ROYAL PHARMACEUTICAL SOCIETY

PHARMACIST SUPPORT

Workforce and Wellbeing Survey 2023

Survey analysis by the RPS Research Team

FEBRUARY 2024

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 the UK pharmacy workforce 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, ACTNow wellbeing campaign, wellbeing resources and workshops, and a new training programme for managers and leaders titled 'Embracing a Workplace Wellbeing Culture'.

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 2023 results of the Workforce Wellbeing Survey show that 86% of the pharmacy workforce is at risk of burnout, which is largely consistent with both the 2022 and 2021 reports (RPS 2021; RPS 2022). 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.

SUMMARY OF KEY FINDINGS

Overall, the 2023 results are broadly consistent with findings reported in previous years. A total of 1,273 responses were received, and 1188 of those were individuals who passed the eligibility screening and could complete the survey. The majority of the survey respondents were white, female pharmacists working in community settings in England. When compared with the General Pharmaceutical Council's (GPhC) 2019 workforce survey data, the sample appears to overrepresent pharmacists from white backgrounds.

There has been a slight increase in the number of respondents rating their mental health as good/very good in 2023 (32%) compared to 2022 (31%), continuing the positive trend established in past reports (Figure 2). Approximately half (52%) of the 2023 sample reported that they enjoy some aspects of their work or study on a day-to-day basis, 29% reported they enjoy/really enjoy their work on a day-to-day basis and only 19% reportedly don't/really don't enjoy their work. However, despite this progression towards improved mental wellbeing and work enjoyment within the profession, the majority of respondents (86%) are at high risk of burnout, which remains consistent with the results reported between 2020 and 2022. The underlying factors contributing to poor mental health and wellbeing were entirely consistent to those reported in 2022 and include inadequate staffing, lack of work-life balance, lack of protected learning time, lack of colleague or senior support, and long working hours.

The majority of respondents (82%) reported being offered regular rest breaks during working hours; from this group, 42% usually took a break and 40% stated they were frequently unable to take a break. 13% of respondents stated they were not offered regular rest breaks. Staffing levels and break interruptions were the most prominent issues which prevented individuals from taking rest breaks, even if offered.

The reported findings are broadly consistent across England, Scotland, and Wales. Respondents from outside of Great Britain were generally more positive and reported better mental health and wellbeing; however, caution should be taken when interpreting these findings due to the small samples involved.

The survey findings highlight notable sector-specific issues. Those in community pharmacy were more likely to report their mental health and wellbeing as poor/very poor and were at a much higher risk of burnout; 93% of those working in community pharmacy were at a high risk of burnout, whereas the proportion at risk of burnout decreases to 88% and 86% of those working in hospital pharmacy and general practice. Respondents from community were also less likely to be offered rest breaks and protected learning time compared to those working in hospital or general practice.

These findings increase the understanding of mental health and wellbeing in the pharmacy workforce and will help the RPS and Pharmacist Support to continue advocating for changes that will support positive mental health and wellbeing.

2 Introduction

The RPS is the professional body that represents pharmacy professionals throughout Great Britain. It promotes and advocates for the role of pharmacy in the UK's wider health system, represents the interests of RPS members in the media and government, and supports pharmacists 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.

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 88-89% scoring above the defined cut-off (RPS, 2020; RPS, 2021; RPS, 2022). Past reports explored how the COVID-19 pandemic amplified pressures that were already inherent in the pharmacy profession, and how this impacted the mental health and wellbeing of the survey respondents. These results were concomitant with other studies that highlight the link between COVID-19 related pressures in health systems and the higher incidence of burnout and mental health conditions in healthcare professionals (BMA, 2020; Elbeddini, 2020; Muller, 2020).

The RPS published the Workforce Wellbeing Roundtable Report in September 2023, which provided an account of the work conducted at the Workforce Wellbeing Roundtable event held in May 2023. This piece of work was completed in collaboration with Pharmacist Support to explore workforce wellbeing for pharmacy teams, the impact of poor wellbeing on patient safety and professional environments and considers what can be done to support the pharmacy workforce. The report documents the key outcomes and insights shared at a meeting co-hosted by the two organisations in May 2023, which key pharmacy stakeholders attended. The participating stakeholders expressed a commitment to further research and collaboration, with the goal of better understanding the measures required to address issues in the pharmacy workforce. This work emphasises the continued effort within pharmacy to improving professional wellbeing. Following on from this report, the purpose of the 2023 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, and 2022) to help identify any trends or changes over time. 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 2023 Workforce and Wellbeing online survey was developed in collaboration with Pharmacist Support and piloted using Microsoft Forms. 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 most notable change from the 2022 survey was the addition of an eligibility screening section at the beginning of this year's survey. This was included to ensure that the responses received were from the target audience – pharmacy professionals who are currently working/studying 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.

The survey was launched on Monday 16 October 2023 as part of the Pharmacist Support ACTnow wellbeing campaign and closed on Saturday 11 November 2023. 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 also disseminated via both organisations' social media and stakeholder networks. Regular reminders were sent throughout the data collection period. The survey was open to both RPS members and non-members.

The survey data was exported into Excel and analysed using descriptive and, where appropriate, inferential 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, 2021, and 2022 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 **1,273** responses were received, which is a small decline compared to last year but similar to other years (Table 1).

	2019	2020	2021	2022	2023
Total number of responses	1,324	959	1,014	1,496	1,273*

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

*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.

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 the RPS' activities. Therefore, the results of this survey are reported as a representation of "respondents". It is recommended that readers bear this in mind when interpreting the results reported in this report. Ahead of future surveys, an exploration of the reasons for the variation in response rates in different years, and the lack of engagement from specific demographics, might generate insights that enable effective representation of a wider proportion of the pharmacy workforce, including harder to reach and underrepresented groups.

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, and 2022) and the GPhC data (GPhC, 2019). A full dataset can be found in Appendix A.

