Overall, the results are broadly consistent with findings from previous years. The majority of our survey respondents were white, female pharmacists working in community settings in England. In comparison to the latest General Pharmaceutical Council workforce survey data available for registered pharmacy professionals (approximately 80,000 pharmacy professionals registered with GPhC), our sample appears to overrepresent pharmacists from white backgrounds (GPhC, 2019). We will explore the reasons for the lack of engagement from underrepresented groups to ensure better representation in future surveys.

2 Mental health and wellbeing

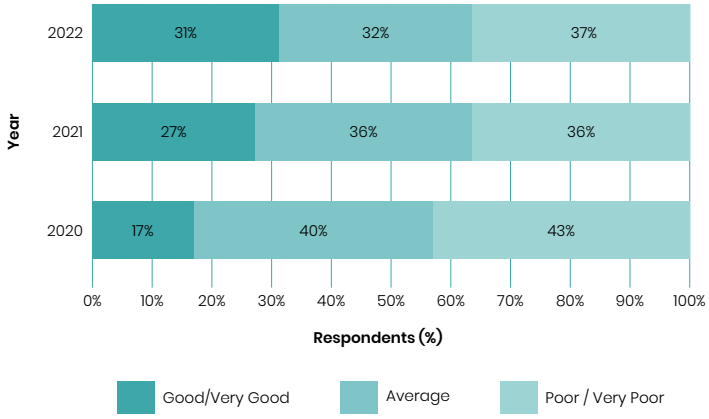

Figure 2: Overall mental health and wellbeing of respondents in the last year, compared year-on-year (2020 to 2022).

Respondents working in community pharmacy were more likely to report that their mental health was poor compared to other sectors; these findings are broadly consistent across England, Scotland, and Wales.

32% of all respondents reported that their mental health and wellbeing had been *average* in the last year (Fig. 2). Similar trends were observed when responses were broken down by country: England (inc. Isle of Man and Channel Islands), Scotland and Wales. There appears to be an increase in the number of respondents rating their mental health as good/very good in 2022 compared to previous years (Fig. 2), especially 2020, where the majority of respondents (85%) believed the COVID-19 pandemic had impacted their mental health and wellbeing to some extent.

- 37% of respondents stated that their mental health was *poor or very poor*: this percentage was, again, higher (45%, 333/733) for those working in community pharmacy, with a similar trend observed across England, Scotland and Wales. In contrast, 57% (32/56) of non-GB respondents rated their mental health as very good.
- If we include responses from trainees and students, only 24% rated their mental health and wellbeing as poor or very poor and 37% good or very good. 39% rated their mental health as average. In contrast, 52% of respondents with disabilities reported their mental health as poor or very poor and only 17% rated their mental health and wellbeing as good or very good. However, caution should be taken when interpreting these figures due to the small numbers involved.
- Only 28% of female respondents rated their mental health and wellbeing as good or very good compared to 39% of male respondents. However, 37% of female respondents rated their mental health and wellbeing as poor or very poor, which was a similar to the response received from male respondents (38%). Women were also more likely to rate their mental health and wellbeing as average compared to men (35% vs. 23%, respectively).

- Over half of respondents (52%) reported that, on a day-to-day basis, they *enjoyed some aspects* of their work or study (Fig. 3); 28% of the respondents reported they enjoyed (or really enjoyed) their work on a day-to-day basis. In comparison, non-GB respondents were, generally, more positive, with 65% (34/52) stating they *enjoy or really enjoy* their work.

- Despite the higher proportion of respondents rating their mental health and wellbeing as poor or very poor in 2020 compared to the figures in 2021 and 2022, more respondents also reported enjoying or really enjoying their work in 2020 (54%) compared to 2021 (32%) and 2022 (28%).

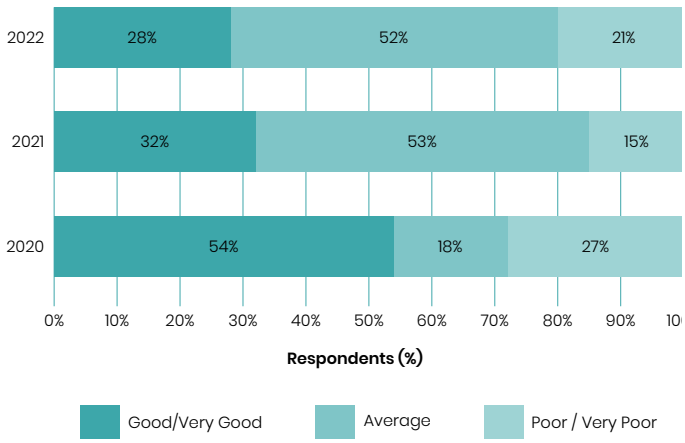

Figure 3: Rating of respondents' work enjoyment on a day-to-day basis, compared year-on-year (2020 to 2022).

