

JOB SATISFACTION OF COMMUNITY PHARMACISTS IN PORT ELIZABETH

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In accordance with Rule G4.6.3, I hereby declare that the above-mentioned treatise is my own work and that it has not previously been submitted for assessment to another University or for another qualification.

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ABSTRACT

Job satisfaction and motivation play an important role in job retention and increased productivity of pharmacists which in turn improves pharmaceutical care performance. Pharmacies in Port Elizabeth have an increased pharmacist shortage and many community or retail pharmacies must overcome challenges to retain pharmacists. The study was quantitative in nature. A descriptive and exploratory approach was used. The research objective was to conduct a questionnaire survey of pharmacists working in community pharmacies in Port Elizabeth to assess the levels of job satisfaction and report the findings with recommendations to management.

A modified Job Descriptive Index questionnaire was used to determine the level of job satisfaction. The variables used to determine the level of satisfaction was job content, monetary remuneration, promotion, co-workers, and supervision. Retention strategies was used to determine effective strategies managers can use to retain pharmacists. Positive and negative aspects of community pharmacy was also determined.

A total of 48 pharmacies were approached by the researcher, 27 questionnaires were distributed to eligible participants which met the inclusion criteria and 23 questionnaires was returned, thus giving a response rate of 85%.

It was observed that job satisfaction was positive in areas of job experience or content, customer interaction, interpersonal relationship with co-workers and supervision. The areas of job dissatisfaction were monetary remuneration and promotional opportunities. The retention strategies which received the most effective score were competitive financial packages (87%) and personal development (86%). The means of the retention strategies were high and even closer to 5 which indicated the “most effective” score.

The pharmacists were not satisfied with monetary remuneration, promotion, recognition and performance appraisal provided by the organisations. The pharmacists are feeling over burden towards the workload. Management in this regard should pay attention to findings.

KEY WORDS: Job satisfaction, pharmacists, job descriptive index, community pharmacy, job performance

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ABBREVIATIONS

CPD	Continuing Professional Development
FIP	International Pharmaceutical Federation
HRM	Human Resource Management
JDI	Job Descriptive Index
SAPC	South African Pharmacy Council
SD	Standard Deviation
WHO	World Health Organisation

CHAPTER ONE

PROBLEM IDENTIFICATION

1.1 INTRODUCTION

The shortage of pharmacists remains the biggest challenge facing the pharmacy sector in South Africa today. Pharmacists represent the third largest health care professional group in the world according to the World Health Organisation (WHO) (2013:88). The shortage of pharmacists is especially worrying in regions such as sub-Saharan Africa, where in many communities, the pharmacist is the most accessible or often the sole provider of health care advice and services. In a report entitled Global Pharmacy and Migration Report, the International Pharmaceutical Federation (FIP) (2006:14) highlighted some of the reasons for the shortage of pharmacists. These include:

- Increases in the volume of prescriptions.
- Growth in the population over the age of 65 years.
- Greater administrative requirements for hand-ling third-party payments.
- The changing role of pharmacists.
- The growing proportion of women in the profession who are less likely to work full time.

In 2010, 12 218 pharmacists were registered at the South African Pharmacy Council (SAPC), serving a population of approximately 50 million people, meaning that South Africa has an average of less than 24 pharmacists per 100 000 population, more than 50% less than the required 50 per 100 000 (South African Pharmacy Council, 2013). South Africa currently only has nine training facilities as opposed to the 13 it had prior to the merging of many of the country's universities and technikons in 2004. The integrated annual report of the Clicks Group Ltd conducted in 2014, indicated the shortage of pharmacy professionals and the increasing cost to attract and retain pharmacists (Janks, 2014:48). Furthermore Janks (2014:48) highlighted how such shortages of professional pharmacists could limit the growth of Clicks, increase costs to and impact on margins of the company. Most pharmacists in South Africa practice in community pharmacies, which either are pharmacist-owned (independent) or form part of pharmacy chains (Gray, Riddin & Jugathal, 2016:37). The International Pharmaceutical Federation (FIP) reported

that in 2001, approximately 1000 pharmacy students graduated in South Africa and in the same year 600 emigrated (Medical Chronicle, 2011). In fact, figures indicate that since 2003, only 18 international pharmacists have registered with the SAPC (International Pharmaceutical Federation, 2006:11). It is evident that calls have been made for an increase in the intake of pharmacists at tertiary level with the aim of increasing the number of pharmacists in the country (Medical Chronicle, 2011). With the growing increase in demand and the inconsistent production of pharmacists in South Africa, a solution would be to increase the number of pharmacists in South Africa, and to retain them for the country by making the pharmacy profession more desirable for young pharmacists (South African Pharmacy Council, 2013).

Studies that were conducted amongst other healthcare professionals have found factors such as working conditions, income, governance, career opportunity, management, family and civil society to be the main motivational factors for migration (International Pharmaceutical Federation, 2006:22). South Africa faces an absolute shortage of healthcare professionals, but also a maldistribution of the available health workforce, between urban and rural settings (Gray *et al.*, 2016:37).

1.2 PROBLEM STATEMENT

1.2.1 Problem Definition

The World Health Organisation reports that South Africa has higher ratios of health professionals than its minimum norms (Statistics South Africa, 2015). The South African Health Review conducted in 2016 reported that although South Africa presents a high ratio of health professionals, the following workforce crises manifest in several different areas (Padarath, King, Mackie, & Casciola, 2016:20-21):

- A crisis of ineffective and suboptimal leadership, management, and governance.
- A crisis of inequalities and maldistribution of health workers between urban and rural areas and between the public and private health sectors.

- Reported staff-shortage crises, illustrated that there were more than 100 000 public sector vacancies in 2010.
- A crisis of unprofessional behaviour, poor staff motivation, suboptimal performance, and unacceptable attitudes of health workers towards patients. All the aforementioned compromise quality of customer care and health service efficiency.
- South Africa faces a crisis of inadequate human resource information systems. Current information systems are fragmented and unable to inform health workforce planning and training.

Having considered the shortages of pharmacists in South Africa and its impact on the healthcare system, it is vital to consider the rationale for this study. To date, job satisfaction has not been researched in the pharmacy profession in community pharmacies in Port Elizabeth. The research focussed on the job satisfaction levels of pharmacists in Port Elizabeth. Community pharmacy managers and administrators have been under pressure to reduce the job turnover rate amongst pharmacists while maintaining quality health services to consumers. In recent years, there has been an ongoing challenge to retain and attract pharmacists in both corporate and independent pharmacy businesses in Port Elizabeth. The core focus of this research is to identify factors which are both positive and negative to job satisfaction amongst pharmacists working in community pharmacies. There are limited preliminary studies exploring aspects that impact community pharmacists' job satisfaction and most of the current evidence have been conducted in hospital settings (Hincapie, Yandow, Martineau & Warholak, 2012:228).

1.2.2 Research Questions

The research question includes a concise question or statement, the concepts or variables, and/or the relationships between the concepts, the population and context (Botma, Greef, Mulaudzi & Wright, 2010:95). Community pharmacies were found to be less satisfied with the job compared to pharmacists in other settings (Hincapie *et al.*, 2012:228). The research question allows the establishment of the main question for the study and outlines the main research objective. It allows the development of subsequent questions pertaining to the main aim of the

research to allow an extensive valid study (Jonker & Pennink, 2010:14). The main research question therefore is what are the levels of job satisfaction amongst pharmacists working in community pharmacies in Port Elizabeth?

In order to address the overarching research, the following research questions was asked:

- What are the positive and negative factors that affect job satisfaction amongst pharmacists working in community pharmacies?
- Do pharmacists in community pharmacies value job satisfaction over remuneration and rewards?
- Could low levels of job satisfaction contribute to the attrition of pharmacists from community pharmacies in Port Elizabeth?

1.3 RESEARCH AIM AND OBJECTIVES

1.3.1 Research Aim

The research aim is a broad statement about the study being conducted and includes the population, intervention, comparison, outcomes and study design of the research. In essence, it is the overarching purpose of the study being conducted (Buckler & Walliman, 2016:63).

For this study, the aim was to determine the levels of job satisfaction amongst pharmacists working in community pharmacies in Port Elizabeth.

1.3.2 Research Objectives

The following objectives was used to guide the study:

- To conduct a survey of pharmacists working in community pharmacies in order to evaluate levels of job satisfaction.
- To determine whether pharmacists value internal job satisfaction over external monetary rewards and benefits.

1.4 RESEARCH SITE AND POPULATION

1.4.1 Research Site

The research was limited to community pharmacies in Port Elizabeth. The community pharmacies consisted of privately owned pharmacies, either by corporate companies, partnerships or a sole proprietor who is either a pharmacist or a citizen.

1.4.2 Research Population

The research population focused on permanent and part-time employed pharmacists working in community pharmacies in Port Elizabeth.

1.5 DEFINITIONS

Pharmacist: The South Africa Pharmacy Act 53 of 1974 explains that a pharmacist is any individual registered with the South African Pharmacy Council. The scope of practice of a pharmacist includes (Good Pharmacy Practice in South Africa, 2010:3-4):

- Provision of pharmaceutical care by taking responsibility for the patient's medicine-related needs and being accountable for meeting these needs;
- Compounding, manipulation, preparation or packaging of any medicine or scheduled substances or supervision thereof;
- Manufacturing of any medicine or scheduled substances or the supervision thereof;
- Purchasing, acquiring, importing, keeping, possessing, using, releasing, storage, packaging, re-packaging, supplying or selling of any medicine or scheduled substance or the supervision thereof;
- Application for the registration of a medicine in accordance with the Medicines Act,
- Formulation of any medicine for the purpose of registration as a medicine;
- Distribution of any medicine or scheduled substances;
- Re-packaging of medicines; and
- Initiating and conducting of pharmaceutical research and development.

Job satisfaction: The sense of fulfilment and pride felt by people who enjoy work and do it well. This feeling is enhanced if the significance of the work done and its value are recognised by those in authority (Law, 2009). Job satisfaction is the function of complex interactions of economic, social and psychological factors (Penz, Stewart, D'Arcy & Morgan, 2008) that are subject to three major areas for measurements: professional job characteristics, organisational attributes and effects on patient outcomes and quality of care.

Motivation: A force that energizes behaviour gives direction to behaviour and underlies the tendency to persist, even in the face of one or more obstacles (Grobler, Warnich & Carrell, 2011:237).

Recruitment: The process of acquiring applicants who are available and qualified to fill positions in the organisation (Grobler *et al.*, 2011:179).

Management: A process whereby human, financial, physical and information resources are employed in order to achieve the goals and objectives of the organisation, by applying fundamental management activities of planning, organising, leading and control (Muller, Bezuidenhout & Jooste, 2008:19).

Community Pharmacy: is an independent pharmacy, a supermarket pharmacy, a chain pharmacy or a mass merchandiser pharmacy having a department of health license to dispense medications to the general public at retail prices as a pharmacy (US Legal, 2014).

Responsible pharmacist: a natural person who is a pharmacist and who shall be responsible to the council for complying with all the provisions of the Pharmacy Act No. 53 of 1974 and other legislation applicable to services which specially pertain to the scope of practice of a pharmacist, and the legislation applicable to the pharmacy which is under the individual's personal supervision (South African Pharmacy Council, 2017).

Staff turnover: any permanent loss of employee from an organisation that must be replaced (Grobler *et al.*, 2011:12).

Client: It is defined in the Oxford Advanced Learner's Dictionary (Hornby, 2005:361) as a person or an organisation that buys from a shop/store or business.

1.6 RATIONALE FOR THE RESEARCH

As the demand for pharmacists in the community setting is rapidly increasing, both corporate companies and independent pharmacies are struggling to retain pharmacists. If a pharmacist is dissatisfied with the pharmacy profession, there is a potential for increased job turnover and pharmacists' job dissatisfaction have been found to be negatively associated with job turnover (Gaither, 1999:355). There are limited preliminary studies exploring aspects that impact community pharmacists' job satisfaction and in addition, the current evidence have been conducted in hospital pharmacy settings (Hincapie *et al.*, 2012:228). The rationale for the research is to determine if pharmacists are resigning from the positions due to low levels of job satisfaction. Most of the studies examining the factors affecting job satisfaction for community pharmacists have used instruments developed, validated, and used in hospitals (Hincapie *et al.*, 2012:228), which may not capture factors within the realm of community pharmacy settings.

Job satisfaction of community pharmacists in Port Elizabeth is the focus of this study. A study conducted by Rajan (2015:87) suggested that a shortage or absence of motivation and dissatisfaction will bring about many negative effects among pharmacists such as the following:

- Absenteeism, less involvement, and commitment in the workplace.
- Poor utilisation of resources, availing leave unnecessarily, incomplete work and poor concentration in work.
- Inadequate motivation and dissatisfaction will increase the employee turnover of the organisation which will further affect the satisfaction of the patients and goodwill of the organisation.

The assumption is made that the above mentioned negative effects are true, applicable and valid for this study. It is also believed that poor job satisfaction has a direct effect on performance and motivation.

1.7 OVERVIEW OF THE STUDY

The researcher evaluated the literature with respect to job satisfaction, motivation, performance, staff turnover and employee attitudes. Furthermore, a review of the available evidence on shortages of pharmacists globally and in South Africa, was conducted.

The research was quantitative in design as data was collated by means of a questionnaire survey conducted amongst the pharmacists employed in community pharmacies in Port Elizabeth. The research tool was a modified Job Descriptive Index that consisted of six scales namely; work, remuneration, promotion, co-workers, patients, and supervision.

Empirical data was captured, analysed, presented and interpreted to see if the findings were consistent with the literature.

Conclusions and recommendations were made from the findings of this research. The recommendations were mainly directed at the employer to assist in improving attraction and retention of pharmacists within community pharmacy settings.

1.8 STRUCTURE OF THE RESEARCH

The outline of the format for the research treatise is as follows:

Chapter one is the introductory chapter of this study and provides the context and background to the topic under investigation. The introduction and background is followed by the problem statement, the research questions, aim and objectives of the study. The chapter concludes by defining and clarifying concepts used in the study followed by the rationale for the study and by providing an advanced organiser of the contents to follow.

Chapter two discusses the overview of job satisfaction and theories of motivation. An overview on job performance is provided, factors affecting job satisfaction and factors contributing to job dissatisfaction is also discussed. Strategies for improving job satisfaction and job satisfaction questionnaires are addressed.

Chapter three outlines the methodology of this study. The process of collecting data and the empirical data from the research questionnaire distributed to community pharmacists is discussed. Ethical considerations are mentioned.

Chapter four presents the results of the research. This chapter discusses and analyses the research findings of the community pharmacists in Port Elizabeth. The research findings of the questionnaire comprise of general demographics of pharmacists and factors affecting the job satisfaction of the respondents.

Chapter five presents the concluding chapter of the study and will provide a summary of the contents of the preceding chapters. Conclusions and recommendations based on the literature review and the data analysis are discussed. The contributions of the study are mentioned and recommendations to management for future research are made. The limitations of the study are also explained.

CHAPTER 2

OVERVIEW OF LITERATURE

2.1 INTRODUCTION

Community pharmacy is a pharmacy service established in a community to the needs of the society for their medicines, health care items and related materials (Kiron, Premaleths, Rajagopal & Saritha, 2012: 485). A community pharmacy must operate as a business, and pharmacists require management and marketing skills, thus requiring community pharmacist to have both business skills, and the capacity to serve the local community in health-related matters (University of the Witwatersrand: Department of Pharmacy, 2015). Kiron *et al.* (2012:485) indicates that a community pharmacy aims to offer health care to groups of people with emphasis on prescriptions and related matters including medications commonly used in homes. Internationally over 70% of new graduates in Pharmacy enter the profession at community pharmacy level; that is, graduates are employed in pharmacies as second pharmacists or pharmacy managers where some eventually own pharmacies (Kayne, 2005:1). Approximately half of the balance become hospital pharmacists, a few more enter the pharmaceutical industry, and graduates fall into the all-encompassing group known universally as 'others' (Kayne, 2005:1). Pharmacists in South Africa are registered with a national regulatory body called the South African Pharmacy Council after completing a four-year undergraduate degree programme.

Community pharmacy constitutes 68% of registered pharmacies in South Africa as reported by The South African Pharmacy Council (2017). The various pharmacy sectors as represented in nine of the provinces in South Africa are illustrated in Table 2.1. (The South African Pharmacy Council, 2017).