SUMMARY OF DEMOGRAPHIC DATA

Approximately three-quarters of respondents (76%) worked and/or studied in England, 16% in Scotland, and 5% in Wales (Figure 1). The majority of respondents (94%) were pharmacists, of which 70% reportedly had between 11 and 39 years of practice experience. The other respondents were undergraduate students (3%), foundation/trainee pharmacists (2%), and pharmaceutical scientists (1%). As only registered pharmacy professionals, pre-registration pharmacists, or MPharm students were eligible to complete this survey, no pharmacy technicians are represented in this sample.

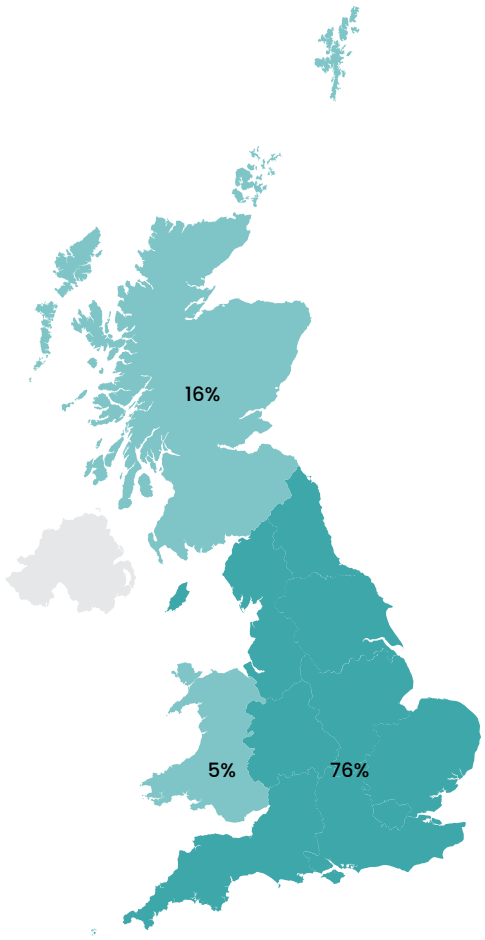

Figure 1: Geographical distribution of 2023 WWB survey respondents

- The majority of respondents practiced in community pharmacy (38%) and hospital pharmacy (28%) settings. Other represented pharmacy sectors included general practice (12%), academia or education bodies (5%), commissioning organisations (4%), and mental health services (3%) .
- 61% were employed full-time (including self-employed individuals), and 34% were employed part-time (including self-employed individuals). There was an even split of those currently studying full-time or part-time, each representing 3% of the total survey sample. 1% of the sample 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 had increased slightly from the previous year; however, this value has been relatively consistent in all reports going back to 2020 (59% in 2022, 62% in 2021 and 65% in 2020).
    - The proportion of respondents recorded as working part-time had increased slightly from 30% in 2022 to 34% in 2023.
- 82% of all respondents were members of the RPS, while 18% were not affiliated with any pharmacy professional leadership body (RPS or NI Forum). This could suggest that the survey is not reaching a pharmacy audience beyond the RPS membership. Although this work is driven by the RPS, the aim is to gather insights on the wellbeing of all pharmacy professional based in Great Britain, not just those with RPS membership. The limitations in the distribution of this annual survey could be explored in detail to ensure relevant and representative insights are collected.

INCLUSION AND DIVERSITY DATA

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

- 87% of respondents were between 25 and 64 years of age (n=1177)
- 71% of respondents were female (including trans women) and 25% male (including trans men), with 98% stating that their current gender identity is the same as they were assigned at birth (n= 1176)
- 85% of respondents identified as heterosexual, 4% identified as gay men/women, and 3% identified as bisexual (n=1176)
- 57% of respondents were married and 27% had never been married or registered in a civil partnership (n=1175)
- 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)
- 87% of respondents did not consider themselves to have a disability (n=1173)
- 47% of respondents were Christian and 31% stated they had no religion (n=1141)
- 6% and 9% 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 4.1%, min 2%, max 9%).

In general, the figures reported above are broadly consistent with the findings from the 2022 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 2023 survey results are broadly consistent with findings from previous years. For example, the majority of 2023 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. The GPhC workforce data reports that 49% of all pharmacist respondents (n=13,136) were white, which is much lower than the proportion of white respondents in this survey (73%, n=1166). This comparison also highlights the drastic underrepresentation of Asian/British Asian respondents in the 2023 survey dataset; this demographic represents 14% of the survey respondents compared to 29% of all GPhC registered pharmacy professionals. Additionally, 34% of the GPhC's pharmacist respondents (n=13,136) identified as Christian; however, this value is notably higher at 47% in the current sample. A full comparison of the 2023 Workforce Wellbeing data and GPhC data can be found in Table 2.

	2023 Workforce Wellbeing Respondents (n=1188)[a]		2019 GPhC Workforce Survey (n=79,770)[b]	
Characteristic	Number	Percentage	Number	Percentage
	Gender Identity[c]		Sex[c]	
Female (incl. Trans females)	837	71%	55,333	69%
Male (incl. trans males)	295	25%	24,405	31%
Other	14	1%	5	<0.5%
Prefer Not to Say/ Not known	30	3%	27	<0.5%
Age Group				
<24	59	5%	2,512	3%
25-34	162	14%	27,454	34%
35-44	255	22%	21,539	27%
45-54	329	28%	16,438	21%
55-64	281	24%	10,153	13%
65+	68	6%	1,674	2%
Prefer not to say	23	2%	-	-
Location				
England	902	76%	66,511	83%
Scotland	191	16%	7,048	9%
Wales	64	5%	4,173	5%
Other	31	3%	2,038	3%
Race/ethnicity				
White British	762	65%	39,411	49%
White Other	79	7%	4,565	6%
Mixed	21	2%	876	1%
Asian or Asian British	166	14%	23,299	29%
Black or Black British	47	4%	4,093	5%
Other	27	2%	1,458	2%
Prefer not to say	59	5%	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=1188; 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 2023 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

