

**ROYAL
PHARMACEUTICAL
SOCIETY**



**PHARMACIST
SUPPORT**

Workforce Wellbeing Report



NOVEMBER 2020

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Executive summary

In 2019, we conducted our first mental health and wellbeing survey, in conjunction with the independent charity Pharmacist Support. The main purpose of the survey was to gain a better understanding of the mental health and wellbeing of the pharmacy workforce.

The findings enabled us to develop a strategy to support pharmacists and their teams, and informed Pharmacist Support's wellbeing activities and ACTNow campaign. In 2020, to ensure we continue to meet the needs of the profession, we've conducted a second Mental Health and Wellbeing Survey, again in collaboration with Pharmacist Support.

SUMMARY OF FINDINGS

A total of 959 responses were received. Over half of the respondents worked in community practice, and a fifth worked in hospital, with representation from England (76%), Scotland (15%) and Wales (8%).

The findings appear to suggest that the mental health and wellbeing of the workforce is at best adequate, with existing pressures exacerbated by the COVID-19 pandemic.

- 40% of respondents stated that their mental health and wellbeing had been okay in the last year, while 33% stated that it was not good.
- Of those working in patient facing roles, the mental health and wellbeing of those practicing in general practice appeared to be better than those working in community or hospital.
- 54% of respondents believed that COVID-19 had impacted their mental health and wellbeing to a partial extent, while 31% believed it had to a significant extent.
- 72% of respondents reported that their work had negatively impacted their mental health and wellbeing with reasons including workload, inadequate staffing, long hours and a lack of work-life balance.

The risk of burnout among respondents was high and closely linked to lack of work enjoyment, frequency of sick leave, concerns around service quality and making mistakes at work, as well as workforce retention.

- 89% of respondents were at high risk of burnout as measured by the Oldenburg Burnout Inventory, a standardised tool for measuring burnout in healthcare professionals.
- 55% of respondents enjoyed or really enjoyed their work; a third of respondents did not enjoy or really did not enjoy their work and this appeared to coincide with particularly high risk of burnout.
- 51% of respondents had not taken any time off work for sick leave in the last year due to the impact of work on their mental health and wellbeing, while 19% had taken between a day to a month or more off work; a third of respondents had wanted to take time off but had not felt able to; taking sick leave or wanting to take sick leave was associated with high risk of burnout.
- The majority of respondents tended to worry often, sometimes or occasionally about how their mental health and wellbeing impacted the quality of the service they offered and how frequently they worried about making mistakes.
- A third of respondents had considered leaving their job in the last year, and another third had considered leaving the pharmacy profession; the risk of leaving the profession was highest for those working in general practice and community pharmacy and was associated with high risk of burnout.
- 70% of respondents had heard of Pharmacist Support, but only 13% felt they knew lots about them and the services offered.
- Examples of best practice for the provision of mental health and wellbeing support were lacking; however, from the answers given, it was clear that respondents valued access to wellbeing champions and safe spaces, as well as being part of a supportive team, with caring and engaged managers.

The findings add to the existing literature on the increasingly poor mental health and wellbeing of healthcare professionals and provides detail on the experiences of the pharmacy workforce.

Issues continuing to affect the pharmacy workforce include heavy workloads, inadequate staffing, long working hours with few breaks, and a lack of work-life balance.

There appears to be a relationship between high risk of burnout and work enjoyment, sick leave, concerns around service quality and making mistakes at work, and the desire to leave the profession.

Awareness of support services for mental health and wellbeing is reasonably high but take up is low, suggesting that there may be barriers in accessing these services.

Many respondents were aware of the mental health and wellbeing support available but take up of services was, generally, low. Some respondents were concerned about confidentiality and others believed that actual or perceived causes of poor mental health and wellbeing were not being addressed by these services.

- 66% of respondents were aware of employer- or NHS-funded occupational services; however, only 14% of respondents had accessed these services, while 32% were unaware of these services. Awareness of services was lower for Black, Asian and Minority Ethnic (BAME) respondents and for those working in community.
- 57% of employers appeared to provide mental health and wellbeing support, however 44% of all respondents would not feel comfortable accessing this support.

Introduction

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

In 2019, we conducted our first mental health and wellbeing survey, in conjunction with the independent charity Pharmacist Support. The main purpose was to better understand the mental health and wellbeing of the pharmacy workforce.

We found that 80% of the workforce were at high risk of burnout and that many workplace cultures were not conducive to positive mental health and wellbeing.

This enabled us to develop a plan of work to support mental health and wellbeing in pharmacy, including the development of policy and a [wellbeing hub](#) for members. We have also worked with the government to secure the inclusion of pharmacy in the [NHS Practitioner Health Programme](#) and have recently submitted evidence to parliament to campaign for equal access to mental health and wellbeing support for the workforce. The survey data was used by Pharmacist Support to develop its wellbeing agenda, including the wellbeing campaign ACTNow and the launch of the Wardley Wellbeing hub, which hosts a range of resources and pharmacy stories.

A report published by the Centre for Pharmacy Workforce Studies (2013) stated that *“workplace stress is a current concern for community pharmacists. Role expansion, pressures to meet targets, perceived staff shortages, and long working days have left some pharmacists struggling to cope with increasing workloads.”* Data collected by ‘Chemist + Druggist’ found that between 2016 and 2018, stress had risen by 6% among community pharmacists, from 68% to 74%, and that many were experiencing stress related health issues (Anekwe, 2019). Similar issues have been identified in secondary care with high rates of burnout identified within the NHS workforce (Boorman, 2009; Durham, 2018).

The evidence suggests that the pressure on the pharmacy workforce and the resulting impact on mental health and wellbeing is clearly an issue, and one likely to have been exacerbated by the COVID-19 pandemic. For example, higher incidence

of burnout and increasing incidence of mental health conditions in healthcare professionals in 2020 have been linked to the impact of COVID-19 across health systems (BMA, 2020; Elbeddini, 2020; Muller, 2020). At a global level it has been recognised that, while many pharmacists experience the same issues as other healthcare professionals on the frontline, unique aspects of the pharmacy role intensify challenges (Elbeddini, 2020; Johnston, 2020).

In an effort to continue to advocate for pharmacy, and to ensure our mental health and wellbeing work is closely aligned to the current needs of the profession, we collaborated with Pharmacist Support, to conduct a follow up Mental Health and Wellbeing Survey in September 2020.

The findings are presented in this report.

AIM

The aim of the survey was to gain a better understanding of the mental health and wellbeing of the pharmacy workforce, including an exploration of the causes of poor mental health, the impact of COVID-19 and the overall awareness of, and access to, support services.