- 17% of respondents reported that they had *taken time-off work* (or study) in the past year due to the impact of their work on their mental health and wellbeing; 27% had *wanted to take time-off but had not felt able to*, with a further 11% stating that they had *wanted to take time-off but had not been able to*. Women appeared to have taken more time off work compared to men (18% vs. 13%, respectively). Additionally, more women had wanted to take time off but had not felt able to, compared to male respondents (28% vs. 21%, respectively).

  Almost three-quarters of respondents (73%) had considered leaving their job or the pharmacy profession (including pharmacy studies) in the past year due to the impact of their work (or study) on their mental health and wellbeing; of these, 12% moved roles or left the profession. In contrast, 65% (33/51) of non-GB respondents did ***not*** consider leaving their role or profession, only 21% (16/51) considered leaving their job or the pharmacy profession, and none had left the profession.

  - From those that had moved to a different sector (n=69), the majority had moved from community (n=36) or hospital pharmacy (n=20). These findings appear to support the issues and concerns raised in relation to community pharmacy, although caution should be taken given the small sample size involved. It is important to acknowledge the largest number of pharmacy roles are in community pharmacy, and the majority of survey respondents (49%) were also based in community pharmacy, which may explain the larger number of moves from community.

3 Burnout at work (Oldenburg Burnout Inventory)

3.1 Risk of burnout

- The majority of respondents (88% 1268/1441) were at *high risk of burnout*, as measured by the Oldenburg Burnout Inventory (Demerouti, 2010), a standardised tool for measuring burnout in healthcare professionals (Table 2). This figure is consistent with figures from previous years, where the risk of burnout was 89% (both in 2021 and 2020).
- Burnout scores across England, Scotland and Wales in 2022 appear very similar. However, there is a statistically significant difference between burnout scores in Great Britain and international respondents ($p < 0.01$), where only 55% were at high risk of burnout.
- If we only include responses from those working in community pharmacy (49% of our 2022 survey sample), the figure increases significantly to 96% (693/725) of respondents being at high risk of burnout compared to 80% (575/716) of respondents from all other sectors, excluding community pharmacy ($p < 0.01$). Similar trends were found in 2020 and 2021, where the risk of burnout was also highest in community pharmacy at 96% and 95% respectively.
- Interestingly, if we only include responses from students and trainees, the figure decreases to 81% (90/111). In contrast, the figure increases to 97% (111/114) if we include responses from those who have identified themselves as having a disability.

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

Table 2: Burnout in pharmacy professionals, year-on-year (2020 to 2022), measured by the Oldenburg Burnout Inventory (Demerouti, 2010).

- If we compare the burnout score between men and women, the score for women is slightly higher compared to men (91% vs. 85%, respectively, $p < 0.01$).

The top issues identified as having a negative impact on respondents' mental health and wellbeing in the last year were *inadequate staffing* (70%), *lack of work-life balance* (53%), *lack of protected learning time* (48%), *lack of colleague or senior support* (47%), *long working hours* (42%), and *lack of rest breaks* (41%). Inadequate staffing was a particularly prominent issue in community pharmacy, where 84% selected this response, compared to 56% respondents from all other sectors.

3.2 Rest breaks

The majority of respondents (81%) reported being *offered regular rest breaks* during working hours; of these, 39% *usually took a break* and 34% stated they *were frequently unable to take a break*; 14% of respondents stated they were *not offered rest breaks*. These findings are broadly similar to those gathered in 2021, although direct comparisons cannot be made due to differences in the structure and response categories provided. If we break the responses down by sector, a higher number of respondents working in community pharmacy (20%, 148/725) reported *not being offered breaks* compared to all other sectors (8%, 56/716).

Of those who were able to take a rest break (n=568), the majority (78%) typically worked between 3 to 6 hours before taking a break. The top reasons affecting the ability to take a break included *workload*, *continuously being interrupted*, and *inadequate staffing levels*. In community pharmacy, *inadequate staffing levels* were particularly common, with 10% of respondents from this sector selecting this response compared to 6% of respondents from all other sectors.

3.3 Protected learning time

The majority of respondents (65%) did not believe they were given any, or sufficient, protected learning time. 42% of respondents stated that they were *not given any protected learning time* to address their professional development and learning needs. The figures are also broadly consistent to figures from 2021. There was, however, a discrepancy across sectors, where only 5% of community pharmacy respondents (37/725) reported being offered sufficient protected time, compared to 22% in all other sectors (157/716). The top reasons given as to why protected learning time was not offered included the *expectation to do learning in their own time* or *fit learning around workload*. From those respondents given protected time for learning, 42% (81/194) focused on clinical development, 19% (37/194) on education and training development, and 17% (34/194) on leadership development.

