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Ralph, David Alan

A STUDY OF PHARMACISTS AND EXPLANATIONS OF PROFESSIONAL  
SATISFACTION AND DISSATISFACTION

*The University of Oklahoma*

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THE UNIVERSITY OF OKLAHOMA

GRADUATE COLLEGE

A STUDY OF PHARMACISTS AND EXPLANATIONS OF  
PROFESSIONAL SATISFACTION AND DISSATISFACTION

A DISSERTATION

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the

degree of

DOCTOR OF PHILOSOPHY

by

DAVID ALAN RALPH

Norman, Oklahoma

1984

A STUDY OF PHARMACISTS AND EXPLANATIONS OF  
PROFESSIONAL SATISFACTION AND DISSATISFACTION

APPROVED BY

Don J. Udell  
Lloyd J. Korhonen  
Sam E.  
Michael Lungenbach  
E. C. Hall

DISSERTATION COMMITTEE

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## ABSTRACT

Studies have indicated there is a significant level of pharmacist professional dissatisfaction. While various concepts have been presented as possible explanations of pharmacist satisfaction or dissatisfaction, verification of these theories has not been thoroughly pursued. The problem which this study examined was whether the theoretical constructs of role conflict, incomplete professionalization, Herzberg's (1966) satisfier/dissatisfier theory, or professional satisfaction as a function of length of practice or practitioner age, serve as valid explanations of pharmacists' professional satisfaction or dissatisfaction.

This study examined registered pharmacists licensed and residing in the state of Oklahoma. From the population of 2,957 pharmacists, a sample of 300 was randomly selected for the study. Satisfaction of the 157 (53.0%) pharmacists who responded to the mail-out questionnaire was measured by an index of job satisfaction, an index of professional satisfaction, and a satisfaction inventory of 17 facets considered to characterize pharmacy as a profession. From the questionnaire respondents, a 12% sample of pharmacists

demonstrating extreme professional satisfaction and dissatisfaction were selected for telephone interviews. The reliability of the mail-out survey instrument utilized was determined by the split-half test and Spearman-Brown step-up procedure to be 0.95.

Through the data collected from the mail-out questionnaire and follow-up telephone interviews, the four concepts being studied may indeed serve as possible explanations of pharmacists' professional satisfaction/dissatisfaction but in modified forms. This study found that pharmacists' professional satisfaction is significantly less than satisfaction with their job. This study also found that pharmacists' dissatisfaction is principally the result of a deperate search for professional identity (modification of role conflict and incomplete professionalization concepts), and the trauma of the mid-life crisis period of the adult life-cycle (indicated by both age and years of experience measurements). In addition, the study identified several facets of the profession which are professional satisfiers. (Herzberg, 1966) However, the study was unable to identify specific hygiene (dissatisfier) facets of the profession.

Through greater understanding of professional satisfaction, the application of this study has significance in improving the opportunities for satisfaction in pharmacy practice and as a source of direction for change in pharmaceutical undergraduate and continuing education.

A STUDY OF PHARMACISTS AND EXPLANATIONS OF  
PROFESSIONAL SATISFACTION AND DISSATISFACTION

CHAPTER I

INTRODUCTION

The return from your work must be the satisfaction which that work brings you and the world's need of that work. With this, life is heaven, or as near heaven as you can get. Without this -- with work which you despise, which bores you, and which the world does not need -- this life is hell. (DuBois, 1958)

Man continually seeks to measure and evaluate the quality of life. He constantly contemplates his existence in relationship to various segments of life -- personal, spiritual, and occupational. Herzberg (1966) summarizes the nature of man into two categories: animal needs and psychological growth. The animal needs involve basic human drives such as preserving life and avoiding pain and hunger; while psychological growth is "man's compelling urge to realize his own potentiality." (p. 56) These two



characteristics of man have separate origins and to properly understand man, they must be viewed as such. (Herzberg, 1966)

How does one measure psychological growth? More often, a qualitative, and very subjective, term such as satisfaction is utilized to appraise one's progress toward life's goals. Understanding the true meaning of satisfaction is difficult. Yet, mankind must strive to comprehend the significance of satisfaction and its societal implications.

With approximately one-third of life spent in the work environment, the importance of evaluating satisfaction from this component should be obvious. Not only is it necessary to determine the elements of an occupation which elicit satisfaction or dissatisfaction, but also the impact satisfaction has upon worker performance and occupational exodus. Though the effects upon performance and turnover are important, studies of occupational satisfaction must first assess the degree of satisfaction and its derivation.

Numerous studies of occupational satisfaction have been conducted but, surprisingly, few have examined the profession of pharmacy. It is surprising because pharmacy, as a profession, is unique in that it involves a service that delivers a product. Consequently, there are two distinct and essential aspects of the pharmacy practice, the professional component and the job component, which some view as being in conflict. However, even those studies which have investigated pharmacy have dealt overwhelmingly with job satisfaction,

overlooking the area of professional satisfaction.

How do pharmacists feel about their role as a professional, that calling of service to society and the general purpose of the profession? How does this role perception relate to the pharmacists' overall satisfaction? Considering the lack of studies of professional satisfaction, it is clear that a full and accurate understanding of pharmacist satisfaction cannot be accomplished until that void is filled. Further insight into pharmacist satisfaction, specifically professional satisfaction, should benefit all members of the pharmaceutical profession. The quality of occupational life for pharmacists in the future significantly depends upon assessment of the facets of professional needs, expectations, and corresponding satisfaction, and the impact they will have upon the profession itself.

#### Theoretical Constructs

Very few studies have looked at professional satisfaction in a general form and there is a virtual void of studies which attempt to empirically determine the specific facets or determinants of professional satisfaction. The studies which have included professional satisfaction as a part of their pharmacist satisfaction research have found that pharmacists are significantly less satisfied with their overall profession than with their present job. (Purohit & Stewart, 1980; Gold & Nelson, 1976) Purohit & Stewart (1980) found that 81.8% of

the pharmacists in their study were satisfied with their jobs, while only 60.3% of the same pharmacists were satisfied with pharmacy as a profession. If this disparity of satisfaction does exist, what theories might serve to explain the lack of satisfaction with pharmacy as a profession?

Four concepts which may serve as possible explanations of pharmacist professional satisfaction are: (a) Pharmacist role conflict; (b) incomplete professionalization of pharmacy; (c) Herzberg's (1966) theory of satisfiers/dissatisfiers; and, (d) professional satisfaction as a function of length of pharmacy practice and age of practitioner.

The two concepts most often presented as the basis for professional dissatisfaction are (a) the role conflict of pharmacists in retail environs who are subjected to both professional and business concerns (Feldstein, 1971; Knapp, Knapp, & Evanson, 1965); and, (b) the concept that pharmacy is an incomplete or marginal profession, having not fully attained some of the characteristics of a complete profession. (Ladinsky, 1970; Smith, 1970; Denzin & Mettlin, 1968; Greenwood, 1958; Hirschfield & Peterson, 1982)

Sociologists note that pharmacy's role conflict exists primarily because the service it provides society is centered around a product -- drugs. (Ladinsky, 1971) The conflict of professional ideals (service to society) and business (product sales) is often considered a primary source of pharmacist dissatisfaction. The professionalization theory considers

pharmacy an incomplete profession because it has failed to attain some of the elements of the ideal profession. The characteristics which have not been incorporated into the profession should therefore be prime sources of dissatisfaction. Professional characteristics such as autonomy, single organizational identity, altruism, life-time occupation, and prestige have been most often cited as obvious shortfalls in pharmacy's professionalization process. (Smith, 1970)

Another basis of professional satisfaction may be Herzberg's (1966) motivator-hygiene theory. Are there characteristics or specific facets of the profession which can be identified as satisfier (motivator) factors that may lead to professional satisfaction and facets which are dissatisfier (hygiene) factors, potentially contributing to dissatisfaction? Two studies of pharmacists' job satisfaction utilized Herzberg's theory as the basis for their study (Donehew & Hammerness, 1978; Rauch, 1981); however, none has been found which used Herzberg's theory to examine the factors of professional satisfaction.

The final concept concerns the relationship of overall professional satisfaction as a function of the number of years in pharmacy practice and as a function of practitioner age. Noel, Hammel, & Bootman (1982) found pharmacists were most satisfied after six years in their job and recent pharmacy graduates were the least satisfied. Donehew & Hammerness

(1978) found that job satisfaction peaked at 4-6 years of experience and again at 21 years of service. Does pharmacist' professional satisfaction demonstrate a similar relationship to years of practice in pharmacy? As Sarason (1977) noted,

Work or career satisfaction varies as a consequence of a number of factors and time is certainly a major one, not because of time per se, obviously, but because we use the passage of time as a criterion by which to judge the success of our plans and the fulfillment of our hopes.

(p. 104)

The relationship of job satisfaction and age has been inconclusive with a variety of results being reported. (Schwebel, 1951; Donehew & Hammerness, 1978; Noel, Hammel, & Bootman, 1982) As noted by Robers (1983), "the relationship between age and satisfaction may be the artifact of selective attrition of dissatisfied pharmacists, increasing satisfaction with age, or both." (p. 397) By examining data which include pharmacists no longer in pharmacy practice, some light may be shed on this relationship.

#### Need for the Study

The area of professional satisfaction has received very little attention in current sociological research. Those who have examined occupational satisfaction have directed their main efforts toward job satisfaction of the "factory worker, clerks, and others in simple, routine jobs." (Sarason, 1977,

p. 32) There are several reasons for the lack of research in professional satisfaction but possibly the strongest is the traditional view, held by professional people and others, that professional work is innately fulfilling, challenging, and worthy, with few, if any of the normal pitfalls of common labor. Through his "calling", the professional enriches his life by improving the welfare of society. (Sarason, 1977) In his study of physicians and lawyers, Sarason (1977) verbalizes the typical belief of researchers of the past,

What cause was there to study those in the more traditional professions who "had it made"? And if some did experience dissatisfaction with work, it was assumed to reflect idiosyncratic personal factors rather than factors peculiar to their profession. (p. 32)

The fallacy of this viewpoint is apparent and leads to the realization that dissatisfaction is a normal, professional occurrence which warrants further study.

The term professional satisfaction is generally assumed to be synonymous to job satisfaction of the professional. However, this study advocates the concept that all professions are comprised of two components: The business component and the professional component. The business component consists of the physical (tangible) elements of the practice and the monetary or commercial aspects involved with any profession. The business component would include the office or building utilized and the rent and other costs necessary for

maintaining the facility. The hiring of personnel and general management of the daily practice is also a significant part of the business component. The charges for services rendered, regardless of the profession, are definitely business oriented. As Howe (1967) stated in a publication for the American Medical Association, "medicine is not a business, but there is a business side of medicine..." (p. 43) The business component might be summarized as the total environment in which the profession is practiced and a livelihood derived. Therefore an appropriate term for the business component of a profession would be the job component.

The professional component is what might be defined as the purpose of the profession. The two features of a profession which distinguishes a profession from other careers or jobs are (a) a technical or knowledge base and (b) a service ideal. The service ideal or selflessness of the profession "is the basis of a truly professional occupation." (Ladinsky, 1971, p. 25) The basic motivation of professions is service. The purpose of any profession is the application of knowledge in order to help find the solution to individual and social problems. (Hirschfield & Peterson, 1982) The intention of all professionals should be that the service they provide will benefit society.

The need for this study is evident from previous studies by Purohit & Stewart (1980), Gold & Nelson (1976), and a survey by Southwestern Oklahoma State University School of

Pharmacy (1983) which found that pharmacists were significantly less satisfied with their profession than with their present job. Purohit & Stewart (1980) found that 81.8% of the pharmacists in their study were satisfied with their jobs, while only 60.3% of the same pharmacists were satisfied with pharmacy as a profession. The Southwestern School of Pharmacy (1983) study offered several indicators of dissatisfaction among the responding pharmacists. When asked to describe their feelings about their pharmacy career, a fairly low 53.2% envisioned pharmacy as an enjoyable, lifelong career.

Even though these studies found a significant level of professional dissatisfaction, the conclusions were weakly founded, as in the Purohit & Stewart (1980) study where a single question of overall professional satisfaction was the basis for their finding. Additionally, the Southwestern School of Pharmacy (1983) survey was not a formal study and could be criticized for the sampling technique employed. Despite these drawbacks to the findings, there is evidence that the profession of pharmacy is not fulfilling the professional aspirations of its members.

What these previous studies lacked was a thorough approach to evaluating the degree of professional satisfaction that could be statistically compared to the pharmacists' job satisfaction. In addition, none of the previous studies attempted to identify the specific facets of the professional



component and the degree to which they contributed to satisfaction or dissatisfaction. Consequently, no attempts have been made to determine the derivation of professional satisfaction or to delineate the reasons for professional dissatisfaction.

In examining the derivation of professional dissatisfaction among pharmacists, two principle reasons proposed are the status of pharmacy as a marginal profession and the apparent role conflict pharmacy faces. Sociologists note that pharmacy's role conflict exists primarily because the service it provides society is centered around a product -- drugs. (Ladinsky, 1971) The conflict of professional ideals (service to society) and business (product sales) concerns is most extreme in the retail-pharmacy setting. The businessman-professional role conflict which pharmacy faces is one factor in the struggle to find professional identity.

A common belief among educators and practitioners in recent years has been that greater clinical services would be more fulfilling to the pharmacist. The movement toward a concept of "clinical pharmacy" might simply be defined as "an emphasis upon drugs as they are utilized by and in the patient; [in contrast] to the focus of the pharmacist only upon the drug product." (Millis, 1975, p. 92-93) If one assumes the contention that clinical pharmacy will enhance the fulfillment of the pharmacist, then satisfaction among pharmacists in highly clinically-oriented practices should be

greater. However, studies by Rauch (1981), Quandt, McKercher, & Miller (1982), Purohit & Stewart (1980), & Hammel, Curtiss, & Heinen (1979) varied greatly in their conclusion concerning job satisfaction of clinical-oriented versus retail-oriented pharmacists. Further study may add clarification to the relationship between professional satisfaction and the type of practice of the pharmacist.

The professionalization theory considers pharmacy an incomplete profession because it has failed to attain some of the elements of the ideal profession. A number of articles and studies have presented the concept that pharmacy is a marginal or incomplete professional occupation (Ladinsky, 1970), but none have investigated the relationship of pharmacy's professionalization status and pharmacists' professional satisfaction.

What need is there for studying the satisfaction of man? Herzberg (1966) summarized the thought of many personality theorists when he stated, "...the supreme goal of man is to fulfill himself as a creative, unique individual according to his own innate potentialities and within the limits of reality." (p. 56) Herzberg (1966) himself theorizes that one "segment of man's nature is man's compelling urge to realize his own potentiality by continuous psychological growth." (p. 56) "The concept of psychological growth has become increasingly important [because of psychologists paying] more attention to the behavior of 'normal' people pursuing their

activities." (p. 57) Satisfaction is one abstract means of measuring the attainment of personal and psychological growth.