METHOD

A literature search, exploring the mental health and wellbeing of the healthcare profession, including the impact of COVID-19, was conducted to inform the development of the survey. Survey questions were also developed, or modified, based on findings from the 2019 survey and were further informed by discussions with stakeholders. Where appropriate, questions from the 2019 survey were included, again, to allow for data comparison.

The data was collected through an online survey, open to RPS members and non-members, between 24th September and 12th October 2020. The survey was promoted through the RPS membership newsletter, social media, and stakeholder groups, including the networks of Pharmacist Support. Regular reminders were sent via email and social media throughout the data collection window.

Both quantitative and qualitative data were collected. The quantitative data was exported into Excel and analysed to produce descriptive statistics. The qualitative data was coded and analysed thematically. Burnout scores were calculated using the standardised method of the Oldenburg Burnout Inventory (Demerouti, 2010).

1 Demographics

A total of 959 responses to the survey were received. An additional response category was added in 2020 to capture the mental health and wellbeing of provisionally registered pharmacists, many of whom had started working in community and hospital settings during the COVID-19 pandemic.

The main findings are summarised below:

- 76% of respondents practiced in England, while respondents from Scotland and Wales made up 15% and 8% of the sample respectively.
- 4% of respondents were provisionally registered pharmacists, 3% were pre-registration pharmacists and 3% were students.
- Over half of respondents (53%) practiced in the community and 23% in hospital settings. Other sectors represented included general practice (9%), academia or education bodies (3%), and other primary care settings (3%).
- 65% of respondents were employed full-time (including self-employed), while 31% were employed part-time (including self-employed).
- The majority of respondents (73%) were female¹.
- The majority of respondents (64%) were aged between 30 and 59 years old.
- The majority of respondents (75%) were white, while 23% of the sample represented BAME groups.

In comparison to recent General Pharmaceutical Council (GPhC) workforce data, of all registered pharmacists in the UK (Eventure, 2019), the RPS sample appears to overrepresent those from white backgrounds, females and those working part-time. Therefore, caution should be taken when interpreting the findings due to the small sample size.

Full data tables can be found in Appendix 1².

1 Data on protected characteristics was collected, however these questions were optional, and so totals do not equal the total number of overall respondents.

2 Data tables and graphs will not always add up to 100% because numbers have been rounded to the nearest whole number, and for some questions, the respondents could select more than one answer.

2 The mental health and wellbeing of respondents

The findings appear to suggest that the mental health and wellbeing of the workforce is at best adequate, with existing pressures exacerbated by the COVID-19 pandemic.

Three questions were used to differentiate respondents' overall mental health and wellbeing from the impact of their work and/or COVID-19. However, respondents, generally, found it difficult to dissociate their overall mental health and wellbeing from specific impact factors.

2.1 Overall mental health and wellbeing



Figure 1: The overall mental health and wellbeing of respondents in the last year on a scale from very good to poor.

40% of all respondents selected okay when asked to rate their overall mental health and wellbeing in the last year, while 33% selected not good (see Figure 1). The majority of respondents working in general practice reported that their mental health and wellbeing was okay (48%) or good (22%), compared to the majority of respondents working in community and hospital who selected that their mental health and wellbeing was okay (41% and 37% respectively) or not good (36% and 37% respectively).

In line with previous studies (Anekwe, 2019; CPWS, 2013), the findings suggest that the area of pharmacy practice may influence mental health and wellbeing, with those working in community and hospital more likely to experience high levels of stress.

2.2 Impact of COVID-19 on mental health and wellbeing

Respondents were asked to quantify the extent to which the COVID-19 pandemic had impacted their mental health and wellbeing, with 31% selecting significantly and 54% selecting to a partial extent (see Figure 2). This is concomitant with previous reports of the detrimental impact of COVID-19 on pharmacy professionals and other healthcare workers (Elbiddini, 2020; Muller, 2020; NHS Digital, 2020). Evidence collated from the Office for National Statistics (2020) has also shown an increase in the proportion of working adults, particularly key workers, experiencing some form of mental health condition during the COVID-19 pandemic.

EXTENT TO WHICH COVID-19 IMPACTED MENTAL HEALTH AND WELLBEING

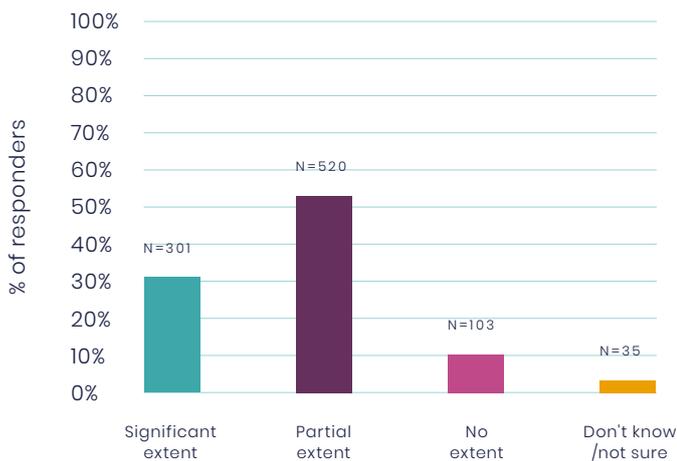


Figure 2: The extent to which COVID-19 has impacted the mental health and wellbeing of respondents in the last year.

A number of respondents (the majority of whom were working in community pharmacy) noted the impact of reduced face-to-face general practice services during the pandemic as a contributor to increased demand for pharmacy services, while also commenting on the injustice of pharmacists taking on the risk of front line work with little recognition and no additional remuneration. The impact of COVID-19 on health services also appears to have increased the expectations and decreased the tolerance of customers, with several respondents citing patient or public abuse.

2.3 Impact of work on mental health and wellbeing

The findings show that 72% of respondents reported that their work had negatively impacted their mental health and wellbeing. Over 440 comments were received when respondents were asked to explain the negative impact of work on their mental health and wellbeing. Key themes included staff shortages and increased demand for pharmacy services, long working hours, lack of breaks and time off, alongside the added pressure of meeting targets.

“Growing demands, ongoing pressure to achieve targets, not enough staff.”

A subsequent question, which asked respondents to select specific factors negatively impacting on their mental health and wellbeing, received similar responses (see Figure 3). Stress at work was selected most frequently (76%), followed by inadequate staffing (68%), lack of work-life balance (62%), long working hours (54%), and a lack of colleague or senior support (50%). These findings are consistent with findings from the 2019 RPS Mental Health and Wellbeing Survey, which found the primary reasons for poor mental health to be similar. This suggests that, while the pandemic may have exacerbated issues around workload, staffing and hours, it is likely these factors already existed and that they are continuing to negatively affect the mental health and wellbeing of the pharmacy profession.