3.4 Experience of verbal or physical abuse in the workplace

In response to the question on verbal and physical abuse, nearly half of respondents (44%) stated they had experienced abuse (verbal or physical) in their workplace or place of study within the last 6 months, the majority of which was from a member of the public or a patient. Again, this was more prominent in community pharmacy where 69% (503/725) of respondents stated they had experienced abuse, compared to 22% (162/720) of respondents working in other sectors. It has been widely reported that there has been an increase in abusive and aggressive behaviour from patients since the start of the COVID-19 pandemic. Unfortunately, as the question on abuse was not included in previous surveys, it is not possible to compare these figures to previous years (pre-COVID and during the peak of the COVID-pandemic). However, unreasonable, abusive, and aggressive behaviour from patients and the public was identified as a common theme across a number of the open questions included in the 2020 and 2021 surveys.

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.

- Over three-quarters of working respondents (76%) appeared to be aware of occupational health and wellbeing support services provided by their employer or university (Table 3). However, 15% reported not being able to access these services due to specific barriers. Responses in 2022 were also broadly consistent with data from 2021, although there did appear to be a slight increase in awareness compared to 2020 (68%).
- 43% of respondents stated that they were *aware of occupational health and wellbeing support services* provided by their employer, university, or the NHS *but had not needed to access* the services; 24% were *not aware of these services*.
- When asked what would help respondents be more confident in accessing support services available, the top response cited was *protected time to access support so it can be accessed at a convenient time* (35%).
- When the data was broken down by sector, respondents working in community appeared less aware of occupational health and wellbeing support services provided by their employer compared to other sectors (Table 3).

	Yes	No
All respondents	**76%**	**24%**
Breakdown by sector		
Community pharmacy	64%	36%
Hospital pharmacy	94%	6%
General Practice	82%	18%

Table 3: Awareness of occupational health and wellbeing support services provided by employer or university.

5 Access to other mental health and wellbeing support

5.1 Effects of long COVID

Long COVID includes both ongoing symptomatic COVID-19 (5-12 weeks after onset) and post-COVID-19 Syndrome (12 weeks or more). Long COVID can be highly debilitating for many people and is associated with a wide range of different symptoms impacting physical, psychological, and cognitive health (NHS England and Improvement, 2021).

5% of survey respondents reported they were suffering from long COVID, of which 1% had an official diagnosis. Of those currently suffering from long covid, approximately half (36/69) had been suffering for over 6 months; 10% of respondents stated they *did not know or were not sure* if they were currently suffering from long covid. Although not a direct comparison, it is interesting to highlight the figures from the Office for National Statistics (ONS, 2022): two million people in the UK – or 3.1% of the population – reported they were still experiencing COVID-19 symptoms more than four weeks after their first coronavirus infection. About two in five of those with long COVID, or 826,000 people, noted that infection was at least a year ago. Given that self-reported long COVID appears more prevalent in certain populations, including people aged 35-69, females and those working in health and social care, it is unsurprising the percentage of respondents, stating they are suffering from long COVID, appears higher than the ONS figure for the UK population. Again, caution should be taken when interpreting these results given the small sample sizes involved.

5.2 Awareness of the support services provided by the RPS and Pharmacist Support

Over the last four years, we have conducted a workforce wellbeing survey annually, and used these findings to help develop the RPS Wellbeing Hub, among other things. Nearly three-quarters (72%) of respondents were *not aware of the RPS Wellbeing Hub*, compared to 67% of respondents in 2021. Given the expansion and promotion of the workforce wellbeing programme, it is disappointing to see that the findings do not show an increase in the awareness of the RPS Wellbeing Hub. Clearly, more work is required to explore awareness of, and access to, the RPS Wellbeing Hub.

Pharmacist Support is an independent charity supporting pharmacists and their families by providing a wide variety of support services, including guidance and advice on mental health and wellbeing. 38% of respondents stated that they had **not** heard about the independent charity Pharmacist Support and 62% had heard of the charity, although only 12% felt they knew a lot about them. Respondents were aware of some of the services provided by Pharmacist Support, mainly information and enquiries and peer support via Listening Friends. In terms of the level of awareness of the charity, the figure appears to be decreasing: 71% reported they had heard of the charity in 2020 compared to 66% in 2021 and 62% in 2022. However, this may be due to the increase in non-pharmacists (e.g., pharmacy technicians and dispensers) and non-GB respondents to this year's survey, who would not be eligible to access Pharmacist Supports services and, therefore, less likely to have heard of the charity.

5.3 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, 16% respondents had reportedly been *concerned about addiction or addictive behaviours* in the last year, of which only 3% *sought support*. This is consistent with findings from previous years. Of those concerned about addiction, 61% (149/243) rated their mental health as poor or very poor, compared to 80% in 2021. It is difficult to draw any conclusions from these results given the small numbers involved.

