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## Influence of socio-demographic Factors on Reported Job Stress among Pharmacy Practitioners

+Olubola, A. Taiwo; +John O. Ekore, ++Fred Tamen & +O. Olatawura

+Department of Psychology, University of Ibadan, Ibadan

++Department of Psychology, Benue State University, Makurdi

### ABSTRACT

The study examined the influence of socio-demographic factors of gender, years of experience at work and marital status on level of job stress associated with those in pharmacy practice. Participants were randomly selected from pharmacy units in Ibadan metropolis, comprising of one hundred and twenty pharmacists with ages ranging from 26 to 54 years ( $X = 37.08$ ;  $SD = 8.79$ ).

The research instrument was a standardised occupational stress indicator developed by Cooper, Sloan and Williams (1988). This cross-sectional study used the ex-post-facto design. Two hypotheses were tested using t-test and 2X2 Analysis of Variance (ANOVA). Results revealed that Pharmacists who had spent more than 10 years on the job expressed higher level of job stress when compared with their counterparts who had spent less than 10 years  $\{F(1, 116) = 4.01, P < .05\}$ . Married pharmacists also reported higher level of job stress than those who were single  $\{t = -3.64, df = 118, P < .05\}$ .

These findings with the implications were discussed. It was recommended that there is the need to assess job stress among pharmacists and need to implement stress management interventions at both the individual and corporate levels.

### INTRODUCTION

Work – related stress is increasingly becoming recognized as one of the most serious occupational health hazards often resulting in employee dissatisfaction, lowered productivity, absenteeism and turnover (Greenberg & Baron, 1994). The concept of job stress is often confused with challenge, but these concepts are not the same. Challenge energizes us psychologically and physically and, it motivates us to learn new skills and master our jobs. When a challenge is met, we feel relaxed and satisfied. Thus, challenge is an

important ingredient for health and productive work. The importance of challenge in our lives is probably what people are referring to when they say, "a little bit of stress is good for you". Therefore, without any doubt, organizational stress is a problem with serious economic and social stakes. It undermines worker morale and physical health, which in turn lowers productivity and increases disability among the working population. Fortunately, research on job stress has greatly expanded in recent years. But in spite of this attention, confusion remains about the causes, effects and prevention of job stress.

Over the past three decades, there has been a growing belief in all sectors of employment and in government, that the experience of stress at work has undesirable consequences for the health and safety of individuals and their organizations. This belief has been reflected both in public and media interest and in increasing concern, voiced by the trade unions as well as professional and scientific bodies. "The work place kills more people than those who die on the road", is the bold heading on a poster distributed by a safety organization in South Wales, Australia (Awake Magazine, Feb 2002). It has been observed that in America, workplace stress has become a commonly reported costly problem, leaving only few workers unaffected (NIOSH, 2001). Similar reports from Japan revealed that "karoshi" (death from over work) was used in compensation claims filed by bereaved families for the first time.

Result of a survey carried out in Japan showed that 40% of Japanese office workers feared possible death from overwork. A lawyer, specializing in such claims, estimated that there were "at least 30,000 victims of Karoshi in Japan every year" (Miyata, Tanaka & Tsuji, 1997). British survey result revealed that many office workers spend much of their working day in a state of irritation with colleagues, a situation that often triggers violent reactions (Dudek, 1999). This implies that overworked and stressed employees are not just a risk to themselves, but also to their colleagues at their work places (Awake, 2000). Research has also revealed that 54% of all worker absences are in some way stress - related, (Furham, 2001). The overall costs to US Industries exceed \$150 million per annum when considering medicine costs, lost work and industrial accidents combined (Barrick \$ Mount, 1991).

Nearly everyone agrees that job stress results from the interaction between the worker and the condition of work (Person - Environment fit Model by French). Views differ, however on the

importance of worker characteristics versus working conditions as the primary cause of job stress. Literature revealed that job conditions that may lead to stress include the design of tasks such as heavy workload, infrequent rest breaks, long work hours and shift work, hectic and routine tasks that have little inherent meaning. Others are bad management style, poor interpersonal relationships, conflicting and ambiguous work roles, job insecurity and lack of opportunity for growth and poor work environment conditions (Elisburg, 1995).

According to stress/vulnerability model, differences in individual characteristics such as personality and coping styles are most important in predicting whether certain job conditions will result in stress (Furham, 1992). In other words, what is stressful for one person may not be a problem for someone else. According to Kobasa's (1979) job strain model, work related stress results from high job demands and low job decision that exceeds worker's coping resources, leading to passive learning, lowered perceived self-efficacy and a wide range of coping mechanisms. The coping styles utilized by workers, whether focused on altering the situation or managing intrapsychic distress (Folkman & Lazarus, 1980) seem to influence the extent to which the workers will experience illness, emotional exhaustion, and dissatisfaction with their jobs (Greenberg & Baron, 1994). In other words, coping ability as well as an individual's unique style of coping will have a bearing on his/her perceived job stress.