FACTORS NEGATIVELY IMPACTING MENTAL HEALTH AND WELLBEING

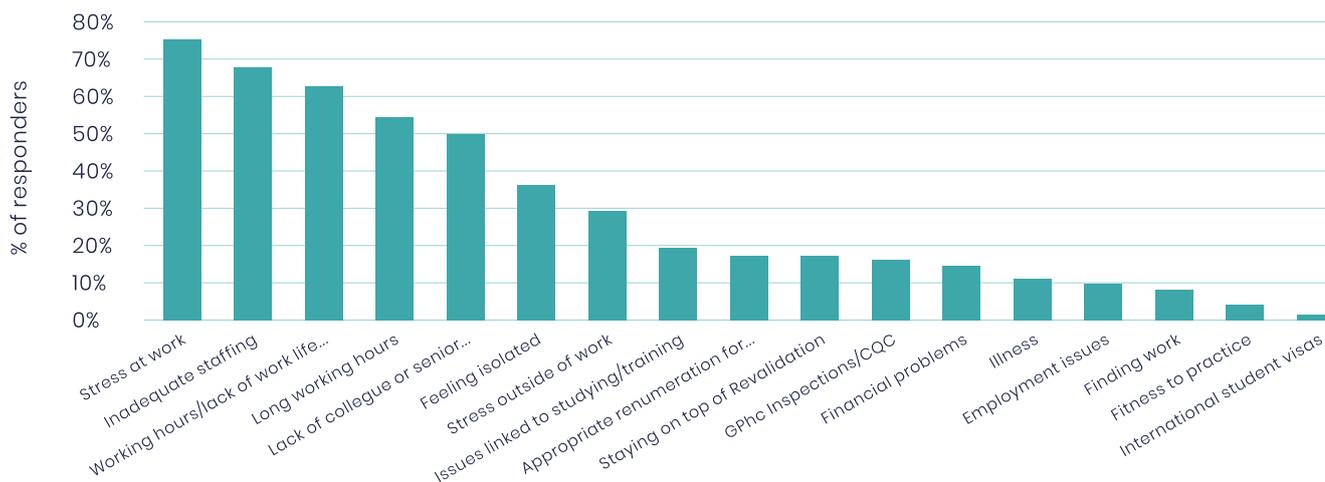


Figure 3: Factors which respondents believed had negatively impact their mental health and wellbeing. More than one answer could be selected.

The comments also suggested that the stresses of work had an impact on the personal lives of respondents, with a lack of work-life balance further damaging morale. Respondents often highlighted the all-consuming nature of their work, with their work-related worries affecting them on days off, along with the fear of potentially spreading COVID-19 to their family and friends.

“The expectations are overwhelming, the public treats us like garbage, the funding is non-existent and the staffing levels are appalling. Combine that with the Covid-19 pandemic and you have the perfect recipe for a mental breakdown.”

The findings around work-life balance are in line with those reported in the 2019 GPhC survey of pharmacy professionals, which found that over a quarter (28%) of respondents were not satisfied with their work-life balance (Eventure, 2019). The GPhC survey also found that males were more commonly dissatisfied with their work-life balance compared to females, and that dissatisfaction increased with age (Eventure, 2019).

While only a small number of responses were received from pre-registration (3%) and provisionally registered (4%) pharmacists, the responses suggest that their first experiences of working in pharmacy have been particularly challenging. 84% of provisionally registered pharmacists stated that work had negatively impacted their mental health and wellbeing, with

a lack of support and the weight of expectations taking their toll.

“Provisional registration is really stressful, and in my new role I am not happy. I feel unsupported and that too much is expected of us, and I have been given a rotation that will be no help for the exam at all...”

It is important to note that a small number of respondents (10%) found work to have a positive impact on their mental health and wellbeing. This was attributed to supportive workplace cultures, be it through their employer or colleagues, or the availability of adequate support staff and opportunities for learning and development. Others highlighted the protective effects of their own personal resilience, while some found the COVID-19 pandemic to be a motivating challenge which had offered a sense of routine, normality and purpose.

“Being able to continue working and making a positive contribution to the pharmacy profession has kept my spirits up during this pandemic.”

In summary, these findings highlight that it has been a particularly challenging year for the pharmacy workforce, with heavy workloads and a lack of work-life balance having a negative impact on mental health and wellbeing. While it is difficult to measure how much of this is directly related to the added pressures of COVID-19, data from previous years suggests that the pandemic has exacerbated existing issues, rather than caused them.

3 Oldenburg Burnout Inventory

Burnout is defined as a 'psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job' (Maslach, 2016).

In this survey burnout was measured using the Oldenburg Burnout Inventory (Demerouti, 2010), a 16-item questionnaire which measures burnout through two factors; emotional exhaustion and disengagement in relation to work. Respondents were asked to rate their level of agreement with 16 statements using a four-point scale from strongly agree to strongly disagree (see Appendix 2). Every item is scored, and item ratings averaged into a single index (1-4) where a higher score is indicative of increased burnout.

Risk of burnout varies by profession and a lack of consistency in the tools used to measure burnout creates challenges when trying to establish benchmarks. In this report, a score of equal to, or greater than, 2.25 for exhaustion and 2.1 for disengagement was used to identify respondents at 'high risk' of burnout based on their responses (Peterson, 2008).

The 2020 findings suggest that 89% of all respondents were at high risk of burnout, scoring above the defined cut offs for exhaustion and disengagement. Further analysis was undertaken to explore whether there were any differences between different groups of respondents. For example, the risk of burnout appears to be highest for those working in community pharmacy (at 96%) and provisionally registered pharmacists (at 95%), and a slight increase in the risk of burnout was also observed in those respondents at an earlier career stage. In addition, a higher number of BAME respondents were at risk of burnout (95%) compared with 87% of white respondents. These differences, however, should be interpreted with caution given the small samples sizes involved.

Research has shown that risk of burnout in healthcare professionals has wider implications on the delivery of care, risk of medical errors, sick leave and general workforce retention (Durham, 2018; Elbeddini, 2020; West, 2018). Analysis was conducted to explore the relationship between risk of burnout and the responses to a series of questions on work enjoyment, quality of service offered, concerns about making mistakes at work, time taken off work due to sick leave and general retention. The findings of each question are also explored in more detail below.