Respondents working in community pharmacy were more likely to report their mental health as *poor/very poor* compared to other pharmacy sectors; 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. Male respondents were also more likely to report their mental health as *good/very good* compared to female respondents; however, there was only a small difference in the proportion of male vs. female respondents reporting their mental health as *poor/very poor.*

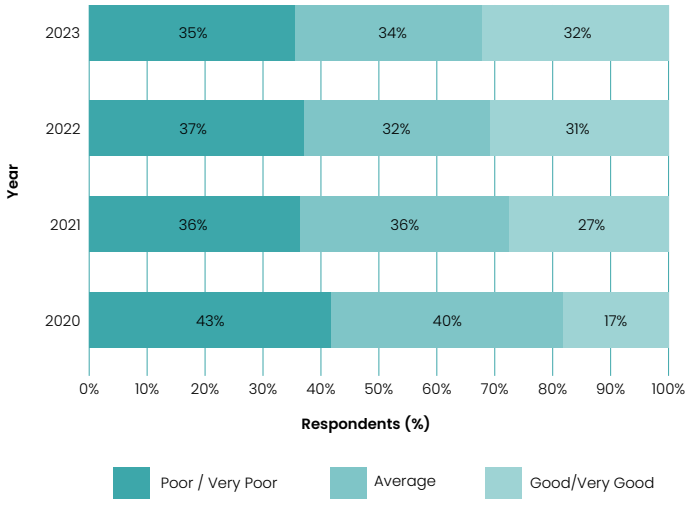

Figure 2: Respondents' rating of their mental health and wellbeing within past 12 months, compared year-on-year (2020 to 2023).

- 34% 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). Similar trends were observed when responses were broken down by sector (Community, Hospital, and General Practice), working pattern (full-time and part-time) and country (England (inc. Isle of Man and Channel Islands), Scotland and Wales). It is only when the data is broken down by gender that a notable difference is seen in the proportions reporting their mental health and wellbeing as *average* (30% female respondents vs. 25% 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 (40% and 37%) compared to those in General Practice (30%). Additionally, a much larger proportion of Welsh respondents reported their mental health as *poor/very poor* (47%) when compared with English, Scottish, and international respondents (35%, 30%, and 16%, respectively).
- A small increase was observed in the proportion of respondents who reported their mental health as *good/very good* in the past year, which continues a positive trend consistently seen throughout the years. Since 2020, this number has grown from 17% of respondents, to 32% (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 (RPS, 2020). When broken down by country, international respondents had a much larger proportion of respondents with *good/very good* mental health (52%), especially when compared against Welsh, English, and Scottish respondents (23%, 31%, and 36%, respectively). Female respondents were less likely to rate their mental health and wellbeing as *good/very good* when compared to male respondents (30% vs. 39%).
- Despite a much larger proportion of respondents rating their mental health as *poor/very poor* in the 2020 results compared to the figures from 2021-2023, more respondents also reported that they *enjoyed/really enjoyed* their work on a daily basis in 2020 (54%) compared to 2021, 2022, and 2023 (32%, 28%, and 29%, respectively) (Figure 3). Once again, the reported mental health results from 2020 could reflect the impact of the COVID-19 pandemic on individuals' mental health rather than their roles within the pharmacy profession. This, however, wouldn't explain the dramatic decline in workplace enjoyment from 2020 to 2021. It is probable that the increased and lasting pressures within healthcare caused by the COVID-19 pandemic could have had a more long-term impact on workplace enjoyment, only becoming evident in 2021; however, no clear conclusion or insights can be drawn from the current results.

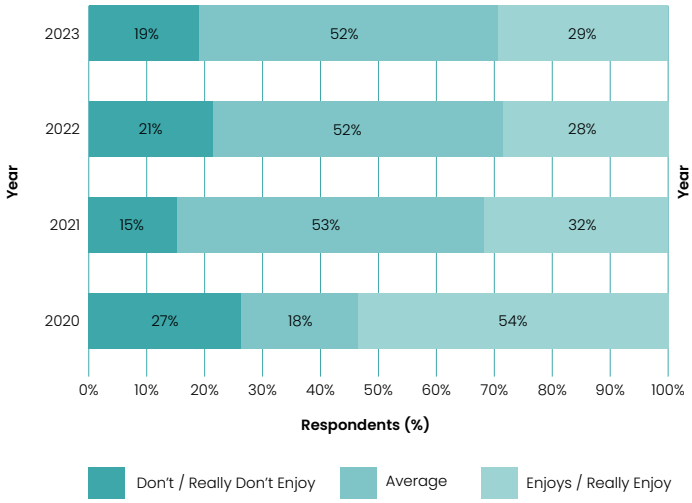

Figure 3: Respondents' rating of their work enjoyment on a day-to-day basis, compared year-on-year (2020 to 2023). Samples do not include those who are not currently working / studying or those who selected "Prefer not to say", "Not applicable", or equivalents. The reduced samples for each year are: 2020, n=947; 2021, n=986; 2022, n=1,428; 2023, n=1,177.