The importance of understanding pharmacists' professional satisfaction is analogous to Locke's (1976) two basic reasons for concern with job satisfaction: "First, it can be viewed as an end in itself, since happiness, after all, is the goal of life. Secondly, it can be studied because it contributes to other attitudes and outcomes." (p. 1328) Thus, "attitudes and actions of a dissatisfied [professional are costly in financial terms, but] more importantly, in terms of the deleterious effect upon the quality of service rendered within the [profession]." (Noel, Hammel, & Bootman, 1982, p. 600)

There is a strong need to study the degree of professional satisfaction among pharmacists. Pharmacy is a profession struggling for identity. An examination of studies which have dealt with pharmacist professional satisfaction to any extent reveals very weak methodology and instrumentation in obtaining their professional satisfaction results. (Gold & Nelson, 1976; Purohit & Stewart, 1980) Yet, each stated the need for further research in the area of professional satisfaction in order to identify and explain the derivation of professional satisfaction and assess its impact upon the profession. As Purohit & Stewart (1980) concluded, "pharmacists are more satisfied with their jobs than with pharmacy as a profession....Further studies must investigate the reasons for these differences and the facets that make the

profession unsatisfactory." (p. 142)

The importance of satisfaction involves the attitudes and actions of the individuals, the effect those individuals have upon their profession and thus their service to society, and the implications for the direction and future of the profession. As Sarason (1977) noted, "...the assumption [is] that the highly educated segments of our population have been immune to the diseases of boredom, disinterest, and alienation from work [and thus exempt] from close scrutiny." (p. 117) The complexity of today's professions and the services expected of the professionals will not allow the continuation of this exemption.

#### Problem Statement

Studies have indicated there is a significant level of pharmacist professional dissatisfaction. While there have been various concepts presented as possible explanations of pharmacists' satisfaction or dissatisfaction, verification of these theories has not been thoroughly pursued. The problem which this study examined is whether the theoretical constructs of role conflict, incomplete professionalization, Herzberg's (1966) satisfier/dissatisfier theory, or professional satisfaction as a function of length of practice or age, serve as valid explanations of pharmacists' professional satisfaction.

### Hypotheses

From the theoretical basis of the study, the following hypotheses were proposed for study.

Ho1 - There is no significant difference between the degree of job satisfaction and the degree of professional satisfaction among pharmacists.

Ho2 - There are no significant differences in professional satisfaction among pharmacists practicing in independent retail, clinical, chain retail, and hospital settings.

Ho3 - There is no significant difference in professional satisfaction between pharmacists indicating a primary career objective of professionalism (clinical) and those indicating a primary objective of business success.

Ho4 - There is no correlation between those facets of a profession with which pharmacists are significantly dissatisfied and facets (autonomy, professional associations, altruism, terminal occupation, & prestige) which the profession of pharmacy has not fully completed in the professionalization process.

Ho5 - There is no correlation between pharmacists who are professionally satisfied and satisfaction with facets of the profession determined to be satisfier factors. (Herzberg, 1966)

Ho6 - There is no linear or curvilinear relationship between professional satisfaction and length of pharmacy

practice.

Ho7 - There is no linear or curvilinear relationship between professional satisfaction and age of the practitioner.

The following qualitative research questions are proposed for this study:

1. Are there generalizable reasons for pharmacist' satisfaction and dissatisfaction with the profession of pharmacy?
2. Of those pharmacists who have left the profession of pharmacy, are there generalizable reasons for their departure from the profession which relate to professional satisfaction?

#### Significance of the Study

Through greater understanding of professional satisfaction, the application of this study has significance in two areas: (a) Improving the opportunity for satisfaction among current practitioners and (b) as a source of direction for change in pharmaceutical education.

If pharmacists "are not finding satisfaction in their job and profession, pharmacy may risk the consequences of long-term dissatisfaction, which may include burnout, declining commitment to the job and profession, and obsolescence." (Noel, Hammel, & Bootman, 1982, p. 606) This study will assist in identifying the areas which contribute greatest to professional dissatisfaction. If professional organizations and individual pharmacists are to improve the

quality of the profession and the satisfaction derived from it, the significant problem areas must be exposed. Once facets contributing to dissatisfaction are identified, the profession can initiate responsible changes that benefit practitioners, the profession, and, most importantly, society.

The area of continuing professional education should assume greater importance in the future of any profession. The need to maintain one's professional knowledge and skills not only has importance with regard to quality of professional service, but represents a key avenue for personal and professional growth -- essentials for continued satisfaction. Thus, continuing education should reorient pharmacists as to their professional responsibilities and counteract factors which detract from a meaningful health-profession role. (Linn & Davis, 1971) This study should give providers of pharmacy continuing education additional guidance in the development of appropriate program content.

In addition, this study has implications for undergraduate pharmacy education. "The link between academic professionalization and life satisfaction seems critical to the future of pharmacy." (Hammel, Curtiss, & Heinen, 1979, p. 37) As Smith (1970) states,

Schools of pharmacy should play a greater role in the socialization process. Greater efforts should be made to build a professional identity....Early in his education the student should be aided in interpreting the role of a

professional person....It is the responsibility of the school to assure its graduates have internalized [these professional ideals]. (p. 28)

Pharmaceutical education must not only acknowledge its responsibility in developing a professional attitude in the student but also a responsibility in synchronizing education and practice. The examination of the relationship between the profession and "resultant effects on satisfaction may assist in the development of the profession's future practitioners." (Hammel, Curtiss, & Heinen, 1977, p. 30) This study may provide a better understanding of satisfaction within the profession and hopefully provide some insight toward changes, if any, that pharmaceutical education and pharmacy practice should begin to consider.

#### Assumptions

1. Pharmacy is a profession.
2. Pharmacists have a uniform understanding of the purpose of the profession, that is service to society. With this understanding, each pharmacist strives to serve society to his fullest.
3. Pharmacists have similar aspirations toward individual fulfillment.
4. Pharmacists know when they attain satisfaction and are cognizant of the factors from which that satisfaction is derived. Correspondingly, they are aware of the factors which



elicit dissatisfaction.

5. The demographic composition of pharmacists in the study population is not significantly different from that of the national population of pharmacists.

#### Limitations

1) Pharmacists with possibly the greatest professional dissatisfaction have left pharmacy completely and are no longer even registered in the state of Oklahoma. Their omission from the study population may cause the overall satisfaction of the sample to be higher than would otherwise be found.

2) Since the study examines only Oklahoma pharmacists, the study results may be limited in their generalizability to other pharmacist populations.

3) This study was not designed to compare pharmacist satisfaction with other health professionals. Therefore, the results may be limited in their application to other professions.

#### Definitions of Terms

1) Facet-free job and professional satisfaction - global satisfaction or that specific elements or aspects of the occupation or profession are not addressed but that a general, overall satisfaction is being measured.

2) Facet-specific professional satisfaction -

measurement of the amount of satisfaction a professional experiences with regard to specific aspects or characteristics of the profession.

3) Profession - a sociological concept of occupations which have developed and/or attained a number of characteristics that ultimately have as their main goal -- service to society. (Other characteristics are altruism, code of ethics, specialized training, professional associations, special skills and knowledge, etc.)

4) Independent retail pharmacy setting - a pharmacy setting which is a single business entity or a part of a group of five stores or less, owned together. It is also a pharmacy which offers prescription service as well as numerous other products (i.e. OTC drugs, cosmetics, gifts, etc.) for resale.

5) Clinic (Apothecary) retail pharmacy setting - a retail pharmacy operation but is entirely prescription oriented or has a very limited volume of OTC drugs.

6) Hospital pharmacy setting - a pharmacy practice in which the pharmacist provides within the hospital or institutional environment, drug and prescription services to patients of that institution.

7) Chain retail pharmacy setting - a group of six or more retail pharmacy operations under the same ownership. They normally include an extensive front-end line of merchandise in addition to the prescription service. They also present a typically strong emphasis on product pricing.

8) Length of pharmacy practice experience - the number of years the pharmacist has actively practiced the profession of pharmacy.

9) Professional (clinical) / business orientation - the primary goal or objective that a pharmacist has internalized in his approach to a pharmacy practice.

## CHAPTER II

### LITERATURE REVIEW

The literature review included manual searches in Social Sciences Index, Cummulated Index Medicus, Sociological Abstracts, Psychological Abstracts, Readers' Guide to Periodical Literature, ERIC, American Doctoral Dissertations, and Comprehensive Dissertation Index. Computer searches were performed utilizing the ERIC, Index Medicus, and Sociological databases through the Dialog Information Services, Inc. system. Extensive bibliographies from two principal sources, Robers (1983) and Wertheimer & Smith (1974), provided a very significant number of pertinent materials and resources.

To understand the satisfaction level of pharmacists as professionals, it is essential to examine what constitutes a profession; and, more germane to this study is the understanding of pharmacy's status as a profession. When the characteristics or attributes of the pharmacy profession are examined in relationship to expectations for the "ideal" profession by individuals and society, the basis for professional satisfaction or dissatisfaction can begin to be

developed. If professional dissatisfaction exists to a significant degree among pharmacists, it is crucial to examine and analyze the basis for professional status and pharmacy's satisfaction with its own status.

One major hurdle in a study of professional satisfaction would seem to be the determination of what constitutes an occupation being classified as a profession. There is no consensus of either the characteristics of a profession or which occupations are termed professions. Although there is no definitive measure of a profession, numerous sociologists have presented their own version of what characterizes a profession. In review, there is a degree of commonality among these attempts to categorize the nature and dimension of a profession.

The most predominant facet that appeared in almost every list of professional characteristics was that of altruism, devotion to others or service to society. A common viewpoint is as Ladinsky (1971) stated, "the service ideal, the norm of selflessness, is the basis of a truly professional occupation." (p. 25) While any human being has the opportunity to be of service to society, the idea of "service to society" for a professional is perceived to be a moral obligation. As Montague (1968) offers,

The term "profession" in ordinary intercourse, implies more than an abstract classification of work; it also portrays a morally desirable kind of work....the key

criterion of professionalism is the professional spirit of unselfish devotion. (p. 228)

Even though "service" is the professional characteristic most often noted in the literature, the term by itself fails to fully differentiate a profession from other occupations. A more encompassing concept is presented by Greenwood (1957) when he states,

If one were to single out the attribute that most effectively differentiates the professions from other occupations, it is the professional culture. The culture of a profession consists of its values, norms, and symbols. (p. 52)

He further explains,

The social values of a professional group are its basic and fundamental beliefs....Foremost among these values is the essential worth of the service which the professional group extends to the community. (p. 52)

A compilation of the various characteristics will be presented later in the literature review and will also be incorporated into the survey instrumentation being used to examine professional satisfaction among pharmacists.

Nevertheless, no single set of characteristics adequately fits all occupations considered by society to be professions. Though medicine and law are often considered the standards for professionalism, Feldstein (1971) suggests "there may not be any such entity as a profession -- only steps in the

development of professionalization." (p. 7)

"Professionalization is a dynamic process in which many occupations change fundamental characteristics and move in the direction of a profession." (Denzin & Mettlin, 1968, p. 376)

Feldstein (1971) explains,

The definition of a profession or a professional is not based on a strict rule of logic or the possession of given attributes. There is a progression of steps in professionalization. Thus there are various ingredients that contribute to the professionalization of occupational groups -- a body of knowledge, training, schools, a code of ethics, and so forth. (p. 7)

Because many do not view a profession within strict boundaries, professionalization is often described as being a continuum along which the various professions are found. Each occupation moves along the continuum toward the ultimate "ideal" profession. All are professions but to varying degrees along the continuum. It is the need of each profession to work toward the most professional end of the continuum. As Hirschfield & Peterson (1982) further explain,

For many theorists, professionalization can be viewed as placing an occupation on a continuum between total professionalization and total non-professionalization.

It is too simplistic to think of occupational groups as a profession or not a profession; the issue is: to what extent do they exhibit the characteristics of a

profession? Some occupational groups, such as physicians or attorneys, have all of the attributes of a profession, whereas others such as nursing, teaching, [pharmacy], or engineering have only a portion of them. (p. 216)

Professionalization follows a somewhat sequential process though the steps are not well delineated.

1. Establishment of a professional association
2. Assertion of a monopoly over some area of service
3. Development of a code of ethics
4. Certification and licensing
5. Control of training facilities
6. Development of working relationships with other

groups (Feldstein, 1971, p. 6)

For a profession to fail to begin or only partially complete this process diminishes its progress toward total professionalization. Pharmacy finds itself in this position of incomplete professionalization, and this state of incompleteness would seem to have a significant impact upon professional satisfaction. The potential is great that omissions or partial attainment of professional attributes may play a significant role in the satisfaction level of today's pharmacists.

Professionalization offers a convenient means of explaining the classification of many occupations as professions though they are not of an equivalent professional nature. Professionalization allows a degree of professional



attributes to be achieved. However, one should note that a profession's progress along the continuum is measured by a generalization of those assumed professional attributes.

Even though "there is no universal agreement in the characterization of a profession," (Smith, 1970, p. 17) Smith's consolidation of the various characteristics espoused by several sociologists offers a thorough, if not a consensus, perspective of the attributes of a profession.

Smith's (1970) compilation of characteristics of a profession are:

1. Specialized knowledge of techniques
2. Self-imposed and enforced values and behavior
3. Professional associations and identity
4. Autonomy
5. Specialized client relationship
6. Intellectual base
7. Altruism
8. Socially vital function
9. Unique socialization of student members
10. Legal recognition
11. Prestige
12. Terminal occupation
13. Complete equivalence of members
14. Practicality

(p. 18)

The author of this study chose to expand this list by

segmenting three of Smith's original 14 elements. The "Intellectual base" was broken into two areas, (a) undergraduate education and (b) continuing professional education. Likewise, the characteristic of "Prestige" was divided into (a) public (layman) opinion of pharmacists and (b) respect from other professions (specifically other health professions). The "Code of Ethics" facet was divided in order to address both adherence to a code of ethics and the enforcement of a code of ethics by the profession. The importance of these sub-characteristics, especially with regard to the determination of satisfaction origins, was felt to be great enough to warrant special attention.

The significance of the above characteristics and their relationship in denoting professionalism is explained below:

1. Specialized knowledge of techniques serves as the mechanism by which knowledge can be applied to the solution of social problems. (McGlothlin, 1966, p. 3)

2. Code of ethics is the profession's formal commitment to social welfare which becomes a matter of public record, thereby insuring for itself the continued confidence of the community. (Greenwood, 1957, p. 50)

3. Professional associations ideally work toward improvement of the profession and its services to society. (Ohvall, 1974, p. 6)

4. Autonomy or self-rule is conferred by society upon the professions when licensing, self-imposed and enforced

values and behavior, and the discriminating impart of professional knowledge are properly handled, allowing them to use their knowledge and judgment for the betterment of society. (Greenwood, 1957, p. 48)

5. Specialized client relationship is an intimate trust professionals develop with clients or patients who are presumed to have insufficient knowledge to evaluate the need or type of service required or to properly administer that service.

6. Undergraduate education develops the skills and responsible attitude for proper exercise of choice and judgment. Also, graduation from an accredited school partially insures quality of the profession and controls admission into the profession. (Greenwood, 1957, p. 49)

7. Continuing professional education does not by itself assure maintenance of competency, but it is believed to be the most effective method available by which practitioners may update and enrich their qualifications. (U.S. Department of HEW, 1980, p. vii-6)

8. Altruism is an inner guide of concern for the patients or clients who come for help. The purpose of any profession is to benefit mankind -- an ideal of service to society.

9. Socially vital function should be very self-evident: The services rendered provide a function which is vital or essential to the maintenance or enhancement of the quality of

society in some respect.

10. Unique socialization of student members involves developing habits of mind and of work and value systems during the education years which will contribute to their dedication and skills for the profession. (Anderson, 1962, p. 15)

11. Legal recognition is the formal means for screening those qualified to practice the professional skill. (Greenwood, 1957, p. 49)

12. Prestige (Both Public and Other Professionals) is recognition as being a professional through the respect and trust from the public and other professions that the quality and necessity of the service provided to society is held in high esteem; and, that the conduct and example set by the profession is one to be emulated. (Moore, 1970, p. 149-153)

13. Terminal occupation occurs when the rewards of serving society and the devotion to a calling or purpose provide an unyielding desire to remain in the profession.