Table 2.1: Number of registered pharmacy organisations in South Africa by sector (2017)

Pharmacy Sector	EC	FS	GP	KZN	LP	MP	NW	NC	WC	Total
Academic Institution	3	0	3	1	1	0	1	0	1	10
Community Pharmacy	274	149	1140	534	187	253	172	63	460	3232
Consultant Pharmacy	0	0	8	1	0	0	0	0	2	11
Institutional Private	27	16	107	48	11	15	16	6	42	288
Institutional Public	107	52	81	105	39	47	47	40	137	655
Manufacturing Pharmacy	12	1	206	9	0	1	7	0	32	268
Wholesale Pharmacy Private	25	6	122	24	7	3	2	2	37	228
Wholesale Pharmacy Public	2	1	0	0	1	0	1	1	0	6
Total	450	225	1667	722	246	319	246	112	711	4698

(*Source: The South African Pharmacy Council, 2017)

EC = Eastern Cape

FS = Free State

GP = Gauteng

KZN = KwaZulu-Natal

LP = Limpopo

MP = Mpumalanga

NW = North West

NC = Northern Cape

WC = Western Cape

It is the community pharmacist's professional responsibility to appreciate the factors governing the safe and effective use of medicines, question patients about the symptoms and related factors, recommend the most appropriate products and liaise with physicians and other healthcare professionals (Hincapie *et al.*, 2012:228).

Job satisfaction has been identified as a strong determinant of employee turnover (Grobler *et al.*, 2011:384). Job satisfaction represents one of the most complex areas facing managers when it comes to managing their employees (Aziri, 2011:77). Many studies have demonstrated an unusually large impact of job satisfaction on the motivation of workers, while the level of motivation has an impact on productivity, and hence also on performance of business organisations (Aziri, 2011:77).

Since morale and job satisfaction have been thought to be important determinants of employee productivity, absenteeism and turnover, managers have systematically used job-satisfaction surveys to analyse employee attitudes on important topics (Pushpakumari, 2008:90). Grobler *et al.* (2011:130) identified four prevalent variables amongst employees in many organisations

when surveyed and reported on positive aspects of job satisfaction. Firstly, the job itself is perhaps the most important factor in job satisfaction and is defined as the kind of work employees perform and the freedom employees have to determine how the work should be done. Secondly, the relationship with co-workers within the work group is very important, especially the extent to which the individual is accepted as part of the work unit and the friendliness and support of fellow employees. Furthermore, job satisfaction is considerably improved when supervisors are perceived to be fair, helpful, competent, and effective. The fourth variable which contributes to job satisfaction is the opportunity for personal development and growth as employees derive a great deal of job satisfaction from learning new work-related skills (Grobler *et al.*, 2011:130).

Pharmacist job satisfaction does not only affect the pharmacist at the workplace, but has the potential to affect many other aspects of a pharmacist's life (Hincapie *et al.*, 2012:228). Mott, Doucette, Gaither, Pedersen and Schommer (2003:329) suggested that there is a strong link between job satisfaction and overall life satisfaction and therefore, if a pharmacist is unfulfilled at work this negative disposition may affect all other personal dimensions of life at home and any other place outside of the pharmacy.

2.2 THE PRACTICE OF BUSINESS IN PHARMACY

One of the more common misconceptions is that the practice of Pharmacy is ethically inconsistent with good business (Tootelian, Wertheimer & Mikhailitchenko, 2012:16). To some pharmacists, the practice of business is symbolised by high-pressure sales people, innocuous advertisements, and the sale of products of poor quality (Wingfield & Badcott, 2007:175). According to Tootelian *et al.* (2012:16-17) another misconception is that in business, the quality of customer care is secondary to the generation of profits. Tootelian *et al.* (2012:17) further explain that understandably, the basis for the perspective comes from efforts by managers in community and hospital settings to control their costs. Community pharmacies in part as a business together with other small business share one vital factor in common, very limited

resources (Al-Arifi, 2013:63). Al-Arifi (2013:64) further adds that inadequate management of these resources can lead to business failure.

2.3 CHALLENGES AND FUTURE OF COMMUNITY PHARMACY

Toothelian *et al.* (2012:22) argued that pharmacy owners and managers will face five major challenges in the early twenty-first century. These are revenue retention, preservation of market share, cost containment, legal considerations and technological change (Toothelian *et al.*, 2012:22). Although the future of community pharmacy practice holds elements of uncertainty, globally and in developed countries, Kelly (2012:192) proposed the following trends that could help to shape challenges foreseen:

- Rising prescription volume: Prescription volume is projected to rise dramatically owing in part to the aging population. Pharmacists should carve out a niche for these older patients.
- Shortage of pharmacists: Based on projections of an aging population and the rising number of prescriptions, there will not be enough pharmacists even if pharmacy schools dramatically graduate more students; this phenomenon will occur if pharmacy is practiced in community pharmacies in the present way.
- Technology and automation: For pharmacies to dispense all the prescriptions that will be generated by 2035, and for community pharmacists to practice pharmaceutical care, there will need to be more use of pharmacy technicians or mid-level workers, technology, and automation.
- Payments for achieving positive patient outcomes: It is hoped that by 2035, community pharmacists will be known more for pharmacists' role in helping patients achieve positive outcomes from pharmaceutical therapy than for providing the medication, and that pharmacists will be paid accordingly.

2.4 HUMAN RESOURCES MANAGEMENT IN PHARMACY

Managing people, known by the formal name of human resources management (HRM), is an essential duty for any pharmacist who interacts with, or supervises others (Hawthorne &

Anderson, 2009:49). HRM is important because it can ensure the difference between a smoothly running pharmacy and a dysfunctional, unsuccessful one. HRM is defined as the process of achieving organisational objectives through the management of people (Grobler *et al.*, 2011:235). Tasks associated with HRM include recruiting, hiring, training, developing, and terminating the contract of employees (Holdford, 2012:509).

Toothelian *et al.* (2012:29) reason that perhaps the greatest deficiency in accounting and finance functions is that these functions do not take into consideration the most important asset of the pharmacy, the personnel employed. Managing the most precious assets such as the pharmacy personnel is essential if the pharmacy is to provide high quality of care and control its cost of operations (Kelly, 2012:192). According to Toothelian *et al.* (2012:29) the challenges arises in bringing a group of diverse employees with diverse personal characteristics, objectives and professional skills to focus on achieving goals other than the pharmacists' and working forces' own.

2.5 COMMUNITY PHARMACIST JOB SATISFACTION

Job satisfaction refers to a predominantly positive attitude towards a person's job (Bergh & Theron, 2009:176). According to Kelly (2012:190) pharmacists and pharmacy regulatory bodies are becoming increasingly concerned about pharmacists dispensing too many prescriptions per hour and pharmacists not getting enough breaks. However, there is concern about job stress secondary to the prescriptions to be dispensed. Because of the excessive prescription workloads, pharmacists are not able to spend effective time as required by patients or do what the law requires in regard to patient counselling (Kelly, 2012:190). Pharmacist job satisfaction does not only affect the pharmacist at the workplace, but has the potential to affect many other aspects of the pharmacist's life (Hincapie *et al.*, 2012:228).

2.6 EMPLOYEE AND PHARMACY GOALS

Employees bring aspirations to the pharmacy in the hope that these will be satisfied (Toothelian *et al.*, 2012:312). Employees work for a reason, be it to earn a living, pass idle time, or simply to meet the challenge of a difficult job. The best interest of the employer is achieved when the goals of the pharmacy become those of the employee.

The extent to which an employee can achieve personal needs, affects motivation on the job (Grobler *et al.*, 2011:237). When personal goals of achievement are closely intertwined with that of the pharmacy as a business, the stage is set for high levels of employee motivation and productivity (Toothelian *et al.*, 2012:312-314). Motivational factors such as recognition, challenging work, and opportunities for advancement and personal growth (Toothelian *et al.*, 2012:312-314) could ensure employees strive to improve job performance. Absence of aforementioned motivational factors would not necessarily cause dissatisfaction. With the increase in demands from both the consumers and business organisations, pharmacists' level of job satisfaction and performance are factors to consider and investigate in all sectors of the profession (Toothelian *et al.*, 2012:314).

2.7 JOB SATISFACTION AND MOTIVATION

Grobler *et al.* (2011:386) postulates that job satisfaction has been identified as a strong determinant of employee turnover. Therefore, it is essential to determine the effect of job satisfaction on community pharmacists.

2.7.1 JOB SATISFACTION THEORIES

Extensive academic research in the topic of motivation has led to the development of many different theories about work motivation, each of which offers some insight into this complex phenomenon (Hellriegel, Slocum, Jackson, Louw, Staude, Amos, Klopper, Louw, Oosthuizen, Perks & Zindiye, 2012:407). Perhaps the most intuitively appealing theory for human resources professionals today is Abraham Maslow's hierarchy of needs (Grobler *et al.*, 2011:23). Other major theories that are closely related to Maslow's hierarchy of needs and has significance on

job satisfaction and employee motivation is Alderfer's existence, relatedness and growth (ERG) theory, Herzberg's two-factor theory, McClelland's achievement motivation theory and Locke's goal-setting theory.

Motivation theories seek to explain why employees are more motivated by and satisfied with one type of work than another (Gómez-Mejía, Balkin & Cardy, 2012:89). Although more valid explanations of motivation have been developed, these early theories are important because they represent the foundation from which contemporary motivation theories were developed (Robbins & Coulter, 2014:533). Currently, these theories are implemented by many practising managers in businesses today.

2.7.1.1 Maslow's Hierarchy of Needs Theory

Maslow explained that human beings have five sets of needs: psychological, safety, love, esteem and self-actualisation, and he also visualised these needs in a hierarchy or pyramid, in which one need must be satisfied before the next can be satisfied (Özbilgin, Groutsis & Harvey, 2014:133). A need is a strong feeling of deficiency in some aspect of a person's life that creates an uncomfortable tension. That tension becomes a motivating force, causing the person to take actions to satisfy the need, reduce the tension and diminish the intensity of the motivating force (Hellriegel *et al.*, 2012:410). Below is an explanation of the five hierarchy of needs according to Maslow.

- **Physiological needs:** A person's needs for food, drink, shelter, sex, and other physical requirements.
- **Safety needs:** A person's needs for security and protection from physical and emotional harm as well as assurance that physical needs will continue to be met.
- **Social needs:** A person's needs for affection, belongingness, acceptance and friendship.
- **Esteem needs:** A person's needs for internal esteem factors such as self-respect, autonomy, and achievement and external esteem factors such as status, recognition and attention.

- **Self-actualisation needs:** a person's needs for growth, achievement of one's potential, and self-fulfilment; the drive to become what one is capable of becoming (Robbins & Coulter, 2014:533).

Figure 2.1 illustrates the application of Maslow's hierarchy of needs theory.

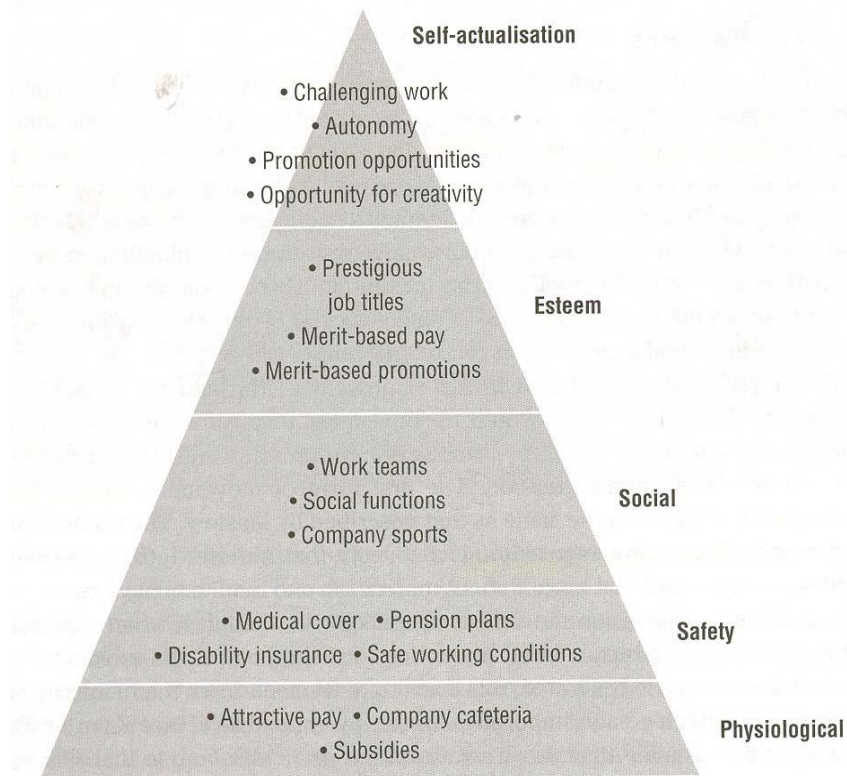


Figure 2. 1: Maslow's hierarchy of needs theory, 1943 (Source: Werner 2007:75)

Champoux (2011: 160) believes most people who are working have almost completely satisfied physiological and safety needs, but usually still have some unsatisfied belongingness and love, esteem, and self-actualisation needs. Although a person might eat periodically during the day when hungry, balanced regular meals satisfy this part of physiological needs. A person's behaviour, then, focuses more continually on the satisfaction of the higher-order needs, which happen throughout daily living. If any of the needs are not fulfilled, the individual will continually strive to fill that need and in doing so, the need becomes a motivational factor. At any level,

needs may be fulfilled outside the organisation as well as within the organisation (Grobler *et al.*, 2011:238).

2.7.1.2 Alderfer's Existence, Relatedness and Growth (ERG) Theory

Closely related to Maslow's hierarchy of needs is Alderfer's ERG (existence, relatedness and growth) theory especially in terms of the needs included, although differences do exist. Unlike Maslow's hierarchy of needs theory, Alderfer's ERG theory does not reside any emphasis on the hierarchy structure as the individual can experience more than one need at a particular time and the needs can occur in any order (Grobler *et al.*, 2011:238). Instead of five categories of needs, Alderfer's ERG theory specifies the following three need categories:

1. **Existence needs:** These are the desires for material and physical well-being that are satisfied through food, water, air, shelter, working conditions, remuneration, fringe benefits and so on. These are similar to a combination of Maslow's physiological and security needs.
2. **Relatedness needs:** These are the desires to establish and maintain interpersonal relationships with other people, including family, friends, supervisors, subordinates and co-workers. Relatedness is similar to Maslow's affiliation needs.
3. **Growth needs:** These are the desires to be creative, to ensure useful and productive contributions, and to have opportunities for personal development. These are similar to Maslow's esteem and self-actualisation needs (Hellriegel *et al.*, 2012: 414).

Figure 2.2 illustrates that once a higher need is frustrated, the individual tends to focus on satisfying the lower level need.

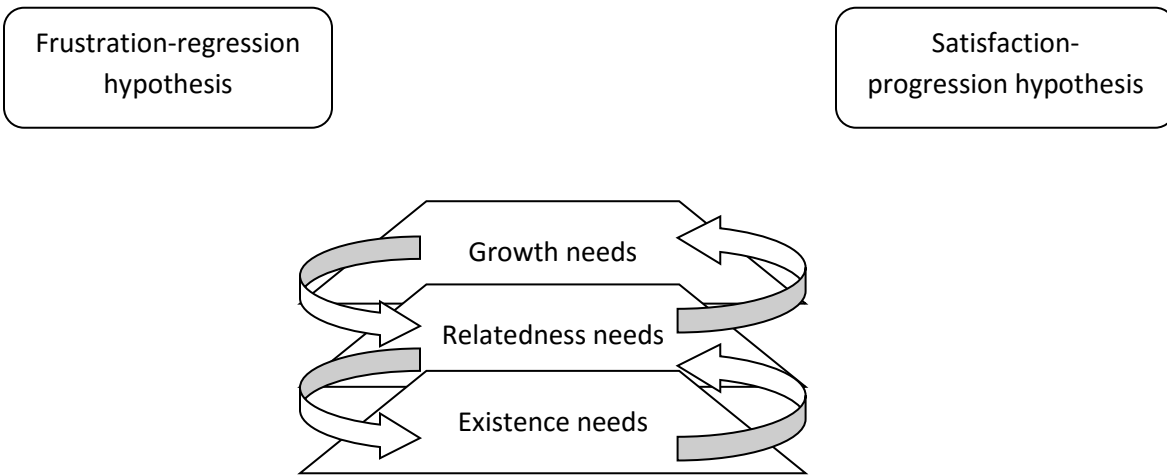


Figure 2. 2: Alderfer's ERG theory, 1969 (Source: Hellriegel et al., 2012:414)

Hellriegel *et al.* (2012:414) illustrated as reflected in Figure 2.2 that, Alderfer's ERG model recognises Maslow's satisfaction-progression hypothesis, but additionally contains a frustration-regression hypothesis. Alderfer (1969) proposes that, when one need is frustrated, an individual can simply concentrate on the others (Hellriegel *et al.*, 2012:414). For instance, if the way a task is designed deprives the worker of all forms of casual conversation, then that worker may tend to want more remuneration (Grobler *et al.*, 2011:238).