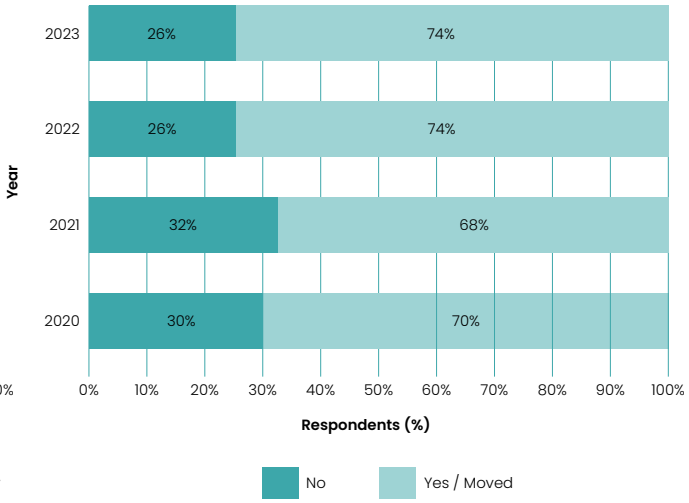

Figure 4: Proportion of respondents who, in the last year, have or have not considered leaving their job or the pharmacy profession due to the impact of work/study on their mental health and wellbeing, compared year-on-year (2020 to 2023). Samples do not include those who selected "Prefer not to say", "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.

- Over half of the 2023 sample (52%) reported that they enjoy some aspects of their work or study on a day-to-day basis; 29% reported they *enjoy / really enjoy* their work on a day-to-day basis and only 19% reportedly *don't / really don't enjoy* their work (Figure 3) In comparison, International (including Northern Ireland) respondents were, generally, more positive, with 52% reporting that they enjoy / really enjoy their work on a daily basis.

- In the past year, less than half of the respondents (44%) did not consider taking time out of work due to the impact work/study was having on their mental health and wellbeing. 19% of all respondents reported that they had taken time off work for this reason, and an additional 36% expressed that they had wanted to take time off of work/study but had not felt/been able.
- 60% 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 12% reported that they had left their role/sector/the profession for this reason. This result is similar to those reported in previous years (Figure 4). A much lower proportion of those working in General Practice expressed that they were likely to consider leaving their role/sector/the profession (67%) when compared with Community and Hospital pharmacy (85% and 77%, respectively).

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 2023 survey respondents. The consistent use of this tool has allowed us to produce a year-on-year comparison (Table 3).

- The risk of burnout varies between pharmacy sectors; 93% of those working in community pharmacy (38% of the 2023 sample) were at a high risk of burnout, whereas the proportion at risk of burnout decreases to 88% and 86% for those working in hospital pharmacy and general practice, respectively (93% community pharmacy vs. 87% non-community pharmacy, $p < 0.01$). Similar trends were found in 2022 and 2021, where the risk of burnout was also highest in community pharmacy at 96% in both years.

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

Table 3: Burnout in pharmacy professionals, year-on-year (2020 to 2022), measured by the Oldenburg Burnout Inventory (Demerouti, 2010).

RISK OF BURNOUT

- 86% of the 2023 survey respondents were at high risk of burnout, as measured by the OBI tool.
- Burnout scores across England and Scotland appear very similar at 86% and 87%, respectively; however, the proportion of Welsh respondents at a high risk of burnout far exceeds the other GB nations at 94%. A notably smaller proportion of international respondents (including Northern Ireland) were at a high risk of burnout when compared against all British nations, with 74% 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 respondents ($p < 0.01$).

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, (69%), Lack of work-life balance (52%), Lack of protected learning time (50%), Lack of colleague or senior support (46%), and Long working hours (42%). Interestingly, the same top five factors, in the same order, were also selected by last year's respondents.

REST BREAKS

The majority of survey respondents (82%) reported that they are offered regular rest breaks in the place of work and/or study. For the purposes of this survey, we have defined rest breaks as a 20-minute, uninterrupted rest. Of the 82% who are offered rest-breaks, only 42% reported that they usually felt able to take those breaks; the remaining 40% in this group reported that they frequently choose not to or were unable to take the breaks they had been offered. 13% of all respondents were not offered rest-breaks at all.

- 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%), 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), Staffing levels mean I can't take a break (216), and In theory I am able to take a break but it continuously gets interrupted (214).

PROTECTED LEARNING TIME

61% of the 2023 survey respondents believe they are not given sufficient protected learning time to focus on their professional development and learning needs in their place of work and/or study. Of those who were offered protected learning time (32%), 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; 93% of those working in community pharmacy are offered insufficient or no protected learning time beyond mandatory organisational training, which is much higher reported rate than those working in hospital pharmacy and general practice (83% and 61%, respectively)
- 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 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 (40%, 153/383), education and training development (22%, 85/383), and leadership development (16%, 61/383). These areas of focus, and the proportions of respondents prioritising each area, are largely consistent with the 2022 Workforce Wellbeing survey results.

EXPERIENCE OF VERBAL OR PHYSICAL ABUSE IN THE WORKPLACE

When asked about experiences of verbal abuse in the workplace, 41% of respondents shared that they had experienced this form of abuse within the past 6 months. The majority (65%) of the abuse was from patients/members of the public; however, 25% of cases were reportedly from a colleague and/or manager within the respondents' workplace.

When asked about experiences of physical abuse in the workplace, fewer respondents shared their experiences (n=489). However, within this reduced sample, 7% (32/489) reported that they had experienced physical abuse within the past 6 months. No respondents shared from whom they experienced this abuse.

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.

- The vast majority of the 2023 survey respondents (79%) shared that they are aware of occupational health and wellbeing support services provided by their employer, institution, or trust (Table 4). This proportion has slightly increased from the 2022 results, in which 76% were aware of these support services.
- 55% (520/938) of those who are aware of the occupational health and wellbeing support services available to them had not needed to access those services. 24% (227/938) of the respondents aware of the services had accessed them without any reported difficulty/ barriers. However, despite the gradual increase in awareness of these valuable support resources, 20% (191/938) of those aware of the services available were unable to access them due to specific barriers.
- When the data was broken down by sector, respondents working in community were significantly ($p < 0.01$) less aware of the available occupational health and wellbeing support services provided by their employer compared to hospital pharmacy (Table 4).
- 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: Reassurance on the confidentiality of the support available (19%), Protected time to access support so it can be accessed at a time convenient to me (18%), and services being available at suitable times (16%).