14. Complete equivalence of members is an assurance of quality derived through education and licensing, as well as a control of the potential competition within the profession which might become a detriment to the service to society.

15. Practicality means that professions cannot be merely academic and theoretical; professions exist to perform highly specialized, practical functions in the social order. Their skills and knowledge can be applied to real-life situations. (McGlothlin, 1964, p. 3)

Though pharmacy has incorporated many of these attributes into the profession, has the profession found significance in particular shortcomings? The natural assumption would be that if shortcomings are noted, that there is a direct correlation between the presence of the various characteristics of a profession and the degree of professional satisfaction.

Pharmacy is classified by the U.S. Department of Labor (1977) as a professional occupation. Despite the government's classification of pharmacy as a profession, pharmacy is often termed a "marginal profession."

In listing his compilation of professional characteristics, Smith (1970) cites the following characteristics which pharmacy appears to have failed to fully achieve and the reasons for the shortfalls:

1. Autonomy - failure to enforce code of ethics and strong ties to physicians
2. Single Identity - professional associations fragmented
3. Altruism - even if widely practiced, it may not be recognized because of physical appearance of practice setting
4. Terminal Occupation - some evidence of dissatisfaction and substantial portion of students planning other careers
5. Prestige - failure to achieve full recognition as a profession (p. 22-23)

As noted, several factors may contribute to pharmacy

being considered a marginal profession and most are related to specific elements used to characterize a profession. However, Smith (1970) presents the distinct possibility that incomplete professionalization for pharmacy may be "a failure of the pharmacist himself to identify correctly the nature of a profession." (p. 23) With respect to the compiled characterization of a profession presented previously in this paper, Smith (1970) wonders if "one might better question whether pharmacists realize what constitutes a profession." (p. 23) One reason may be that "the nature of the profession has infrequently been presented in explicit terms to pharmacy practitioners." (Smith, 1970, p. 23)

While some sociologists have addressed the absence of professional characteristics as the major reason for pharmacy's resultant dissatisfaction, others perceive the role conflict between professional and business aspects of retail pharmacy as a principle deficiency. The conflict is described as a struggle within the pharmacist for maintenance of professional standards while driving for financial success. (Feldstein, 1971; Knapp, Knapp, & Evanson, 1965) The premise is that these two aspirations cannot coexist in the true professional environment. Though strong business aspirations may diminish some professional aspects, Newton (1974) presents a reasonable argument that coexistence of professionalism and business does not automatically lead to personal conflict.

Several authors have referred to pharmacy as a marginal

occupation, one with elements of both business and professionalism. This is said to cause a personal dilemma for community pharmacists. Such a thesis seems to equate professionalism largely with altruism, business largely with commercialism and the profit motive. The equations are not mentioned to be denied but rather to be seen, in their application to pharmacy practice, as matters of degree and not of kind: nonprofit practices of law and medicine are extremely rare. (p. 35)

As Howe (1967) additionally noted, "...medicine is not a business, but there is a business side of medicine, and applying basic business procedures in their proper relation to medical practice, is beneficial to both the physician and his patients." (p. 43)

Whether one reviews the discussions of role conflict in pharmacy or the various shortcomings in professionalization, the logical conclusion drawn is that they both may lead to professional dissatisfaction among pharmacists. What is lacking is a study elucidating the principle areas which are contributing to professional dissatisfaction. The pharmacy profession cannot continue to make major decisions for the direction of the profession and pharmaceutical education based on speculation. The psychological well-being of pharmacists has a direct effect upon professional service provided and must be studied and considered for the future of the profession.

Though relatively little empirical evidence has been gathered, pharmaceutical education as well as practice is sporadically but steadily assuming that a greater clinical practice will inherently develop enhanced professionalism. Clinical pharmacy is as Millis (1975) explains,

...an emphasis upon drugs as they are utilized by and in the patient. It is the joining of drug and patient which is the inseparable and continuing concern of the evolving pharmacist. This is to be contrasted to the focus of the pharmacist only upon the drug product. (p. 92-93)

As a source of improved professional fulfillment, Purohit & Stewart (1980) note "the recent trend of clinically oriented pharmacy services was initiated partly due to the belief that this type of work may be more fulfilling and, thus, more satisfying for practitioners." (p. 141) Even though more data are needed to verify, it appears that clinical pharmacy is a change for better health care as well as a means to satisfy pharmacists' need to serve. (Millis, 1975) The need for additional research is evident when one examines recent studies by Quandt, McKercher, & Miller (1982), Rauch (1981), Purohit & Stewart (1980), Hammel, Curtiss, & Heinen (1979), as well as others, and observe the variance in their conclusions about the satisfaction level of highly clinically-oriented pharmacists. The opinion pervades that the clinical practice will bring about a sense of greater professional fulfillment, but conclusive data have yet to show this to be true.



The profession of pharmacy is complex and obviously imperfect. With the possibility of pharmacy's educational/practice chasm of unfulfilled expectations, its professional/business role conflict, and the shortfalls in basic professional characteristics, the profession of pharmacy offers a fertile environment for cultivating professional dissatisfaction. Do the limitations and chasms of the profession deny the opportunity for a pharmacist to be professionally satisfied? Have the changes to a clinical emphasis moved the pharmacist closer to professional self-actualization? Before one can further examine the effects of the structure of the profession upon member satisfaction, it is necessary to look at satisfaction itself.

Many realize the importance of occupational or professional satisfaction, but understanding such a complex and subjective state of being is very difficult. The measurement of satisfaction with a job or profession is based on two factors: (a) the expectations for satisfaction one instills; and, (b) the opportunity for satisfaction that an occupation is viewed as affording. The most difficult aspect of satisfaction is "that the standards which people use to define personal success [satisfaction] are their own. They determine what level of accomplishment, what types of reward, will suffice." (Miner, 1975, p. 64)

In defining satisfaction, specifically job or professional satisfaction, one often finds,

The most commonly accepted definition views [job or professional satisfaction] as depending on two employee perceptions (beliefs). One perception is the employee's assessment of what the job [professional] and work environment is currently providing. This will be called the what is perception. The second perception is what the employee wants the job [profession] to provide or believes the job [profession] should provide. This will be called the what should be perception. One's satisfaction is determined by the correspondence or agreement between these two perceptions....If an employee believes what is equals what should be, satisfaction will result. Dissatisfaction is predicted if the employee believes what should be exceeds what is. (Heneman, Schwab, Fossum, & Dyer, 1980, p. 145-146)

This definition can be restated as "a person's expectations about the work [professional] environment and a set of attitudes grow out of, and are affected by, the fulfillment or non-fulfillment of these expectations. These attitudes are considered the individual's satisfaction." (Hammel, Curtiss, & Heinen, 1979, p. 29)

For pharmacy, one can observe that many factors previously discussed might diminish the opportunity for professional satisfaction. The pharmacist enters practice with a tremendous knowledge base and high expectations of professional involvement, but often finds the professional

opportunities are non-existent or relegated to a subordinate position. Thus, the commonly held view of dissatisfied pharmacists may be as Denzin & Mettlin (1968) state, "where the ideal professional situation is higher than the perceived professional reality, the inability to achieve these professional ideals results in dissatisfaction." (p. 377)

The discussion of satisfaction thus far has been more from a practical viewpoint -- that is the subjective measurement of satisfaction as derived from the job or professional environment. However, a deeper examination of satisfaction is in order. What are the psychological origins of satisfaction? One major theory of satisfaction is that of Frederick Herzberg. Two areas of Herzberg's theory presented in this study are the nature of man and the determiners of job satisfaction. In Herzberg's Work and the Nature of Man (1966), he states,

...the concept of self-actualization, or self-realization, as a man's ultimate goal has been focal to the thought of many personality theorists. [The basic conclusion of these theorists is that]...the supreme goal of man is to fulfill himself as a creature, unique individual according to his own innate potentialities and within the limits of reality. (p. 56)

However, Herzberg contends that "such a philosophy in itself fails to define self-actualization or psychological growth..." (p. 56) Herzberg summarizes the nature of man into two

categories.

The human animal has two categories of needs. The animal disposition is centered on the avoidance of loss of life, hunger, pain, sexual deprivation, and on other primary drives....The other segment of man's nature is man's compelling urge to realize his own potentiality by continuous psychological growth. (p. 56)

Furthermore, "if man is to be understood properly, these two characteristics must be constantly viewed as having separate biological, psychological and existential origins." (p. 56)

"The concept of psychological growth has become increasingly important [because of psychologists paying] more attention to the behavior of 'normal' people pursuing their activities." (Herzberg, 1966, p. 57) "Performance does not measure growth, [but rather] behavior in situations is the cue for the determination of growth. What is to be assessed is not success but whether the subject is changed for the better from the experience." (Herzberg, 1966, p. 58) Thus, psychological growth may very well represent the true purpose of the drive for satisfaction or fulfillment in life.

Appearing in a hierarchal order (each succeeding characteristic being a higher development in psychological growth), "the six points of psychological growth are:"

1. Knowing more
2. Seeing more relationships in what we know
3. Being creative

4. Being effective in ambiguous situations
  5. Maintaining individuality in the face of pressures of the group
  6. Attaining real psychological growth (not at the expense of others or in artificial glory or growth)
- (Herzberg, 1966, p. 58-70)

As Herzberg notes, "all of these factors can be recognized as the necessity to realize the human potential for perfection." (p. 70) It is also evident that the shortcomings of pharmacy as a profession might fail to provide the atmosphere needed to nurture psychological growth. A lack of autonomy may stifle the "creative" needs of the individual or the freedom to be "effective in ambiguous situations." Nevertheless, pharmacy is laden with opportunities to stimulate the mind and cultivate psychological growth.

The well-known Herzberg theory of job satisfaction identifies the existence of job or professional satisfiers and dissatisfiers. Five factors identified as "strong determiners of job satisfaction [are] achievement, recognition, work itself, responsibility, and advancement." (Herzberg, 1966, p. 72-73) These are termed satisfiers in Herzberg's theory. Dissatisfiers are such factors as "company policy and administration, supervision, salary, interpersonal relations, and working conditions." (Herzberg, 1966, p. 72-73)

Herzberg contends that "dissatisfiers describe man's relationship to the context or environment in which he does

his job [while] satisfiers describe man's relationship to what he does." (p. 74) Herzberg clarifies his theory,

Since dissatisfier factors essentially describe the environment and serve primarily to prevent job dissatisfaction, while having little effect on positive job attitudes, they have been named hygiene factors...[True satisfaction is derived from satisfiers, and thus,] satisfier factors are named motivators. (p. 74)

The essence of Herzberg's satisfier/dissatisfier theory is that certain factors, hygiene factors, of a job or profession merely maintain a threshold level of satisfaction, the absence of which would initiate dissatisfaction. Conversely, satisfiers, when present, are the factors which motivate individuals toward their potentiality and contribute to the mental state of satisfaction.

Within the professional component, there also exists certain characteristics which are satisfiers and those which are dissatisfiers. The professional component of pharmacy represents a significant source of satisfier factors for pharmacists. Are pharmacists deriving the satisfaction one might expect from the professional part of pharmacy? If not, then which particular elements or satisfiers or dissatisfiers are considered insufficient?

Several theorists have presented life as being composed of various stages of development. Other theorists, such as

Sheehy (1976) and Levinson (1978), have proposed theories of life stages but have also identified specific age periods when these stages generally occur. Is professional satisfaction affected by these life stages? The basic question, whether one investigates age of the professional or his years of experience, is what effect time has upon satisfaction. Sarason (1977) finds time a major factor in work satisfaction. He sees time "as a criterion by which to judge the success of our plans and the fulfillment of our hopes." (Sarason, 1977, p. 104)

Sarason (1977) provides further insight into professional satisfaction and its relationship to time as he notes, "when a person enters a professional field, his endless future has markers denoting in an approximate way what he would like to or should accomplish at these points." (p. 104) Sarason (1977) continues,

...the highly educated professional now in mid-life came to his career with greater expectations that he was embarking on a quest in which all of his capacities and curiosities would be exploited, the vibrant sense of challenge, growth, and achievement sustained, and his sense of personal worth and importance strengthened; the material rewards he would obtain would be as icing on a delicious cake....To start the race with these expectations makes one especially vulnerable to whatever suggests that they may have been unrealistic and so when

in mid-life these suggestions become varyingly insistent the resultant dissatisfaction is not easy to take. (p. 106)

Sheehy (1976), in her popular book, Passages, offers five periods of the normal adult life cycle. She suggests that each individual progresses through this cycle, even if at a varying pace, and will encounter similar experiences. Sheehy's (1976) adult life periods are summarized below.

1. The Trying Period - "To shape a dream, that vision of ourselves which will generate energy, aliveness, and hope. To prepare for a lifework. To find a mentor if possible." (p. 27) "One of the terrifying aspects of the twenties is the inner conviction that the choices we make are irrevocable. It is largely a false fear." (p. 27)

2. Catch-30 - "A new vitality - a feeling of being too narrow and restricted. They blame all sorts of things but what the restrictions boil down to are the outgrowth of career and personal choices of the twenties. They may have been choices perfectly suited to that stage, but now the fit feels different. Some inner aspect that was left out in striving to be taken into account." (p. 28)

3. Rooting & Extending - "Life becomes less provisional, more rational and orderly in the early thirties. We begin to settle down in the full sense. Most of us begin putting down roots and sending out new shoots. People buy houses and become very earnest about climbing career ladders." (p. 30)



4. The Deadline Decade - "In the middle thirties we come upon a crossroads. We have reached the halfway mark. Yet even as we are reaching our prime, we begin to see there is a place where it finishes. Time starts to squeeze." (p. 30)

"The loss of youth, the faltering physical powers we have always taken for granted, the fading purpose of stereotyped roles....give this passage the character of crisis. Such thoughts usher in a decade between 35 and 45 that can be called the Deadline Decade." (p. 30)

Whatever rung of achievement he has reached, the man of 40 usually feels stale, restless, burdened, and unappreciated. He worries about his health. He wonders, "Is this all there is?" (p. 31)

5. Renewal or Resignation - "Somewhere in the mid-forties, equilibrium is regained. A new stability is achieved, which may be more or less satisfying." (p. 31)

Levinson (1978) presents similar adult life stages and also points out the "mid-life" crisis period. Levinson's (1978) crisis period also occurs around the age of 39-45.

Although the mid-life crisis may generally occur during a certain age range, professional dissatisfaction according to Sarason (1977) is,

...not a matter of chronological age but when and how the individual, having gone through college or graduate or professional school, experiences his work in light of all he or she expected from it. The sense of aging, tied in

as it is with the fear of stagnation and decline and anxiety about an unstimulating and finite future, is not born full blown one day or during a month or year, ...It involves a threat to personal growth as a value. (p. 264)

Sarason (1977) concludes "there are few young people who can accept their mortality with indifference....[Whenever], great expectations founder on social realities,...the stage is set for the sense of aging to invade thinking." (p. 266) The professional occupations are commonly viewed as being intrinsically satisfying. Although this may be valid in some instances, professionals are subject to normal human emotions and psychological conditions. Sarason (1977) found in his studies of lawyers and physicians,

It used to be that highly educated, professional people viewed themselves, and were viewed by others, as an elite fortunate in that they experience work as fulfilling, challenging, and worthy, possessing few or none of the stifling characteristics of labor. Job satisfaction was not their problem, but that of the factory worker, clerk, and others in simple, routine jobs. (p. 31)

Sarason (1977) further notes,

If the individual is by conventional criteria doing well (eg., he is gaining recognition, his income is increasing, he is respected for his knowledge and expertise, he has a comfortable home, travels, etc.), we unreflectively assume that he [is satisfied with his

work]. (p. 114)

The fallacy of this opinion is obvious but it still pervades society today. Because of this strong belief,

What cause was there to study those in the more traditional professions who "had it made"? And if some did experience dissatisfaction with work, it was assumed to reflect idiosyncratic personal factors rather than factors peculiar to their profession. (Sarason, 1977, p. 32)

Sarason (1977) goes on to observe, "the assumption that the highly educated segments of our population have been immune to the diseases of boredom, disinterest, and alienation from work has exempted them from close scrutiny." (p. 117)

This apparent contradiction between society's perceived image of professionals and reality causes Sarason (1977) to inquire,

Is it possible that highly educated, professional people no longer experience the level of satisfaction from their work that they once did or were led to expect? Is it the case that the professional person experiences significantly less autonomy and sense of worth and status than in the past? (p. 36-37)

Sarason (1977) deduces that,

...there has been a strange absence of studies on how highly educated, professional people experience their work over the course of time...[because of] three

factors: society's positive judgment about such work, the individual professional's acceptance of society's view as he enters the profession, and the resistance of professional organizations to self-scrutiny. (p. 114)

Despite the relatively small number of studies in the area of pharmacist satisfaction, they are still a valuable tool in understanding the quality of the pharmaceutical profession as viewed by its members. Regardless of the degree of dissatisfaction, its presence to any degree can be detrimental. As Noel, Hammel, & Bootman (1982) concluded, the attitudes and behavior of a dissatisfied pharmacist is costly not only in financial terms but also in the effect it may have upon the quality of service he provides.