2.7.1.3 Hertzberg's Two-Factor Theory

Grobler *et al.* (2011:239) proposes that perhaps one of the most interesting and controversial theories is Frederick Herzberg's (1959) concept of motivator-hygiene factors, also known as the two-factor theory. Gómes-Mejía *et al.* (2012:89) indicated that the two-factor theory of motivation attempts to identify and explain factors that employees find satisfying and dissatisfying about their jobs. Gómes-Mejía *et al.* (2012:89) further elaborate that the first set of factors, called motivators, are internal job factors that lead to job satisfaction and higher motivation. In the absence of motivators, employees will probably not be satisfied with their work nor motivated to perform up to full potential.

Maslow applied the hierarchy of needs theory to motivation in general, while Herzberg applied the two-factor theory specifically to the workplace and job design (Grobler *et al.*, 2011:239). Herzberg considered that remuneration belongs amongst the second set of factors which he calls hygiene or maintenance factors (Özbilgin *et al.*, 2014:133). Factors of hygiene are external to the job and located in the work environment (Özbilgin *et al.*, 2014:133). According to Gómes-Mejía *et al.* (2012:89) the absence of a hygiene factor can lead to active dissatisfaction and demotivation and, in extreme situations, the avoidance of the work altogether and increasing absenteeism. Hygiene factors include aspects such as; organisation policies, working conditions, job security, salary, relationships with supervisors and managers, relationships with co-workers and relationships with subordinates (Gómes-Mejía *et al.*, 2012:89). Figure 2.3 summarises the two-factor theory of motivation developed by Herzberg (1966).

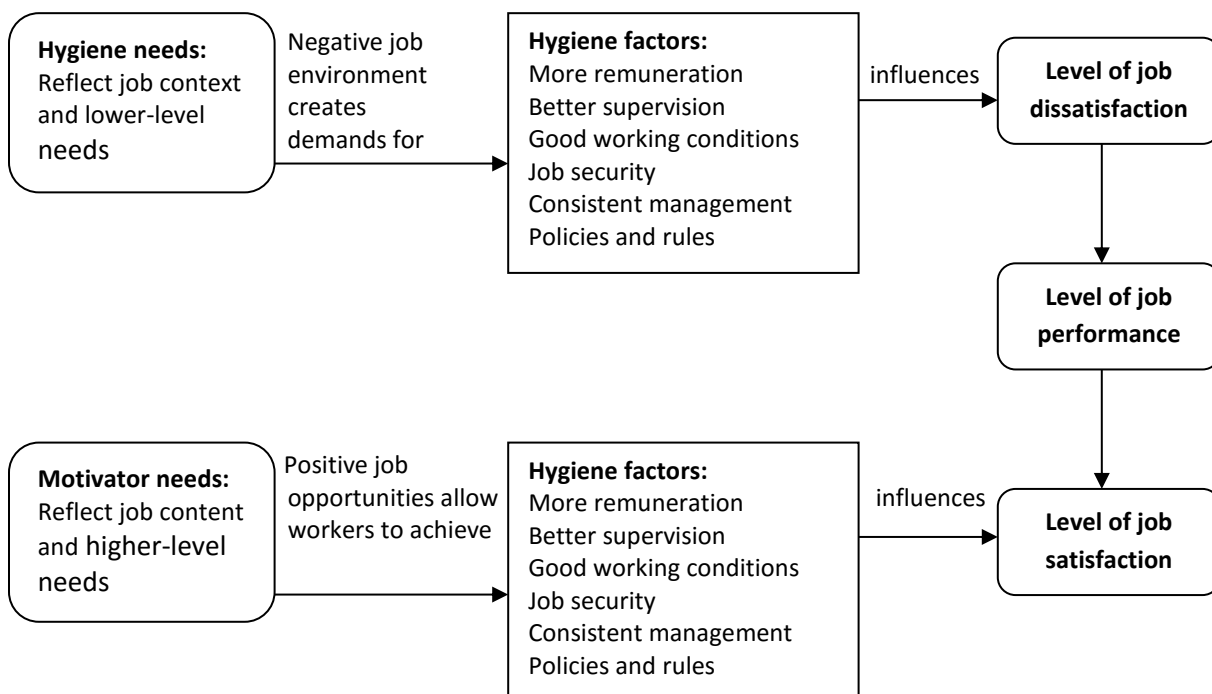


Figure 2. 3: Herzberg's theory: factors affecting job satisfaction (Source: Grobler *et al.*, 2011:240)

In summary, the two-factor theory implies that efforts should be made to create conditions where motivators should be built into jobs and to help avoid dissatisfaction amongst employees.

2.7.1.4 McClelland's Achievement Motivation Theory

Almost as popular as the hierarchy of needs, the achievement motivation theory was created by David McClelland in 1961 (Grobler *et al.*, 2011: 238). Robbins and Coulter (2014:535) explain that David McClelland and his associates proposed the three-needs theory, which states three acquired needs are major motives in work. According to Robbins and Coulter (2014:535) these are the need for achievement characterised by the drive to succeed and excel in relation to a set of standards; the need for power driven by the need to change others' behaviour in a way individuals would not have behaved otherwise; and the need for affiliation determined by the desire for friendly and close interpersonal relationships.

2.7.1.5 Locke's Goal-Setting Theory

The goal-setting theory developed by Edwin Locke (1968), suggests that employees' goals help to explain motivation and job performance (Gómez-Mejía *et al.*, 2012:90). Grobler *et al.* (2011:239) therefore explain that job performance can be increased through goal-setting, when individuals are given measurable goals rather than vague performance standards, and individuals that are given specific goals that are perceived to be difficult but reasonable, will ultimately result in higher-performance by employees. Since motivation is goal-directed behaviour, goals that are clear and challenging will result in higher levels of employee motivation than goals that are ambiguous and easy (Gómez-Mejía *et al.*, 2012:90). The authors reason that managers can increase employee motivation by managing the goal-setting process.

Figure 2.4 summarises the relationship amongst goals, motivation, and performance in Locke’s goal-setting theory.

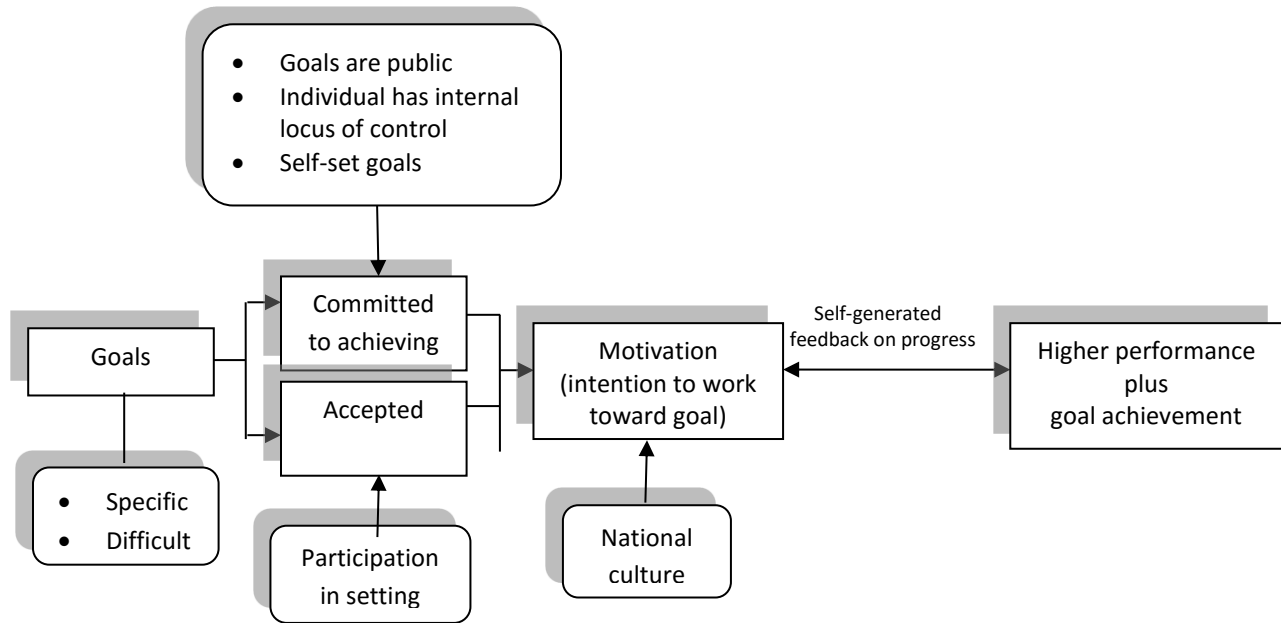


Figure 2. 4: Locke’s Goal-Setting Theory (Source: Robbins & Coulter, 2014:538)

In summary, the intention to work hard at specific goals is a powerful motivating force, under the proper conditions that can lead to higher performance (Robbins & Coulter, 2014:538).

According to Nel and Werner (2014:277) goal-setting influences behaviour as goals direct attention to what is most important, prompt pharmacists into action to address the needs of patients immediately, increase employee persistence and direct strategies and action plans.

2.7.1.6 Vroom's Expectancy Theory

The most comprehensive explanation of how employees are motivated is Victor Vroom's expectancy theory (Grobler *et al.*, 2011: 240). Expectancy theory states that an individual tends to act in a certain way based on the expectation that the act will be followed by a given outcome and on the attractiveness of that outcome to the individual (Robbins & Coulter, 2014:543).

Vroom hypothesises that in order for a person to be motivated, effort, performance and motivation must be linked. Vroom proposes three variables to account for this, which he calls valence, expectancy and instrumentality.

- Valence is the importance that the individual places upon the expected outcome. For example, if an employee is mainly motivated by remuneration, the individual might not value offers of additional time.
- Expectancy is the belief that increased effort will lead to increased performance for example, if an employee works harder, then work-related performance will be enhanced.
- Instrumentality is the belief that if the individual performs well, then a valued outcome will be achieved. The assumption is thus that if a job was well executed, then a positive, external reward will follow as a result of the input (Vroom's Expectancy Theory of Motivation, 2009).

Figure 2.5 illustrates the three variables and the associated relationship as posited by the expectancy theory.

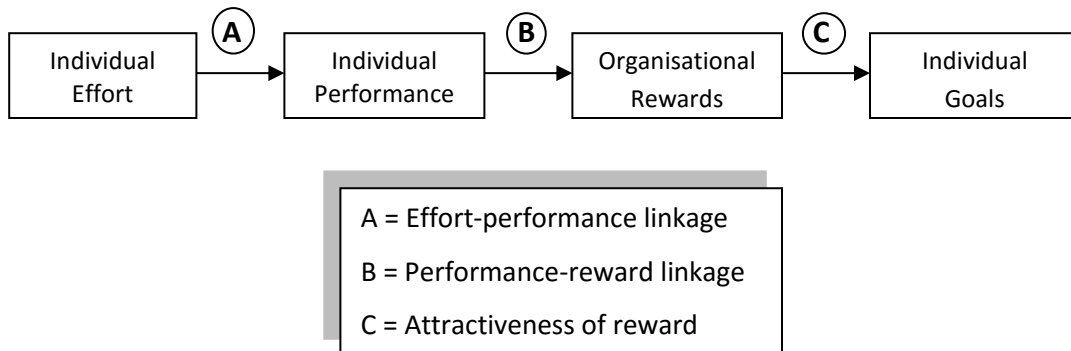


Figure 2. 5: Vroom's Expectancy Model (Source: Robbins & Coulter, 2014:543)

Robbins and Coulter (2014:543) suggested that the key to expectancy theory is understanding an individual's goal and the linkage between effort and performance, between performance and rewards, and finally between rewards and individual goal satisfaction.

A synthesis of the four major theories on job satisfaction and motivation are depicted in Figure 2.6 and illustrate the relationship between the theories.

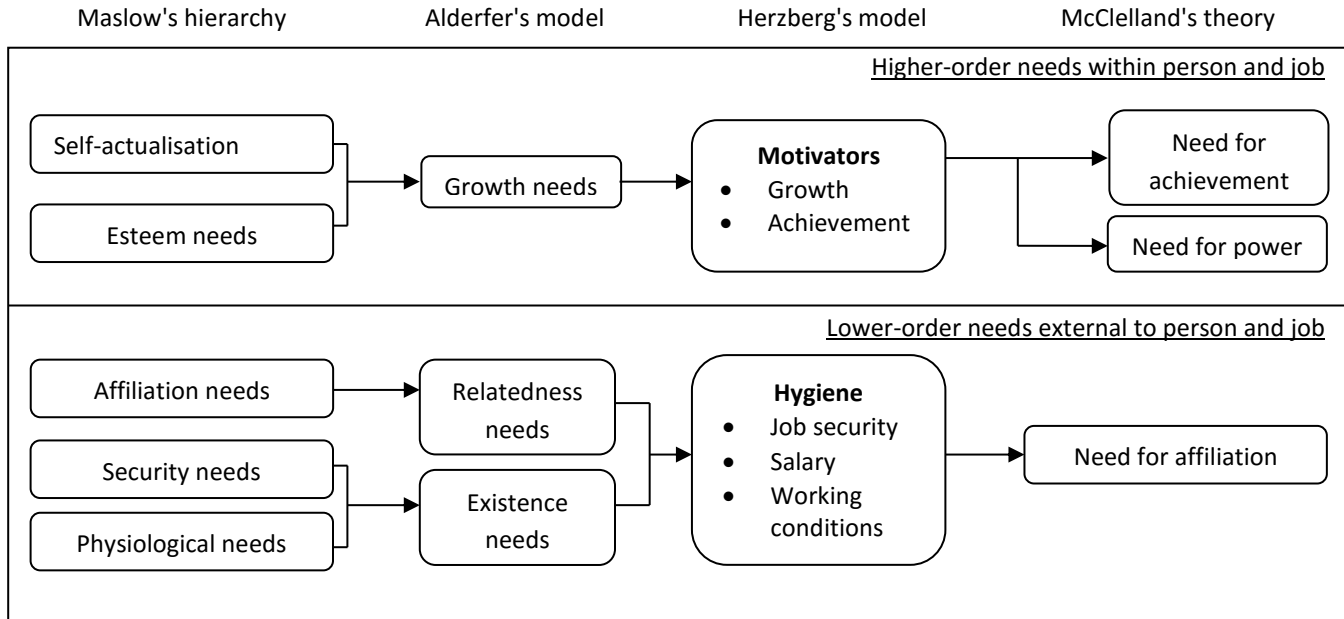


Figure 2. 6: Integrated needs theories of motivation (Source: Amos, Risrow, Ristow & Pierce, 2008:422)

Having considered the various theories of motivation and their practical impact on job satisfaction, it is necessary to consider the importance of employee motivation and the role it may play in influencing job satisfaction. Each of the motivation theories described so far offers useful insights into motivation and effective managers can use an eclectic approach by selecting relevant factors and insights embedded in all the aforementioned theories to motivate employees to optimise job satisfaction and performance (Hellriegel *et al.*, 2012:425).

Job satisfaction of pharmacists are important in building up motivation and efficiency as higher job satisfaction determines better performance and a higher level of patient satisfaction (Baye, Ayenew & Kerie, 2015:253). Having considered the various theories of motivation and the applied impact on job satisfaction, it is necessary to consider the importance of performance and the role it plays in influencing job satisfaction.