	Yes	No
All respondents	**79%**	**21%**
Breakdown by sector		
Community pharmacy	62%	38%
Hospital pharmacy	94%	6%
General Practice	79%	21%

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

4.5 Access to other mental health and wellbeing support

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).

4% of the total 2023 respondent sample reported that they were suffering from long COVID symptoms, and 1% had received an official diagnosis from their healthcare professional. A further 8% responded that they did not know/were not sure if they were suffering from long COVID. Similarly to the 2022 survey results, the proportion of self-reported long COVID cases is higher within the 2023 Workforce Wellbeing sample than the those published on the UK as a whole by the Office for National Statistics (ONS). In March 2023, ONS reported that an estimated 1.9 million people (2.9% of the population) were experiencing self-reported long COVID (ONS, 2023). 79% of those with self-reported long COVID experienced symptoms that adversely affected their day-to-day activities, with fatigue being the most commonly reported symptom. The prevalence of self-reported long COVID was greatest in specific populations, including individuals aged 35 to 69 years, females, people living in more deprived areas, and those working in social care. Given that the 2023 survey sample has a greater proportion of females within the specified age range when compared to the whole UK population, it is unsurprising that the respondents report a slightly higher rate of reported long COVID occurrence than the ONS.

Those in the 2023 sample with self-reported COVID were asked how long covid has impacted their ability to work and/or their wellbeing. 40 individuals shared their thoughts and experiences, from which several key themes were identified. As with the ONS survey, the most commonly reported symptom affecting individuals' wellbeing was fatigue, followed by cardiovascular fitness/respiratory issues and brain fog/focus. All respondents expressed that their reported symptoms adversely impact their daily activities.

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, 70% were unaware of the RPS' Wellbeing Hub, which is slightly lower than the proportion reported in 2022 (72%). Given the expansion of the workforce wellbeing programme and projects completed, such as the 2023 Workforce Wellbeing Roundtable (RPS, 2023), it is disheartening to see that the awareness and impact of this work is not higher amongst pharmacy professionals.

  The survey findings have also been used to develop support services offered by Pharmacist Support. 50% of respondents had heard of Pharmacist Support and knew at least a little about the services provided. A further 20% had heard of Pharmacist Support but didn't know anything other than the name of the organisation. 30% reported that they had never head of Pharmacist Support.

- Of those who were aware of Pharmacist Support, the services they were most familiar with were: information and enquiries, peer support via Listening Friends, and counselling services.

  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 is increasingly asked about including Pharmacy Technicians in their beneficiary pool. The Board of Pharmacist Support has agreed to start a period of engagement to review the potential impact and next steps of including Pharmacy Technicians as part of their beneficiary pool.

- All survey respondents were asked whether they believe Pharmacist Support should expand their services to support Pharmacy Technicians; 72% agreed or strongly agreed that this would be a positive move. 9% disagreed/strongly disagreed with the suggestion of Pharmacist Support expanding its beneficiary pool to include Pharmacy Technicians.

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% of respondents had reportedly been concerned about addiction or addictive behaviours in the last year, of which only 3% sought support. A further 2% responded that they did not know/were not sure. These figures are consistent with the findings in previous years.

4.6 Other comments

A total of 225 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 renumeration pharmacists receive for their work or, and likely encouraged by, the unachievable and unrealistic workloads pharmacists face on a day-to-day basis. One factor that respondents identified as contributing to the workload stress was the consistently increasing responsibilities pharmacists are taking on without additional staffing. Many of the comments focussed on community or hospital pharmacy work environments. Some key examples which stressed these common themes are shown below:

> *"I feel that as a pharmacy team we work hard to provide a service, but we are not listened to or funded properly and the concern I have about the risks taken by the trust due to our invisibility affect my mental wellbeing"*

> *"I feel for the level of responsibility that pharmacists have we are not paid enough and given enough respect by allied health professions. Similarly, as a locum I feel I am not given enough respect in the workplace by employed members of staff and general public. This is a very sad realization when I'm doing the job that I still love and to the best of my ability."*

> *"There is so much discrimination, passive aggressive behaviour, bullying, undermining your role, disrespect towards a pharmacist who is not from the UK and has an accent. I experience this every day in workplace."*

> *"Too many extra services being pushed on to pharmacy without enough staff to perform these. This in my opinion contributes to a lot of workplace stress"*

COMMENTS RELATED TO THE STRUCTURE/ COMPOSITION/PURPOSE OF THE RPS WORKFORCE WELLBEING SURVEY

A number of comments related to the structure and/or purpose of the RPS annual workforce wellbeing survey, with the most comments being on a lack of consideration for other issues which may be impacting workforce wellbeing. Others felt as though the annual survey and reports have minimal impact, and that a more targeted approach to pharmacy workforce wellbeing could be taken. Some key examples which discuss these points are included below:

> *"Sometimes how you feel at work is influenced by things going on in home life. This has not been taken into account"*

> *"To consider questioning other factors that may affect workforce wellbeing at workplace (political and personal) especially for expatriate workforce."*

COMMENTS RELATED TO PHARMACY LEADERSHIP

A number of comments focussed on concerns for the future of the pharmacy workforce and how leadership organisations (RPS, GPhC, NHS trusts, etc.) could help pharmacists' wellbeing challenges and achieve more. Some also mentioned that they felt as though they had been failed by those in leadership positions. Some key examples which discuss these points are included below:

> *"It doesn't currently seem as if the profession is being looked after. Changes to IEPT & the need for, & lack of DPPs to support IP training is being swept under the carpet by leaders"*

> *"I believe that the workload for a hospital pharmacist is not commensurate with our current pay. I urge for advocacy to enhance our compensation, aiming to support our mental health and overall well-being. Let's work towards fair and equitable remuneration."*

> *"Pharmacist remuneration has been reduced consistently. Would you have any advice on how to tackle this issue?"*

> *"Please be proactive in retirement planning and informing members of services offered to retired members."*

5 Conclusion

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 workforce. The 2023 results show that the risk of burnout is high across all sectors, regions, and demographics measured, with 86% of all survey respondents being classed as high-risk for burnout. This value has decreased only slightly from the 2022 and 2021 results (88% and 89%, respectively) (RPS 2021; RPS 2022). Factors such as inadequate staffing, lack of work-life balance, and lack of support continue to contribute to the poor mental health experienced by many in the pharmacy workforce. These same factors were highlighted by the 2022 respondents, suggesting that the issues are continuous despite efforts from the RPS and Pharmacist Support to address workplace challenges and improve the wellbeing of pharmacy professionals. More targeted, focussed action should be considered to address the mental health burden and risk of burnout experienced by pharmacists, as highlighted by our 2023 survey respondents.