6 Other Comments

"I am utterly exhausted and cannot express how much I hate this job".

"Something must be done about the staffing levels in the pharmacy sector. Everyone I speak to suffers because of this. It's ruining our health."

"Underfunded, understaffed, underpaid, underappreciated, overworked but all expected to carry on with a smile on our faces for the customers sake".

"Community pharmacy is broken. Pharmacists and support staff are leaving in droves due to understaffing and workplace pressures".

"Community Pharmacy is a sinking ship in terms of mental health. Poor pay, long hours, no head office support, no lunch breaks, extra work, CPD requirements, lack of staff and how we are viewed by the public will eventually drive most pharmacists away from the career".

A total of 328 responses were received in response to the question asking respondents for any further comments not already covered in the survey. The majority of comments were from respondents working in community pharmacy (58%), which is unsurprising given 49% of respondents to the survey were working in community pharmacy. The main themes were broadly consistent with the responses to other questions in the survey.

6.1 Comments related to workforce wellbeing

The majority of comments received were negative and reported issues and/or concerns around staffing levels, including recruitment and retention issues, excessive workloads, pressure, poor working conditions, unrealistic targets, and expectations from managers, senior managers, patients, and customers. Many of these comments related, specifically, to community pharmacy and were consistent with responses received to earlier questions, where inadequate staffing was reported as having the greatest impact on respondent's mental health and wellbeing (Section 4.3). Other comments discussed included:

- The lack of respect and recognition for the pharmacy profession
- Abusive or aggressive behaviour from patients and customers
- Low pay and lack of funding from the government
- Poor management and/or leadership
- Lack of career progression in pharmacy
- Different pressures and challenges experienced by managers and business owners, including financial pressure and feeling isolated.
- Stress caused by bullying, harassment or discrimination experienced by individuals in the workplace.

Conclusion and Recommendations

The pharmacy workforce appears to be at high risk of burnout, with the burnout score (88%) broadly consistent with figures from previous years (89% in 2020 and 2021). Respondents working in community pharmacy were at higher risk of burnout (96%) compared to respondents in all other sectors (80%). The burnout score for community pharmacy is also consistent with figures from previous years (96% in 2020 and 95% in 2021). Inadequate staffing was considered the most prominent issue reported by the majority of respondents across all sectors as having a negative impact of respondents' mental health. It has also been identified as a main contributing factor to a number of the other issues identified, such as lack of work-life balance, lack of protected learning, long working hours, and lack of rest breaks.

Respondents working in community pharmacy were also more likely to rate their mental health as poor compared to other sectors, with these findings broadly consistent across England, Scotland, and Wales. Respondents from outside of Great Britain were generally more positive in comparison to their UK counterpart in response to all questions, although caution should be taken when interpreting these findings due to the small samples involved.

Fewer female respondents rated their mental health and wellbeing as good or very good when compared with male respondents. Women were also more likely to report taking time off work due to the impact of their work on their mental health and wellbeing compared to men. These findings align with other studies (Standsfelt, et al., 2014), which have found that women in full-time employment are more likely to have a common mental health problem compared to men.

SECTOR-SPECIFIC ISSUES

It is clear from the findings that a number of issues raised relate, specifically, to community pharmacy. Our survey findings paint a very bleak picture in community pharmacy, where respondents are at high risk of burnout and more likely to rate their mental health as poor compared to other sectors. Respondents from community were also less likely to be offered rest breaks and protected learning time, and experience verbal or physical abuse from patients and the public.

The work environment and working conditions clearly have a huge impact on mental health, and although there are some common themes identified, there is a risk of generalising responses across sectors, particularly issues that relate specifically to community pharmacy. 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 AND OVER OR UNDER REPRESENTATION

We know that low response rates can lead to biased results, and individuals who are more engaged are more likely to respond to survey requests. The majority of our respondents are white, female pharmacists working in community settings in England. In comparison to the latest GPhC workforce survey data available (GPhC, 2019), our sample does appear to overrepresent pharmacists from white backgrounds. We believe it is important to recognise that the majority of views and experiences represented in this survey are reflective of white, females and those working in community, and consider what implications that might have on the findings and how we use them.

Going forward, it may also be worth exploring the reasons for variations in response rate in different years to ensure that we are able to engage with a wider proportion of the pharmacy workforce, including harder to reach and underrepresented groups. Related to the issue of representation, is for the RPS to consider whether the eligibility criteria for survey respondents needs to be reviewed (e.g., exclude retired pharmacists if the survey aims to collect current data on workforce wellbeing). We believe it is important to review and define the target audience and adapt the survey, if necessary, to ensure the survey is able to accurately capture the current issues experienced in different work settings and the factors most likely to impact on the mental health and wellbeing of individual respondents.