2.8 JOB SATISFACTION AND JOB PERFORMANCE

Pharmacists' job satisfaction, or dissatisfaction, plays a major role in many aspects of community pharmacy practice (Hincapie *et al.*, 2012:227). Job performance is the skill of an employee to do various work-related activities to job necessities (Saeed, Waseem, Sikander, & Rizwan, 2014:243). A study conducted by Saari and Judge (2004) in New York demonstrated that poor job performance is directly associated with job satisfaction, especially for professionals like pharmacists. Employees assume that individual performances will relate to the rewards received from the organisation and subsequently that high performance is linked to higher rewards (Hellriegel *et al.*, 2012:428). Grobler *et al.* (2011:404) verified the perceived relationship between individual performance and rewards as illustrated in Figure 2.7.

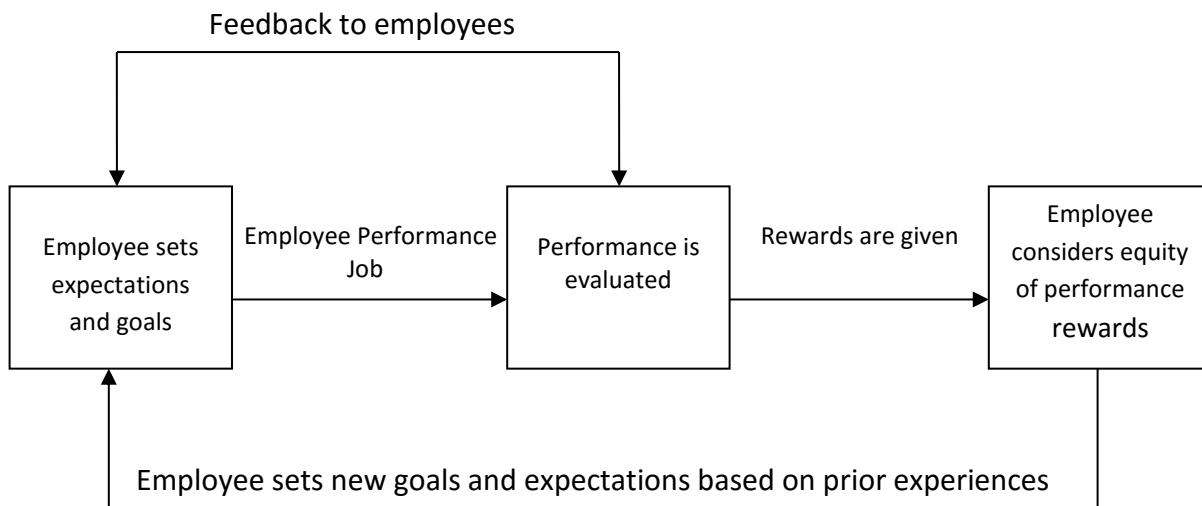


Figure 2. 7: Motivation and performance model (Source: Grobler *et al.*, 2011:404)

The diagram in Figure 2.7 shows that employees set expectations about rewards and compensation to be received if certain levels of performance are achieved. These expectations determine goals or levels of performance for the future (Grobler *et al.*, 2011:404). Grobler *et al.* (2011:403) further explained that at some point, management evaluates and rewards the employee's performance. The emphasis on high performance outcomes inevitably has meant that remuneration systems are geared to reflect the level of performance and commitment has

been encouraged by aligning the remuneration of employees with organisational performance (Kew & Stredwick, 2010:417).

The final stage as illustrated in Figure 2.7 demonstrates that employees set new goals and expectations based on prior experience within the organisation. Performance problems in community pharmacy can include incorrect filling prescriptions, not detecting drug interactions and poor patient counselling. Thus, dissatisfaction may also affect the way that patients view the pharmacist and patients may then be inclined to limit their interactions with the pharmacist (Hincapie *et al.*, 2012:228). If employees see little relationship between performance and rewards, then individuals may set minimum goals in order to retain their jobs, with subsequent job satisfaction and without experiencing the need to excel (Grobler *et al.*, 2011:404). Therefore, it is important to realise that a decrease in pharmacist performance could cause patient harm or in extreme scenarios, death (Hincapie *et al.*, 2012:228). Mankin (2009:179) identified seven potential causes of performance problems among employees that is strongly influenced by motivational processes and motivated behaviours. Possible causes of performance problems include: the boring and repetitive nature of the work itself; low wages/rewards; inefficient work procedures/processes or deficiencies in job design; poor working conditions/work climate; poor motivation; ineffective managers and deficiencies in the way in which performance is managed in the organisation.

2.9 FACTORS AFFECTING JOB SATISFACTION

From the above discussion, it is therefore evident that the following factors are perceived as important to job satisfaction namely:

- Personality and values.
- Factors in the work situation, including relationship with co-workers, supervisors and subordinates, working hours, remuneration and job security.
- The work itself and engagement with one's task and the broader organisation.
- Social influences.

A multitude of factors contribute to employee job satisfaction as mentioned before. According to Grobler *et al.* (2011:130), the following are the four elements that most surveyed employees reported best about the job:

1. **The job itself:** Probably the most important factor in job satisfaction is the kind of work employees perform and the freedom employees have to determine how the work is done.
2. **Co-worker relations:** The quality of relationships within the work group is very important to employees, especially the extent to which the individual is accepted as part of the work unit and the friendliness and support of fellow employees.
3. **Good supervision:** Job satisfaction is considerably improved when supervisors are perceived to be fair, helpful, competent and effective. This includes the supervisor's skill as a problem-solver, coach, trainer and listener, and as the timely, authoritative source of key job-related information for employees.
4. **Opportunity to grow:** Employees derive a great deal of job satisfaction from learning new components and from the chance to develop new skills. Advancement opportunity is also very important to them (Grobler *et al.*, 2011:130).

Job satisfaction or the lack thereof has a broad impact on a person's behaviour. Factors that contribute to job dissatisfaction is discussed in the next section.

2.10 CONTRIBUTING FACTORS OF JOB DISSATISFACTION

In this section, the relationship between job satisfaction and organisational commitment, remuneration and benefits, working environment, training and development, and promotional opportunities is discussed.

2.10.1 ORGANISATIONAL COMMITMENT

Suma and Lesha (2013:44) defines organisational commitment as the relative strength of an individual's identification with and involvement in a specific organisation. It is essential that the

organisations and managers have a basic understanding of motivation to work because highly motivated employees are more likely to produce a superior-quality product or service than employees who lack motivation (Gómez-Mejía *et al.*, 2012:89). Özbilgin *et al.* (2014:134) proposed the following three factors which promote organisational commitment in support of research done by Porter (1986):

1. A strong belief in and acceptance of organisational goals and values.
2. A willingness to exert considerable effort on behalf of the organisation.
3. A definite desire to maintain organisational membership.

Locke and Latham (2006:265) explained that satisfied workers are more likely to remain with an organisation and participate in the organisation's activities than are dissatisfied workers. For management, a satisfied workforce translates into higher productivity due to fewer interruptions caused by absenteeism or good employees leaving the organisation, as well as into lower medical costs (Suma & Lesha, 2013:43). Pharmacists who have strong relations with the organisation have less intention to be dissatisfied and move toward another organisation than pharmacists who are not effectively and strongly committed (Saeed *et al.*, 2014:242).

2.10.2 REMUNERATION AND BENEFITS

Remuneration and benefits play a key role in retaining good employees, particularly those who perform exceptionally or have indispensable, unique skills. Özbilgin *et al.* (2014:136) reported that a competitive remuneration package demonstrates the company's strong commitment to employees and builds strong employee commitment in turn. Decisions about how people are to be paid have important consequences for employee motivation (Hellriegel *et al.*, 2012:420). The theoretical framework of Grobler *et al.* (2011:401) of the total compensation and rewards system is illustrated in Figure 2.8 below.

Compensation of employees	Extrinsic rewards (Financial)	Monetary rewards (Direct payment)	Hourly wage and salary Bonuses and commissions Pay incentives Skills and competency-based pay
		Benefits (Indirect payments)	Insurance and retirement Paid holidays and public holidays Food services Medical aid Recreation
	Intrinsic rewards (Non-financial)		Recognition Promotion opportunities Working conditions Interesting work Training opportunities

Figure 2. 8: The total compensation and rewards system (Source: Grobler et al. 2011:401)

Özbilgin et al. (2014:137) reiterated the importance of making a distinction between standard compensation, such as salary, wages, and benefits and what is normally referred to as remuneration for performance. Reward is the offer an organisation ensures to its employees for individual contribution and as encouragement to do well in the future. Grobler et al. (2011:401) stated that compensation/reward refers not only to extrinsic rewards such as salary and benefits, but also to intrinsic rewards such as achieving personal goals, autonomy and the provision of more challenging job opportunities. Gómes-Mejía et al. (2012:393) support the notion illustrated in Figure 2.8 as payment for performance systems have positive and negative features whereby the provision of different types of pay incentives for different work situations is likely to produce better results than relying on a single type of remuneration or reward incentive.

Employee compensation issues are very real and critical in South Africa as a result of various laws promulgated to safeguard the interest of workers (Nel & Werner, 2014:156). For example, the Employment Equity Act (No. 55 of 1998) provides for anti-discrimination with regards to remuneration, the Basic Conditions of Employment Act (No. 75 of 1997) focuses on regulations

for compensation- related contractual arrangement, and the Compensation for Occupational Injuries and Diseases Act (No. 130 of 1993) focuses on employees' compensation in the event of occupational injuries and/or diseases (Grobler *et al.*, 2011:511). These laws ensure the issue of compensation to be very contentious in South Africa and organisations could face prosecutions if owners or managers do not exercise caution when dealing with compensation-related issues (Nel & Werner, 2014:156).

2.10.3 WORKING ENVIRONMENT

According to Hellriegel *et al.* (2012:406) having a productive working environment and conditions, whether those are the computer, an office free from distractions or the right tools, is important to people and every manager should attempt to ensure that these are provided. The authors continue to state that in order to contribute to organisational effectiveness, cognisance should be taken of the effects of the working environment on job satisfaction when offering training and development of employees (Hellriegel *et al.*, 2012:406). Often, if the environment is very poor, employees will resist any kind of development given by the organisation (Mankin, 2009:178). Employees tend to stay in corporations that provide a positive physical and psychosocial work environment where values such as trust, transparent communication, and team spirit are upheld (Özbilgin *et al.*, 2014:136). Furthermore, Özbilgin *et al.* (2014:136) the authors reported that a good physical environment where employees feel valued and can ensure a difference in the outcomes of the job, are essential in retention of staff. Aforementioned researchers reiterated that the physical work environment plays a pivotal role in employees' decision to leave or remain in a job, and is considered a key factor in employee retention.

2.10.4 TRAINING AND DEVELOPMENT

Training is any planned activity to transfer or modify knowledge, skills, and attitudes through learning experiences (Holland, 2012:52.2). Training and career development activities are designed to help an organisation meet skill requirements targeted for employees and to realise maximum potential of staff (Gómes-Mejía *et al.*, 2012:54). Training is a learning experience aimed at improving the ability of staff members to perform individual jobs and thus focuses on

improving the performances of staff in current jobs (Hellriegel *et al.*, 2012:90). As organisations operate in a globally competitive environment, managers should ensure that employees are equipped with the appropriate training to perform individual duties now and in the future; for example, interpersonal communications, technological knowledge, problem solving and basic literacy (Özbilgin *et al.*, 2014:138). Training is important to the employee's and the pharmacy's success because a pharmacist who is not well prepared for a job will most likely do unsatisfactory work and never reach full potential (Toothelien *et al.*, 2012:297).

2.10.5 PROMOTIONAL OPPORTUNITIES

Promotion is defined as the reassignment of an employee to a higher-level job or the upward internal move in an organisation that usually involves greater responsibility and authority along with increases in remuneration, benefits and privileges (Grobler *et al.*, 2011:262). Nel and Werner (2014:38) stated that when individuals join an organisation, employees have certain expectations about the organisation such as promotional opportunities, status, salary and a challenging work environment. Özbilgin *et al.* (2014:133) reiterated as reported by Hulin (1968) that employees are dissatisfied when individuals are stuck in a job that does not have promotional opportunity. To prevent job dissatisfaction, it is essential for organisations to invest in the future career development of employees and to ensure that this message of positive reinforcement is communicated to employees (Khan & Aleem, 2014:124). In short, demonstrable opportunities for employee advancement have positive effects on job satisfaction and reduce employees' turnover intention (Grobler *et al.*, 2011:262).

On the other hand, the most frequently reported factors surveyed that detract from job satisfaction according to Grobler *et al.* (2011:131) are the following:

- 1. Poor supervision:** Insensitive, incompetent and uncaring supervisors seem to have the most negative effect on employee job satisfaction. This includes unfair, biased treatment by supervisors, failure of supervisors to listen and respond to employees' problems or concerns and problems with management communication credibility. Many negative ratings occur on those survey issues that are directly affected by supervisory practices.

2. **Interpersonal conflicts:** Lack of teamwork, unfriendliness among co-workers and rivalries among managers and supervisors are reported to have a major negative effect on employee job satisfaction.
3. **Poor work environment:** Dirty, noisy, unsafe, and unhealthy work conditions are also leading detractors from job satisfaction.
4. **Poor remuneration:** Possibly symptomatic of other problems, low uncompetitive remuneration is nonetheless often reported as one of the components that detracted from overall job satisfaction.

2.11 STRATEGIES FOR IMPROVING JOB SATISFACTION

The common denominator amongst theories of motivation is that people are driven to obtain the objects people need or want the most. Although remuneration is certainly a strong motivator, it is not an equally strong motivator for everyone (Gómez-Mejía *et al.*, 2012:90). Based on the foundation of research evidence, the following nine strategies have been identified as tools that managers can implement effectively to improve overall job satisfaction amongst employees at the workplace.

2.11.1 REWARDS AND RECOGNITION

Nel and Werner (2014:278) stated that whether people perceive remuneration as a motivator or not depends on what the person perceives as motivation. Remuneration is a motivator, but is not the only or most powerful source of motivation. Organisations may seek to attract and retain talented employees by offering reward packages that include stock options, special remuneration, retention remuneration, gain share remuneration, performance base pays and bonuses (Özbilgin *et al.*, 2014:136). However, Özbilgin *et al.* (2014:138) argues that such remuneration may encourage high-calibre applicants to join an organisation, but is not sufficient to retain them in the long term.

2.11.2 INVOLVEMENT AND ENGAGEMENT OF THE WORKFORCE

Employees who receive frequent feedback on individual progress toward reaching personal goals sustain higher levels of motivation and performance than employees who receive sporadic or no feedback (Gómez-Mejía *et al.*, 2012:90). A pharmacy manager can for example motivate pharmacists to provide better service by soliciting customer feedback on service quality and then communicating this information back to the pharmacists. Moreover, the manager will have something concrete on which to gauge the subordinate's performance and when feedback on progress is periodically supplied, will enable the employee to ensure the necessary changes have been made (Grobler *et al.*, 2011:239).

2.11.3 IDENTIFICATION AND EVALUATION OF JOB DISSATISFACTION

The multi-factorial nature of motivational theory poses challenges when addressing variables that impacts motivational levels in employees (Terblanche 2014:316). Some examples of factors that may demotivate employees are the following:

- Medical reasons: Employee does not feel well.
- Family problems: Child may be sick.
- Person circumstances: May have problems at home, such as financial problems, problems with children or spouse or transport.
- Task may not be challenging and employees may experience it as boring.
- The way that instructions are communicated to the employees may demotivate them, such as commanding instead of requesting.
- Working conditions, such as may be too hot, unsafe, cold or filthy.
- Employees may be too tired, and there could be many reasons, such as a shortage of sleep because of watching sport or movie on television until late the previous night or a high workload (Terblanche 2014:316).

Terblanche (2014:316) further explained that some of the factors can be isolated and can vary from person to person but employees can experience more than one factor at a given time.

2.11.4 IMPROVEMENT IN EMPLOYEE AND SUPERVISOR RELATIONSHIP

Employee attitudes are important to management because attitudes determine the behaviour of workers in the organisation (Pushpakumari, 2008:89). Managers who want to influence the motivation of employees should support, give access to information and provide employees with the necessary resources to perform effectively (Nel & Werner, 2014:276). The role of the supervisor in an effective human resources system is critical because the supervisor provides the bridge between the organisational goals and employee goals (Holland, 2012:51.9)

2.11.5 EMPLOYEE ATTITUDES

People are complex and unique, and therefore a holistic approach to motivating employees should be followed because the assumption is that a human is an organised whole, functioning in totality through the interaction of various needs, expectations, beliefs, personality traits, skills and abilities (Nel & Werner, 2014:282). Nel and Werner (2014:283) further explain that managers do not only want to motivate employees towards high levels of excellence, but also towards maintaining high ethical conduct and good employee attitude. Job satisfaction is known as the employee's subjective attitude towards the individual's job (Pushpakumari, 2008:90). Simply stated, if the employee has, at a given time, an overwhelmingly positive attitude towards the job and considers it of value, such an employee will display a high degree of job satisfaction (Grobler *et al.*, 2011: 466).