Despite the majority of our 2023 respondents sharing that they are offered regular rest breaks (82%), 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. The importance of rest breaks in protecting against healthcare professionals' burnout has been widely documented, including in community pharmacists (Stutting, 2023) (Bridgeman, et al., 2018). 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. These results highlight the need to address occupational burnout and, although not the solution to all workplace stresses, rest breaks are a clear contributing factor which, if improved or protected, could improve the overall wellbeing of pharmacy professionals.

Protected learning time has also been highlighted as an area of need amongst pharmacy professionals. 61% 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 (RPS 2020). 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.

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 and more likely to rate their mental health as poor/very poor when compared with hospital or GP pharmacy. 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 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 (RPS, 2020; RPS, 2021; RPS, 2022). 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 AND SURVEY LIMITATIONS

We understand that low response rates can lead to biased results, and individuals who are more engaged with the RPS' activities are more likely to engage with this survey. Our survey sample (n= 1188) represents only 1.9% of registered pharmacists in Great Britain, and 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 appears to overrepresent pharmacists from white, Christian backgrounds. We believe it is important to recognise that the majority of 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. Ahead of future surveys, an exploration of the reasons for the variation in response rates in different years, and the lack of engagement from specific demographics, might generate insights that enable effective representation of a wider proportion of the pharmacy workforce, including harder to reach and underrepresented groups.

6 References

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7 Appendix

7.1 Appendix A: 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*

Total number of responses (n) 1273 in the table.

Section 1 - Eligibility

1. Are you a registered pharmacist?	N	%
Yes	1120	88%
No	153	12%
Total	**1273**	**100%**

2. Are you a pharmacy student?	N	%
Yes	46	30%
No	107	70%
Total	**153**	**100%**

2. Are you a foundation pharmacist/trainee?	N	%
Yes	22	21%
No	85	79%
Total	**107**	**100%**

Section 2 - About You

4. Which country do you mostly work (or study) in?	N	%
England (inc. Isle of Man and Channel Islands)	902	76%
Scotland	191	16%
Wales	64	5%
Northern Ireland	7	1%
International	24	2%
Total	**1188**	**100%**

5. Are you a...	N	%
Pharmacist	1116	94%
Pharmaceutical Scientist	4	0%
Foundation / Trainee Pharmacist	29	2%
Undergraduate Student	36	3%
Other	3	0%
Total	**1188**	**100%**

6. What stage of your career are you in?	N	%
0-2 years of practice	107	9%
3-5 years of practice	71	6%
6-10 years of practice	84	7%
11-19 years of practice	199	17%
20-29 years of practice	295	25%
30-39 years of practice	292	25%
40-49 years of practice	92	8%
50 years +	48	4%
Total	**1188**	**100%**

7. What are your current working hours? Please select all that apply.	N	%
Employed full-time	677	51%
Employed part-time	325	25%
Self-employed full-time	46	3%
Self-employed part-time	84	6%
Locuming	61	5%
Studying full-time	38	3%
Studying part-time	42	3%
Currently on leave (e.g., maternity, paternity, sickness, etc.)	17	1%
Currently not in paid employment	14	1%
Other	17	1%
More than one option could be selected so total is greater than sample size.	**1321**	**100%**

8. What is your main area of practice?	N	%
Community pharmacy	453	38%
Hospital pharmacy	328	28%
General Practice	145	12%
Other primary care setting	31	3%
Commissioning Organisation	44	4%
Academia or Education Body	58	5%
Pharmaceutical Industry	27	2%
Professional Bodies or Regulators	10	1%
Government and other public bodies	11	1%
Mental health services	33	3%
Prison	4	0.3%
Other	44	4%
Total	**1188**	**100%**

9. Are you a member of any of the below professional leadership bodies (PLB)?	N	%
Royal Pharmaceutical Society (RPS)	969	82%
Pharmacy forum NI	3	0%
Not applicable	216	18%
Total	**1188**	**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	87	7%
Good	292	25%
Average	399	34%
Poor	341	29%
Very poor	69	6%
Total	**1188**	**100%**

11. 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	89	7%
I enjoy my work	245	21%
I enjoy some aspects of my work	613	52%
I don't enjoy my work	116	10%
I really don't enjoy my work	105	9%
I am not currently working / studying	14	1%
Don't know / Not sure	2	0%
Prefer not to say	4	0.3%
Total	**1188**	**100%**

12. 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	519	44%
I have wanted to, but I have not felt able to	328	28%
I have wanted to, but I have not been able to	99	8%
Yes – a month or more in total	84	7%
Yes – a week or more in total	69	6%
Yes – a day or more in total	72	6%
Don't know / Not sure	10	0.8%
Prefer not to say	7	0.6%
Total	**1188**	**100%**

13. 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	297	25%
Yes, I have considered leaving my current role but have not done so	356	30%
Yes, I have considered leaving the pharmacy profession but have not done so	360	30%
Yes, I have considered and moved roles within my sector	55	5%
Yes, I have considered and moved roles to a different sector / area of practice	69	6%
Yes, I have considered and left the pharmacy profession	19	2%
Don't know / Not sure	23	2%
Prefer not to say	9	1%
Total	**1188**	**100%**