Of all the sociodemographic factors, work has been implicated as having a moderating effect on job stress, either due to familiarity with the situation or mastery in dealing with the situation acquired over time (McGrath, 1976; Selye, 1982). It is thus expected that older workers would feel less stress from work situations than younger individuals, based on the greater potential they possess to overcome such circumstances (Lazarus' 1984 theory of cognitive appraisal). Equally, life events theory showed that marital status could affect job stress levels such that, married people will be more stressed than singles (Holmes & Rahe, 1967). This is based on the fact that married people are generally faced with conflicting responsibilities and multiple roles. Additionally, they undergo more life events and greater concern about their work so that they could meet up with their financial needs. Gender issues would be expected to play a significant role in aggravating stress levels for women in organizations due to discrimination, sexual harassment, barriers to career advancement, stereotypes, and for married women, the additional responsibility of

home-keeping. Selye's (1967) General Adaptation Syndrome Theory (GAS) pointed out the relationship of stress to biological bodily responses. In the past 20 years, many studies have looked at the relationship between job stress and a variety of ailments (NIOSH, 2001).

The pharmacy profession at home and abroad appears from all indications, to be stress - ridden. In a survey of job satisfaction, sources of stress and psychological symptoms among New Zealand physicians, surgeons, community pharmacists and general practitioners, it was reported that pharmacists were found to be probably one of the most stressed health professionals (Dowell, Mcleod & Hamilton 2001). In a related study on pharmacists' turnover, from 1983 - 1997, pharmacists' turnover averaged 11% at which most of them cited stress as reasons for leaving (Furham, 2001).

Over the years, in the Nigerian system, hospital pharmacists have been experiencing poor recognition in a hostile environment where other health care professionals view them as irrelevant or adversaries. There is also an under utilization of their expertise as well as an under appreciation of the profession, which is evident from the monetary returns from service. Equally, there is a feeling of having too little authority to influence the type of drugs prescribed, stocked and the monetary vote towards the purchase of drugs or to ensure a reasonable level of availability and keeping expiring drugs at a minimum.

Given the above conditions therefore, the pharmacists from various divisions such as Community, Production, Marketing / Sales, Administrative and Professional have continuously agitated for a change. Also, a lot of pharmacists are not only involved in pharmacy practice, but in lot of other things for economic as well as fulfillment reasons. Some pharmacists have actually abandoned the profession altogether, and taken to consultancy, banking, human resources, stock-broking, even medicine, and a lot of other areas of work. With the level of stress marring this profession, it is evident that pharmacy practice has peculiar problems, which need to be addressed; not just to keep "defectors" but to ensure happiness and health of the pharmacists who remain in the profession, out of choice or the lack of it.

The general objective of this study is to investigate the influence of socio-demographic factors on job stress and psychological

health among pharmacy practitioners. This study thus specifically aims at examining the influence of sex, marital status and job experience on job stress experience of the pharmacist.

## METHOD

**Design:** The study is a cross-sectional survey utilizing an *ex post facto* design. Influence of socio-demographic factors like years of experience on the job, marital status and sex were examined on reported job stress of the participants.

### Participants

A total of 120 pharmacists randomly drawn from Ibadan metropolis participated in the study. Respondents comprised 78 [65%] males and 42 [35%] females with their ages ranging from 26 to 54 years ( $\bar{x}$  = 37.1; SD = 8.8). 29.2% of them were single while 70.8% were married, 54.2% of them had been in practice for less than 10 years while 45.8% had been in practice for above 10 Years. 44.2% had no children while 55.8% were parents. 83 [69.2%] had only the bachelor of pharmacy degree, while 37 [30.8%] had additional masters degree.

### Procedure

Participants of this study were seen in their various working places including hospitals, chemists and private practices. A snowballing technique was used to link different pharmacists and obtain their cooperation in filling the questionnaire for this study.

## INSTRUMENTS

**Part A** of the questionnaire assessed demographic details of sex, marital status, and years of practice.

**Part B** includes a 61-item pressure and stress assessment scale developed by Cooper, Sloan and Williams (1988), which assessed the degree of pressure and stress perceived by participants using a 6-point Likert format. Other 15 items specifically tapping sources of pressure related to pharmacy work were included to measure job stress. The scale adopted the same response format. Score on each item ranges from 6-1 with highest score indicating high-perceived pressure and stress; and lowest implying low stress and pressure. Response options are; "very definitely is a source", = 6, "definitely is a source"= 5, "generally is a source"= 4, "generally is not a source"= 3, "definitely is not a source"= 2, and, "very definitely is not a source" =1. A reliability coefficient of 0.95 was established for the scale before it was used for final data collection.