2.11.6 DECREASE EMPLOYEE JOB AND PERSONAL STRESS

Healthcare workers can suffer from work-related/occupational stress often resulting from high expectations coupled with insufficient time, skills and/or social support at work (McCann, Hughes, Adair & Cardwell, 2009:189). Job-related stress factors can put an employee under such stress that a pathological reaction occurs, but personal stress can be managed, and management can help employees to function positively by focussing on balancing the workload and sharing responsibility (Nel & Werner, 2014:176). Pharmacists have a high level of responsibility and workload, and thus stress is increasing in pharmacy practise as with many other health professionals (McCann *et al.*, 2009:189).

2.11.7 PROMOTE QUALITY OF WORK AND GOOD HEALTH

A growing number of organisations recognise that employees are more likely to choose an organisation and stay there if employees believe that it offers a high quality of work life (Gómez-Mejía *et al.*, 2012:49). Aformentioned authors report that high quality of work life is related to job satisfaction, which in turn, is a strong predictor of absenteeism and turnover. Gómez-Mejía *et al.* (2012:49) further suggests that a firm's investments in improving the quality of work life also pays off in the form of better customer relations and services.

2.11.8 PROMOTE GOOD WORKING ENVIRONMENT AND CONDITIONS

From the above literature on work environment, it can be concluded that pharmacists who are comfortable within a working environment will work more effectively. A positive self-enhancing and ethical organisational environment is more likely to render higher motivation and commitment than a culture dominated by control (Nel & Werner, 2014:284). Nel and Werner (2014:156) maintained that South Africa experiences high degrees of labour turnover particularly in the teaching and nursing professions. A large portion of the blame is placed on the working conditions under which the professionals must work (Nel & Werner, 2014:156). Managers should recognise the emerging needs of employees and provide a healthy and safe environment for employees to ensure employees remain committed to the organisation; good working conditions will motivate employees to stay in an organisation (Özbilgin *et al.*, 2014:136).

2.11.9 EMPLOYEE TRAINING AND DEVELOPMENT

Terblanche (2014:310) explains that managers can build the employee's ability through well designed training and development programmes. The programmes should address the needs of the business as well as the needs of individual employees for example, if the business is launching a new product range, there is a need for a training programme for the employees to improve individual product knowledge (Terblanche, 2014:311). Career development is beneficial for employees and employer alike; organisations that seek competitive advantage require talented employees with unique skills, and employees need skills and training to enhance and cultivate competencies in the labour market (Özbilgin *et al.*, 2014:138).

Four approaches to understanding work motivation and ultimately job satisfaction is to understand individual differences in employees' needs, understanding how the job and organisational contexts affect motivation and understanding how the separate approaches can be integrated into a single, comprehensive approach (Kavitha, Geetha & Arunachalam, 2011:122). Few people realise that in comparison to other resources, human resources are the only resource that increases in quality and capacity the more it is utilised (Nel & Werner, 2014:283).

2.12 MEASUREMENT OF JOB SATISFACTION

Since morale and job satisfaction have been thought to be the important determinants of employee productivity, absenteeism and turnover, managers have systematically used job satisfaction surveys to analyse employee attitudes on important topics (Grobler *et al.*, 2011:131). From the above definition and discussions, job satisfaction is an unobservable variable and therefore various types of questionnaires can be used to measure job satisfaction namely:

- Job descriptive index (JDI)
- Minnesota satisfaction questionnaire (MSQ)
- Pay satisfaction questionnaire (PSQ)

2.12.1 JOB DESCRIPTIVE INDEX (JDI)

The Job Descriptive Index (JDI) was originally developed by Smith, Kendall, and Hulin in 1969 (Grobler *et al.*, 2011:131). It uses 72 items to assess five facets of job satisfaction and the ratings of satisfaction with the facets can be combined into a composite measure of job satisfaction (Fields, 2013:28). The JDI is unique among measures of job satisfaction because of its continual revision (Grobler *et al.*, 2011:131). Since 1969, the scale has been revised in 1985, 1997, and most recently in 2009 (Fields, 2013:28). The JDI is the most frequently used measurement for satisfaction at work, and various researchers and managers have used it to assess employee attitudes (Kinicki, McKee-Ryan, Schriesheim & Carson, 2002:16). According to Özbilgin *et al.* (2014:133), this survey was developed to measure job satisfaction and consists of the assessment of five aspects of work:

- Remuneration
- Promotion
- Supervision
- Co-workers
- The work itself

The JDI's validity as an instrument for measuring job satisfaction is proven, and it remains without a doubt "the most carefully constructed measure of job satisfaction in existence today" (Özbilgin *et al.*, 2014:133). The JDI consists of 72 items: 9 items each for the facets of promotions and pay; and 18 items each for work, supervision and co-workers (Smucker & Kent, 2004:30).

2.12.2 MINNESOTA SATISFACTION QUESTIONNAIRE (MSQ)

The MSQ uses a different approach compared to the JDI. The Minnesota Satisfaction Questionnaire (MSQ) "long form" consists of 100 questions that make up 20 subscales of job satisfaction measurement consisting of; ability utilisation, achievement, activity, advancement, authority, company policies and practices, compensation, co-workers, creativity, independence, moral values, recognition, responsibility, security, social service, social status, supervision-human relations, supervision-technical, variety, and working conditions (Fields, 2013:10). This is a multiple item rating using a five-point continuation scale ranging from "very dissatisfied" through "neutral" to "very satisfied". These facets include supervisor's competence, working conditions, compensation, task variety, level of job responsibility and chances for advancement. The facets are very specific compared to those used in other survey instruments (Matshotyana, 2009:38). One advantageous feature of the MSQ short form is that it can be used to measure two distinct components of intrinsic job satisfaction and extrinsic job satisfaction. Intrinsic job satisfaction refers to how people feel about the nature of the job tasks themselves whilst extrinsic job satisfaction refers to how people feel about aspects of the work situation that are external to the job tasks or work itself (Buitenbach & Rothmann, 2009:1).

2.12.3 PAY SATISFACTION QUESTIONNAIRE (PSQ)

The Pay Satisfaction Questionnaire (PSQ) was developed by Heneman and Schwab (1985). It uses four subscales to measure satisfaction with pay level, amount of last raise, benefits, and pay structure/administration. The subscales can also be combined into a composite measure for overall pay satisfaction (Fields, 2013:33). Fields (2013:33) further adds that Heneman and Schwab (1985) initially hypothesised five dimensions of pay satisfaction structured around pay level, pay raises, benefits, structure, and administration.

2.13 SUMMARY

The theories of job satisfaction discussed in the literature review, have led to the development of job satisfaction instruments which are currently being utilised in the HRM and Psychology field. Ensuring that employees are motivated to work productively is a primary managerial responsibility and managers who can do so will be rewarded for the efforts with a workforce that expresses little dissatisfaction and exerts high levels of efforts (Hellriegel *et al.*, 2012: 432).

High levels of job satisfaction are the key to employee retention and arrive from work-related issues such as autonomy, job requirements, organisational policies, professional interaction and perceived job status (Özbilgin *et al.*, 2014:140). For employees to stay with the organisation, individuals need to feel satisfied with the job and committed to the organisation. To maintain and expand the future pharmacy workforce, increases in recruitment and retention are essential, as is decreases in attrition, where possible (Hawthorne & Anderson, 2009:49). Hawthorne and Anderson (2009:49) further specified that scaling up the global pharmacy workforce is a complex, multifactorial responsibility that requires coordinated action. Improving employees' level of job performance is a central managerial task and managers need to know the motivators of job performance (Pushpakumari, 2008:89). The needs theories of Maslow, Alderfer and McClelland have been the foundation of many management interventions to improve employees' motivation and ultimately their performance (Grober *et al.*, 2011: 248). Grober *et al.* (2011:248) further explained, there has been uncertainty as to whether managers are using appropriate interventions in motivating their subordinates at different organisational levels.

The next chapter discusses the methodology and measuring instruments and procedures used to obtain data for analysis in alignment to the objectives set in chapter one.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

Research is regarded as a structured investigation based on an open system of thought, which uses acceptable scientific methodologies to solve problems and create new knowledge that is accurate and of quality (Struwig & Stead 2013:2). In Chapter two, a literature review of job satisfaction was presented. Contextualisation of job satisfaction within the field of Pharmacy based on theoretical underpinnings was discussed.

In chapter three, the research methodology is described in detail and a brief discussion on the JDI and the relevance of this questionnaire as an assessment tool to identify the level of job satisfaction of community pharmacists in Port Elizabeth, is discussed.

3.2 RESEARCH DESIGN

The study was quantitative in nature, using an exploratory, descriptive research design. A descriptive design is a non-experimental design used if the researcher wants to describe the variable of interest as it naturally occurs (Botma *et al.*, 2010:110). Maree (2012:145) states that quantitative research is a process that is systematic and objective in its ways of using numerical data from only a selected subgroup of a universe to generalise the findings to the universe that is being studied. The study was conducted using a questionnaire survey that has been customised for the study state to determine levels of job satisfaction experienced by pharmacists working in community pharmacies in Port Elizabeth. Currently, there are no information available on the job satisfaction of pharmacists working in community pharmacies in South Africa, and research into this phenomenon could be beneficial when making recommendations on how to retain and/or attract pharmacists in the community pharmacy sector.

3.3 RESEARCH SITE AND POPULATION

3.3.1 RESEARCH SITE

The study was conducted in the city of Port Elizabeth. The city of Port Elizabeth is the largest city in the Eastern Cape province of South Africa. Port Elizabeth forms part of the Nelson Mandela Bay Metropolitan Municipality which has an estimated population of 1.3 million people (Statistics South Africa, 2011). Port Elizabeth is a city on the coast of the Eastern Cape. The health status of communities in Port Elizabeth is largely affected by socio-economic and environmental factors. Community pharmacies in Port Elizabeth are largely owned by sole proprietors, close corporations and partnerships for example, Alpha Pharm pharmacies and Klinikare group pharmacies. Other community pharmacies in Port Elizabeth are owned by retail companies such as the Clicks group, Dis-Chem corporation and Shoprite/Checkers corporation. These companies have a large network of pharmacies across Southern Africa. A comprehensive list of registered community pharmacies in Port Elizabeth was compiled during April 2017 by the South African Pharmacy Council. There are 76 registered community pharmacies within the geographical area of Port Elizabeth.

3.3.2 RESEARCH POPULATION

A population is defined as “the complete elements or objects relevant to the study” (Hair, Babin, Money & Samouel 2003:209). Struwig and Stead (2013:114) further explains that a defined population should specify the elements, units, extent and time. The research population consisted of all permanently employed pharmacists working in community pharmacies within Port Elizabeth who voluntarily choose to participate in the study. Full-time and part-time pharmacists should have no ownership or shares in the pharmacy. The following categories of permanently employed pharmacists were included in the study population:

- Full-time pharmacists
- Part-time or half day pharmacists who work at least five hours per day.

The following categories of pharmacy personnel were excluded from the study:

- Community service pharmacists

- Pharmacist interns
- Pharmacy students
- Locum pharmacists

The study only considered full-time employed pharmacists working in community pharmacies and excluded pharmacies consisting of a one owner pharmacist, partnerships or sole proprietor pharmacists in Port Elizabeth.

3.4 SAMPLING METHODS

Convenience sampling was used to select the participants in Port Elizabeth. Convenience sampling refers to situations when population elements are selected since samples are easily and conveniently available (Maree, 2012:177). A comprehensive list of registered community pharmacies in Port Elizabeth was compiled during April 2017 by the South African Pharmacy Council. There are 76 registered community pharmacies within the geographical area of Port Elizabeth. A total of 48 pharmacies were approached by the researcher; 27 questionnaires were distributed to eligible participants which met the study requirements and 23 questionnaires were returned. Port Elizabeth currently has 76 registered community pharmacies with the South African Pharmacy Council (SAPC). Corporate companies own 28 community pharmacies and 48 are owned by sole proprietors (independent pharmacists) or owned as partnerships in Port Elizabeth at the time of the study. As discussed in chapter 3, pharmacists working in pharmacies owned by Clicks Group, Dis-Chem and Medi-Rite (corporate pharmacies) did not participate in the study. Permission to conduct research in community pharmacies owned by corporate companies was not permitted in Port Elizabeth.

3.5 ETHICAL CONSIDERATIONS AND PERMISSION TO CONDUCT RESEARCH

Permission to conduct research must be obtained from the relevant institutions before the researcher can recruit and screen the potential participants to determine if they meet the inclusion criteria (Botma *et al.*, 2010:13). The research proposal was submitted to the Nelson Mandela Metropolitan University's Faculty of Health Sciences' Postgraduate Studies Committee

(FPGSC) to obtain the necessary permission prior to the commencement of any data collection. The reference number for ethical clearance granted by the FPGSC to conduct the study is FHSC17-03. The participants were each provided with an informed consent letter (Appendix C) in which the aim, objectives and purpose of the study was stated in detail. The rationale behind providing clear instructions and assuring confidentiality of information is to reduce the likelihood of obtaining biased responses (Suma & Lesha, 2013:47). Each participant was also provided with the necessary procedures regarding the data collection process to enable informed decision regarding participation in the study. Letters requesting permission to conduct the research were submitted to the regional managers of the following large retail groups; Clicks, Dis-Chem and MediRite in the Eastern Cape. Letters requesting to conduct the research were also distributed to the pharmacy group Klinikare in Port Elizabeth. The following essential information was understood before a participant was capable of giving informed consent (National Department of Health; 2008).

- That consent is being given to participate in research;
- The purpose of the research;
- The expected duration of the participant's involvement;
- A description of the procedures to which the participant was subjected, including any experimental procedures that are innovative and have not been used in pharmacy practice.

Information gathered during the data collection process was coded to protect and ensure anonymity, privacy and confidentiality. Care was taken to not harm or injure any of the research participants during the research process. Ethical permission was obtained from each participant by the completion of the informed consent form. The research proposal and ethical considerations was also granted by the Nelson Mandela Metropolitan University's FPGS committee of the Faculty of Health Sciences (25th May 2015, Ref: H15-HEA-HMS-005).

3.6 DATA COLLECTION TOOL

Data collection is the precise and systematic gathering of the data to be able to resolve the research purpose (Botma *et al.*, 2010:131). Collecting data is about using the selected methods of research (Robson, 2002:385). An existing job satisfaction questionnaire, the JDI that has been customised for the study population was used to collect the necessary data for the current research and to measure the job satisfaction levels amongst the pharmacists. The JDI has been used by Le Roux (2006) in comparable studies of job satisfaction for pharmacists in South Africa but in public hospital facilities. The JDI was originally developed by Smith, Kendall, and Hulin (1969) to measure job satisfaction defined as “the feelings a worker has about his job”. Spector (2006:101) adds that the JDI is directed towards specific areas of satisfaction rather than merely global satisfaction and allows for different areas of the job to be independently measured. It requires respondents to describe the work as opposed to directly asking respondents how satisfied they are, thereby ensuring that respondents have a job referent rather than a self-referent. This instrument has been revised in 1985, 1997, and in 2009 (Michalos, 2014:3439). The JDI uses six items to form an index that describes overall job satisfaction. The scale includes single questions to assess the degree of satisfaction with the work itself, supervision, co-workers, pay, promotion opportunities, and the job in general (Fields, 2002:20). The measuring tool is briefly discussed in chapter 2, section 2.12.1. The JDI is internationally one of the most widely used job satisfaction surveys (Grobler *et al.*, 2011:131). The JDI’s validity as an instrument for measuring job satisfaction is proven, and it remains without a doubt “the most carefully constructed measure of job satisfaction in existence today” (Özbilgin *et al.*, 2014:133).

The questionnaires were hand delivered to the pharmacists at the pharmacy facilities and took approximately 10 to 15 minutes to complete, once completed; the questionnaire was placed in a sealed envelope for collection by the researcher after seven days of delivery. Participants were contacted telephonically before collection, to confirm completion of the questionnaire. Follow up telephonic calls were made every week if not completed. The data collection process was conducted from July 2017 – August 2017. In this study, data was collected using a survey in the form of a questionnaire that consisted of three sections. The three sections included the

demographic information, job satisfaction in community pharmacy and strategies for retaining pharmacists in community pharmacy facilities. These components were used to collect the data for the study. The measuring tool is a self-report questionnaire that consists out of three sections and is explained below.