Section 4 - Burnout at work

14. 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	14%	51%	30%	5%	*100%*
There are days when I feel tired before I arrive at work	44%	42%	13%	1%	*100%*
It happens more and more often that I talk about my work in a negative way	32%	36%	28%	4%	*100%*
After work I tend to need more time than in the past in order to relax and feel better	42%	36%	20%	3%	*100%*
I can tolerate the pressure of my work very well	7%	43%	41%	9%	*100%*
Lately I tend to think less at work and do my job almost mechanically	11%	32%	47%	9%	*100%*
I find my work to be a positive challenge	8%	42%	39%	11%	*100%*
During my work I often feel emotionally drained	32%	38%	26%	4%	*100%*
Over time I can become disconnected from my type of work	32%	38%	26%	4%	*100%*
After working I have enough energy for my leisure activities	4%	25%	45%	26%	*100%*
Sometimes I feel sickened by my work tasks	15%	32%	40%	14%	*100%*
After my work I usually feel worn out and weary	39%	41%	18%	3%	*100%*
This is the only type of work that I can imagine myself doing	11%	35.00%	42%	12%	*100%*
Usually, I can manage the amount of my work well	9%	58%	26%	6%	*100%*
I feel more and more engaged with my work	4%	25%	55%	16%	*100%*
When I work, I usually feel energised	4%	25%	49%	22%	*100%*
Percentages were calculated using the total number of survey respondents (n = 1188).					

15. 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	494	42%
Lack of work-life balance	622	52%
Lack of rest breaks	465	39%
Lack of protected learning time	592	50%
Lack of colleague or senior support	552	46%
Inadequate staffing	819	69%
Feeling isolated (home or solo working)	252	21%
Discrimination at work	106	9%
Bullying at work	163	14%
Regulatory inspections	94	8%
GPhC Registration Assessment	84	7%
Other studies/assignments e.g., IP, other post-graduate studies	155	13%
Personal safety at work	84	7.00%
Increased financial pressures	407	34%
Other	49	4%
Not applicable / No response	131	11%

16. 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	498	42%
Yes, I am offered but I am frequently unable to take a break	382	32%
Yes, I am offered but choose not to take a break	98	8%
No, I am not offered breaks	149	13%
Don't know / Not sure	52	4%
Prefer not to say	9	1%
Not applicable / No response	55	4%
Total	**1188**	**100%**

17. Why are you unable to take a break?	N	%
Culture at work i.e. I am expected to continue working	92	9%
Workload means I can't take a break	331	31%
Staffing levels mean I can't take a break	216	20%
Pressure to be present so patients and the public can access medicines and advice	136	13%
In theory I am able to take a break, but it continuously gets interrupted	214	20%
Break is unpaid	58	5%
I am able to or could take breaks during my working day	16	1%
Total	**1171**	**100%**

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

18. Does your place of work (or study) offer appropriate time for you to address your professional development and learning needs?	N	%
Yes, I am given sufficient protected learning time	226	19%
Yes, but I'm only given time for mandatory organisational training	157	13%
No, I'm not given sufficient protected learning time	243	20%
No, I'm not given any protected learning time	482	41%
Don't know / Not sure	62	5%
Prefer not to say	18	2%
Total	**1188**	**100%**

19. What areas of professional development do you mainly focus on during your protected learning time?	N	%
Clinical development	153	40%
Leadership development	61	16%
Management development	20	5%
Research development	19	5%
Education and training development	85	22%
Staff or team wellbeing activities or learning	19	5%
Other	26	7%
Total	**383**	**100%**

Branched question - not all survey respondents had the option to respond to this question (n=383). Only one option could be selected.

20. Have you experienced abuse (verbal or physical) in your workplace (place of study) within the last 6 months?	N	%
I am expected to do learning in my own time	265	69%
I am expected to fit learning in around my workload	260	68%
There is no funding or backfill to enable my employer to offer protected learning time	106	28%
It has never been something that was offered here, there is no culture of learning where I work (or study)	45	12%
My employer/place of study doesn't have to offer protected learning time	39	10%
Not applicable, I am offered protected learning time	10	3%
Total	**725**	**189%**

Branched question - not all survey respondents had the option to respond to this question (n=383). Only one option could be selected.

21. 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%
Total	**1188**	**100%**

22. Whom did you experience this abuse from?	N	%
Member of the public / patient;	400	65%
Colleague / member of my immediate team;	102	17%
Manager	54	9%
Other healthcare professional	61	10%
Other	0	0%
Not applicable / No response	0	0%
Total	**617**	**100%**

Branched question - not all survey respondents had the option to respond to this question (n=557). Multiple options could be selected which increases total response no.

23. Have you experienced physical abuse in your workplace (place of study) within the last 6 months?	N	%
No	444	91%
Yes	32	7%
Don't know/not sure	6	1%
Prefer not to say	7	1%
Total	**487**	**100%**

24. Whom did you experience this abuse from?	N	%
Member of the public / patient;	0	0%
Colleague / member of my immediate team;	0	0%
Manager	0	0%
Other healthcare professional	0	0%
Other	0	0%
Not applicable / No response	0	0%
Total	**0**	**0%**

Branched question - not all survey respondents had the option to respond to this question (n=557). Multiple options could be selected which increases total response no.

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

25. 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	227	19%
Yes, I am aware of, but have not needed to access these services	520	44%
Yes, I am aware of, but have not accessed these services due to specific barriers	191	16%
No, I am not aware of these services	250	21%
Total	**1188**	**100%**

26. 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	88	18%
Services being available at suitable times	75	16%
Improving accessibility of the service i.e., being able to access services via different means such as online and/or face-to-face	74	15%
Reducing stigma around mental health in the workplace so I can talk about my issues if I want to	65	13%
Reassurance on the confidentiality of the support available	91	18.8%
Training of employers and employees to understand mental health issues	39	8.1%
Services available that are culturally aware / sensitive to my needs	25	5%
Other	26	5%
Total	**483**	**100%**

Branched question - not all survey respondents had the option to respond to this question (n=191). Multiple options could be selected which increases total response no.