WORKFORCE WELLBEING SURVEY AND WELLBEING HUB

A recurring theme from the current and previous surveys relates to a lack of clarity around the purpose and impact of the workforce wellbeing programme.

A major recurring theme is concern that the underlying factors contributing to poor mental health and wellbeing, such as inadequate staffing, lack of protected learning time, lack of colleague or senior support, long working hours, and lack of rest breaks, are not being addressed. Some respondents do not believe wellbeing support is the solution to addressing these core issues. This is not to say, that wellbeing support should not play an important role, however, its purpose and how it fits within the wider workforce wellbeing strategy needs to be communicated more clearly and widely, along with any plans and strategies developed to address the underlying issues identified.

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Appendix

Quantitative data (questions and data tables)

Most questions in Sections 1 to 5 were mandatory (where applicable). Questions in Section 6 (Inclusion and Diversity) were optional. 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.*

Total number of responses 1496

Section 1 - About You

Q1. Which country do you mostly work (or study) in?	N	%
England (inc. Isle of Man and Channel Islands)	1108	74%
Scotland	222	15%
Wales	110	7%
Northern Ireland	14	1%
International	42	3%
Not applicable / No response	0	0%
Total	**1496**	**100%**

Q2. Are you a...	N	%
Pharmacist	1195	80%
Undergraduate Student	75	5%
Pharmacy Assistant / Dispenser / Advisor (including ACPD)	66	4%
Pharmacy Technician (incl. ACPT)	54	4%
Foundation / Trainee Pharmacist	45	3%
Retired	29	2%
Pharmacy Manager	10	1%
Trainee Pharmacy Technician	9	1%
Pharmaceutical Scientist	5	0.3%
Other	8	1%
Not applicable / No response	0	0%
Total	**1496**	**100%**

Other roles reported included researcher, consultant, medical affairs, non-pharmacy role, etc.

Q3. What stage of your career are you in?	N	%
0-2 years of practice	64	4%
3-5 years of practice	105	7%
6-10 years of practice	129	9%
11-19 years of practice	263	18%
20-29 years of practice	338	23%
30-39 years of practice	328	22%
40-49 years of practice	106	7%
50 years +	15	1%
Not applicable / No response	148	10%
Total	**1496**	**100%**

Q4. What is your main area of practice?	N	%
Community pharmacy	733	49%
Hospital pharmacy	287	19%
General Practice	148	10%
Other primary care setting	28	2%
Academia or Education Body	48	3%
Pharmaceutical Industry	32	2%
Commissioning Organisation	27	2%
Mental health services	20	1%
Government and other public bodies	13	1%
Professional Bodies or Regulators	9	1%
Prison	3	0.2%
Split role	13	1%
Other	30	2%
Not applicable / No response	105	7%
Total	**1496**	**100%**

Other areas of practice reported included health boards, integrated care boards, care services, publishing, palliative care, National IT service, homecare services, health informatics, formulary, consultancy, research, distance selling pharmacies, substance use service, medical wholesaling, local pharmaceutical committee, NHS specialist services, community services trust, etc.

Q5. What are your current working hours? Please select all that apply.	N	%
Employed full-time	880	59%
Employed part-time	504	34%
Self-employed full-time	76	5%
Self-employed part-time	128	9%
Studying full-time	63	4%
Studying part-time	12	1%
Currently on leave (e.g. maternity, paternity, sickness, etc.)	24	2%
Currently not in paid employment	26	2%
Not applicable / No response	29	2%

***Percentages were calculated using the total number of survey respondents (n = 1496). More than one option could be selected.**

Section 2 - Your mental health and wellbeing

Q6. In the last year, how would you rate your overall mental health and wellbeing?	N	%
Very good	121	8%
Good	340	23%
Average	485	32%
Poor	444	30%
Very poor	106	7%
Not applicable / No response	0	0%
Total	**1496**	**100%**

Q7. 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	117	8%
I enjoy my work	279	19%
I enjoy some aspects of my work	736	49%
I don't enjoy my work	140	9%
I really don't enjoy my work	156	10%
I am not currently working / studying	54	4%
Don't know / Not sure	11	1%
Prefer not to say	3	0.2%
Not applicable / No response	0	0%
Total	**1496**	**100%**

Q8. 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	631	42%
I have wanted to, but I have not **felt** able to	390	26%
I have wanted to, but I have not **been** able to	161	11%
Yes – a month or more in total	89	6%
Yes – a week or more in total	79	5%
Yes – a day or more in total	80	5%
Don't know / Not sure	7	0.5%
Prefer not to say	4	0.3%
Not applicable / No response	55	4%
Total	*1496*	*100%*