Section A was developed to collect demographic information on the nature of the research population and the known factors that could have an outcome on the various segments of job satisfaction in community pharmacists. The demographic information of the study population included: age, gender, race, South African citizenship, bursary obligations, highest educational qualification level, current working position and years of experience in community pharmacy.

Section B of the questionnaire focused on the JDI which contains the five variables related to job satisfaction which are work, monetary remuneration, customer interaction, promotional opportunities, supervision and co-workers. The JDI was chosen as modified by Luddy (2005:61) as it has been used to study the job satisfaction at a public health institution in the Western Cape on public health employees. The validity and reliability has been found to be accurate according to Luddy (2005:61). The responses were quantified and rated by using a five-point Likert scale. The scale ranged for 1 to 5. Section B consisted of the following headings:

- Work experience in community pharmacy
- Monetary income as a pharmacist
- Customer interaction
- Opportunities for promotion and/or advancement in present job
- Supervisors/Managers in community pharmacy
- My co-workers (pharmacy personnel) in community pharmacy

Section C was developed to explore the positive and negative opinions of the participants in relation to job satisfaction. This section also identified opinions from the respondents to assist in identifying factors which encourage the respondent to remain in the current job and factors which will contribute to the option to resign. These opinions are retention and turnover factors. According to Gaither, Nadkarni, Mott, Schommer, Doucette, Krelling and Pedersen (2007:166), these factors are not considered in the JDI and these factors have an impact on the pharmacist

shortages, quality of care and attraction of pharmacists into the organisation. Section C was used to identify strategies companies or businesses could use to identify aspects of the job which contributed to both retention and turnover of pharmacists. This section is not in the original JDI as it has an impact on other aspects of human resources management, but is vital to identify these factors such as staffing shortages, attraction of potential pharmacists and quality of care provided (Kelly, 2012:219). Section C of the questionnaire was designed primarily for pharmacists to express opinion on the overall positive and negative aspects of the work.

3.6.1 SECTION A: DEMOGRAPHIC INFORMATION

The demographic information was used to describe the characteristics of participants in the study. Section A collected information on the nature of the research population and the known factors that could have an outcome on the various segments of job satisfaction in community pharmacists. The following variables were included in the demographic information:

- Age
- Gender
- Race
- South African citizen
- Highest qualification
- Pharmacy position
- Number of years worked in community pharmacy

A brief discussion of each question asked in section A of the questionnaire is explained below and illustrated in Figure 3.1.

Question 1: The age of the respondents was placed in a box in increments of 10, ranging from 20 years to 69 years. The respondents had to respond by crossing the relevant age range. This information could indicate whether younger or older pharmacists are more satisfied or dissatisfied.

Question 2: The gender of the respondents was required to determine how many male and female respondents were represented in community pharmacies in Port Elizabeth and whether gender has an influence on job satisfaction. Respondents were asked to mark the appropriate box to indicate the gender.

Question 3: The race of the respondents could provide clues to whether all racial groups were represented by the sample and whether job satisfaction or dissatisfaction was limited to one or more racial groups. The race of the respondents was grouped into Black, White, Coloured, Indian and other.

Question 4: The citizenship of the respondents was required to determine whether South African community pharmacists are more satisfied or dissatisfied with their professional practice than their foreign national counterparts in Port Elizabeth.

Question 5: The qualification of the respondents was important to consider when investigating promotion, job satisfaction and career management. The question listed the qualifications of pharmacists in community pharmacy. One or more boxes could be ticked in this question as pharmacists have a degree or diploma in pharmacy as a minimum qualification. Additional or postgraduate qualifications which were not listed were requested by ticking the “other” box.

Question 6: The position of the respondent was required to determine if the various positions of a pharmacist effect level of job satisfaction experienced with respect to work content and work load in a community pharmacy in Port Elizabeth.

Question 7: The number of years employed as a community pharmacist was required to determine if years of experience in community pharmacy have a relation to job satisfaction. Participants were requested to indicate the number of years of their career that they have been working in community pharmacy. The number of years were grouped with a lowest category at 0-4 years and a highest category at 20+ years.

JOB SATISFACTION OF COMMUNITY PHARMACISTS IN PORT ELIZABETH

SECTION A: DEMOGRAPHIC INFORMATION

Please mark the answer with a cross(X) in the appropriate box:

1. What is your age (in years)?

20 - 29	30 - 39	40 - 49	50 - 59	60 - 69
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2. Gender

MALE	FEMALE
------	--------

3. Race

BLACK	WHITE	COLOURED	INDIAN	If OTHER: Please specify.....
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4. South African citizen:

YES	NO
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5. What is your highest educational qualification(s)?

<input type="checkbox"/>	Bachelor of Pharmacy degree or Diploma in Pharmacy
<input type="checkbox"/>	Postgraduate qualification in Management (e.g. Diploma in management or business)
<input type="checkbox"/>	Master's degree
<input type="checkbox"/>	Doctor of Pharmacy (PharmD)
<input type="checkbox"/>	Other qualifications: (Specify)

6. What position are you currently holding (excluding locum pharmacists)?

<input type="checkbox"/>	Responsible pharmacist
<input type="checkbox"/>	Pharmacist
<input type="checkbox"/>	Part-time (half day) pharmacist

7. How many years during your career have you been working in community pharmacy?

0 - 4	5 - 9	10 - 14	15 - 19	20 +
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Figure 3. 1: Job satisfaction of community pharmacists in Port Elizabeth: Section A – Demographic information

3.6.2 SECTION B: JOB SATISFACTION IN COMMUNITY PHARMACY

Section B of the questionnaire measured the level of job satisfaction using the modified JDI. This section of the questionnaire was scored using the five-point Likert scale with 1 being “strongly disagree”, 2- “disagree”, 3- “neutral”, 4- “agree” and five- “strongly agree”. The Likert scale is the most widely used scale and provides an ordinal measure of a respondent’s attitude (Maree, 2012:167). Section B required the respondents to indicate on a Likert type five-point scale the level of agreement or disagreement to the statement made. Section B of the JDI is further discussed in section 3.9 under data collection. The scale includes single questions to assess the degree of satisfaction with the work itself, supervision, co-workers, pay, promotion opportunities, and the job in general (Fields, 2013:20). The middle of the scale is represented by the number 3 which is a point on the scale, described as “neutral”, and indicated uncertainty or ambivalence or “neither disagree” or “neither agree”. All five sub variables on the rating scale contained both negative and positive items. Table 3.1 to Table 3.6 indicate the different sub variables of Section B of the JDI. Respondents were instructed to respond by circling the appropriate number for each item.

Each respondent was requested to complete the six variables of the JDI, namely, work, monetary remuneration, customer interaction, opportunities for promotion, co-workers, and supervision. Respondents indicated their responses to the questions by making an “X” in the appropriate box as indicated by the above-mentioned scale.

Variable 1: Work experience in community pharmacy. This variable measured work experience related to the job content. According to Herzberg’s two factor theory (Grobler *et al.*, 2011:240), job content relates to motivator needs which influences level of job satisfaction. This section contained both positive and negative factors about the job content. The factors measured as illustrated in Table 3.1 were recognition, appreciation and frustrating factors in the job. The researcher needed these factors to determine if the respondents perceive the job negatively or positively.

Table 3. 1: Work experience in community pharmacy

Work experience in community pharmacy	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I find my job very fascinating.	1	2	3	4	5
2. Sometimes I feel my job is meaningless.	1	2	3	4	5
3. When I do a good job, I do not receive the recognition that I should receive.	1	2	3	4	5
4. The rules and procedures make doing the job difficult.	1	2	3	4	5
5. I find my job satisfying.	1	2	3	4	5
6. I find my job boring.	1	2	3	4	5
7. I do feel that the work I do is appreciated.	1	2	3	4	5
8. I enjoy doing the things I do at work.	1	2	3	4	5
9. I feel respected at work.	1	2	3	4	5
10. I find my job tiresome.	1	2	3	4	5
11. I find my job frustrating.	1	2	3	4	5
12. My job gives me a sense of accomplishment.	1	2	3	4	5
13. I feel my job is meaningful.	1	2	3	4	5
14. The system makes doing a good job difficult.	1	2	3	4	5

Variable 2: Monetary remuneration as a pharmacist. Pay or monetary remuneration according to Herzberg's two factor theory is reflected by a hygiene factor (Daft, 2012:471). When hygiene factors are poor or absent, work is dissatisfying according to Grobler *et al.* (2011:239). As illustrated in Table 3.2, the researcher needed the respondents to indicate the level of satisfaction with monetary remuneration earned.

Table 3. 2: Monetary remuneration as a pharmacist

Monetary remuneration as a pharmacist	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
2.1. My income is adequate for my normal expenses.	1	2	3	4	5
2.2. I can barely live on my income.	1	2	3	4	5
2.3. My income can provide luxuries.	1	2	3	4	5
2.4. Raises are too few and far between.	1	2	3	4	5
2.5. My income is less than I deserve.	1	2	3	4	5
2.6. I am not satisfied with the benefits I receive.	1	2	3	4	5
2.7. I feel I am paid a fair amount for the work I do.	1	2	3	4	5

Variable 3: Customer Interaction: As illustrated in Table 3.3, this section is focused on the relationship between the respondent and the customer. The interaction with customers can be related to Herzberg’s two-factor theory as a motivator factor. Motivators focus on high level needs and include achievement, recognition, responsibility and opportunity for growth (Daft, 2012:472). The responses of the respondents indicated whether customers recognise, appreciate and value pharmaceutical services offered. Recognition for personal growth are powerful motivator and should promote high job satisfaction and performance (Daft, 2012:472).

Table 3. 3: Customer interaction in community pharmacy

Customer Interaction	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
3.1. Customers ask my advice.	1	2	3	4	5
3.2. Customers are hard to please.	1	2	3	4	5
3.3. Customers are impolite.	1	2	3	4	5
3.4. Customers are tactful.	1	2	3	4	5
3.5. Customers are grateful.	1	2	3	4	5
3.6. Customers are quick tempered.	1	2	3	4	5
3.7. Customers respect me.	1	2	3	4	5

Variable 4: Opportunities for promotion and/or advancement in present job. Özbilgin *et al.* (2014:133) argued that, employees are dissatisfied when individuals are stuck in a job that does not have promotional opportunities. The statements illustrated in Table 3.4 indicated how the respondents perceived promotion or advancement in the present job. The researcher used promotion as an aspect to consider when measuring job satisfaction.

Table 3. 4: Opportunities for promotion and/or advancement in present job

Opportunities for promotion and/or advancement in present job	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
4.1. There is too little chance for promotion in my job.	1	2	3	4	5
4.2. Those who do well in the job, stand a better chance of being promoted.	1	2	3	4	5
4.3. Opportunities for promotion are limited.	1	2	3	4	5
4.4. I am in a dead-end job.	1	2	3	4	5
4.5. The promotion policy is fair.	1	2	3	4	5
4.6. I stand a good chance for promotion.	1	2	3	4	5
4.7. I do not agree with the promotion policy.	1	2	3	4	5

Variable 5: Co-workers. Lack of teamwork, unfriendliness among co-workers and rivalries among employees are reported to have a major negative effect on employee job satisfaction (Grobler *et al.*, 2011:131). Co-workers in community pharmacy consists of pharmacy staff. This section as illustrated in Table 3.5 measured how the respondents perceive the interpersonal relationship with co-workers and the influence of this interaction on job satisfaction.

Table 3. 5: Co-workers in community pharmacy

My co-workers (pharmacy personnel) in community pharmacy	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5.1. My co-workers are lazy.	1	2	3	4	5
5.2. My co-workers are smart.	1	2	3	4	5
5.3. My co-workers are unpleasant.	1	2	3	4	5
5.4. I like the people I work with.	1	2	3	4	5
5.5. My co-workers are loyal.	1	2	3	4	5
5.6. My co-workers talk too much.	1	2	3	4	5
5.7. My co-workers are responsible.	1	2	3	4	5
5.8. My co-workers are always complaining about something.	1	2	3	4	5
5.9. My co-workers feel like family.	1	2	3	4	5
5.10. I do not trust my co-workers.	1	2	3	4	5
5.11. I attend team-building workshops with my co-workers.	1	2	3	4	5

Variable 6: Supervisors/Managers. This sub variable in the questionnaire as illustrated in Table 3.6 measures the relationship between the respondent and the supervisor or manager. Robbins and Coulter (2014:55) explain that supervision forms an essential role relating to job satisfaction in terms of the ability of the supervisor to provide emotional and practical support and leadership with work- related responsibilities. Insensitive, incompetent, and uncaring supervisors seem to have a negative effect on employee job satisfaction. This includes unfair, biased treatment by

supervisors, failure of supervisors to listen and respond to employees' problems or concerns and problems with management communication credibility (Grobler *et al.*, 2011:131).

Table 3. 6: Supervisors/Managers in community pharmacy

Supervisors/Managers		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
6.1.	My supervisor is unfair to me.	1	2	3	4	5
6.2.	My supervisor shows little interest in the feelings of the subordinates.	1	2	3	4	5
6.3.	I get along well with my supervisor.	1	2	3	4	5
6.4.	My supervisor is around when needed.	1	2	3	4	5
6.5.	My supervisor is annoying.	1	2	3	4	5
6.6.	My supervisor is tactful.	1	2	3	4	5
6.7.	My supervisor praises good work.	1	2	3	4	5
6.8.	My supervisor is hard to please.	1	2	3	4	5
6.9.	My supervisor has a background in pharmaceutical care.	1	2	3	4	5

3.6.3 SECTION C: STRATEGIES FOR RETAINING PHARMACISTS

Employee retention is defined as the process in which employees are encouraged to remain with the organisation for the maximum period possible (Gayathri, Sivaraman & Kamalambal, 2012). Section C of the questionnaire was to identify opinions from the respondents to assist in employment factors which encourage the respondent to remain in the current job and factors which will contribute to the option to resign. Section C contained two parts. The first part was intended to find how the respondent distinguish the effectiveness of the commonly used retention strategies in human resources management. The strategies were listed in a table format as illustrated in Figure 3.2. Section C consisted of both close-ended questions and two open ended questions. Close ended questions are questions in which the respondents' answers are limited to the choices proposed (Maree, 2012:160). Struwig and Stead (2013:95) explain

open-ended questions are questions that the respondents are free to answer and to express any ideas in relation to the question. A Likert scale was used to rate the responses from 1 to 5 where 1 was “least effective” while 5 was “most effective”. The rating scale used was different from Section B of the questionnaire. The scores of 1 and 2 (less effective) were grouped together and the scores of 4 and 5 (more effective) were grouped together during the interpretation of the results for affluence of discussion. The second part of Section C which consisted of two open-ended questions allowed the respondents to express opinions regarding the factors for retention and resignation. The open-ended responses were analysed qualitatively and themes were identified accordingly. Figure 3.2 illustrated Part C of the questionnaire as discussed above.

SECTION C: STRATEGIES FOR RETAINING PHARMACISTS IN COMMUNITY PHARMACY

1. What strategies do you think would be effective in retaining pharmacists in the retail setting?
Rate the following with 1 being “least effective” and 5 “most effective”

	Least effective	←————→			Most effective
	1	2	3	4	5
1. Competitive financial package.	1	2	3	4	5
2. Fringe benefits i.e. 13 th cheque, housing subsidy, medical aid, car allowance, December leave.	1	2	3	4	5
3. Favourable working hours.	1	2	3	4	5
4. Acceptable overtime pay.	1	2	3	4	5
5. Stimulating working environment.	1	2	3	4	5
6. Working environment that allows you to practice pharmacy skills.	1	2	3	4	5
7. Working environment that allows continues professional development.	1	2	3	4	5
8. Recognition/Reward for good performance.	1	2	3	4	5
9. Personal development.	1	2	3	4	5

2. In your opinion, what aspects of your job and employment conditions encourage you to stay in this position?

.....

3. What aspects of your job and employment conditions could cause you to resign from your position?

.....