Section 6 - Access to other mental health and wellbeing support

27. 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	31	3%
Yes, but I have not sought support	149	13%
No	963	81%
Don't know / Not sure	24	2%
Prefer not to say	21	1.8%
Total	**1188**	**100%**

28. Are you currently suffering from long covid?	N	%
Yes, and I have an official diagnosis from a registered healthcare professional	11	1%
Yes, but I do not have an official diagnosis	30	3%
No	1049	88%
Don't know / Not sure	95	8%
Prefer not to say	3	0.3%
Total	**1188**	**100%**

30. Have you heard of the independent charity *Pharmacist Support?*	N	%
Yes, and I feel that I know a lot about them	168	14%
Yes, I've heard the name, but I only know a little about them	429	36%
Yes, but I've only heard the name	240	20%
No	351	30%
Total	**1188**	**100%**

31. 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	396	19%
Wardley Wellbeing Services (workshops and wellbeing learning platform)	152	7%
Peer support via Listening Friends	323	16%
Financial assistance	248	12%
Specialist advice	169	8%
Addiction support	174	9%
Counselling service	297	15%
National student bursary scheme	73	4%
ACT Now wellbeing campaign	150	7%
None of the above	65	3%
Total	**2047**	**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

32. 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	494	42%
Agree	359	30%
Neither agree nor disagree	228	19%
Disagree	70	6%
Strongly disagree	37	3%
Total	**1188**	**100%**

33. 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	34	3%
Yes, I am aware of but have not used the wellbeing hub	328	28%
No, I am not aware of the wellbeing hub	826	70%
Total	**1188**	**100%**

Section 7 - Inclusion and Diversity

34. Which of the following best describes you?	N	%
Female (including trans women)	295	25%
Male (including trans men)	837	71%
Non-Binary	2	0.2%
Other	30	2.6%
Prefer not to say	12	1%
Total	**1176**	**100%**

35. Is your gender the same as you were assigned at birth?	N	%
Yes	1149	98%
No	3	0.3%
Prefer not to say	24	2%
Total	**1176**	**100%**

36. What is your age?	N	%
24 and under	59	5%
25-34	162	14%
35-44	255	22%
45-54	329	28%
55-64	281	24%
65+	68	6%
Prefer not to say	23	2%
Total	**1177**	**100%**

37. What is your sexual orientation?	N	%
Bisexual;	30	83%
Gay man;	32	3%
Gay woman / Lesbian;	14	2%
Heterosexual/straight;	1002	2%
Asexual;	10	1%
Pansexual;	5	0.4%
Prefer not to say	76	7%
Other	7	2%
Total	**1176**	**100%**

38. What is your legal marital or registered civil partnership status?	N	%
Never married and never in a registered civil partnership	321	27%
Married	672	57%
In a registered civil partnership	8	1%
Separated but still legally married	14	1%
Separated but still legally in a registered civil partnership	0	0%
Divorced	80	7%
Formerly in a registered civil partnership which is now legally dissolved	1	0.1%
Formally in a civil partnership which is now legally dissolved	0	0.0%
Widowed	13	1.1%
Formerly in a registered civil partnership which is now legally dissolved	1	0%
Prefer not to say	65	6%
Total	**1175**	**100%**

39. Do you consider yourself to have a disability?	N	%
No	122	10%
Yes	1022	87%
Prefer not to say	29	2%
Total	**1173**	**100%**

40. Please indicate your disability	N	%
Vision (e.g., blindness or partial sight)	7	4%
Hearing (e.g., deafness or partial hearing)	17	10%
Mobility (e.g., difficulty walking short distances, climbing stairs, lifting and carrying)	31	18%
Learning, concentrating, remembering	18	11%
Mental Health	37	22%
Stamina or breathing difficulty	7	4%
Social or behavioural issues (e.g., neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger's Syndrome)	22	13%
Prefer not to say	4	2%
Other	26	15%
Total	**169**	**100%**

41. What is your ethnic origin?	N	%
South Asian / South Asian British or East Asian / East Asian British	166	14%
Black / African / Caribbean / Black British	47	4%
White	846	73%
Mixed or multiple ethnic group	21	2%
Prefer not to say	59	5%
Other	27	2%
Total	**1166**	**100%**

42. Asian or British Asian	N	%
Bangladeshi	3	2%
Chinese	32	20%
Indian	82	50%
Pakistani	34	21%
Other	12	7%
Total	**163**	**100%**

43. 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%**

44. White	N	%
White Scottish/Welsh/English/Northern Irish/British	762	91%
White Irish	17	2%
White European	54	6%
Gypsy or Irish Traveller	1	0%
Roma	1	0%
Other	6	1%
Total	**841**	**100%**

45. Mixed or Multiple Ethnic Group	N	%
White and Black Caribbean	3	16%
White and Black African	3	16%
White and South Asian	1	5.3%
White and East/South East Asian	5	26.3%
White and Arab	7	37%
Total	**19**	**100%**

46. What is your religion or belief?	N	%
Baha 'i	0	0%
Buddhism	13	1%
Christianity	538	47%
Hinduism	42	4%
Islam	61	5.3%
Jainism	5	0.4%
Judaism	9	0.8%
Rastafarianism	0	0.0%
Sikhism	18	1.6%
Zoroastrians (Parsi)	0	0.0%
No religion	355	31%
Prefer not to say	100	9%
Other	0	0%
Total	**1141**	**100%**

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

Section 8 - Final comments and submission

47. 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	735	62%
No	453	38%
Total	**1188**	**100%**

ROYAL
PHARMACEUTICAL
SOCIETY