Beyond the individual expectations each pharmacist has instilled, there lies the responsibility of educational institutions to provide a professional education and attitudinal model which future pharmacists can emulate. The skills, expectations, and attitudes acquired from undergraduate education not only allow the practitioner to function as a professional but also establishes the basis upon which satisfaction is assessed.

One of the major problems faced in pharmaceutical education is "the demonstrably important role of pharmaceutical educational policy in shaping the future of the profession and science of pharmacy." (Levy, 1983, p. 333) The responsibility colleges have in molding the professional of

tomorrow is often underestimated. As Millis (1975) remarks,  
The college of pharmacy is responsible for furnishing the  
minds of its students with the requisite knowledge,  
equipping their minds and hands with the necessary  
skills, molding their habits, and encouraging those  
attitudes and motivations which are essential to  
successful, effective, and satisfying practice in one of  
the many roles of pharmacy. (p. 112-113)

"The link between academic professionalization and life  
satisfaction seems critical to the future of pharmacy."  
(Hammel, Curtiss, & Heinen, 1979, p. 37) If pharmacy is to  
adequately serve that future, satisfaction of pharmacists must  
be studied in relationship to its effect upon practitioners,  
the professional institutions and organizations, and upon  
society.

Dissatisfaction exists within the profession of pharmacy  
and the causes of professional dissatisfaction may be numerous  
and compounding in their source and effect. Though  
professional dissatisfaction is certainly not the only issue  
facing pharmacy, and possibly not the most critical, the  
impact of any degree of dissatisfaction upon pharmacist  
retention and pharmaceutical services to society is critical.  
Once the factors contributing the greatest to dissatisfaction  
are identified, the profession can begin to decisively resolve  
the problems and make changes that will best benefit all  
involved.

## CHAPTER III

### METHODOLOGY

#### Problem Statement

Studies have indicated there is a significant level of pharmacist professional dissatisfaction. While there have been various concepts presented as possible explanations of pharmacists' satisfaction or dissatisfaction, verification of these theories has not been thoroughly pursued. The problem which this study examined is whether the theoretical constructs of role conflict, incomplete professionalization, Herzberg's satisfier/dissatisfier theory, or professional satisfaction as a function of length of practice or age, serve as valid explanations of pharmacists' professional satisfaction.

#### Population

This study examined registered pharmacists, licensed in Oklahoma and residing in the state of Oklahoma. The population of 2,957 pharmacists in this study was comprised approximately of 73% independent retail, clinical retail, and

chain retail pharmacists; and, 19.5% hospital pharmacists. This composition is similar to that of the national population of pharmacists. These demographics are based on the national percentages of practice types presented by the National Association of Boards of Pharmacy (Fall/Winter, 1983-1984). Specific demographics of the population were not available from the Oklahoma State Board of Pharmacy but are a part of the data obtained by the questionnaire survey.

#### Sample

The sample was randomly selected from a computerized list of the population. A power analysis utilizing Cohen's computer program of power analysis was performed with criteria of power (beta) set at 0.80 and a confidence (alpha) of 0.95. The power analysis indicated a sample size of approximately 300 would provide the level of confidence desired for the study.

#### Hypotheses

From the theoretical basis of the study, the following hypotheses are proposed for study.

H<sub>01</sub> - There is no significant difference between the degree of job satisfaction and the degree of professional satisfaction among pharmacists.

H<sub>02</sub> - There are no significant differences in professional satisfaction among pharmacists practicing in

independent retail, clinical, chain retail, and hospital settings.

Ho3 - There is no significant difference in professional satisfaction between pharmacists indicating a primary career objective of professionalism and those indicating a primary objective of business success.

Ho4 - There is no correlation between those facets of a profession with which pharmacists are significantly dissatisfied and facets (autonomy, professional associations, altruism, terminal occupation, & prestige) which the profession of pharmacy has not fully completed in the professionalization process.

Ho5 - There is no correlation between pharmacists who are professionally satisfied and satisfaction with facets of the profession determined to be satisfier factors. (Herzberg, 1966)

Ho6 - There is no linear or curvilinear relationship between professional satisfaction and length of pharmacy practice.

Ho7 - There is no linear or curvilinear relationship between professional satisfaction and age of the practitioner.

The following qualitative research questions are proposed for this study:

1. Are there generalizable reasons for pharmacist' dissatisfaction with the profession of pharmacy?
2. Of those pharmacists who have left the profession of



pharmacy, are there generalizable reasons for their departure from the profession which relate to professional satisfaction?

#### Instrumentation

This study utilized a mail-out, survey questionnaire to obtain the data. (See Appendix A) The first portion of the questionnaire requested typical demographic information from the participant. The next section of the questionnaire was the general (overall) satisfaction section which was modeled after the Brayfield-Rothe (1951) index of job satisfaction. This section contained 24 items designed to measure facet-free or global job and professional satisfaction. Twelve of the items from the Brayfield-Rothe index were selected for measurement of general, overall job satisfaction. Utilizing the same index as a model, twelve statements were developed to measure overall professional satisfaction. A four-point scale was used with the participant indicating that he Strongly Agrees, Agrees, Disagrees, or Strongly Disagrees with the statements. On both the job satisfaction and professional satisfaction indices, the items were worded so that satisfaction on one-half of the items would be indicated by a response of Strongly Agree and Agree; and, the other one-half of the items would indicate satisfaction by a response of Strongly Disagree and Disagree. For each index, the range of possible scores were from 12, indicating the strongest degree of dissatisfaction, to 48, which indicates the strongest

satisfaction level, with 30 being the neutral point. The order in which the items appeared on the instrument were determined by random selection.

The second section of the questionnaire consisted of a list of 17 elements which are considered to characterize pharmacy as a profession. (Smith, 1970) The study participants were asked to respond to a four-point scale for each element, indicating whether they were Highly Satisfied, Satisfied, Dissatisfied, or Highly Dissatisfied with that facet. The responses were converted to an interval scale with 4 representing Highly Satisfied and 1 representing Highly Dissatisfied.

The reliability of the original Brayfield-Rothe (1951) index of job satisfaction was established by using the odd-even product moment reliability procedure. The reliability from this procedure was computed to be .77, which was corrected by the Spearman-Brown formula to .87. The reliability of the revised survey instrument utilized for this study was determined by the split-half reliability test to be .90 with correction by the Spearman-Brown step-up procedure to .95.

The content validity of the instrument was determined by a panel of five experts in the field of pharmacy administration and behavioral sciences. The panel examined the instrument for accuracy and readability of the items and assessed the ability of the instrument to extract and measure

the data needed for the study.

The mail-out questionnaire was designed as a self-contained, return envelope format. The cover-letter and questionnaire were collated into a small booklet with the cover sheet containing the initial and return postage. This format provided convenience and conciseness to the questionnaire. The length of the questionnaire, a critical factor to consider, was eight pages including the cover letter. Because the booklet questionnaire was 5 1/2 by 8 1/2 in size, the possible intimidation of a letter-size questionnaire was felt to be diminished.

The initial mailing of 300 surveys was followed in two weeks with a second mailing to those of the sample who had not responded. From the survey respondents, telephone interviews were conducted with a small sample of those in the extreme ranges of professional satisfaction and dissatisfaction. Appendix C shows the general format and questions used in conducting the interviews.

#### Treatment of the Data

Several statistical treatments were utilized in the analysis of the data. The Student-t test was used to measure the significance of hypothesis H<sub>01</sub>. H<sub>01</sub> tested the level of overall job satisfaction against the level of overall professional satisfaction. The significance of hypotheses H<sub>02</sub> and H<sub>03</sub> were tested utilizing an ANOVA. A one-way ANOVA was

used to test for significant differences of overall professional satisfaction among pharmacists practicing in independent retail, clinical retail, chain retail, and hospital settings. Ho3 tested for any differences in the level of overall professional satisfaction between pharmacists with professionalism and business career objectives. A multiple regression analysis was used to examine hypotheses Ho4 and Ho5. The analysis of Ho4 sought to identify facets thought to characterize a profession which correlate to pharmacists who were found to be significantly dissatisfied. The regression analysis of Ho5 attempted to correlate those facets identified as professional satisfiers (Herzberg, 1966) with those pharmacists who were professionally satisfied. Data for hypotheses Ho6 and Ho7 were plotted on graphs to determine if a linear or curvilinear relationship exists. Qualitative areas were analyzed via relational and thematic analysis.

## CHAPTER IV

### FINDINGS AND ANALYSIS

#### Demographics and Analysis

The survey questionnaire was mailed to 300 randomly selected pharmacists registered and residing in Oklahoma. The first mailing of the questionnaire carried a return deadline of two weeks. At the end of the initial two-week period, a second mailing was sent to those who had not yet responded. The second mailing of the questionnaire was accompanied by a new separate cover-letter specifying a one-week return deadline. Those who had responded to the first mailing were identified by a special code number which had been placed on each survey instrument.

From the 300 pharmacists drawn for the sample, four pharmacists were determined to be inaccessible: Two with no forwarding address, one was not in the United States at that time, and one died during the survey period. The sample size (N) was then reduced to 296 possible respondents. From the first mailing, 76 surveys were received for a 25.7% response rate. The second mailing garnered an additional 81 surveys

for a total of 157 questionnaires returned. This calculated to a 53.0% response rate. However, four surveys were found to be unusable due to incomplete data. The final usable number of surveys was 153 for a 51.7% response rate. This was considered an excellent return rate for a mail-out questionnaire.

The Statistical Package for Social Sciences (SPSS) System for the DEC 11 computer was utilized in generating the frequencies and performing the statistical analysis of the data. (Morrison, 1982) Frequency Tables for the variable data obtained are found in Appendix D. The ages (Table XV, Appendix D) of the sample were fairly evenly distributed with the mean at approximately 37-42 years of age. The respondents were comprised of 74.8% male and 25.2% female (Table XVI, Appendix D). The percentages for Gender are quite skewed, but this is still a higher female percentage than that of the national pharmacist population which is currently at 13.04%. (National Association of Boards of Pharmacy, Fall/Winter, 1983-1984) The composition of the sample according to Pharmacy Practice Setting (Table XVII, Appendix D) was very similar to the national population. Seventy-four point seven percent of the sample worked in a retail setting while 20.0% practiced in a hospital environment. This compares with the national percentages of 73.3% retail and 19.5% hospital. (National Association of Boards of Pharmacy, Fall/Winter, 1983-1984)

The Career Objective variable (Table XVIII, Appendix D) was developed in an attempt to clarify the classification of pharmacists as being business or clinically oriented. Frequently in previous studies, pharmacists have been categorized as business or clinically-oriented based upon the type of practice setting only. The Career Objective variable was intended to create a forced choice, or self-analysis, of the pharmacist's own practice objective -- how they viewed themselves and the purpose of the practice they pursued. A number of respondents did not like making an either/or decision about their practice objective, but it was felt that the primary professional goal held by the pharmacist would be the principal measurement of failure or success.

The Job Satisfaction Index (Table XX, Appendix D) and the Professional Satisfaction Index (Table XXI, Appendix D) items were given a scale value of 4 for highly satisfied, down to 1 for highly dissatisfied. Then, the items were summed for each respondent to provide a Job Satisfaction Score (Table XXIII, Appendix D) and a Professional Satisfaction Score (Table XXIV, Appendix D). The summation scores were then utilized in the various statistical analysis performed to test the hypotheses.

The Job Satisfaction Scores indicated that 17.2% of the sample were dissatisfied with their present or last pharmacy job while the Professional Satisfaction Scores showed that 24.5% were dissatisfied with the profession. Job dissatisfaction among the study sample of pharmacists is a

little higher than that of the general population as reported in a study by the U.S. Department of Labor Employment and Training Administration (1979). In that study, less than 15% of the workers reportedly disliked their jobs.

From the frequency table (Table XXII, Appendix D) for the Characteristics of a Profession, one can observe that several facets received relatively low satisfaction responses. Those facets with a mean score less than 2.70 are listed below in ascending order (mean in parentheses):

1. Role and Performance of Professional Associations (2.52)
2. Freedom from Outside Intervention or Ability to make Professional Judgments (2.62)
3. Enforcement of a Code of Ethics (2.62)
4. Respect from other Health Professionals (2.63)
5. Quality and Practicality of Continuing Professional Education (2.63)
6. Specialized Pharmacy Techniques (2.68)

Facets which showed a high level of satisfaction from the pharmacists were, in descending order (mean in parentheses):

1. Public Opinion of Pharmacists as Professionals (3.03)
2. Practice that Provides a Vital Function in Society (3.01)
3. Practical value of Pharmacy to Society (3.00)

Though these observations do not have statistical significance, they do begin to illuminate the facets of the



profession contributing to satisfaction and dissatisfaction.

Statistical Testing of Hypotheses

H<sub>01</sub> - There is no significant difference between the degree of job satisfaction and the degree of professional satisfaction among pharmacists.

Table I

Student-t Test					
Job Satisfaction by Professional Satisfaction					
	Number of cases	Mean	Std Dev	T Value	Df
Job Satisfaction		35.85	6.31		
	149			5.33*	148
Professional Satisfaction		34.48	7.33		
Critical t Value = 1.96 (* Significant at the 0.05 level)					

The null Hypothesis H<sub>01</sub> is rejected at the 0.05 level of significance.

This finding corresponds to previous studies which also reported job satisfaction to be greater than professional satisfaction. (Gold & Nelson, 1976; Purohit & Stewart, 1980) As evident in the results of the telephone interviews, reasons for the difference may lie mainly with proximity and control. Pharmacists have greater control of their job and finding a satisfactory position. Many of the problems of the profession are often viewed as being beyond their control to effectively

alter or improve.

Ho2 - There are no significant differences in professional satisfaction among pharmacists practicing in independent retail, clinical retail, chain retail, and hospital settings.

Table II

Cell Means		
Professional Satisfaction by Practice Setting		
	N	Mean
Independent Retail	67	34.70
Chain retail	40	34.28
Clinic retail	4	36.50
Hospital	29	33.93
Total	140	34.47

Table III

Analysis of Variance				
Professional Satisfaction by Practice Setting				
Source of Variation	SS	Df	MS	F
Practice Setting	30.02	3	10.01	0.184
Residual	7404.87	136	54.45	
Total	7434.89	139	53.49	

Critical F Value = 2.68

The null Hypothesis Ho2 cannot be rejected at the 0.05 level of significance.