Thank you for participating in this survey. Your contribution is appreciated. If you would like to obtain a copy of the results of the study, please send an e-mail to s206002564@nmmu.ac.za

Thank you

Figure 3. 2: Job satisfaction of community pharmacists in Port Elizabeth: Section C – Strategies for retaining pharmacists in community pharmacy

3.7 PILOT STUDY

A pilot study is a small-scale version of the study, whereas a pre-test only tests some aspects of the study such as the usability of the measuring tool and recording forms. It is usually done on a few participants that meet the inclusion criteria (Botma *et al.*, 2010:275). The questionnaire was piloted to one eligible pharmacist working in community pharmacies around the Uitenhage and Despatch areas in the Nelson Mandela Bay Metropole prior to commencement of the study. Only one pharmacist qualified to participate in the pilot study. The pilot study commenced after the research proposal was accepted and ethical clearance have been gained by the Nelson Mandela Metropolitan University's Faculty Post-Graduate studies committee (FPGSC). The following aspects were reviewed whilst conducting the pilot study:

- The feasibility of the study and the measuring instrument
- The importance and value of the questionnaire content and testing protocol

(Thomas, Nelson & Silverman, 2005).

3.8 DATA ANALYSIS AND INTERPRETATION

The data from the quantitative study were analysed using descriptive statistics by a qualified NMMU statistician. Data collected from the pharmacists were captured, coded and analysed using Microsoft Excel®.

Descriptive statistics uses a technique where raw data are employed to produce more logical and understandable information (Mendenhall & Beaver, 2013: 51). The raw data gathered for the variables (work, remuneration, customer, promotion and supervision) was expressed in numerical values and presented in the form of means and standard deviations. By using means and standard deviations, the researcher discovered the distribution and the variance within the distribution of the key concepts and variables studied (Mendenhall & Beaver, 2013:51). The mean is the most commonly used measure of location and is calculated as the arithmetic average of all the data values (Maree, 2012:187).

The Cronbach's alpha coefficient is used to measure the internal reliability of an instrument (Maree, 2012:216). Guidelines for the interpretation of Cronbach's alpha coefficient have been suggested and the following seem generally accepted by researchers (Struwig & Stead, 2013:141):

- 0.90 - high reliability
- 0.80 - moderate reliability
- 0.70 - low reliability

From the above discussion, it can be concluded that if the items are strongly correlated with each other, the internal consistency is high and the alpha coefficient will be close to one.

The Pearson product moment-correlation coefficient was used to measure the strength of the linear relationship between two quantitative variables of the JDI. This coefficient is a measure of the strength of the linear relationship between two quantitative variables (Maree, 2012:238). It examines the strength and direction as follows (Struwig & Stead, 2013:168):

- - 1.00 - A perfect negative relationship
- + 1.00 - A perfect positive relationship
- 0.00 - representing no relationship between the two variables

The independent samples t-test was used to test whether significant differences exist between the mean variable scores for age and years of experience in community pharmacy. A commonly used significance level of the p-value is the 5% significance. The p-value less than 0.05 indicates a statistically significant difference between the two groups at the 5% level (Matshotyana, 2009:96). The probability test was also calculated to determine the probability relationship between the variables with age and years of experience in community pharmacy.

3.9 RESPONSE RATE

As previously discussed in section 3.6, the questionnaire was distributed to pharmacies where a pharmacist is employed by the owner or employed as a second pharmacist. The participants had no legal ownership or shares in the pharmacies. A total of 48 pharmacies were approached by the researcher, 27 questionnaires were distributed to eligible participants which met the study requirements, 23 questionnaires were returned, and four was not returned. Thus, giving a response rate of 85%, which is moderately high. Response rates of, or close to 100% are rare (Smith, 2010:108). The high response rate can be contributed by the participants having a strong interest in the finding of the study.

3.10 SUMMARY

Chapter 3 has described the process of engagement by the researcher in conducting the study. Consideration was given to the research design, research site and population, sampling, and data collection method. The data collection tool was also discussed in detail and a description of how data was collected was also provided. Ethical considerations for the conduct of the study were highlighted. The researcher also discussed the data analysis and criteria for statistical interpretation of data used in the study.

Chapter 4 discusses the results and the interpretation of the data.

CHAPTER 4
RESULTS AND DISCUSSION

4.1 INTRODUCTION

The results of the study are presented, analysed and discussed according to the objectives of the study in this chapter. Variables affecting the job satisfaction of respondents is presented.

The sections of analysis and interpretation in this chapter are presented as follows:

- Analysis and interpretation of the questionnaire
- Summary of variables
- Reliability and correlation analysis of the questionnaire

4.2 DEMOGRAPHIC INFORMATION OF RESPONDENTS

4.2.1 AGE

The age of the respondents was captured in 10-year age categories from 20 to 69 years. Most of the respondents were between the range category of 30 - 39 years of age (n = 7 or 30.44%) as seen in Table 4.1. The minority of the respondents were between the age categories of 40 - 49 (n = 3, 13.04%).

Table 4. 1: Age and gender of respondents

Age groups (in years)	Gender		Total for both genders (n)	Percentage
	Male	Female		
20 - 29	0	5	5	21.74%
30 - 39	3	4	7	30.44%
40 - 49	0	3	3	13.04%
50 - 59	0	4	4	17.39%
60 - 69	1	3	4	17.39%
TOTAL	4	19	23	100%

4.2.2 GENDER

Table 4.1 presents descriptive statistics for the gender of respondents. The sample consisted of a total of 23 respondents where 82.61% (n=19) were female and 17.49% (n=4) were male. Thus, more females than males participated in the study.

There are currently 8921 female pharmacists and 5560 male pharmacists registered with the South African Pharmacy Council (2017). The pressure is on women by society to make career versus family-life choices that are not typically encountered by men (Carvajal & Hardigan, 2000:420). Female pharmacists have made great strides in the pharmaceutical environment and a survey showed that women appreciate personal growth and interesting responsibilities (Kelly, 2012:380). Results of the ratio of female pharmacists in comparison to male respondents is in alignment with the evidence provided in the literature. Figure 4.1 illustrates the distribution of males and females in this study, it was noted that there were no male respondents in the age groups 20 to 29 years, 40 to 49 years and 50 to 59. Three male respondents were in the age group 30 to 39 years and one male respondent in the age group 60 to 69 years.

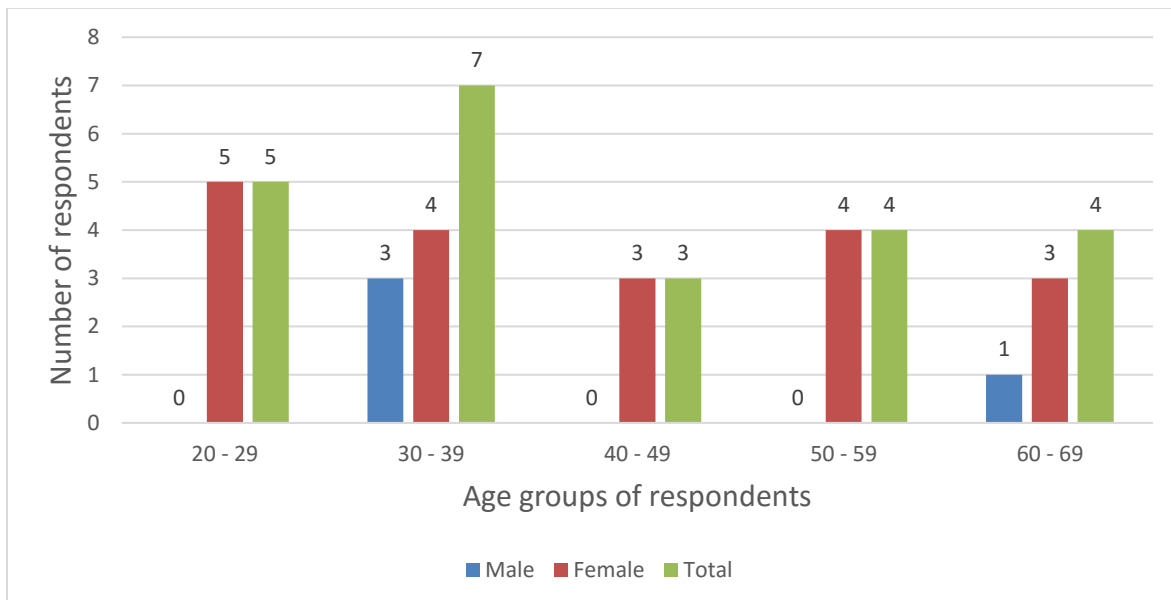


Figure 4. 1: Age and gender distribution of respondents (n = 23)

4.2.3 RACE AND CITIZENSHIP

All the respondents were South African citizens and the racial distribution is represented in Table 4.2.

Table 4. 2: Race of respondents

Race	n	Percentage
Black	3	13.04%
White	18	78.26%
Coloured	1	4.35%
Indian	1	4.35%
Total	23	100%

Table 4.3 represents the number of registered pharmacists by race with the South African Pharmacy Council. The 18 white predominant respondents in the current study is in alignment with the number of registered white pharmacists in South Africa.

Table 4. 3: Number of registered pharmacists by race in South Africa

Role Type	Asian	Black African	Black Coloured	White	Unknown	Total
Pharmacist	3023	3199	540	7719	40	14521

(*Source: The South African Pharmacy Council, 2017)

4.2.4 EDUCATIONAL QUALIFICATIONS

All the respondents held a Bachelor of Pharmacy degree or a diploma in Pharmacy. This is the minimum qualification compulsory for a pharmacist to register with the South African Pharmacy Council as a pharmacist. Only two of the respondents had postgraduate qualifications (one postgraduate qualifications in business management and one Master's degree in Pharmacy). Certificate training programs are offered by both national and state pharmacy organisations (such as pharmaceutical stock management and leadership programs), pharmacy schools and other educational institutions across South Africa (South African Pharmacy Council, 2015). Being a pharmacist means being a lifelong learner and the primary way is through continual professional development (Kelly, 2012:27). One male and one female respondent in the age

group 30 to 39 years had postgraduate qualifications and one female respondent in the age group 60 to 69 had a qualification in education.

4.2.5 POSITION

As seen in Table 4.4, 47.83% (n=11) held a pharmacist position and 17.39% (n=4) held the position as a part-time pharmacist.

Table 4. 4: Position of respondents in community pharmacy

Position	n	Percentage
Responsible pharmacist	8	34.78%
Pharmacist	11	47.83%
Part-time pharmacist	4	17.39%
TOTAL	23	100%

4.2.6 YEARS OF EMPLOYMENT IN COMMUNITY PHARMACY

The results in Table 4.5 illustrate the years of experience of the respondents in community pharmacy.

Table 4. 5: Years of experience of the respondents in community pharmacy

Years	n	Percentage
0 - 4	6	26.08%
5 - 9	3	13.04%
10 - 14	7	30.43%
15 - 19	1	4.37%
20 +	6	26.08%
TOTAL	23	100%

Seven of the respondents (30.43%) had working experience in community pharmacy between 10 and 14 years, while 26.08% of the respondents had less than five years' experience and another 26.08% had more than 20 years' experience in community pharmacy.

4.3 JOB SATISFACTION IN COMMUNITY PHARMACY

As discussed in section 3.6.2, Section B of the questionnaire measured the level of job satisfaction using the modified Job Descriptive Index (JDI). Section B required the respondents to indicate on a Likert type five-point scale the level of disagreement or agreement to a statement made. The scores for “DISAGREE” and “STRONGLY DISAGREE” were grouped together and the scores for “AGREE” and “STRONGLY AGREE” were also grouped together for ease of discussion.

4.3.1 WORKING EXPERIENCE IN COMMUNITY PHARMACY

Fourteen items in this section of the JDI measured work experience related to the job content. The positive items were included in numbers 1, 5, 7, 8, 9, 12 and 13. The negative items were addressed in numbers 2, 3, 4, 6, 10, 11 and 14. The results are tabulated in Table 4.6.

Table 4. 6: Working experience in community pharmacy

Working experience		n	Disagree		Neutral		Agree	
1	I find my job very fascinating.	23	4	17%	6	26%	13	57%
2	Sometimes I feel my job is meaningless.	23	17	74%	1	4%	5	22%
3	When I do a good job, I do not receive the recognition that I should receive.	23	7	30%	6	26%	10	44%
4	The rules and procedures make doing the job difficult.	23	15	65%	3	13%	5	22%
5	I find my job satisfying.	23	1	4%	7	30%	15	65%
6	I find my job boring.	23	15	65%	5	22%	3	13%
7	I do feel that the work I do is appreciated.	23	5	22%	5	22%	13	57%
8	I enjoy doing the things I do at work.	23	1	4%	9	39%	13	57%
9	I feel respected at work.	23	3	13%	6	26%	14	61%
10	I find my job tiresome.	23	10	44%	5	22%	8	34%
11	I find my job frustrating.	23	11	48%	7	30%	5	22%
12	My job gives me a sense of accomplishment.	23	3	13%	5	22%	15	65%
13	I feel my job is meaningful.	23	2	8%	5	22%	16	70%
14	The system makes doing a good job difficult.	23	13	57%	5	22%	5	22%

* Scores in bold indicate the majority selection of item.

The results of the positive items for work experience or job content is summarised as follows:

- Fifteen (65%, n = 23) respondents agreed that, “I find my job satisfying”.
- Fourteen (61%, n = 23) respondents agreed that, “I feel respected at work”.

- Fifteen (65%, n = 23) respondents agreed that, “My job gives me a sense of accomplishment”.
- Sixteen (70%, n = 23) respondents agreed that, “I feel my job is meaningful”.

As illustrated above and in Table 4.6, there was a general feeling of satisfaction with respect to job content. The respondents agreed with the above mentioned positive items. The satisfaction with work experience and job content can also be reinforced with the disagreement of the respondents to the following negative items:

- Fifteen (65%, n = 23) respondents disagreed that, “The rules and procedures make doing the job difficult”.
- Fifteen (65%, n = 23) respondents disagreed that, “I find my job boring”.

Ten (44%, n = 23) of the respondents agreed that no recognition is received for good performance, this item is both managerial and customer interaction based, although 57% (13, n = 23) of the respondents agreed that there is a feeling of appreciation from the work done.

As discussed and illustrated under the section on work experience, it is important to note that the work done by the respondents are significant and of worth. There is a level of satisfaction with the job content as indicative from the above results.

4.3.2 MONETARY REMUNERATION IN COMMUNITY PHARMACY

The purpose of monetary remuneration as a variable was to determine the insight pharmacists have regarding the income in community pharmacy. This attitude towards monetary remuneration can determine how satisfied the respondents are towards the job. The positive items occurred in numbers 1, 3 and 7 and the negative items were found in numbers 2, 4, 5, and 6. The results are tabulated in Table 4.7.

Table 4. 7: Monetary remuneration as a pharmacist in community pharmacy

Remuneration		n	Disagree		Neutral		Agree	
1	My income is adequate for my normal expenses.	23	6	26%	8	34%	9	39%
2	I can barely live on my income.	23	16	70%	6	26%	1	4%
3	My income can provide luxuries.	23	10	44%	5	22%	8	34%
4	Raises are too few and far between.	23	4	17%	9	39%	10	44%
5	My income is less than I deserve.	23	4	17%	10	44%	9	39%
6	I am not satisfied with the benefits I receive.	23	7	30%	7	30%	9	39%
7	I feel I am paid a fair amount for the work I do.	23	6	26%	8	34%	9	39%

* Scores in bold indicate the majority selection of item.

As illustrated in Table 4.7, there is a general neutral response with the positive items and can be reinforced by the neutral responses to the negative items. Although

- Ten (44%, n = 23) respondents agreed that, “Raises are too few and far between”.
- Nine (39%, n = 23) respondents agreed that, “I am not satisfied with the benefits I receive”.

There was an inconsistency in the response to the negative item, “My income is less than I deserve”, where 44% (10, n = 23) affirmed this statement. It should be noted that the answers fall in the “neutral” zone, which could be indicative of uncertainty or not feeling strongly about the question posed. In contrast, 70% (16, n = 23) of the respondents indicated a disagreement to the negative item, “I can barely live on my income”, which indicates that the respondents are content with their income.

According to Maslow’s (1954) need hierarchy theory, remuneration can serve a motivator only if it is a means to satisfy a need. Robbins and Coulter (2014:278) reasons that if remuneration as a reward can cause dissatisfaction, it obviously affects behaviour and employee performance.