## RESULTS

The first hypothesis, which stated that there would be a significant main and interaction effect of gender and year of experience on the stress level of the pharmacists, was subjected to 2 X 2 ANOVA. Female workers will significantly report higher stress levels than males with less than ten years experience and male/female with above ten years experience was subjected to a 2X2 ANOVA. The result is presented in table 1.

**Table 1a: showing the main and interaction effect of Gender and job experience on job stress report of pharmacists.**

	S5	DF	MS	F	P
Gender	202.46	1	202.46	0.51	0.82*
Years of Experience	16060.33	1	16060.33	4.01	0.05
Gender x Year of experience	41147.99	1	41147.99	10.28	0.001
Residual	464562.99	116	4004.85		
Total	16252333.0	120			

\* not significant

**Table 1b: Shows the mean scores of pharmacist on job stress by sex and year of experience.**

Gender	Experience	Mean
Male	Less than 10 years	333.47
	More than 10 years	397.45
Female	Less than 10 years	375.61
	More than 10 years	360.83

Result from table 1 shows that there was no significant main effect of gender on the level of stress experienced by pharmacists ( $F(1, 116) = 0.5; p > n.s$ ). This implies that stress experience of males did not differ significantly from stress experience of the females. The result further revealed that year of experience has a significant main effect on stress ( $F(1, 116) = 4.01; p < .05$ ). A significant interaction of gender and years of experience on job stress was also observed ( $F(1, 116) = 10.28; p < .001$ ). The mean scores revealed that male pharmacists with more than 10 years experience reported higher stress than males with less than 10 years experience, while female pharmacists with less than ten years experience reported higher stress than females with more than 10 years job experience (Table 1b).

The second hypothesis stated that the married pharmacists would report higher job stress than the unmarried. A t-test for independent sample was utilized. Result is presented in table 2.

**Table 2 –Means and standard deviations of Job Stress scores of the pharmacists.**

Marital Status	N	Mean	SD	DF	T	P
Single	35	328.43	53.62	118	-3.64	<.05
Married	85	375.53	68.35			

Table 2 showed that married pharmacists significantly reported higher job stress than single pharmacists ( $t = -3.64, df = 118, P < .05$ ) hence retaining the hypothesis. The third hypothesis was upheld.

## **DISCUSSION**

The result from this study has shown that female pharmacists did not experience greater stress than male pharmacists (table 1a & b). This finding was contrary to suggestions that personal attributes such as gender can influence work stress (Cahill & Landsbergis, 2000, Komin 1995) and that women experience overall greater amounts of work-related stress (Furham, 2001) than men. Opposing stand by Wanous (1992) that gender differences did not significantly influence occupation and position in his study provides support for the present finding.

The result has also shown that pharmacists with more than 10 years experience reported higher stress than the younger generation

of pharmacists. This finding is contrary to McGrath's postulation (1976) that "past experience in the form of familiarity with the situation, past exposure to the stress conditions, and /or practice or training, in responses to dealing with the situation, can operate to affect the level of subjective stress experienced from a given situation or to modify reactions to that stress. Kanner, Coyne, Schaefer, & Lazarus (1981) had earlier found police officers with six to ten years of experience reporting the highest overall combined stressor mean than those officer with above ten years experience. The higher experience of job stress by the older generation of pharmacists (with >10years in practice) could be as a result of few job options open to them and thus less opportunity for finding fulfillment. Younger pharmacists have been known to adopt other professions and venture into other things i.e. lunch out, while still practicing pharmacy and are generally more willing to take risks, probably because they bear fewer responsibilities.

Hypothesis two, which stated that married pharmacists would experience greater stress than single pharmacists, was confirmed, contrary to previous findings. Appleton, House, Dowel, (1996) found that marital status did not significantly influence stress among their sample. Luccken, Suarez, Kuhn, Banefoot, Blumenthal, Siegler, Williams (1997) and Anderson (2000) reported similar finding when they examined the effects of marital status on daily excretion of urinary catecholamines and cortisol in employed women.

Result of this study have shown that gender alone is not one of the significant determinants of reported job stress among pharmacists, but this factor, combining with years of experience has produced significant interaction effect on their job stress. Married pharmacists have also reported more stress than do the unmarried ones.

The findings from this study imply that experienced and married pharmacists are confronted with some peculiar stress and may be in need of help in dealing with stress. It is therefore suggested that family-friendly policies should be put in place for pharmacy practitioners and other organizations where people need to cope with family responsibilities, as well as organizational responsibilities. Thus a lot can be done about job stress such as, stress management training and employee assistance program (EAP) Stress management training is suggested to improve the ability of pharmacists to cope with difficult work situations.

It is expected that this study has sensitized organizations and the pharmacy regulatory bodies to the enormous problems causing occupational stress for our pharmacists and the need for them to address the issue. Pharmacists have been sensitized to their sources of stress so that they can seek help in managing stress and thus reduce their vulnerability.

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