Ho3 - There is no significant difference in professional

satisfaction between pharmacists indicating a primary career objective of professionalism (clinical) and those indicating a primary objective of business success.

Table IV

Cell Means Professional Satisfaction by Career Objective		
	N	Mean
Business	53	32.21
Clinical	86	35.78
Total	139	34.42

Table V

Analysis of Variance Professional Satisfaction by Career Objective				
Source of Variation	SS	Df	MS	F
Career Objective	418.28	1	418.28	8.22*
Residual	6969.52	137	50.87	
Total	7387.80	138	53.54	

Critical F Value = 3.92 (\* Significant at the 0.05 level)

The null Hypothesis Ho3 is rejected at the 0.05 level of significance.

The indication of Ho2 and Ho3 is that professional satisfaction does not result necessarily from the environment in which the pharmacist practices, but is more a factor of the

inner desires or goals of the pharmacist. Since the retail setting is often cited as the primary source of role conflict, an additional T-test was conducted, comparing the degree of professional satisfaction between retail setting, business-oriented pharmacists and those in the retail setting with a clinical orientation.

Table VI

Student-t Test					
Retail/Business-oriented with Retail/Clinically-oriented					
	Number of Cases	Mean	Std Dev	T Value	Df
Retail/Business-oriented	46	32.56	6.92		
				-2.50*	98
Retail/Clinically-oriented	54	36.17	7.37		
Critical t Value = 1.99 (* Significant at the 0.05 level)					

The T-test showed significance at the 0.05 level. This points out a strong satisfaction level for those pharmacists who strive toward a clinically-oriented practice, regardless of the retail setting.

Ho4 - There is no correlation between those facets of a profession with which pharmacists are significantly dissatisfied and facets (autonomy, professional associations, altruism, terminal occupation, & prestige) which the profession of pharmacy has not fully completed in the professionalization process.

Table VII

Correlation				
Low Professional Satisfaction with				
Satisfaction of Characteristics of the Profession				
Variable	Mean	Std Dev	Corre Coef	
Low Professional Satisfaction	22.52	3.57	1.00	
Professional Associations	1.91	0.73	0.09	
Respect from Other Health Professionals	1.87	0.82	* 0.43	
Practical Value to Society	2.52	0.73	0.14	
Lifetime Career	1.74	0.45	* 0.63	
Practice Devote to Others	2.26	0.75	0.07	
Professional Patient Relationships	2.60	0.66	0.23	
Vital Function in Society	2.48	0.66	0.24	
Continuing Education	2.21	0.80	0.23	
Undergraduate Education	2.52	0.73	* 0.31	
Public Opinion of Pharmacists	2.61	0.78	-0.01	
Adherence to Code of Ethics	2.35	0.98	0.22	
Freedom for Professional Judgments	1.87	0.87	0.14	
Specialized Pharmacy Techniques	2.22	0.80	0.25	
Professional Attitudes Instilled by School	2.87	0.69	0.22	
Licensing and Certification	2.61	0.78	0.01	
Ability to Enter any Practice	2.52	0.66	0.04	
Enforcement of Code of Ethics	2.04	0.82	0.02	

\* Correlation coefficients  $\frac{1}{2}$  0.30

Number of cases (n) = 23

Scale of Characteristic Satisfaction: Strongly Satisfied = 4,  
Satisfied = 3, Dissatisfied = 2, & Strongly Dissatisfied = 1

Table VIII

Multiple Regression Analysis Low Professional Satisfaction with Satisfaction of Characteristics of the Profession			
Variables in the Equation (Stepwise Inclusion)			
Variable	B	Beta	F
Lifetime Career	4.90	0.62	17.56*
Respect from other Health Professionals	1.81	0.42	7.92*
Critical F Value = 2.09 (* Significant at the 0.05 level)			

Although the ANOVA or F value is significant for these two elements, Hypothesis Ho4 cannot be rejected because the majority of the facets identified as not fully completed were not significant in the regression analysis. The two facets identified above are two of the five incomplete facets of the profession, but do not represent sufficient data to reject the hypothesis.

Ho5 - There is no correlation between pharmacists who are professionally satisfied and satisfaction with facets of the profession determined to be satisfier factors. (Herzberg, 1966)

Table IX

Correlation			
High Professional Satisfaction with Satisfaction of Characteristics of the Profession			
Variable	Mean	Std Dev	Corre Coef
High Professional Satisfaction	39.96	3.69	1.00
Professional Associations	2.76	0.56	0.18
Respect from Other Health Professionals	2.88	0.56	0.03
Practical Value to Society	3.22	0.55	* 0.32
Lifetime Career	3.31	0.54	* 0.65
Practice Devoted to Others	3.33	0.50	* 0.52
Professional Patient Relationships	3.15	0.56	* 0.35
Vital Function to Society	3.26	0.52	* 0.36
Continuing Education	2.83	0.59	0.05
Undergraduate Education	2.85	0.54	0.13
Public Opinion of Pharmacists	3.17	0.59	* 0.31
Adherence to Code of Ethics	3.11	0.62	0.12
Freedom for Professional Judgments	2.91	0.56	0.12
Specialized Pharmacy Techniques	2.92	0.55	* 0.41
Professional Attitudes Instilled in School	3.04	0.65	0.25
Licensing and Certification	3.03	0.53	0.15
Ability to Enter any Practice	3.01	0.57	-0.01
Enforcement of Code of Ethics	2.80	0.59	-0.15

\* Correlation coefficients  $\geq$  0.30

Number of cases (n) = 78

Scale of Characteristic Satisfaction: Strongly Satisfied = 4,  
Satisfied = 3, Dissatisfied = 2, & Strongly Dissatisfied = 1

Table X

Multiple Regression Analysis High Professional Satisfaction with Satisfaction of Characteristics of the Profession			
Variables in the Equation (Stepwise Inclusion)			
Variable	B	Beta	F
Lifetime Career	3.76	0.55	42.56*
Specialized Pharmacy Techniques	1.41	0.21	5.93*
Practical Value to Society	1.20	0.18	4.16*
Enforcement of Code of Ethics	-0.94	-0.15	3.17*

Critical F Value = 1.80 (\* Significant at the 0.05 level)

The regression analysis indicates four facets which combine to predict high professional satisfaction. The first three have a positive correlation while the fourth, Enforcement of a Code of Ethics, is negatively correlated to high professional satisfaction. While the regression analysis does not necessarily demonstrate significance for Hypothesis Ho5, the correlation coefficients indicate the following facets are significantly correlated with high professional satisfaction (correlation coefficients are in parentheses).

1. Pharmacy as a Lifetime Career (0.65)
2. Practice Devoted to Others (0.52)
3. Specialized Pharmacy Techniques (0.41)
4. Vital Function to Society (0.36)
5. Professional Patient Relationships (0.35)



6. Practical Value to Society (0.32)

7. Public Opinion of Pharmacists (0.31)

These facets represent what might be considered the satisfiers of the pharmacy profession. They are also facets which might be described as self-actualizing or professionally fulfilling.

H06 - There is no linear or curvilinear relationship between professional satisfaction and length of pharmacy practice.

Table XI

Cell Means		
Professional Satisfaction by Length of Pharmacy Experience		
Length of Practice	N	Mean
1-5 years	25	34.00
6-10	39	34.33
11-15	28	34.54
16-20	13	32.15 *
21-25	9	33.78 *
26-30	9	36.11
31-35	19	35.11
36-40	3	37.33
41-45	3	39.00
46 +	2	41.00

\* Generally correlates with 39-45 years of age

Table XII

Analysis of Variance Professional Satisfaction by Length of Pharmacy Experience				
Source of Variation	SS	Df	MS	F
Length of Practice	283.04	9	34.44	0.575
Residual	7658.22	140	54.70	
Total	7941.26	149	53.30	

Critical F Value = 1.94

The null Hypothesis Ho6 cannot be statistically rejected at the 0.05 level of significance, but Hypothesis Ho6 is rejected based on the curvilinear relationship graphically indicated in Illustration I (Appendix E). The graph of the data shows a definite decline in professional satisfaction during 16-25 years of practice period, with a steady increase as one continues in pharmacy. This finding is different from previous studies which had indicated a significant decline after six years in practice. (Noel, Hammel, & Bootman, 1982; Donehew & Hammerness, 1978)

Ho7 - There is no linear or curvilinear relationship between professional satisfaction and age of the practitioner.

Table XIII

Cell Means		
Professional Satisfaction by Age of Practitioner		
Age (years)	N	Mean
21-24	2	40.50
25-29	22	33.55
30-34	26	33.81
35-39	29	34.66
40-44	19	31.63 *
45-49	7	35.71
50-54	12	33.67
55-59	16	36.81
60 plus	18	36.89

\* Corresponds with Sheehy's (1976) and Levinson's (1978) mid-life crisis periods.

Table XIV

Analysis of Variance				
Professional Satisfaction by Age of Practitioner				
Source of Variation	SS	Df	MS	F
Age of Practitioner	468.46	8	58.56	1.11
Residual	7493.28	142	52.77	
Total	7961.73	150	53.08	

Critical F Value = 2.00

Hypothesis Ho7 cannot be statistically rejected at the

0.05 level of significance, but Hypothesis Ho7 is rejected based on the curvilinear evidence provided by the graph of the data on Illustration II (Appendix E). Again, the data graphically show that a definite decline occurs at the 40-45 year period which corresponds with Sheehy's (1976) and Levinson's (1978) findings.

#### Qualitative Research Questions

Two areas of qualitative research were conducted in an attempt to ascertain the reason(s) for the satisfaction or dissatisfaction of pharmacists. From the returned questionnaires, the respondents were divided into three groups: (a) those with a Professional Satisfaction Score greater than or equal to 36 (81 cases); (b) those with a Score less than or equal to 24 (16 cases); and (c) the middle third of scores. From each of the two extreme groups, fifteen pharmacists were randomly selected for the follow-up telephone interview. If the mail-out respondents were willing to participate in the telephone interview, they were asked to provide a phone number where they could be most easily reached. Less than 1% of the respondents were not willing to participate in the interviews.

Because of schedules, vacations, etc., nine of the fifteen from each group were interviewed. This number represented approximately 12% of the survey respondents. Each interview required 20-30 minutes to complete the series of

questions. The interviewees were asked identical questions from a prepared format (Appendix C) with only the characteristics (facets) section varying in accordance to each person's original survey responses.

The following qualitative research questions were addressed with the telephone interview data collected.

1(a). Are there generalizable reasons for pharmacists' dissatisfaction with the profession of pharmacy?

The mean Professional Satisfaction Score among the extremely dissatisfied pharmacists interviewed was 20.55. The business and clinically oriented pharmacists in the interviews were evenly split with one individual unable to decide. The employees far out-numbered the owners.

The main aspect the pharmacists liked most about their job, regardless of being an employee or owner, was the interaction with people and the challenge of helping the patients. Those in ownership positions did enjoy a degree more of independence than the employees.

The profession itself provides a degree of prestige and an attractive environment involved in the health field. Through counseling and patient contact, they feel they provide a worthwhile service to society. Clinically-oriented pharmacists voiced a stronger feeling of patient contact and counseling, while those who were business-oriented viewed the

profession more from a security vantage.

Since these interviewees had low satisfaction scores, one would assume that the elements of dislike would have a stronger meaning. The nature of their responses would tend to varify that assumption. Dissatisfaction with regulations or restrictions of practice were strongly voiced and were most evident in comments about the disrespect from physicians and the restrictions upon professional judgment doctors wield through their power of prescribing. Except for occasional monetary rewards, most pharmacy practices were limited in career advancement. The job itself was frequently described as boring and mundane.

The overall dislike with pharmacy as a profession appears to lie with the lack of control over their practice. Career limitations, legal restrictions, and the physician's prescribing monopoly have led to low self-esteem and little use of pharmaceutical knowledge and training. For many, pharmacy has become a mechanical process where methodical processes, that technicians could perform, frequently lead to boredom, low self-worth, and dissatisfaction.

The common viewpoint held by the dissatisfied pharmacist is that most pharmacists cannot earn the living desired through a clinical practice of pharmacy; so, price and "prostituted ethics" become the means of increasing income and achieving a moderate degree of satisfaction via business success.

The pharmacists also feel they have more control over the job they select and the factors of that job which provide satisfaction. Conversely, the profession is viewed as being beyond the control of the individual and therefore cannot be effectively altered to their liking.

The interviewees were next asked to provide reasons why they had indicated high dissatisfaction with various characteristics or facets of the profession. Six characteristics received notable comments.

#### Role and Performance of Professional Associations:

The dissatisfied pharmacists viewed associations as generally being weak and inconsistent in their performance. The state association was regarded as being more supportive of owners than employee pharmacists. While some pharmacists felt pharmacists as a whole were unwilling to make associations as good as they possibly could and that many pharmacists just would not get involved, other pharmacists placed the blame on the associations for not supporting the needs of most pharmacists and thereby not reaching the bulk of them as members. Though argument will continue, it is a cyclic debate since associations are comprised of pharmacists and pharmacists, through the associations, must serve their own needs.

#### Respect from other Health Professionals:

Respect from physicians is considered very low. Most interviewees believed they had much to offer to physicians in

the form of information and consultation, but found physicians unwilling to utilize this expertise. Though specific reasons were generally not given for this low level of respect, most indicated that the traditional, professional superiority of the physician made it nearly impossible at this time to solve the apparent communication block and develop a mutual, professional rapport with physicians.

Pharmacy as a Lifetime Career:

The overwhelming factor creating dissatisfaction with pharmacy as a lifetime career was the limitation of upward mobility. Unless one entered management or store ownership, the opportunities for career advancement and appropriate compensation were virtually non-existent. Though the women interviewed voiced the same strong feelings about career advancement, most felt pharmacy offered a better career for women than other professional positions. The relatively good salaries and the general ease of exiting and re-entering practice were noted as positive for women in pharmacy.

Quality and Practicality of Continuing Education:

The consensus from the interviewees was that most continuing education programs contained lots of impractical facts and unusable information. Most thought continuing education was frequently a continuation of wasted information from undergraduate classes. The overall view was that continuing education needs to focus on more practical and indepth programs.



Quality and Practicality of Undergraduate Education:

Similar to their feelings about continuing education, the interviewees strongly felt that undergraduate education did not coincide with the needs of practice. Most were of the opinion that pharmacists were highly overtrained for the current practice of pharmacy. Older pharmacists believed that too much emphasis was placed on impractical areas, such as chemistry, while too little dealt with needed clinical skills. Overall, the severe gap between the teachings of schools of pharmacy and the current status of the practice of pharmacy was quite evident and is a basic cause of dissatisfaction with the profession of pharmacy.

Freedom to Make Professional Judgments:

As previously cited in the "likes and dislikes" of the pharmacy profession, legal restrictions and the prescribing powers of physicians do not allow many opportunities for the pharmacist to make professional judgments. When the opportunities do arise, some pharmacists are not interested in exercising their professional rights or else find the liability risk too great.

Professional Attitudes Instilled by School of Pharmacy:

Most interviewees cited a less structured professional environment and general societal changes as responsible for a decline in the professional attitudes of recent graduates. They observed that professors play a major role in the development of professional attitudes because the professor's

position as a role model greatly influences the student's perspective of the profession.

When asked what were the two most significant problems in pharmacy today, the responses basically focused on four areas.