Q9. 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	363	24%
Yes, I have considered leaving my current role but have not done so	445	30%
Yes, I have considered leaving the pharmacy profession but have not done so	422	28%
Yes, I have considered and moved roles within my sector	89	6%
Yes, I have considered and moved roles to a different sector / area of practice	69	5%
Yes, I have considered and left the pharmacy profession	20	1%
Don't know / Not sure	20	1%
Prefer not to say	13	1%
Not applicable / No response	55	4%
Total	**1496**	**100%**

Q10. Which sector / area of practice have you changed to?	N	%
General Practice	24	2%
Government and other public bodies	5	0.3%
Community pharmacy	5	0.3%
Other primary care setting	4	0.3%
Hospital pharmacy	4	0.3%
Pharmaceutical Industry	4	0.3%
Professional Bodies or Regulators	4	0.3%
Academia or Education Body	3	0.2%
Other	16	1%
Not applicable / No response	1427	95%
Total	**1496**	**98%**

Other sector/area included integrated/split roles across two of more areas, vaccination service, consultancy, training, full time student, changed countries, private hospital, becoming a locum, outpatient department, etc.

Q11. Which sector / area of practice have you changed from?	N	%
Community pharmacy	36	2%
Hospital pharmacy	20	1%
Other primary care setting	6	0.4%
General Practice	3	0.2%
Other	4	0.3%
Not applicable / No response	1427	95%
Total	**1496**	**100%**

Other sector/area included commissioning, health board, General Practice, NHS acute trust, Academic Science Health Network, etc.

Section 3 - Burnout at work

Q12. 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
I always find new and interesting aspects in my work	12%	48%	30%	6%
There are days when I feel tired before I arrive at work	43%	41%	10%	2%
It happens more and more often that I talk about my work in a negative way	31%	37%	24%	5%
After work I tend to need more time than in the past in order to relax and feel better	40%	37%	17%	3%
I can tolerate the pressure of my work very well	6%	43%	39%	9%
Lately I tend to think less at work and do my job almost mechanically	11%	38%	40%	7%
I find my work to be a positive challenge	8%	37%	41%	11%
During my work I often feel emotionally drained	32%	38%	22%	4%
Over time I can become disconnected from my type of work	12%	40%	39%	5%
After working I have enough energy for my leisure activities	4%	22%	41%	29%
Sometimes I feel sickened by my work tasks	14%	32%	38%	12%
After my work I usually feel worn out and weary	38%	40%	16%	3%
This is the only type of work that I can imagine myself doing	8%	34%	41%	12%
Usually I can manage the amount of my work well	9%	53%	28%	7%
I feel more and more engaged with my work	3%	24%	54%	16%
When I work I usually feel energised	3%	25%	46%	23%
***Percentages were calculated using the total number of survey respondents (n = 1496), including 4% not applicable.**				

Q13. Which of the following (if any) would you say have had a negative impact on your mental health and wellbeing in the last year? Please select all that apply.	N	%
Inadequate staffing	1045	70%
Lack of work-life balance	790	53%
Lack of protected learning time	716	48%
Lack of colleague or senior support	696	47%
Long working hours	628	42%
Lack of rest breaks	609	41%
Increased financial pressures	492	33%
Feeling isolated (home or solo working)	303	20%
Bullying at work	164	11%
Other studies/assessments e.g. IP, other post-graduate study	156	10%
Personal safety at work	149	10%
GPhC Registration Assessment	127	8%
Discrimination at work	103	7%
Regulatory inspections	94	6%
None of the above	57	4%
Not applicable / No response	55	4%
***Percentages were calculated using the total number of survey respondents (n = 1496). More than one option could be selected.**		

Q14. 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	568	38%
Yes, I am offered but I am frequently unable to take a break	496	33%
Yes, I am offered but choose not to take a break	109	7%
No, I am not offered breaks	204	14%
Don't know / Not sure	50	3%
Prefer not to say	14	1%
Not applicable / No response	55	4%
Total	**1496**	**100%**

Q15. How many hours do you typically work before taking a break?	N	%
Less than 3 hours	97	6%
Between 3 and 6 hours	444	30%
Between 6 and 8 hours	23	2%
Over 8 hours	4	0.3%
Not applicable / No response	928	62%
Total	**1496**	**100%**

Q16. Why are you unable to take a break? Please select all that apply	N	%
Workload means I can't take a break	342	23%
In theory I am able to take a break but it continuously gets interrupted	180	12%
Staffing levels mean I can't take a break	117	8%
Pressure to be present so patients and the public can access medicines and advice	64	4%
Break is unpaid	33	2%
Culture at work i.e. I am expected to continue working	21	1%
Not applicable / No response	928	62%
***Percentages were calculated using the total number of survey respondents (n = 1496). More than one option could be selected.**		