3.1 Enjoyment of work

A range of responses were received when respondents were asked to rate their enjoyment of work on a scale from 'I really enjoy my work' to 'I really don't enjoy my work', with the majority of respondents sitting on the more positive end of the scale. Over half of respondents (55%) stated that they either enjoyed or really enjoyed their work, compared with a third (27%) who did not enjoy, or really did not enjoy their work (see Figure 4).

MEASURE OF WORK ENJOYMENT

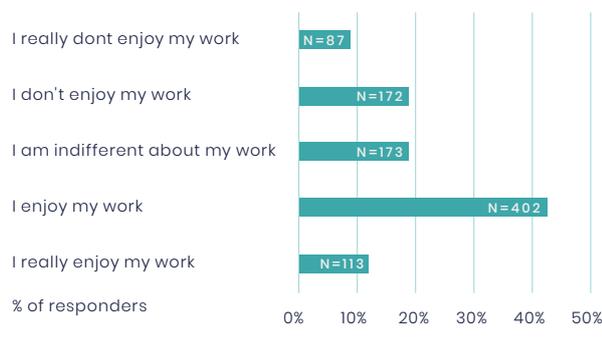


Figure 4: Rating of work enjoyment on a 5-point scale best reflecting the respondents on a day-to-day basis.

There was an almost 20% difference in the risk of burnout between respondents who enjoyed or really enjoyed their work (80% at risk of burnout), and respondents who didn't enjoy or really didn't enjoy their work (100% at risk of burnout), suggesting that there is a relationship between risk of burnout and lack of work enjoyment. Other studies have shown a correlation between job satisfaction and burnout, generally, suggesting that lack of job satisfaction is associated with exhaustion and high risk of burnout (Demerouti, 2010; Piko, 2006).

3.2 Concerns around service quality and making mistakes at work

Respondents were asked how frequently they worried about the impact of their mental health and wellbeing on the quality of service they provided. This was followed by a question on how frequently they worried about making mistakes due to the impact of work on their mental health and wellbeing. The responses for both questions tended to fall in the middle of the scale, between often and occasionally (see Figure 5).

FREQUENCY OF WORRIES AROUND QUALITY OF SERVICE AND MAKING MISTAKES AT WORK

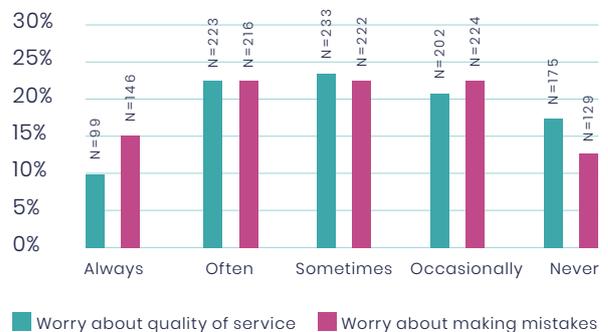


Figure 5: Responses to the question asking how frequently respondents worried about the quality of service they offered and making mistakes in their work, due to the impact of work on their mental health and wellbeing.

A higher number of respondents working in community practice selected that they always worried about making mistakes when compared to those who worked in hospital or general practice. Moreover, only 8% of those working in community stated that they never worried about making mistakes at work, which was the lowest compared to all the other sectors. Not unexpectedly, respondents with less practice experience appeared more likely to worry about making mistakes at work compared to those with more practice experience. For example, 21% of respondents with 3-10 years' experience reported that they always worried about making mistakes compared to only 8% of respondents with over 21 years of experience.

Further analysis of the responses revealed that 99% of all respondents who selected that they

always worried about making mistakes in their work were at high risk of burnout, compared to 62% of respondents who selected never. While this was only a frequent concern for a small number of respondents, existing evidence on the association between poor mental health, burnout and the risk of errors occurring, highlights the importance of good mental health and wellbeing to ensure service quality and avoid medication errors in the workplace (West, 2009).

It is important to note that these findings only convey respondents' personal concerns and are not indicative of actual mistakes having been made. Further research would be needed to understand if these concerns were reflected in error reporting.

3.3 Time off work (sick leave)

The majority of respondents (51%) had not taken any time off work for sick leave in the last year. A fifth (19%) of respondents had taken between a day and a month or more of sick leave (sum of all yes answer options) in the last year (see Figure 6). Furthermore, almost all of the respondents who had taken time off work were at high risk of burnout (98%). Comparatively, 80% of those who had never taken any time off work for sick leave were at high risk of burnout.

A relationship can also be established between respondents who found work to negatively impact their mental health and wellbeing and the frequency of sick leave. For example, 23% of respondents who stated that work had a negative impact on their mental health and wellbeing (n=690) had taken between a day and a month or more of sick leave in the last year. This compares to only 6% in respondents who had selected that work had a positive impact on their mental health and wellbeing (n=94).

TIME TAKEN OFF WORK (SICK-LEAVE)

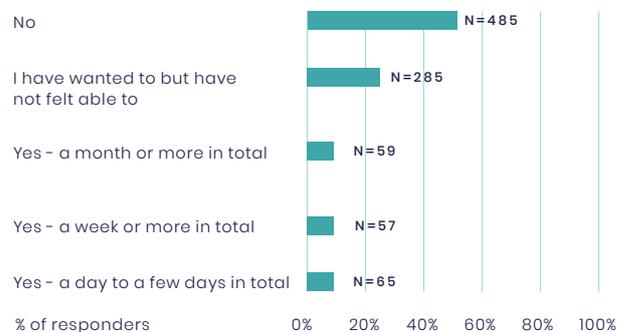


Figure 6: Time taken off work (due to sick leave) for all respondents. The analysis considers the sum of all yes categories, reported as 'a day to a month or more' off work in total.

In addition, one-third of respondents reported that they had wanted to take time off work for sick leave but had not felt able to do so (see Figure 6). Almost all these respondents (99%) were at high risk of burnout. The reasons for this were not explored in this survey, however findings from the British Medical Association (2020) suggest that the stigma around mental health often acts as a barrier, preventing people from accepting support, or asking for time off. Similarly, the Boorman review

(2009) identified that the current management practices and behaviours of many workplaces are *“incompatible with the delivery of high-quality health and wellbeing services for staff”*. This aligns with findings from the 2019 RPS Mental Health and Wellbeing Survey which highlighted that the workplace culture in pharmacy was not conducive to good mental health and wellbeing.

3.4 Respondents who have considered leaving their job or the profession

Responses received to the question on whether respondents had considered leaving their job or the profession (due to the impact of work on their mental health and wellbeing) are presented below.

- 33% of respondents stated that they had considered leaving their current job.
- 34% of respondents stated that they had considered leaving the pharmacy profession.
- 28% of respondents stated that they had not considered either option.