1. Lack of a saleable professional service
2. Disrespect from other health professionals
3. Decline of professional ethics and a subsequent focus upon pricing and business profits
4. Limitations on career advancement and salaries

Most of the pharmacists believed luck or bad luck had very little to do with their attitude of dissatisfaction. A common view was that it is a matter of pharmacy being pharmacy wherever one goes. However, the principal factor outside the realm of pharmacy practice affecting their satisfaction was the salaries or income of other professionals and friends in manufacturing positions. There was a general feeling of financial inequity in relationship to the amount of education and work responsibilities.

The interviewees overwhelmingly felt they were more satisfied ten years ago or when they first began practicing. The predominant reason seemed to be that the excitement of entering their new career, the initial esteem of the position, and a relatively high salary diminished as the years passed and the job became routine. Finally, two-thirds of those interviewed would not enter pharmacy if able to do it all over. Interestingly, education and engineering were the two

fields mentioned most often as careers they would enter.

General observations of the dissatisfied group were that most had a difficult time separating the profession as a whole from their present job. Problems from either component seemed to invade the other to the point of fusing the two into one. Most were eager and thrilled to talk to someone about their problems. They often felt isolated and slighted by expected sources of support and sympathy, i.e. professional associations and schools of pharmacy.

1(b). Are there generalizable reasons for pharmacist' satisfaction with the profession of pharmacy?

The mean Professional Satisfaction Score among the extremely satisfied pharmacists interviewed was 43.22. The interviewees were randomly selected and it is therefore notable that all nine interviewed were owner/managers (one was chief-of-staff of a hospital pharmacy). In addition it was surprising that a large majority viewed themselves as clinically-oriented in their practice.

The responses to what they like about their job and profession were very uniform. They consistently stated that the opportunity to deal with the public and serve people was extremely rewarding. They enjoyed the opportunity and ability to help people in a time of medical need.

The major dislikes about the job were the confinement due

to hours worked and legal restrictions upon the practice. They disliked elements of the profession which do not coincide with the high ideals and professionalism they themselves embody. Such items as discount pharmacies, price competition, unethical practices, and lack of professional association support are specific examples cited as elements detracting from their professional ideals. The other major professional concern is the lack of complete control over their practice. With the government, third-party insurance programs, and physicians all dictating how certain aspects of pharmacy should respond, the pharmacist often feels more like a puppet than an autonomous professional.

There were five facets of the professional characteristics section which should be highlighted.

Respect from Other Health Professionals:

Though many felt that pharmacists did not receive the respect they deserved from doctors, many of the interviewees felt they personally had good professional relationships with their physicians. They believed physicians should utilize the pharmacist's drug knowledge more and develop mutual respect for each professional's abilities.

Pharmacy as a Lifetime Career:

The interviewees, probably because of their ownership status, found pharmacy laden with opportunities for growth. The profession to them was everchanging, stimulating, and required continued education to keep up with new drugs and

trends. Their service to humanity was very rewarding and a needed part of society.

Development of Professional Patient-Pharmacist Relationships:

Nearly all perceived their practice as offering abundant opportunities for development of patient relationships. At the same time, they perceived a majority of other pharmacists as unwilling to take the opportunities available and spend the necessary time counseling with patients. Most allowed that opportunities did vary with certain practices and that greater opportunities exist in smaller towns and more personalized pharmacies.

Practice that Provides a Vital Function in Society

and

Public Opinion of Pharmacists as Professionals:

Pharmacists who worked toward serving their patients found themselves essential to the public's health. Their ability to resolve health problems creates confidence and respect among the public. Pharmacists have established a good public image in the opinion of those interviewed because of the service they provide to people in need.

Three areas were most noted as being significant problems in pharmacy today:

1. Pricing and competition as the major objective of some pharmacies
2. Third-party restrictions - limiting professional control and judgments

### 3. Diminished professionalism of pharmacy

Considering that all were owners or in management positions and that most viewed themselves with high ideals of clinical practice, it is interesting that two of the problems they observed were strictly business aspects of current practice.

Though most said that luck was not really involved in their satisfaction with pharmacy, several expressed a belief that the success and opportunities they had received were due to a certain degree of luck. Those who were more satisfied ten years ago were highly influenced by starting salaries and the embarkment upon a new and exciting career. The thrill, however, wore off over the years. Those who were less satisfied ten years ago had since found new excitement and growth in their ownership position and the responsibility that the position entailed.

Overwhelmingly, this group would reenter pharmacy if they had to choose again. They had encountered good experiences and saw no reason to change. In general, ownership for this group was the principal route to increased responsibility and professional control. It is not that most of them love the business aspect, because most viewed themselves as clinically oriented, but the independence which the store affords is the best means at present for achieving a "professional" practice. Respect from the community, greater involvement in the practice, decision-making, and control of career are typically enhanced through pharmacy ownership.

The final qualitative research question examines those who have left the profession of pharmacy for other careers. The results would have been stronger if more than thirteen respondents who had switched careers had been identified. However, some initial thoughts can be drawn from the data received.

2. Of those pharmacists who have left the profession of pharmacy, are there generalizable reasons for their departure from the profession which relate to professional satisfaction?

For those in the sample, the reasons for leaving pharmacy fall into three general areas: (a) Significant dissatisfaction with pharmacy; (b) liked pharmacy but better career opportunity came along; and, (c) another profession or career had always been their primary desire.

Those who were dissatisfied with pharmacy expressed factors similar to those in the telephone interviews. The lack of opportunities to grow intellectually, professionally, and financially would properly summarize the basic reasons for their departure from pharmacy. The careers entered, other than medicine which received the most, were quite varied -- ranging from a jewelry store to rental property to ranching. Although this small sample may lack statistical significance, it is evident that those who have left pharmacy feel the same as those currently practicing -- the profession of pharmacy is

failing to provide the satisfaction desired from a professional career. The only difference appears to be that this group has taken the initiative to find something they hope will be more rewarding.



## CHAPTER V

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### Summary

The intent of this study was to determine if any of the four commonly proposed concepts of pharmacist satisfaction/dissatisfaction serve as valid explanations. The four concepts examined were: (a) Pharmacist role conflict; (b) incomplete professionalization of pharmacy; (c) Herzberg's (1966) theory of satisfiers/dissatisfiers; and, (d) professional satisfaction as a function of length of pharmacy practice and age of the practitioner. Through the data collected from the mail-out questionnaire survey and follow-up telephone interviews, the four concepts may indeed serve as possible explanations of pharmacists' professional satisfaction/dissatisfaction but in modified forms. However, before one begins looking at explanations, it should be determined if the problem even exists.

The study found pharmacists were more dissatisfied with their job than the average worker nationally, but the level of job dissatisfaction does not appear to be extremely high.

What does create concern is that nearly 25% of the pharmacists were dissatisfied with the profession. The study also indicates there is a significant difference between job satisfaction and professional satisfaction which corroborates the findings of Purohit & Stewart (1980) and Gold & Nelson (1976). Because of the strength of the indices used to determine job and professional satisfaction, this study presents solid evidence that pharmacy as a profession currently lacks fulfillment and reward for many of its members.

The hypotheses tested in the study produced several significant findings. Many scholars have expressed a belief that the practice settings themselves breed conflict and subsequent dissatisfaction. The retail setting has been the subject of severe criticism for its general lack of professional stature in comparison to the greater clinical environment of the hospital setting. Yet, this study found no statistical difference among the practice settings in terms of professional satisfaction. There was evidence of a difference between pharmacists who indicated that their primary career objective was business or monetary success and those who pursued a clinical, service-oriented practice. Those pharmacists who sought to serve their patients through counseling and advice as their primary objective felt the profession was very satisfying. This fact was also shown to be valid when comparing business and clinically-oriented

pharmacists who were in the retail setting.

Though Hypothesis H<sub>04</sub>, which was designed to test the concept of incomplete professionalization, was not rejected, the correlation coefficients and multiple regression analysis provided interesting information that was supported by the telephone interviews. The most frustrating facet of the profession seems to be the lack of respect from other health professionals, especially physicians. The principal reason for the lack of respect appears to be the professional class system created by the legal requirement that physicians prescribe and thus dictate the scope of pharmacy's practice. This creates a subservient status for the pharmacist.

The satisfiers of the profession represent the high ideals one would anticipate for a profession. Value to society, devotion to others, professional patient relationships, vital function to society, and high public esteem are all lofty ideals which, according to Herzberg's (1966) theory, should produce satisfaction. When one examines the facets delineated in the study, there are elements which could be considered, as Herzberg's (1966) theory describes, hygiene facets, i.e. continuing education, undergraduate education, professional associations, and specialized techniques. Only one of these, specialized techniques, was highly correlated with high satisfaction. Thus, there is evidence that Herzberg's (1966) satisfier/dissatisfier theory is valid in partially explaining pharmacy professional

satisfaction.

In testing the final two hypotheses, neither age of practitioner nor years of practice experience were significant in relationship to professional satisfaction according to the analysis of variance performed on the data. However, this study was designed to examine the curvilinear function of the variables in relationship to professional satisfaction. Both variables, when expressed graphically, demonstrated notable declines around the 35-45 years-of-age bracket. This finding corresponds with the mid-life period of change and anxiety reported by Sheehy (1976) and Levinson (1978).

The qualitative study conducted via the telephone interviews provided additional insight and understanding to the data obtained from the questionnaire. The summary of the qualitative study will be brought forth throughout the conclusions section. However, one general observation was the eagerness to talk that each pharmacist displayed. This not only aided the interviewer in conducting the sessions but also revealed another aspect of the profession's difficulty in satisfying its constituents -- there are apparently few avenues through which pharmacists can openly discuss professional problems.

### Conclusions

The profession of pharmacy is not on the verge of extinction or close to losing all pharmacists to other

careers. There appears to be a large majority of the profession which enjoy their career and find fulfillment in the profession. This fact must not be lost as the smaller dissatisfied faction is analyzed in an attempt to better understand their problems and find solutions. Of course, this study also examined the satisfied pharmacist in order to gain a greater understanding of the facets which produce contentment and fulfillment.

This study found professional satisfaction significantly lower than job satisfaction. The interviews subtly revealed that many pharmacists have difficulty in separating their job from the profession as a whole. For many, the two are the same entity which is understandable. This may have created confusion in responding to the questionnaire and possibly affected the results. However, another reason for greater professional dissatisfaction may be that pharmacists have different mental conceptions of their job and the profession. To many in this study, the job is tangible and real and it physically touches their life each day. Therefore, they feel they have greater control over their job and the satisfaction derived from it. For some pharmacists, the profession is, to a certain extent, intangible and elusive. Its existence is comprised of thousands of individual practices and the ability to effect changes seems distant and extremely difficult. Thus, the profession would seem to offer less personal control and would be, for that reason, less satisfying.

Despite this possible explanation, professional dissatisfaction exists to a certain extent and must be dealt with. From this study, professional dissatisfaction among pharmacists is a result of two major factors. The first is a combination of the role conflict and incomplete professionalization concepts. This study found that pharmacy does have a role conflict but it does not seem to be as many have proposed, that the retail setting restricts or precludes a clinical practice. This study found that practice settings have no apparent bearing on satisfaction levels. The role conflict may lie in the internalized career objective of the pharmacist. Those who establish goals of developing and practicing in a clinical fashion may have generally found pharmacy to be a gratifying profession. Conversely, those with a primary goal of business success may not have found the same fulfillment from pharmacy. Even though ownership normally provides good financial rewards, the dissatisfied pharmacists of this study often compared their financial position with other professions and became discouraged by the apparent inequities of income in relationship to education and professional responsibilities.

In combination with role conflict were certain facets of the incomplete professionalization concept which were found to contribute to professional dissatisfaction. The facets of professional autonomy and prestige were intertwined and highly involved in the professional satisfaction of pharmacists. It

was strongly and frequently stated by pharmacists interviewed and in the survey that physicians have little respect for pharmacy. The pharmacists also voiced intense feelings about the lack of autonomy within the profession. They cited legal practice restrictions (government intervention), third-party insurance programs, and physicians as the principal forces preventing true professional autonomy.

The business/clinical role conflict, incomplete autonomy, and low prestige do not appear to be individual problems but may be manifestations of a greater issue -- that pharmacy apparently has yet to identify and establish itself as a profession with a delineated and independent practice or role. Practice restrictions and orders from physicians have virtually eliminated the autonomy and distinction of a health profession that can economically and professionally stand alone. The continued move toward a greater clinical practice seems to have improved the pharmacist's self-concept, but research and the profession has yet to demonstrate that a pure clinical practice can be a practical, free-standing, and self-supporting concept.

The second major factor of professional dissatisfaction appears to be the phenomenon of time. Whether age or years of experience are used as measurements, the pharmacist seems to reach a point in his life where a sense of futility surpasses the rewards derived from the profession. It may be that, near the age of 40, the realization of mortality and an inability

to fully realize youthful dreams present a tremendous mental shock. Sheehy (1976) and Levinson (1978), among others, have labeled this period of life as the mid-life crisis, and it seems all elements of one's personal and work environments are re-evaluated and re-prioritized. Though most rise above this low ebb, its effect upon professional satisfaction appears to be significant. This study indicates that once acceptance of reality and adjustment to change and the inevitable occur, satisfaction begins to rise. The graphs of Illustrations I and II (Appendix E) demonstrate this series of events.

In summary, this study found that professional dissatisfaction appears to be principally the result of a desperate search for professional identity and the mid-life crisis shared by almost all people. Though nearly all pharmacists are exposed to these drawbacks of the profession and the realizations of mid-life, some pharmacists appear to be better equipped to adapt and weather the rough periods.

The facets of the profession which appear to positively correlate with high satisfaction basically represent the high ideals which, according to Herzberg's (1966) theory, one would predict as satisfiers. The attainment of these satisfiers would not seem to be limited to pharmacy management (ownership) but this study found that ownership allows the greatest opportunity for satisfaction through career growth, autonomy, and financial reward. Yet, despite the possible increased level of satisfaction for owners and the evidence of



professional satisfiers among all pharmacists, ownership or external factors are not necessarily the main criteria for satisfaction. Rather, it is evident from the interviews that satisfaction most frequently relies upon the pharmacist looking, recognizing, and seizing the opportunities presented to him regardless of the practice or employment position within that practice. Even though the profession may lack true autonomy and prestige, and conflict may exist, it was observed in the interviews that one difference between the satisfied and dissatisfied pharmacists was that satisfied pharmacists seemed to make the most of the circumstances of their job, profession, or desires, and applied themselves. Though some pharmacists are truly restricted in what they can achieve, those who have seized the opportunities and created a better situation for themselves have generally been more professionally satisfied.

Additional analysis would seem to indicate that a framework for a complete and autonomous profession can be created and even currently exists to a certain degree. Professional associations and schools of pharmacy are critical developers of the basic structural framework upon which the profession and resultant satisfaction can be built. However, this study found an opinion among pharmacists that professional associations have not worked to their fullest to develop an autonomous and fulfilling profession. It was also commonly viewed that associations have long focused their

efforts on current issues and have failed to formulate a long-term program for expanding and strengthening the profession. As Chalmers (1983) stated, "a plan for the future of our profession is lacking as is the necessary direction to promote growth and change." (p. 395)

Schools of pharmacy have long had a responsibility in creating and promoting a conducive environment for professional development. Pharmacists in this study were quite emphatic that undergraduate education was generally wasted with current practice demands. They also criticized continuing professional education for sustaining that misappropriation of knowledge. The study also noted the baffling predicament pharmacy that has long faced but has yet to solve -- a desire to have a more challenging profession which education often teaches toward, while imprisoned by a practice that persistently fails to provide or progress toward an independent and autonomous career. On the other hand, many pharmacists in this study felt that while education has made significant progress in developing clinical programs, they remain antiquated in other areas of the curriculum. Again, education appears to be trapped with the perplexity of teaching for the future, propelling the profession toward greater health care involvement, while preparing pharmacists for the current state of the profession.

