REFINING THE MEANING OF OCCUPATIONAL STRESS:
CONTEXTUAL INDICATORS BASED ON VERBAL ACCOUNTS BY PHARMACISTS

Summary

Pharmacists are describing their job as increasingly stressful and are concerned that increasing stress is not only contributing to turnover but also to the shortage of new recruits in their profession at a time when demand for their services is increasing. This paper reports the results of an exploratory, qualitative study that focuses on identifying chronic, occupation-specific stressors and coping mechanisms.

Empirical studies on job stress that include samples of pharmacists are scarce and include no qualitative studies to provide contextual flavour. Nine practicing community pharmacists were interviewed. Participants were asked open-ended questions about the nature of their job, how it had evolved over time, the amount of time spent on various tasks, and their likes and dislikes about their jobs. When they raised the issue of job stress, participants were asked to identify specific stressors, describe how they felt while stressed, how they adjusted to stress, and how frequently and intensely their job stress occurred. Responses collected during the interviews were transcribed, matched, and assigned to natural and emergent categories of stressors. Between-subject analysis was used to systematically assess the strength of evidence for different links between types of stressors, and stress reactions.

More than half (56%) of the participants reported feeling chronically stressed on the job followed by 22% who reported feeling occasionally stressed at work. Most participants (88%) reported feeling moderately stressed during typical workdays and 22% of participants reported usually experiencing a high degree of stress at work. All participants identified work overload as either an important stressor, or the most important stressor in their job. This stressor was closely related to staff shortages and reductions in job flexibility. Other sources of chronic occupational stress were: third-party insurance requirements, interruptions from non-patients, workspace design or ergonomic factors, risk awareness, and feeling rudely treated by patients. Participants described making inferences about the patient’s condition, which in turn engaged rationalization to cope with stress caused by patient-generated stress, particularly rudeness. Citations and examples in the paper provide contextual flavour. Stress reactions are also reported.

Findings from this study suggest that pharmacists define stress in ways that are both common and distinct from workers in other occupations. Findings suggest that workload, staff shortages and job scope could affect occupational stress interactively. Furthermore, volume of work, risk awareness, noise pollution, and interruptions could be dynamically related and their influence on each other could vary as a function of context. Findings also suggest gender differences regarding stress arising from ergonomic factors and task variety. Furthermore, results
suggest that inferences about patient condition could moderate stress reactions related to perceived patient rudeness or aggressiveness. Finally, findings provide additional support for the notion that stressors vary according to occupation and suggest that the utility of stress management techniques may be a function of the degree to which they are tailored to the professional context.