Q17. 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	607	41%
No, I'm not given sufficient protected learning time	332	22%
Yes, but I'm only given time for mandatory organisational training	197	13%
Yes, I am given sufficient protected learning time	194	13%
Don't know / Not sure	85	6%
Prefer not to say	26	2%
Not applicable / No response	55	4%
Total	**1496**	**100%**

Q19. 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	405	27%
I am expected to fit learning in around my workload	336	22%
There is no funding or backfill to enable my employer to offer protected learning time	119	8%
It has never been something that was offered here, there is no culture of learning where I work	68	5%
My employer/place of study doesn't have to offer protected learning time	58	4%
Not applicable / No response	510	34%
Total	**1496**	**100%**

Other areas of professional development included a mixture of the above, e-portfolio, mandatory training, compliance training, mandatory CPPE pathway, mandatory training and regulatory submissions, prescribing courses, etc.

Q20. Have you experienced abuse (verbal or physical) in your workplace (place of study) within the last 6 months?	N	%
No	695	46%
Yes	665	44%
Don't know / Not sure	57	4%
Prefer not to say	28	2%
Not applicable / No response	51	3%
Total	**1496**	**100%**

Q21. Whom did you experience this abuse from?	N	%
Member of the public / patient	541	36%
Colleague / member of my immediate team	49	3%
Manager	38	3%
Other healthcare professional	16	1%
Other	21	1%
Not applicable / No response	831	56%
Total	**1496**	**100%**

Other included respondents who had experienced abuse from more than one person (e.g., colleague and manager, patients and other healthcare professionals, general public and manager, all the above, etc.). Other responses included deputy director, deputy head of pharmacy, staff at GP surgery, director of business, practice manager and PCN clinical director, other staff and residents, etc.

Section 4 - Access to mental health and wellbeing support at work

Q22. 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, but have not needed to access these services	620	41%
Yes, I am aware of, and have accessed these services	253	17%
Yes, I am aware of, but have not accessed these services due to specific barriers	222	15%
No, I am not aware of these services	346	23%
Not applicable / No response	55	4%
Total	**1496**	**100%**

Q23. What would help you to be more confident in accessing the support available, whether from an employer, national, regional or local support? Please select all that apply.	N	%
Protected time to access support so it can be accessed at a time convenient to me	528	35%
Services being available at suitable times	236	16%
Improving accessibility of the service i.e. being able to access services via different means such as online and/or face-to-face	165	11%
Reducing stigma around mental health in the workplace so I can talk about my issues if I want to	146	10%
Reassurance on the confidentiality of the support available	121	8%
Training of employers and employees to understand mental health issues	79	5%
Services available that are culturally aware / sensitive to my needs	22	1%
Not applicable / No response	59	4%
Percentages were calculated using the total number of survey respondents (n = 1496). More than one option could be selected.		

Section 5 - Access to other mental health and wellbeing support

Q24. 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	%
No	1182	79%
Yes, but I have not sought support	202	14%
Yes, and I have sought support	41	3%
Don't know / Not sure	42	3%
Prefer not to say	29	2%
Not applicable / No response	0	0%
Total	**1496**	**100%**

Q25. Are you currently suffering from long covid?	N	%
No	1281	86%
Yes, but I do not have an official diagnosis	60	4%
Yes, and I have an official diagnosis from a registered healthcare professional	9	1%
Don't know / Not sure	144	10%
Prefer not to say	2	0.1%
Not applicable / No response	0	0%
Total	**1496**	**100%**

Q26. How long has long covid impacted on your ability to work and your wellbeing?	N	%
Over 6 months	36	2%
Between 4-6 months	8	1%
Between 2-4 months	16	1%
Between 1-4 weeks	7	0.5%
Not at all	2	0.1%
Not applicable / No response	1427	95%
Total	**1496**	**100%**

Q27. Have you heard of the independent charity *Pharmacist Support*?	N	%
No	572	38%
Yes, I've heard the name but I only know a little about them	422	28%
Yes, but I've only heard the name	325	22%
Yes, and I feel that I know a lot about them	177	12%
Not applicable / No response	0	0%
Total	**1496**	**100%**

Q28. 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	321	21%
Peer support via Listening Friends	81	5%
Counselling service	38	3%
Wardley Wellbeing Services (workshops and wellbeing learning platform)	36	2%
Financial assistance	27	2%
Specialist advice	11	1%
Addiction support	11	1%
ACTNow wellbeing campaign	7	0.5%
National student bursary scheme	3	0.2%
None of the above	64	4%
Not applicable / No response	897	60%
Percentages were calculated using the total number of survey respondents (n = 1396). More than one option could be selected.		