Although pharmacists in this study identified many external factors which have contributed to dissatisfaction,

the final analysis would seem to indicate that satisfaction is truly an individualized, internal experience. The findings of this study do not necessarily represent new revelations in the area of satisfaction. Its value lies in the empirical evaluation of many commonly held theories or concepts utilizing the data obtained by this study.

#### Recommendations

This study concluded that a significant factor in the professional dissatisfaction of many pharmacists is that pharmacy is not an autonomous profession. Pharmacy must make a concerted effort to develop a professional identity which has societal value, professional integrity, and economical independence for all of its members. Since a majority of pharmacists are presently satisfied, a bi-level practice for pharmacy is needed. One practice level would be the current pharmacy practice of dispensing drugs, while the new level would demand greater clinical involvement. Although the profession is slowly evolving toward a greater clinical and involved primary role in the health care system, this evolution is occurring without a clear understanding of its direction or destination. Professional leaders, schools of pharmacy, and practitioners must visualize and delineate the ultimate pharmacy practice. Once that goal is established, all efforts can be directed into its achievement. Many will lament that such an objective and the path to its existence is

too difficult if not impossible. But, if the current status of pharmacy as a profession is inadequate, then the only choice is to pursue the ideal professional structure in an organized and determined fashion.

Professional associations must begin to look beyond current problems. Associations must develop a new realistic and practical role description for future pharmacy practices. The key to any drastic change in pharmacy practice will be acceptance by practitioners. This will occur only if the plan demonstrates economic security for the new practices and allows for protection of present pharmacy investments.

What form should the future pharmacy practice take? The development of the new level of practice should focus on those facets of the profession which are satisfiers. Such facets as devotion to others, autonomy, respect from other health professionals, and vital function to society, should become the main framework for building the new practice. The first developmental step would be to separate the clinical pharmacist completely from the procedure of drug dispensing. The clinical pharmacist should be directly involved in the diagnosis-prescribing process -- fully utilizing the pharmacist's indepth drug knowledge by working along-side the physician in patient care. Further, pharmacy should rapidly expand its home health care services. With an elderly population that will be dramatically increasing in numbers, the need for home visitations and medication monitoring will

be great.

With the development of a practice which no longer involves compounding, counting, and pouring, schools of pharmacy will find that several areas of the curriculum are obsolete or need extensive alterations for the purely clinical pharmacist. Revision of pharmaceutical education will be essential for any major change in pharmacy practice to take place. Pharmacy education has always played a primary role in the evolution of practice; and, as education progresses in clinical education, each new generation of pharmacists will demand a more independent and involved practice.

Resistance from physicians and other groups, including pharmacy itself, to such an expansion of pharmacy's health care role has been and will continue to be significant. However, if pharmacy is to establish a more satisfying profession, there is no other option but to face the challenge and struggle for advancements.

The effects of aging upon satisfaction can be influenced by preparing individuals to anticipate and cope with these traumatic periods of life. In addition, narrowing the gap between education and actual practice will create more realistic and attainable career goals. Continuing professional education has a major responsibility in narrowing the education/practice gap. While new practices are being developed, education must continue to maintain and increase the level of practice for those currently in the profession.

The main failure of current continuing education programs is not necessarily the subjects or lecture content, but the method of presentation. Although there definitely are problems with some subject matter presented, too often college faculty selected for continuing education programs cannot transpose their information from the classroom format to one that is more appropriate for the adult learner. The importance and scope of continuing education is going to increase and those involved in its planning and presentations must understand the adult learner more thoroughly in order to be more effective.

Future studies in the area of pharmacist satisfaction should address:

- 1) Further analysis of the facets of the profession which contribute to professional satisfaction and dissatisfaction.
- 2) Comparisons with other professions which are classified as pharmacy as being incomplete or marginal.
- 3) Development of an economically and professionally autonomous pharmacy-practice model.

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APPENDIX A

QUESTIONNAIRE

## PHARMACIST SATISFACTION STUDY

April 16, 1984

Dear Pharmacist:

An area of concern to all pharmacists is satisfaction with their job or profession. Very little research has been done to determine the level of pharmacist satisfaction or the reasons for pharmacist dissatisfaction. In order for the profession to begin addressing problems in this area, it is necessary to first measure the degree of satisfaction/dissatisfaction of pharmacists and then try to develop an understanding of the underlying causes of the discontent.

I am presently researching the area of pharmacist satisfaction for my doctoral dissertation, and you have been randomly selected from a computer list of pharmacists to participate in this study. Please complete this questionnaire and return it in the enclosed stamped, self-addressed return envelope. ALL RESPONSES WILL BE HANDLED IN STRICTEST CONFIDENCE, AND REPORTING OF THE DATA WILL BE IN GROUP FORM ONLY.


It is very important that your responses accurately reveal your true feelings. Please respond honestly and completely to all questions. Please return the completed survey by April 30, 1984.

Please respond to this questionnaire even if you are no longer practicing pharmacy and have entered another occupation or profession. Your input concerning your satisfaction with pharmacy is important to the success of this study.

It is my hope that this research will aid pharmacy education and the profession as a whole in identifying elements of our profession which need to be improved. Your help is essential to its success.

Thank you for taking the time to assist.

Sincerely,



David Ralph, R.Ph.

2

Part I - Demographic Information - Please answer the following:

1. Age:  21-24     25-29     30-34     35-39     40-44  
 45-49     50-54     55-59     60 plus
2. Gender:  Male     Female
3. B.S. in Pharmacy received at: \_\_\_\_\_ Year: \_\_\_\_\_
4. Number of years in active pharmacy practice: \_\_\_\_\_
5. Practice Setting: (Mark the one in which you spend the majority of your time)
  - Independent Retail Pharmacy
  - Chain (Discount) Pharmacy
  - Clinic (Apothecary) Retail Pharmacy
  - Hospital or Institutional Pharmacy
  - Other: Please indicate \_\_\_\_\_
6. In terms of your pharmacy career, which set of statements best describes your primary career concerns. (Although you may identify with certain elements of each set, select the one that, overall, best matches your primary career objectives.)
  - Set number 1:
    - Being a successful business person
    - Earning a very good income
    - A career involving managerial and marketing skills
    - View the drug as a product and a vehicle for profit
  - Set number 2:
    - Utilizing my pharmaceutical knowledge
    - Consultation with patients concerning medications
    - A career that is useful to society
    - View the drug in terms of its potential benefit to mankind
7. Are you at the present actively practicing pharmacy?
  - Yes (Go to Part II)
  - No, retired from pharmacy (Go to Part II)
  - No, have entered other career (Answer next three questions before going to Part II)
8. Please indicate the occupation in which you are presently involved.  
 \_\_\_\_\_
9. How long did you practice pharmacy? \_\_\_\_\_ years
10. Number of years in present career: \_\_\_\_\_ years

(Continue to Part II)

3

Part II - Please circle the phrase which best describes your feelings about your present pharmacy job and the profession of pharmacy. If you are not presently practicing pharmacy, please respond in reference to your last pharmacy position.

1. I FEEL FAIRLY WELL SATISFIED WITH MY PRESENT JOB.  
strongly agree            agree            disagree            strongly disagree
2. I AM OFTEN BORED WITH MY JOB.  
strongly agree            agree            disagree            strongly disagree
3. IT SEEMS MY FRIENDS ARE MORE INTERESTED IN THEIR JOBS.  
strongly agree            agree            disagree            strongly disagree
4. I AM DISAPPOINTED THAT I EVER ENTERED PHARMACY.  
strongly agree            agree            disagree            strongly disagree
5. I FIND REAL ENJOYMENT IN THE PHARMACY PROFESSION.  
strongly agree            agree            disagree            strongly disagree
6. I CONSIDER MY JOB RATHER UNPLEASANT.  
strongly agree            agree            disagree            strongly disagree
7. MY JOB IS USUALLY INTERESTING ENOUGH TO KEEP ME FROM GETTING BORED.  
strongly agree            agree            disagree            strongly disagree
8. I AM OFTEN DISCOURAGED WITH THE PROFESSION OF PHARMACY.  
strongly agree            agree            disagree            strongly disagree
9. THE PROFESSION OF PHARMACY IS USUALLY GRATIFYING ENOUGH TO KEEP ME FROM BECOMING DISCONTENT.  
strongly agree            agree            disagree            strongly disagree
10. I FEEL THAT I AM HAPPIER IN PHARMACY THAN MOST OTHER PROFESSIONALS ARE IN THEIR PROFESSION.  
strongly agree            agree            disagree            strongly disagree

(Continue to page 4)

4

11. I DEFINITELY DISLIKE MY WORK.  
 strongly agree            agree            disagree            strongly disagree
12. MOST DAYS I AM ENTHUSIASTIC ABOUT MY WORK.  
 strongly agree            agree            disagree            strongly disagree
13. I FEEL THAT I AM HAPPIER IN MY WORK THAN MOST OTHER PEOPLE ARE WITH THEIR JOBS.  
 strongly agree            agree            disagree            strongly disagree
14. I FIND REAL ENJOYMENT IN MY WORK.  
 strongly agree            agree            disagree            strongly disagree
15. I CONSIDER THE PROFESSION OF PHARMACY RATHER UNFULFILLING.  
 strongly agree            agree            disagree            strongly disagree
16. THE PROFESSION OF PHARMACY IS A CONTINUAL SOURCE OF SATISFACTION FOR ME.  
 strongly agree            agree            disagree            strongly disagree
17. IT SEEMS MY PROFESSIONAL FRIENDS ARE MORE INTERESTED IN THEIR PROFESSIONS THAN I AM IN MINE.  
 strongly agree            agree            disagree            strongly disagree
18. MOST OF THE TIME I HAVE TO FORCE MYSELF TO GO TO WORK.  
 strongly agree            agree            disagree            strongly disagree
19. I AM DISAPPOINTED THAT I EVER TOOK THIS JOB.  
 strongly agree            agree            disagree            strongly disagree
20. MOST DAYS I AM ENTHUSIASTIC ABOUT MY PROFESSION.  
 strongly agree            agree            disagree            strongly disagree

(Continue to page 5)

5

21. I AM SATISFIED WITH MY JOB FOR THE TIME BEING.

strongly agree            agree            disagree            strongly disagree

22. MOST ASPECTS OF THE PROFESSION LACK FULFILLMENT FOR ME.

strongly agree            agree            disagree            strongly disagree

23. I DEFINITELY DISLIKE THE PROFESSION OF PHARMACY.

strongly agree            agree            disagree            strongly disagree

24. I FEEL FAIRLY WELL SATISFIED WITH THE PROFESSION OF PHARMACY.

strongly agree            agree            disagree            strongly disagree

Part III - Below is a composite list of seventeen elements which characterize pharmacy as a profession. As a member or past member of the pharmacy profession, circle the phrase which best describes the degree of your satisfaction/dissatisfaction with each element as it applies (applied) to your pharmacy career. Please use only your own personal feelings about pharmacy and not your perception of how other pharmacists may feel.

1. THE ROLE AND PERFORMANCE OF PROFESSIONAL ASSOCIATIONS.

highly satisfied            satisfied            dissatisfied            highly dissatisfied

2. RESPECT FROM OTHER HEALTH PROFESSIONALS.

highly satisfied            satisfied            dissatisfied            highly dissatisfied

3. PRACTICAL VALUE OF PHARMACY TO SOCIETY.

highly satisfied            satisfied            dissatisfied            highly dissatisfied

4. PHARMACY AS A LIFETIME CAREER.

highly satisfied            satisfied            dissatisfied            highly dissatisfied

5. OPPORTUNITY FOR A PRACTICE DEVOTED TO SERVING OTHERS.

highly satisfied            satisfied            dissatisfied            highly dissatisfied

(Continue to page 6)



6. DEVELOPMENT OF PROFESSIONAL PATIENT-PHARMACIST RELATIONSHIPS.  
highly satisfied      satisfied      dissatisfied      highly dissatisfied
7. PRACTICE THAT PROVIDES A VITAL FUNCTION IN SOCIETY.  
highly satisfied      satisfied      dissatisfied      highly dissatisfied
8. QUALITY AND PRACTICALITY OF CONTINUING PROFESSIONAL EDUCATION.  
highly satisfied      satisfied      dissatisfied      highly dissatisfied
9. QUALITY AND PRACTICALITY OF UNDERGRADUATE PHARMACY EDUCATION.  
highly satisfied      satisfied      dissatisfied      highly dissatisfied
10. PUBLIC OPINION OF PHARMACISTS AS PROFESSIONALS.  
highly satisfied      satisfied      dissatisfied      highly dissatisfied
11. ADHERENCE TO A CODE OF ETHICS.  
highly satisfied      satisfied      dissatisfied      highly dissatisfied
12. FREEDOM FROM OUTSIDE INTERVENTION OR ABILITY TO MAKE PROFESSIONAL JUDGMENTS.  
highly satisfied      satisfied      dissatisfied      highly dissatisfied
13. UTILIZATION OF SPECIALIZED PHARMACEUTICAL TECHNIQUES.  
highly satisfied      satisfied      dissatisfied      highly dissatisfied
14. PROFESSIONAL ATTITUDES, STYLES, AND BEHAVIOR INSTILLED DURING PHARMACY SCHOOL.  
highly satisfied      satisfied      dissatisfied      highly dissatisfied
15. LICENSING AND CERTIFICATION OF PHARMACISTS.  
highly satisfied      satisfied      dissatisfied      highly dissatisfied
16. ABILITY OF LICENSED PHARMACISTS TO ENTER ANY AREA OF PHARMACY PRACTICE.  
highly satisfied      satisfied      dissatisfied      highly dissatisfied

(Continue to page 7)

17. ENFORCEMENT OF A CODE OF ETHICS BY THE PROFESSION.

highly satisfied      satisfied      dissatisfied      highly dissatisfied

Part IV - If you are at the present, actively practicing in pharmacy or retired from pharmacy, please skip down to part V.

If you have left pharmacy for another career, please state the reason(s) for your departure. If additional space is needed, please use the back of this page.

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Part V - You have completed this questionnaire. Please fold over the inside page so that my return address shows. Staple or tape the cover sheet and mail the questionnaire back to me. Postage has been attached. Thank you very much for your time and help.

David A. Ralph

A random sample of those responding will be selected for a follow-up interview. Please provide a phone number where I can most easily reach you if you are randomly selected. Phone Number ( )  
I again stress that the confidentiality of responses and information will be strictly maintained.

APPENDIX B

COVER LETTER - SECOND MAILING

May 1, 1984

Dear Survey Participant:

A couple of weeks ago, I mailed a survey to you as part of my doctoral dissertation study. I realize that Spring is a busy time for you and I apologize for imposing, but I desperately need your input. Please assist me by completing the original survey or the one enclosed in this envelope if the first has been misplaced.

If you have already completed and returned the survey, please accept my thanks for your help. If not, any thing you can do to return the completed survey by May 8, 1984, will be greatly appreciated.

Thank you for your help.

Sincerely,

  
David A. Ralph

APPENDIX C

TELEPHONE INTERVIEW QUESTIONS

## TELEPHONE INTERVIEW QUESTIONS

Dissertation Data

Code number \_\_\_\_\_

1. Are you (or were you) an \_\_\_\_\_ owner/manager  
\_\_\_\_\_ employee pharmacist  
\_\_\_\_\_ chief of staff  
\_\_\_\_\_ staff pharmacist
2. Are you \_\_\_\_\_ clinically oriented  
\_\_\_\_\_ business oriented
3. What do (did) you like best about your pharmacy job?
4. What do (did) you like best about the profession of pharmacy?
5. What do (did) you dislike most about your pharmacy job?
6. What do (did) you dislike most about the profession?
7. Specific facets of Professionalism:
  - \_\_\_\_\_ a. The role and performance of professional associations.
  - \_\_\_\_\_ b. Respect from other health professionals.
  - \_\_\_\_\_ c. Practical value of pharmacy to society.
  - \_\_\_\_\_ d. Pharmacy as a lifetime career.
  - \_\_\_\_\_ e. Opportunity for a practice devoted to serving others.
  - \_\_\_\_\_ f. Development of professional patient-pharmacist relationships.
  - \_\_\_\_\_ g. Practice that provides a vital function in society.
  - \_\_\_\_\_ h. Quality and practicality of continuing professional education.
  - \_\_\_\_\_ i. Quality and practicality of undergraduate education.