Retention appears to be a bigger issue in some sectors compared to others, for example, a larger number of respondents working in community (47%) and general practice (49%) stated they had considered leaving the profession, in comparison to 27% of those working in hospital.

It is interesting to note that data collected by the GPhC found that 82% of pharmacists planned to renew their registration in 2019 while 16% of the profession were undecided and 2% did not plan to renew (Eventure, 2019). While direct comparisons cannot be made with this data, our findings suggest that the number of respondents who had considered leaving the profession has increased. However, there is clearly a distinction between considering leaving the profession and the intent to not renew registration. Further research would be required to understand if there has been an increase in the number of individuals planning to leave the profession.

Reasons for leaving the profession were not explored in this survey, however, the GPhC found that reasons for not renewing registration included low job satisfaction, low morale, pay, workload, pressure, dislike for the pharmacy profession and a lack of respect, recognition and support from employers (Eventure, 2019).

In summary, the risk of burnout among respondents is high and appears to be linked to a lack of work enjoyment, frequency of sick leave, concerns around service quality and making mistakes at work, and workforce retention. The findings suggest that the culture of many workplaces is not conducive to positive mental health and wellbeing and that this is having a detrimental impact on the profession.

4 Mental health and wellbeing support

While some respondents were aware of the mental health and wellbeing support available to them, take up of these services was, generally, low. Reasons given included concerns around confidentiality and the support available not addressing the actual cause of poor mental health and wellbeing.

4.1 Awareness of and access to support

66% of all of respondents were aware of employer- or NHS-funded occupational services, however, only 14% of respondents had accessed these services. Use of employer- or NHS-funded occupational health services appeared slightly higher in respondents who had rated their mental health as not good or poor. Interestingly, almost one-third (32%) of all respondents were not aware of these services. Further analysis of these responses revealed 42% of those working in community were not aware of these services compared to only 13% of those working in hospital. A larger number of BAME respondents (45%) were unaware of employer- or NHS-funded occupational service compared to white respondents (27%). A BMA survey (2020) found that BAME respondents were more likely to state that they could not access the type of wellbeing support they would like. These findings highlight the need for sector-specific services and individually tailored support services, to reflect the cultural diversity of the profession.

Our findings suggested that the majority of employers provide mental health and wellbeing support (57%), however, a large number of respondents reported not feeling comfortable accessing this support from their employer (44%). Again, area of practice appeared to influence the responses to some extent, with those working in community (51%) more reluctant to access support, compared to their colleagues in general practice (46%) and hospital (31%).

A total of 722 comments were received to a follow-up question asking respondents to explain their answer. Many of the comments were related to concerns around confidentiality and the stigma associated with mental health issues. For example, respondents stated that seeking support was sometimes perceived as a sign of weakness and that doing so could have damaging consequences on their reputation and career progression.

"I'm not entirely confident that the service is confidential; I do not trust my company not to use it against us."

533 responses were received to the question about the type of support respondents believed that their place of work should offer, with counselling, access to an advice/helpline and talking therapies, such as cognitive behaviour therapy, mentioned most frequently. Many respondents also highlighted that they would feel more comfortable seeking support from an external provider.

“Would not like them to know I was accessing services – would prefer it was another supplier.”

Interestingly, many of the types of support identified by respondents are services currently available through the independent charity Pharmacist Support. However, while 70% of respondents had heard of the charity, only 13% felt they knew a lot about them and the services they offered. This would suggest that further collaborative work between the RPS and Pharmacist Support is required to raise awareness of these services.

4.2 Good practice examples of support

Respondents were asked to share brief examples of mental health and wellbeing support provided by their place of work or study. Just over 100 examples were received from the 959 respondents, although a significant number of these were descriptions of the type of support respondents believed to be good practice rather than actual examples. The small number of examples provided is consistent with a recent review by Bajorek (2020) on effective health and wellbeing interventions for healthcare professionals, which highlighted that there is limited evidence of good practice.

From the best practice examples provided, the key themes centred around the importance of:

- Having supportive and engaged line managers;
- Being part of a cohesive and supportive team;
- Access to mental health and wellbeing champions;
- Raising awareness in the workplace, including regular communications about mental health;
- Funded training (e.g. stress management, resilience training);
- Access to safe spaces and wobble rooms.

Many respondents discussed the importance of prevention, highlighting the need to address the underlying causes of poor mental health and wellbeing in the workplace such as heavy workload, staffing levels, and lack of rest breaks and time off. A number of respondents also spoke of the importance of being able to maintain a good work-life balance, while others described activities undertaken, outside of work, to improve their mental health and wellbeing, including a range of hobbies and spending quality time with friends and family. Respondents also cited the use of relaxation techniques and accessing private or government-funded services to improve their mental health and wellbeing.

4.3 Our role in supporting mental health and wellbeing

In relation to our role in supporting the profession, respondents appeared receptive to many of the proposed activities in the survey. The most frequently selected options included; developing resources for staff (62%) and employers (52%); campaigning for access to mental health services (56%); and running mental health and wellbeing webinars and events (47%). Training pharmacists to offer peer support was also a popular option.

In terms of other suggestions for how we could support the profession, frequently cited responses related to the need to improve current working conditions, including heavy workload and the lack of adequate rest breaks, etc. These are recurring themes not just highlighted throughout this report, but also evident in the wider literature, including the RPS Future Survey conducted in May 2020 (unpublished) which explored challenges experienced by the pharmacy workforce during the pandemic. It is important to note, however, that some respondents did not believe it was our role to support the mental health and wellbeing of the workforce and, instead, encouraged us to work more closely with the regulators (e.g. GPhC) to directly address the underlying causes.

Conclusion

The findings of the 2020 RPS Mental Health and Wellbeing Survey are broadly consistent with the findings from the 2019 survey and the existing evidence base.

The findings suggest that, while the COVID-19 pandemic has undoubtedly exacerbated existing factors contributing to poor mental health and wellbeing in the pharmacy workforce, it is not the direct cause of them. The impact of heavy workloads, inadequate staffing, long hours and a lack of work-life balance is having a detrimental impact on mental health and wellbeing. The pharmacy workforce is at high risk of burnout, particularly in community pharmacy. Risk of burnout is linked to work enjoyment, the quality of service offered, concerns around making mistakes, sick leave and general workforce retention. While most of the respondents were aware of employer- or NHS-funded occupational health services, only a minority have used them. In relation to in-house support, lack of uptake was often related to concerns around confidentiality and perceived stigma, however, for NHS- or employer-funded occupational health services the reasons were less clear. A major theme is the concern that the underlying factors contributing to poor mental health and wellbeing are not being addressed by these support services.