Q29. Are you aware of RPS Wellbeing hub – a webpage with dedicated resources and signposting to support your wellbeing?	N	%
No, I am not aware of the wellbeing hub	1074	72%
Yes, I am aware of but have not used the wellbeing hub	396	26%
Yes, I am aware of and have used the wellbeing hub	26	2%
Not applicable / No response	0	0%
Total	**1496**	**100%**

Section 6 - Inclusion and Diversity

Q30. Which of the following best describes you?	N	%
Female (including trans women)	1065	71%
Male (including trans men)	375	25%
Non-Binary	5	0.3%
Other	2	0.1%
Prefer not to say	29	2%
Not applicable / No response	20	1%
Total	**1496**	**100%**

Q31. Is your gender the same as you were assigned at birth?	N	%
Yes	1437	96%
No	6	0.4%
Prefer not to say	27	2%
Not applicable / No response	26	2%
Total	**1496**	**100%**

Q32. What is your age?	N	%
24 and under	122	8%
25-34	219	15%
35-44	345	23%
45-54	373	25%
55-64	299	20%
65+	89	6%
Prefer not to say	26	2%
Not applicable / No response	23	2%
Total	**1496**	**100%**

Q33. What is your sexual orientation?	N	%
Heterosexual	1238	83%
Bisexual	43	3%
Asexual	37	2%
Gay Man	29	2%
Gay Woman/Lesbian	12	1%
Other	6	0.4%
Prefer not to say	103	7%
Not applicable / No response	28	2%
Total	**1496**	**100%**

Q34. What is your legal marital or registered civil partnership status?	N	%
Married	816	55%
Never married and never registered a civil partnership	419	28%
Divorced	92	6%
Separated, but legally married	34	2%
Widowed	12	1%
In a registered civil partnership	7	0.5%
Formally in a civil partnership which is now legally dissolved	2	0.1%
Surviving partner from a registered civil partnership	1	0.1%
Prefer not to say	79	5%
Not applicable / No response	34	2%
Total	**1496**	**100%**

Q35. Do you consider yourself to have a disability?	N	%
No	1292	86%
Yes	120	8%
Prefer not to say	51	3%
Not applicable / No response	33	2%
Total	**1496**	**100%**

Q36. What is your ethnic origin?	N	%
White	1090	73%
Asian or British Asian	201	13%
Black or Black British	53	4%
Mixed or Multiple Ethnic Group	31	2%
Other	23	2%
Prefer not to say	59	4%
Not applicable / No response	39	3%
Total	**1496**	**100%**

Other ethnic origin reported included Arab, Persian, Iranian, Muslim, Sikh, Egyptian, Iraqi, Kurdish, Middle Eastern, etc.

Q37. Asian or British Asian	N	%
Indian	99	7%
Pakistani	31	2%
Chinese	28	2%
Bangladeshi	12	1%
Other	34	2%
Not applicable / No response	1292	86%
Total	**1496**	**100%**

Other included Arab, Persian, Afghan, Sikh, Vietnamese, Malaysian, Filipino, African Asian, Iranian, Indo-Fijian, Hong Kong, Panjabi, Japanese, Korean, Iranian, Sri Lankan, Iraq, etc.

Q38. Black or Black British	N	%
African	53	4%
Other	0	0%
Not applicable / No response	1444	97%
Total	**1496**	**100%**

Q39. White	N	%
English/Welsh/Scottish	924	62%
European	80	5%
Northern Irish/British	48	3%
Irish	24	2%
Other	9	1%
Not applicable / No response	411	27%
Total	**1496**	**100%**

Other include White-UK/NZ, Russian, South African, Mixed British-European, Mixed White background, White African, etc.

Q40. Mixed or Multiple Ethnic Group	N	%
White and Asian	13	1%
White and Black Caribbean	8	1%
White and Black African	3	0.2%
Other	4	0.3%
Not applicable / No response	1468	98%
Total	**1496**	**100%**

Other responses included White-Portuguese, Latino-White, White-Arab, etc.

Q41. What is your religion or belief?	N	%
Christianity	643	43%
Islam	80	5%
Hinduism	55	4%
Sikhism	22	1%
Jainism	5	0.3%
Buddhism	4	0.3%
Judaism	4	0.3%
Pagan	4	0.3%
Atheist	2	0.1%
Baha 'I	1	0.1%
No religion	482	32%
Other	5	1%
Prefer not to say	117	8%
Not applicable / No response	72	5%
Total	**1496**	**100%**

Other responses reported included humanist, spiritualist, and Russian orthodox, etc.

Section 7 - Final comments and submission

Q42. 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	911	61%
No	585	39%
Not applicable / No response	0	0%
Total	**1496**	**100%**

Q43. Do you have any further comments that have not been covered in the survey?	n= 328

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SOCIETY