- \_\_\_\_\_ j. Public opinion of pharmacists as professionals.
- \_\_\_\_\_ k. Adherence to a code of ethics.
- \_\_\_\_\_ l. Freedom from outside intervention or ability to make professional judgments.
- \_\_\_\_\_ m. Utilization of specialized pharmaceutical techniques.
- \_\_\_\_\_ n. Professional attitudes, styles, and behavior instilled during pharmacy school.
- \_\_\_\_\_ o. Licensing and certification of pharmacists.
- \_\_\_\_\_ p. Ability of licensed pharmacists to enter any area of pharmacy practice.
- \_\_\_\_\_ q. Enforcement of a code of ethics by the profession.

8. What are the two most significant problems in the pharmacy profession today?

9. Do you feel the factors which have made you satisfied or dissatisfied with the profession were a result of luck or bad luck? \_\_\_\_\_ yes \_\_\_\_\_ no

Why?

10. What factors outside of the profession may have had an impact upon your feelings of satisfaction or dissatisfaction? i.e. financial status, family, divorce, etc.

11. Were you more or less satisfied with pharmacy 10 years ago? (If not in practice 10 years, \_\_\_\_\_ years ago.)  
\_\_\_\_\_ more \_\_\_\_\_ less

Why?

12. Would you choose to enter pharmacy again if able to do it over?

\_\_\_\_\_ yes                      \_\_\_\_\_ no

Why?

What field would you possibly enter?

13. Do you have any other comments about the profession you would like to make?



APPENDIX D

FREQUENCY TABLES

Table XV

Frequencies Age of Practitioner				
Category	Age Brackets	N	Adjusted Freq %	Cumulative Freq %
1	21-24	2	1.3	1.3
2	25-29	22	14.4	15.7
3	30-34	27	17.6	33.3
4	35-39	29	19.0	52.3
5	40-44	20	13.1	65.4
6	45-49	7	4.6	69.9
7	50-54	12	7.8	77.8
8	55-59	16	10.5	88.2
9	60 plus	18	11.8	100.0
Totals		153	100.0	

Mean = 4.96 (approximately 37-43 years)  
Std Dev = 2.37

Table XVI

Frequencies Gender			
Category	N	Adjusted Freq %	Cumulative Freq %
Male	113	74.8	74.8
Female	38	25.2	100.0
Totals	151	100.0	

Table XVII

Frequencies Pharmacy Practice Setting			
Category	N	Adjusted Freq %	Cumulative Freq %
Independent Retail	68	45.3	45.3
Chain Retail	40	26.7	72.0
Clinic Retail	4	2.7	74.7
Hospital	30	20.0	94.7
Other	8	5.3	100.0
Totals	150	100.0	

Table XVIII

Frequencies Career Objective			
Category	N	Adjusted Freq %	Cumulative Freq %
Business	54	38.3	38.3
Clinical	87	61.7	61.7
Totals	141	100.0	

Table XIX

Frequencies Actively Practicing Pharmacy			
Category	N	Adjusted Freq %	Cumulative Freq %
Currently Active	131	85.6	85.6
Retired	9	5.9	91.5
Other Career	13	8.5	100.0
Totals	153	100.0	

Table XX

Frequencies Job Satisfaction Index						
Item	n (%)	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean
Fairly well satisfied with job	38 (24.8)	82 (53.6)	26 (17.0)	7 (4.6)	2.99	
* Often bored with job	12 (7.8)	37 (24.2)	72 (47.1)	32 (20.9)	2.81	
* Friends more interested in their jobs	5 (3.3)	30 (19.7)	99 (65.1)	18 (11.8)	2.86	
* Job rather unpleasant	5 (3.3)	19 (12.4)	83 (54.2)	46 (30.1)	3.11	
Job usually keeps me from being bored	29 (19.0)	89 (58.2)	30 (19.6)	5 (3.3)	2.93	
* Definitely dislike work	4 (2.6)	13 (8.5)	67 (43.8)	69 (45.1)	3.31	
Enthusiastic about work	20 (13.1)	94 (61.4)	35 (22.9)	4 (2.6)	2.85	
Happier in work than most people	21 (13.7)	83 (54.2)	49 (32.0)	0 (0.0)	2.82	
Find real enjoyment in work	22 (14.4)	89 (58.2)	39 (25.5)	3 (2.0)	2.85	
* Have to force myself to work	1 (0.7)	16 (10.5)	93 (61.2)	42 (27.6)	3.16	
* Disappointed I took this job	3 (2.0)	16 (10.5)	79 (51.6)	55 (35.9)	3.22	
Satisfied with job for time being	25 (16.3)	102 (66.7)	22 (14.4)	4 (2.6)	2.97	

\* For negatively stated items, strongly disagree indicates high satisfaction.

Table XXI

Frequencies						
Professional Satisfaction Index						
Item	n (%)	Strongly Agree	Agree	Disagree	Strongly Disagree	Mean
* Disappointed I entered pharmacy	5 ( 3.3)	19 (12.4)	62 (40.5)	67 (43.8)		3.25
Find real enjoyment in profession	36 (23.5)	81 (52.9)	32 (20.9)	4 ( 2.6)		2.97
* Discouraged with profession	19 (12.5)	43 (28.3)	69 (45.4)	21 (13.8)		2.61
Profession usually gratifying	20 (13.2)	79 (52.0)	46 (30.3)	7 ( 4.6)		2.74
Happier than most other professionals	19 (12.5)	62 (40.8)	64 (42.1)	7 ( 4.6)		2.61
* Profession unfulfilling	5 ( 3.3)	43 (28.1)	66 (43.1)	39 (25.5)		2.91
Profession is a source of satis.	22 (14.5)	69 (45.4)	52 (34.2)	9 ( 5.9)		2.68
* Professional friends more satisfied	1 ( 0.7)	42 (27.5)	93 (60.8)	17 (11.1)		2.82
Enthusiastic about profession	21 (13.7)	92 (60.1)	36 (23.5)	4 ( 2.6)		2.85
* Profession lacks fulfillment	7 ( 4.6)	37 (24.2)	85 (55.6)	24 (15.7)		2.82
* Definitely dislike profession	4 ( 2.6)	12 ( 7.8)	66 (43.1)	71 (46.4)		3.33
Fairly well satisfied with profession	28 (18.3)	91 (59.5)	28 (18.3)	6 ( 3.9)		2.92

\* For negatively stated items, strongly disagree indicates high satisfaction.

Table XXII

Frequencies Characteristics of a Profession						
Item	n (%)	Highly Satis.	Satis.	Dissat.	Highly Dissat.	Mean
Professional Assoc.	7 ( 4.6)	80 (53.0)	48 (31.8)	16 (10.6)		2.52
Respect from other health professionals	9 ( 6.0)	87 (58.0)	43 (28.7)	11 ( 7.3)		2.63
Practical value to society	28 (18.4)	98 (64.5)	24 (15.8)	2 ( 1.3)		3.00
Lifetime career	29 (19.1)	71 (46.7)	45 (29.6)	7 ( 4.6)		2.80
Practice devoted to serving others	30 (20.0)	91 (60.7)	26 (17.3)	3 ( 2.0)		2.99
Professional patient relationships	26 (17.2)	96 (63.6)	28 (18.5)	1 ( 0.7)		2.97
Vital function in society	29 (19.1)	97 (63.8)	25 (16.4)	1 ( 0.7)		3.01
Continuing education	9 ( 6.0)	89 (58.9)	41 (27.2)	12 ( 7.9)		2.63
Undergraduate education	8 ( 5.4)	101 (67.8)	33 (22.1)	7 ( 4.7)		2.74
Public opinion of pharmacists	32 (21.2)	93 (61.6)	24 (15.9)	2 ( 1.3)		3.03
Adherence to code of ethics	23 (15.2)	94 (62.3)	26 (17.2)	8 ( 5.3)		2.87
Freedom for professional judgments	10 ( 6.6)	88 (57.9)	40 (26.3)	14 ( 9.2)		2.62
Specialized Pharmacy techniques	9 ( 6.0)	92 (61.3)	41 (27.3)	8 ( 5.3)		2.68

(Table XXII continued on next page)

Table XXII - continued

Frequencies Characteristics of a Profession						
Item	n (%)	Highly Satis.	Satis.	Dissat.	Highly Dissat.	Mean
Professional attitudes instilled in school	24 (15.9)	94 (62.3)	29 (19.2)	4 (2.6)	2.91	
Licensing and certification	16 (10.5)	111 (73.0)	21 (13.8)	4 (2.6)	2.91	
Ability to enter any practice	13 (8.6)	110 (72.4)	25 (16.4)	4 (2.6)	2.87	
Enforcement of code of ethics	5 (3.3)	98 (64.5)	35 (23.0)	14 (9.2)	2.62	
Scale of Characteristic Satisfaction: Strongly Satisfied = 4, Satisfied = 3, Dissatisfied = 2, & Strongly Dissatisfied = 1						



Table XXIII

Summation of Job Satisfaction Scores			
Score	N	Adjusted Freq %	Cumulative Freq %
17	1	0.7	0.7
21	1	0.7	1.3
22	1	0.7	2.0
23	2	1.3	3.3
25	4	2.6	6.0
26	3	2.0	7.9
27	7	4.6	12.6
28	5	3.3	15.9
29	2	1.3	17.2
30	3	2.0	19.2
31	5	3.3	22.5
32	4	2.6	25.2
33	9	6.0	31.1
34	7	4.6	35.8
35	13	8.6	44.4
36	21	13.9	58.3
37	6	4.0	62.3
38	7	4.6	66.9
39	7	4.6	71.5
40	8	5.3	76.8
41	5	3.3	80.1
42	4	2.6	82.8
43	5	3.3	86.1
44	3	2.0	88.1
45	12	7.9	96.0
46	3	2.0	98.0
47	2	1.3	99.3
48	1	0.7	100.0
Totals	151	100.0	

Mean = 35.83  
Std Dev = 6.27

Table XXIV

Summation of Professional Satisfaction Scores			
Score	N	Adjusted Freq %	Cumulative Freq %
13	1	0.7	0.7
15	1	0.7	1.3
16	1	0.7	2.0
19	1	0.7	2.6
20	1	0.7	3.3
22	2	1.3	4.6
23	2	1.3	6.0
24	7	4.6	10.6
25	5	3.3	13.9
26	2	1.3	15.2
27	6	4.0	19.2
28	5	3.3	22.5
29	3	2.0	24.5
30	6	4.0	28.5
31	6	4.0	32.5
32	6	4.0	36.4
33	6	4.0	40.4
34	5	3.3	43.7
35	4	2.6	46.4
36	18	11.9	58.3
37	10	6.6	64.9
38	8	5.3	70.2
39	10	6.6	76.8
40	4	2.6	79.5
41	4	2.6	82.1
42	6	4.0	86.1
43	3	2.0	88.1
44	3	2.0	90.1
45	6	4.0	94.0
46	6	4.0	98.0
47	1	0.7	98.7
48	2	1.3	100.0
Totals	151	100.0	

Mean = 34.51

Std Dev = 7.28

APPENDIX E

GRAPH ILLUSTRATIONS

Illustration I

Professional Satisfaction by Length of Pharmacy Experience

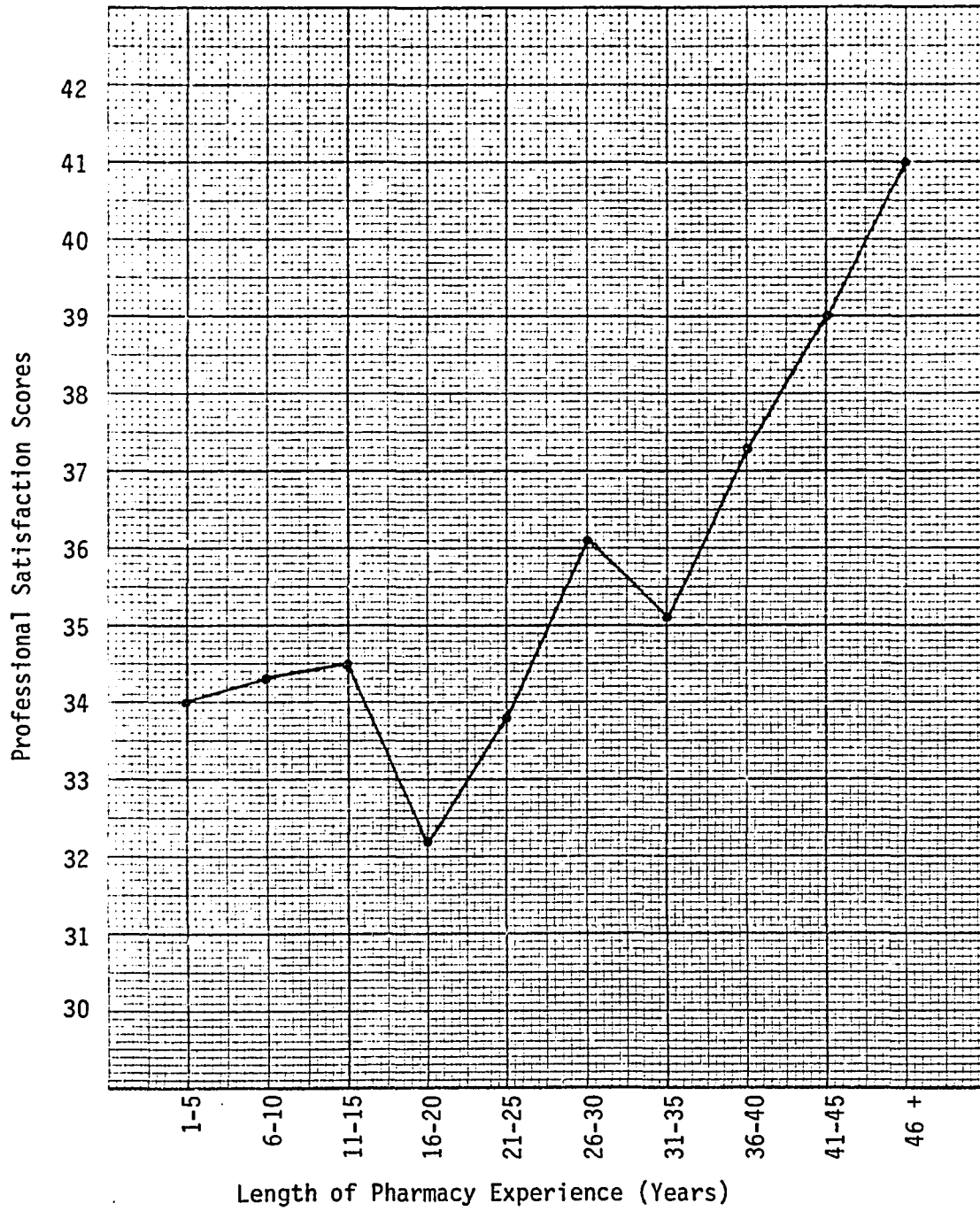


Illustration II  
Professional Satisfaction by Age of Practitioner