It is important to recognise the limitations of the study, including but not limited to the small sample size (particularly for certain groups of interest) and a lack of baseline data to compare to. Furthermore, it is challenging to differentiate between the impact of work pressures pre- and post-COVID-19 on the mental health and wellbeing of the workforce. Further research is needed to explore the barriers preventing respondents from making use of the available support services, so that we can better understand how the workforce can be supported while wider efforts are made to explore and address the underlying issues.

In conclusion there are a number of recurring themes presented in this report that highlight the need to develop strategies to address underlying workforce issues. Alongside this, there is also a need to better understand why only a minority of the workforce are accessing the support available, and for issues around confidentiality to be resolved. There is also a need to consider these strategies on a sector specific basis, as well as on an individual basis, to reflect the diversity of the workforce. This will be particularly important as the workforce enters a challenging winter/flu season with COVID-19 still very much impacting the health system and wider society.

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Appendix 1:

Data tables

Note: Data tables are only provided for the quantitative questions in the survey. Missing questions numbers correspond to the qualitative data. Data tables and graphs will not always add up 100% because numbers have been rounded to the nearest whole number, and for some questions, the respondents could select more than one answer. Data on protected characteristics was collected (Q26-35), however these questions were optional.

Q1. Are you a...	N	%
Pharmacist	848	88
Provisionally registered pharmacist	38	4
Student	29	3
Pre-registration pharmacist	27	3
Pharmaceutical Scientist	2	0.2
Other (free text)	15	2
Total	959	100

Q2. Where do you work or study?	N	%
England (incl. Isle of Man and Channel Islands)	731	76
Scotland	143	15
Wales	74	8
International (incl. Northern Ireland)	11	1
Total	959	100

Q3. What is your main area of practice?	N	%
Community	517	54
Hospital	224	23
General Practice	83	9
Academia or Education body	32	3
Other primary care setting	31	3
Industry	15	2
Prison	1	0.1
Other (incl. working in a portfolio role)	37	4
Not applicable	19	2
Total	959	100

Q4. Are you...	N	%
Employed full-time	578	60
Employed part-time	244	25
Self-employed full-time (incl. Locum)	52	5
Self-employed part-time (incl. Locum)	52	5
Not applicable	33	3
Total	959	100

Q5. At what stage of your career are you?	N	%
Student	29	3
Pre-registration	27	3
Provisionally registered	40	4
0-2 years of practice	63	7
3-5 years of practice	76	8
6-10 years of practice	87	9
11-20 years of practice	185	19
21+ years of practice	444	46
Retired	8	1
Not applicable	0	0
Total	959	100

Q6. In the last year, how would you rate your overall mental health and wellbeing?	N	%
Very good	43	4
Good	123	13
Okay	379	40
Not good	315	33
Poor	99	10
Total	959	100

Q7. To what extent would you attribute your answer for question 6 to the ongoing COVID-19 pandemic?	N	%
Significant extent	301	31
Partial extent	520	54
No extent	103	11
Don't know/Not sure	35	4
Prefer not to say	0	0
Total	959	100

Q8. In the last year, has your work had a positive or negative impact on your mental health and wellbeing?	N	%
Negative	690	72
Positive	94	10
Neither positive or negative	138	14
Don't know/Not sure	27	3
Not applicable	10	1
Total	959	100

Q10. On a day-to-day which of the following statements about work enjoyment best describes you?	N	%
I really enjoy my work	113	12
I enjoy my work	402	42
I am indifferent about my work	173	18
I don't enjoy my work	172	18
I really don't enjoy my work	87	9
Not applicable	12	1
Total	959	100

Q11. In the last year, have you had to take time off work (for sick leave) due to the impact of your work on your mental health and wellbeing?	N	%
No	485	51
I have wanted to but have not felt able to	285	30
Yes - a day to a few days in total	65	7
Yes - a month or more in total	59	6
Yes - a week or more in total	57	6
Don't know/Not sure	5	1
Prefer not to say	3	0.3
Total	959	100

Q12. In the last year, at any point, has the impact of your work on your mental health and wellbeing caused you to	N	%
Yes, I have considered leaving the pharmacy profession (incl. pharmacy studies)	322	34
Yes, I have considered leaving my job	312	33
No, I have not considered this	267	28
Don't know/Not sure	36	4
Not applicable	17	2
Prefer not to say	5	1
Total	959	100

Q13. In the last year, how frequently do you worry (if at all) about the quality of service you offer service users due to the impact of work on your mental health and wellbeing?	N	%
Always	99	10
Often	223	23
Sometimes	233	24
Occasionally	202	21
Never	175	18
Not applicable	27	3
Total	959	100

Q14. In the last year, how frequently do you worry (if at all) about making mistakes in your work due to the impact of work on your mental health and wellbeing?	N	%
Always	146	15
Often	216	23
Sometimes	222	23
Occasionally	224	23
Never	129	13
Not applicable	22	2
Total	959	100

Q16. Which of the following (if any) would you say have had a negative impact on your mental health and wellbeing? (Please select all that apply)	N	%
Stress at work	726	76
Inadequate staffing	651	68
Working hours/lack of work life balance	592	62
Long working hours	519	54
Lack of colleague or senior support on the job	477	50
Feeling isolated	346	36
Stress outside of work	282	29
Issues linked to studying/training	185	19
Appropriate remuneration for contractors	166	17
Staying on top of Revalidation	166	17
GPhc Inspections/CQC Inspections/Care Inspectorate Inspections	157	16
Financial problems	131	14
Illness	109	11
Employment issues	94	10
Finding work	74	8
Fitness to practice	39	4
International student visas	10	1

Q17. Are you aware of any employer or NHS funded occupational health services that you could access should you require support for your mental health and wellbeing?	N	%
No, I am not aware of these services	306	32
Yes, I am aware of but have not used these services	501	52
Yes, I am aware of and have used these services	136	14
Other (open text)	16	2
Total	959	100

Q18. Does your employer, place of work, or university offer mental health and wellbeing support to employees or students?	N	%
Yes	545	57
No	200	21
Don't know/Not sure	214	22
Total	959	100

Q19. Would you feel comfortable seeking support for your mental health and wellbeing from your employer, place of work, or university?	N	%
Yes	418	44
No	316	33
Don't know/Not sure	225	23
Total	959	100

Q23. Have you heard of the independent charity Pharmacist Support?	N	%
Yes, I feel I know lots about them	129	13
Yes, I've heard the name but only know a little about them	350	36
Yes, but I've only heard the name	199	21
No	281	29
Total	959	100

Q24. Q24. Which of the following services offered by Pharmacist Support are you aware of? (Please select all that apply)	N	%
Info and enquiries	393	59
Listening Friends	382	58
Financial assistance	206	31
Addiction support	167	25
Specialist advice	156	23
Wardley Wellbeing Services	122	18
ACTNow wellbeing campaign	95	14
National Student Bursary Scheme	46	7
Home visitors	17	3

Q26. What is your ethnicity?	N	%
White English/Welsh/Scottish/Northern Irish/British	621	68
White Irish	14	2
White Gypsy or Irish Traveller	0	0
Any other white background	53	6
Multiple Ethnic groups - White and Black Caribbean	1	0.1
Multiple Ethnic groups - White and Black African	1	0.1
Multiple Ethnic groups - White and Asian	8	1
Other Mixed/Multiple Ethnic background	10	1
Asian/Asian British - Indian	86	9
Asian/Asian British - Pakistani	26	3
Asian/Asian British - Bangladeshi	0	0
Asian/Asian British - Chinese	12	1
Other Asian background	24	3
Black/African/Caribbean/Black British - African	22	2
Black/African/Caribbean/Black British - Caribbean	0	0
Other Black/African/Caribbean background	0	0
Arab	6	1
Prefer not to say	26	3
Other (free text)	0	0
Total	910	100

Q27. What is your ethnicity?	N	%
18-29	219	24
30-59	594	65
60+	90	10
Prefer not to say	16	2
Total	919	100

Q28. Do you consider yourself to have a disability?	N	%
Yes	50	5
No	842	92
Prefer not to say	25	3
Total	917	100

Q29. What is your religion?	N	%
Baha'i	0	0
Buddhism	7	1
Christianity	389	43
Hinduism	42	5
Jainism	4	0.4
Judaism	9	1
Muslim	51	6
Rastafarianism	0	0
Sikhism	22	2
Zoroastrians (Parsi)	1	0.1
No religion	297	33
Prefer not to say	88	10
Other (free text)	0	0
Total	910	100

Q30. What is your legal marital or civil partnership status?	N	%
Civil partnership	8	1
Divorced	37	4
Married	488	53
Partner	115	12
Separated	10	1
Single	219	24
Widow	4	0.4
Prefer not to say	48	5
Total	929	100

Q31. What is your sexual orientation?	N	%
Asexual	22	2
Bisexual	18	2
Gay man	21	2
Gay woman/lesbian	12	1
Heterosexual/straight	777	82
Pansexual	0	0
Prefer not to say	91	10
Prefer to self-describe	8	1
Total	949	100

Q33. What is your gender?	N	%
Male (including trans male)	224	24
Female (including trans female)	690	73
Non-binary	0	0
Prefer not to say	26	3
Prefer to self-describe	7	1
Total	947	100

Q34. Is your gender the same sex you were assigned at birth?	N	%
Yes	921	97
No	1	0.1
Prefer not to say	24	3
Total	946	100

Appendix 2: Survey Questions

SECTION 1 ABOUT YOU...

1. Are you a...

Pharmacist	<input type="checkbox"/>
Provisionally registered pharmacist	<input type="checkbox"/>
Pre-registration pharmacist	<input type="checkbox"/>
Student	<input type="checkbox"/>
Pharmaceutical Scientist	<input type="checkbox"/>

2. Where do you work (or study)?

England (incl. Isle of Man and Channel Islands)	<input type="checkbox"/>
Scotland	<input type="checkbox"/>
Wales	<input type="checkbox"/>
International (incl. Northern Ireland)	<input type="checkbox"/>

3. What is your main area of practice?

Community	<input type="checkbox"/>
Hospital	<input type="checkbox"/>
General Practice	<input type="checkbox"/>
Other primary care setting	<input type="checkbox"/>
Academia or Education body	<input type="checkbox"/>
Industry	<input type="checkbox"/>
Prison	<input type="checkbox"/>
Other (incl. working in a portfolio role)	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>

4. Are you...

Employed full-time	<input type="checkbox"/>
Employed part-time	<input type="checkbox"/>
Self-employed full-time (incl. Locum)	<input type="checkbox"/>
Self-employed part-time (incl. Locum)	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>

5. At what stage of your career are you?

Student	<input type="checkbox"/>
Pre-registration	<input type="checkbox"/>
Provisionally registered	<input type="checkbox"/>
0-2 years of practice	<input type="checkbox"/>
3-5 years of practice	<input type="checkbox"/>
6-10 years of practice	<input type="checkbox"/>
11-20 years of practice	<input type="checkbox"/>
21+ years of practice	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>

SECTION 2
YOUR MENTAL HEALTH AND WELLBEING

6. In the last year, how would you rate your overall mental health and wellbeing?

- Very good
- Good
- Okay
- Not good
- Poor

7. To what extent would you attribute your answer for question 6 to the ongoing COVID-19 pandemic?

- Significant extent
- Partial extent
- No extent
- Don't know/Not sure
- Prefer not to say

8. In the last year, has your work had a positive or negative impact on your mental health and wellbeing?

- Positive
- Negative
- Neither positive or negative
- Don't know/Not sure
- Not applicable

9. Please explain the reason(s) for your answer to question 8

10. On a day-to-day basis, which of the following statements about work enjoyment best describes you?

- I really enjoy my work
- I enjoy my work
- I am indifferent about my work
- I don't enjoy my work
- I really don't enjoy my work
- Not applicable

11. In the last year, have you had to take time off work (for sick leave) due to the impact of your work on your mental health and wellbeing?

- Yes - a day to a few days in total
- Yes - a week or more in total
- Yes - a month or more in total
- I have wanted to but have not felt able to
- No
- Don't know/Not sure
- Prefer not to say

12. In the last year, at any point, has the impact of your work on your mental health and wellbeing caused you to consider leaving your job or the pharmacy profession?

- Yes, I have considered leaving my job
- Yes, I have considered leaving the pharmacy profession (incl. pharmacy studies)
- No, I have not considered this
- Don't know/Not sure
- Not applicable
- Prefer not to say

13. In the last year, how frequently do you worry (if at all) about the quality of service you offer your service users, due to the impact of work on your mental health and wellbeing?

- Always
- Often
- Sometimes
- Occasionally
- Never
- Not applicable

14. In the last year, how frequently do you worry (if at all) about making mistakes in your work due to the impact of work on your mental health and wellbeing?

- Always
- Often
- Sometimes
- Occasionally
- Never
- Not applicable

15. Please indicate the extent to which you agree or disagree with each of the following statements (scale: strong agree, agree, disagree, strongly disagree). These statements explore the concept of burnout and are based on the Oldenburg Burnout Inventory developed by Dr Evangelia Demerouti.

- I always find new and interesting aspects in my work
- There are days when I feel tired before I arrive at work
- It happens more and more often that I talk about my work in a negative way
- After work I tend to need more time than in the past in order to relax and feel better
- I can tolerate the pressure of my work very well
- Lately I tend to think less at work and do my job almost mechanically
- I find my work to be a positive challenge
- During my work I often feel emotionally drained
- Over time I can become disconnected from my type of work
- After working I have enough energy for my leisure activities
- Sometimes I feel sickened by my work tasks
- After my work I usually feel worn out and weary
- This is the only type of work that I can imagine myself doing
- Usually I can manage the amount of my work well
- I feel more and more engaged with my work
- When I work I usually feel energised

16. Which of the following (if any) would you say have had a negative impact on your mental health and wellbeing? (Please select all that apply)

- GPhC Inspections/CQC Inspections/Care Inspectorate Inspections
- International student visas
- Fitness to practice
- Long working hours
- Appropriate remuneration for contractors
- Finding work
- Working hours/lack of work life balance
- Lack of colleague or senior support on the job
- Inadequate staffing
- Financial problems
- Staying on top of Revalidation
- Stress at work
- Stress outside of work
- Illness
- Issues linked to studying/training
- Feeling isolated
- Employment issues

SECTION 3- ACCESS TO SUPPORT FOR MENTAL HEALTH AND WELLBEING

17. Are you aware of any employer or NHS funded occupational health services that you could access should you require support for your mental health and wellbeing?

- Yes, I am aware of and have used these services
- Yes, I am aware of but have not used these services
- No, I am not aware of these services

18. Does your employer, place of work, or university offer mental health and wellbeing support to employees or students?

- Yes
- No
- Don't know/Not sure

19. Would you feel comfortable seeking support for your mental health and wellbeing from your employer, place of work, or university?

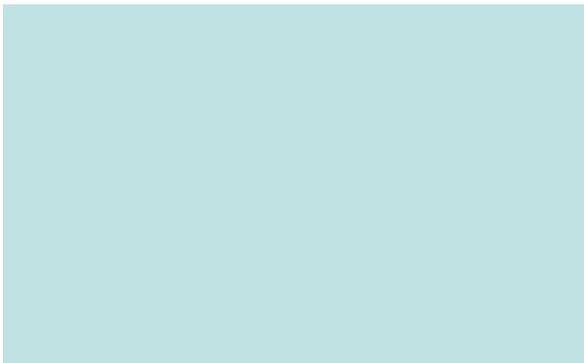
- Yes
- No
- Don't know/Not sure

20. Please explain the reason(s) for your answer to question 19

21. What mental health and wellbeing support do you think employers, places of work or universities should be providing?



22. Do you have any examples of 'good practice' you would like to share regarding the mental health and wellbeing support provided by your employer, place of work, or university, or any actions you have taken yourself to support your own mental health and wellbeing?



23. Have you heard of the independent charity Pharmacist Support?

- Yes, I feel I know lots about them
- Yes, I've heard the name but only know a little about them
- Yes, but I've only heard the name
- No

24. Which of the following services offered by Pharmacist Support are you aware of? (Please select all that apply)

- Information and enquiries
- Wardley Wellbeing Services (workshops and online resources)
- Listening Friends (a helpline/listening service staffed by trained pharmacists)
- Financial assistance
- Specialist advice (e.g. in debt, benefits and employment law)
- Addiction support (provided by specialist addiction counsellor, covering a variety of dependency issues including alcohol, drugs, gambling and eating disorders)
- Home visitors
- National student bursary scheme
- ACTNow wellbeing campaign

25. What types of activities do you think the RPS should be doing, in partnership with others, to support the mental health and wellbeing of the workforce? (Please select all that apply)

- Developing resources for employers
- Developing resources for staff (e.g. pharmacists/students)
- Training pharmacists to offer peer support
- Campaigning for access to mental health and wellbeing support
- Running mental health and wellbeing webinars/events
- Undertaking further research and publishing findings
- Coaching or mentoring

SECTION 4 - A FEW MORE QUESTIONS ABOUT YOU...

As part of our commitment to inclusion and diversity, with your consent we would like to collect information about your background through the following set of questions. We are asking these questions so we can collect more information about the pharmacy profession. These questions are not mandatory. If you do not wish to answer them, please scroll down to answer one final question before pressing submit.

26. What is your ethnicity?

- White English/Welsh/Scottish/Northern Irish /British
- White Irish
- White Gypsy or Irish Traveller
- Any other white background
- Multiple Ethnic groups - White and Black Caribbean
- Multiple Ethnic groups - White and Black African
- Multiple Ethnic groups - White and Asian
- Other Mixed/Multiple Ethnic background
- Asian/Asian British - Indian
- Asian/Asian British - Pakistani
- Asian/Asian British - Bangladeshi
- Asian/Asian British - Chinese
- Other Asian background
- Black/African/Caribbean/Black British - African
- Black/African/Caribbean/Black British - Caribbean
- Other Black/African/Caribbean background
- Arab
- Prefer not to say

27. What is your age?

- 18-29
- 30-59
- 60+
- Prefer not to say

28. Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

29. What is your religion?

- Baha 'I
- Buddhism
- Christianity
- Hinduism
- Jainism
- Judaism
- Muslim
- Rastafarianism
- Sikhism
- Zoroastrians (Parsi)
- No religion
- Prefer not to say

30. What is your legal marital or civil partnership status?

- Civil partnership
- Divorced
- Married
- Partner
- Separated
- Single
- Widow
- Prefer not to say

31. What is your sexual orientation?

- Asexual
- Bisexual
- Gay man
- Gay woman/lesbian
- Heterosexual/straight
- Pansexual
- Prefer not to say
- Prefer to self-describe

32. If you answered 'prefer to self-describe', please do so below

33. What is your gender?

- Male (including trans male)
- Female (including trans female)
- Non-binary
- Prefer not to say
- Prefer to self-describe

34. If you answered 'prefer to self-describe', please do so below

35. Is your gender the same as the sex you were assigned at birth?

- Yes
- No
- Prefer not to say

36. Real life stories and quotes are an extremely powerful method of communicating survey findings. Would you be happy for us to use your responses as quotes in the survey analysis? (Note that participation in this survey is completely anonymous)

- Yes, I am happy for answers to be used as quotes
- No, please DO NOT use my answers as quotes

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- The RPS Country teams and Local networks.
- The RPS Early Career Pharmacist Advisory Group
- The RPS Hospital Expert Advisory Group
- Planning Unit

For any follow up queries or questions relating to the content of this report please contact research@rpharms.com

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