From the discussion mentioned above, the respondents indicated a neutral response with the remuneration earned in community pharmacies, although 39% (9, n=23) indicated that they felt the income they receive is fair. Monetary remuneration as a factor to job satisfaction should be considered as a retention strategy for pharmacists in community pharmacies.

4.3.3 CUSTOMER INTERACTION IN COMMUNITY PHARMACY

The services or goods offered by a pharmacist is called pharmaceutical care. Pharmaceutical care is a philosophy of practice in which the patient is the primary beneficiary of the pharmacist's action (Hepler & Strand, 1990:533). Hepler and Strand (1990:533) further explain that pharmaceutical care focuses the attitudes, behaviours, concerns, ethics, knowledge, responsibilities and skills of the pharmacist on the provision of drug therapy with the goal of achieving definite therapeutic outcomes toward patient health and quality of life. An important activity in the pharmaceutical care process is the building of a customer pharmacist relationship as customer satisfaction with the customer - service provider relationship improves compliance with treatment (Toothelien *et al.*, 2012:376). According to Daft (2012:70), customers are people and organisations in the environment that acquire goods or services from the organisation. Many community pharmacists believe that pharmaceutical care and effective patient interaction is the right direction for pharmacy, but some feel that the workload is impossibly high (Kelly, 2012:174). The positive items in customer interaction were embedded in numbers 1, 5, and 7. The negative items were situated in numbers 2, 3, 4, and 6. The results are tabulated in Table 4.8.

Table 4. 8: Customer interaction in community pharmacy

Customer Interaction		n	Disagree		Neutral		Agree	
1	Customers ask my advice.	23	0	0%	0	0%	23	100%
2	Customers are hard to please.	23	9	39%	4	17%	10	44%
3	Customers are impolite.	23	8	34%	8	34%	7	30%
4	Customers are tactful.	23	4	17%	9	39%	10	44%
5	Customers are grateful.	23	2	8%	8	34%	13	57%
6	Customers are quick tempered.	23	9	39%	8	34%	6	26%
7	Customers respect me.	23	3	13%	6	26%	14	61%

* Scores in bold indicate the majority selection of item.

The results for customer interaction can be summarised as follows:

- Thirteen (57%, n = 23) respondents agreed that, "Customers are grateful".
- Fourteen (61%, n = 23) respondents agreed that, "Customers respect me".

As illustrated in Table 4.8, there was a general agreement of satisfaction with customer interaction as the respondents agreed with the above mentioned positive items.

The items “Customers are impolite” with 34% (8, n =23), “Customers are tactful” with 39% (9, n = 23) and “Customers are quick tempered” with 34% (8, n = 23) of the responses being neutral or uncertain, lacked consensus with respect to the disagreement with the negative items, where 44% agreed that, “Customers are hard to please”.

The positive responses from the respondents on customer interaction can be an indication that the respondents are satisfied with customer interaction and should not be a negative indicator of job satisfaction by the employers.

4.3.4 PROMOTION AND/OR ADVANCEMENT IN COMMUNITY PHARMACY

Promotion is defined as the reassignment of an employee to a higher-level job or the upward internal move in an organisation that usually involves greater responsibility and authority along with increases in remuneration, benefits and privileges (Grobler *et al.*, 2011:262). Özbilgin *et al.* (2014:133) argued that as reported by Hulin (1968), employees are dissatisfied when individuals are stuck in a job that does not have promotional opportunity. The attitude towards promotion can give an indication on how satisfied the respondent are towards advancement in their current job. The positive items were situated in numbers 2, 5, and 6. The negative items were included in numbers 1, 3, 4, and 7. The results are tabulated in Table 4.9.

Table 4. 9: Promotion and/or advancement opportunities in community pharmacy

Promotion/Advancement		n	Disagree		Neutral		Agree	
1	There is too little chance for promotion in my job.	23	4	17%	4	17%	15	65%
2	Those who do well in the job, stand a better chance of being promoted.	23	7	30%	6	26%	10	44%
3	Opportunities for promotion are limited.	23	3	13%	6	26%	14	61%
4	I am in a dead-end job.	23	7	30%	8	34%	8	34%
5	The promotion policy is fair.	23	3	13%	12	52%	8	34%
6	I stand a good chance for promotion.	23	5	22%	13	57%	5	22%
7	I do not agree with the promotion policy.	23	5	22%	16	70%	2	8%

* Scores in bold indicate the majority selection of item.

As illustrated in Table 4.9, there was a general response of disagreement with the positive items. The responses for promotional opportunities were negative in most items and can be reinforced by the agreement of the negative items:

- Fifteen (65%, n = 23) respondents agreed that, “There is too little chance for promotion in my job”.
- Fourteen (61%, n = 23) respondents agreed that, “Opportunities for promotion are limited”.

Neutral responses can be noted for the following items:

- Eight (34%, n = 23) were uncertain if they are in a dead-end job.
- Sixteen (70%, n = 23) were uncertain if they do not agree with the promotion policy.

In community pharmacy, the position of responsible pharmacist is the highest position that can be occupied in a pharmacy. There is no further growth according to the negative responses from the respondents. The second highest position is a pharmacist, followed by a part-time pharmacist. The roles and responsibilities of a responsible pharmacist is more than that of a pharmacist. A major consideration in community pharmacy staffing process is whether higher level positions can be filled from within the pharmacy (Toothelien *et al.*, 2012:285).

The findings from the above analyses indicate a negative finding for the employers and indicates that promotion or advancement is a factor in dissatisfaction experienced within the community pharmacy setting. Grobler *et al.* (2011:343) explain that one important way to attract, retain and motivate employees, is through a systematic programme of career development. Promotion or advancement as a factor should be considered as a retention strategy for pharmacists in community pharmacies.

4.3.5 CO-WORKERS IN COMMUNITY PHARMACY

Grobler *et al.* (2011:130) report that co-worker relations in general have been identified as one of the elements to influence employee job satisfaction. This variable determined the

interpersonal relationship the respondent has at work. The co-workers in this study refer to pharmacy personnel in community pharmacy (front shop assistants, pharmacists, and pharmacy support staff, i.e. pharmacist assistants, pharmacy technicians, pharmacist intern). The positive items were found in numbers 2, 4, 5, 7, 9 and 11. The negative items were situated in numbers 1, 3, 6, 8 and 10. The results are tabulated in Table 4.10.

Table 4. 10: Co-workers (pharmacy personnel) in community pharmacy

Co-Workers		n	Disagree		Neutral		Agree	
1	My co-workers are lazy.	23	12	52%	8	34%	3	13%
2	My co-workers are smart.	23	2	8%	8	34%	13	57%
3	My co-workers are unpleasant.	23	18	78%	3	13%	2	8%
4	I like the people I work with.	23	0	0%	6	26%	17	74%
5	My co-workers are loyal.	23	1	4%	9	39%	13	57%
6	My co-workers talk too much.	23	7	30%	11	48%	5	22%
7	My co-workers are responsible.	23	3	13%	6	26%	14	61%
8	My co-workers are always complaining about something.	23	7	30%	9	39%	7	30%
9	My co-workers feel like family.	23	4	17%	8	34%	11	48%
10	I do not trust my co-workers.	23	12	52%	9	39%	2	8%
11	I attend team-building workshops with my co-workers.	23	9	39%	4	17%	10	44%

* Scores in bold indicate the majority selection of item.

The results for the positive items for the relationship with co-workers are summarised as follows:

- Thirteen (57%, n = 23) respondents agreed that, “My co-workers are smart”.
- Seventeen (74%, n = 23) respondents agreed that, “I like the people I work with”.
- Fourteen (61%, n = 23) respondents agreed that, “My co-workers are responsible”.

As illustrated in Table 4.10 and in the above points, there was a general satisfaction with the interpersonal relationship at work amongst the respondents. The general satisfaction with the interpersonal relations at work amongst the respondents can be reinforced with 18 (78%, n = 23) respondents who disagreed with the item, “My co-workers are unpleasant”.

According to Maslow’s hierarchy of needs theory, the relationship with co-workers can be related to the affiliation need and therefore cannot be ignored or underestimated. Daft (2012:543) explains that effective relationship and teamwork provides multiple opportunities for people to

satisfy individual needs and to develop both personally and professional. In community pharmacy being a healthcare professional means being part of a team that is focused on one goal, helping the patient achieve better health (Kelly, 2012:101).

Findings from the above analyses indicates that pharmacy personnel do not contribute to dissatisfaction within the community pharmacy setting.

4.3.6 SUPERVISOR/MANAGER IN COMMUNITY PHARMACY

Supervisors or managers are a representation of an organisation, they are supportive and helpful, and employees perceive the organisation as the same (Daft, 2012:153). The positive items were found in numbers 3, 4, 6, 7 and 9. The negative items were displayed in numbers 1, 2, 5 and 8. The results are tabulated in Table 4.11.

Table 4. 11: Supervisors/managers in community pharmacy

Supervisor		n	Disagree		Neutral		Agree	
1	My supervisor is unfair to me.	23	13	57%	5	22%	5	22%
2	My supervisor shows little interest in the feelings of the subordinates.	23	14	61%	4	17%	5	22%
3	I get along well with my supervisor.	23	2	8%	2	8%	19	83%
4	My supervisor is around when needed.	23	4	17%	6	26%	13	57%
5	My supervisor is annoying.	23	17	74%	4	17%	2	8%
6	My supervisor is tactful.	23	4	17%	4	17%	15	65%
7	My supervisor praises good work.	23	5	22%	8	34%	10	44%
8	My supervisor is hard to please.	23	10	44%	8	34%	5	22%
9	My supervisor has a background in pharmaceutical care.	23	1	4%	1	4%	21	92%

* Scores in bold indicate the majority selection of item.

There was a strong agreement with the following positive items for supervisors/managers:

- Nineteen (83%, n = 23) respondents agreed that, “I get along well with my supervisor”.
- Twenty-one (92%, n = 23) respondents agreed that, “My supervisor has a background in pharmaceutical care”.

As illustrated in Table 4.11, there was a general feeling of satisfaction with respect to the relationship with the supervisor or manager. As mentioned in Chapter 2, Herzberg (1966) proposed that recognition was a motivator and classified as an intrinsic factor to job satisfaction.

Herzberg believed that when motivators are absent, employees are neutral towards work, but when motivators are present, workers are highly motivated and satisfied. (Daft, 2012:472). Therefore, it was established that 44% (10, n = 23) of the respondents do not receive any recognition for work done. Supervisors and managers should therefore be aware that recognition must be in place before employees will be highly motivated to excel in their work.

The respondents also disagreed with the negative items such as “My supervisor is unfair to me” (57%, 13; n=23), “My supervisor shows little interest in the feelings of the subordinates” (61%, 14; n=23) and “My supervisor is annoying” (74%, 17; n=23).

From the above analyses, it can be concluded that the respondents have a good working relationship with their supervisors or managers and that the supervisors are not perceived as a problem area within the community pharmacy setting.

4.4 RETAINING PHARMACISTS IN COMMUNITY PHARMACY

As discussed in Section 3.6.3, the respondents were provided with a list of retention strategies and they were asked to rate the strategies in order of effectiveness. Section C of the questionnaire also included two open-ended questions to explore the positive and negative opinions of respondents in relation to job satisfaction. The opinions of the respondents were grouped into “themes” for analysis since the responses were qualitative in nature. Themes was created for differences and similarities in the statements received from the respondents. A total of 29 responses were received relating to employment conditions which encourages participants to remain in their current job. A total of 23 responses were received relating to employment conditions which could cause participants to resign from their current job. The analysis of the responses for retention strategies and the two-open ended questions is discussed below.

4.4.1 RETENTION STRATEGIES

Job satisfaction and motivation play an important role in job retention and increased productivity of health workers which in turn improves health system performance (Ahmad, Khan, Elkalmi,

Jamshed, Nagappa, Patel, & Balkrishnan, 2016:9). Effective employee retention is a systematic effort by employers to create and foster an environment that encourages current employees to remain employed by having policies and practices in place that address the diverse needs of the employees (Mathimaran & Kumar, 2017:17). Respondents were asked to rate nine items that relate to employee retention on a 5-point Likert scale. The scores of 1 and 2 (less effective) were grouped together and the scores of 4 and 5 (more effective) was grouped together during the interpretation of the results for affluence of discussion. The list of strategies is listed and results are summarised in Table 4.12.

Table 4. 12: Strategies for employee retention

Strategies	n	Mean	Least effective		Neutral		Most effective	
Competitive financial package	23	4.35	0	0%	3	13%	20	87%
Fringe benefits (i.e. 13 th cheque, housing subsidy, medical aid, car allowance, December leave).	23	4.04	2	8%	3	13%	18	78%
Favourable working hours.	23	4.04	1	4%	6	26%	16	70%
Acceptable overtime pay.	23	4.09	1	4%	4	17%	18	78%
Stimulating working environment.	23	3.96	0	0%	8	34%	15	65%
Working environment that allows you to practice pharmacy skills.	23	4.17	0	0%	5	22%	18	78%
Working environment that allows continues professional development.	23	4.13	0	0%	4	17%	19	83%
Recognition/Reward for good performance.	23	4.13	1	4%	5	22%	17	74%
Personal development.	23	4.30	0	0%	3	13%	20	87%

*Scores in bold indicate the majority selection of item.

From the above analysis and illustration in Table 4.12, the means of the strategies were high and even closer to 5 which indicates the “most effective” score. The most important retention strategies were financial package, fringe benefits, acceptable overtime remuneration, good personal development job, working environment that allows pharmacy practice and continual professional development. The retention strategies listed in Table 4.13 can therefore not be disregarded when retaining pharmacists in community pharmacies.

4.4.2 POSITIVE ASPECTS OF THE JOB

The first open-ended question focused on positive factors about pharmacists' current job. Mutual themes were identified from the responses obtained. The respondents were requested to identify aspects of the job and employment conditions (positive aspects) which encouraged the respondent to remain in the current job. According to Gaither *et al.* (2007:165) to address health care shortages in an organisation, it is important to understand why employees resign or stay in an organisation.

In Table 4.13 the following themes were regarded as positive factors by the respondents:

Table 4. 13: Positive factors about community pharmacy

Themes	Illustrative mentioned	Responses	
		Number (n)	%
Customer interaction	Empathy for patients Good customer relationship Make a difference everyday Customer interaction Patient satisfaction	7	24
Environment	Pleasant working conditions Familiar working environment	2	7
Job complacence	Know the business and customers' history No vacancies in government/public pharmacies	2	7
Job independence	Independent decision making	3	10
Personal development	Job is rewarding from a personal growth Improve language experience and breaking language barriers	2	7
Professional development	"Learning new development and experiences"	1	3
Promotional opportunities	Possibility of moving up the company	1	3
Relations with co-workers	Unity amongst co-workers Good relationship with co-workers Friendly co-workers	3	10
Salaries	Salary is good Income is a positive aspect	2	7
Working hours	Favourable working hours Half day hours Off on public holidays and weekends	6	21
TOTAL		29	100

As illustrated in Table 4.13, 24% (7, n = 23) reported satisfaction with customer interaction in community pharmacy. Pharmacists in community pharmacies spend much of their time at work interacting with customers. One respondent indicated that *“I have built up a good customer base, and I enjoy knowing them and their histories”*. Six (21%, n=23) respondents were satisfied with the favourable working hours. Four of the six respondents which indicated this were part-time employed pharmacists, who worked five hours per day or 40 hours per week. Two (7%, n = 23) respondents indicated that they were content with their job. Managers or supervisors should recognise the emerging needs of pharmacists and provide a healthy and safe environment for employees to ensure commitment to the pharmacy (Özbilgin *et al.*, 2014:136).

Three (10%, n = 23) respondents indicated that they enjoyed working independently and alone. The respondents indicated that working independently eliminates factors which might influence motivation or job satisfaction such as, supervision and co-workers. Herzberg two-factor theory explains (Daft, 2012:471) that supervision and co-workers are hygiene factors contributing to job dissatisfaction. The absence of the two hygiene factors eliminates the causes of dissatisfaction associated with supervision and co-workers.

Three respondents indicated that the relationship with co-workers causes them to remain in their current job. A further two respondents indicated that good remuneration is a positive aspect of the current job although from the discussion in Section 4.6.2, most of the respondents were neutral with monetary remuneration received from their current job.

Two respondents (7%, n = 23) indicated personal development as the only positive aspect about the job and expressed it as an *“opportunity to learn a new language on the job”*. One of the respondents, works in an isiXhosa speaking community and started to learn how to speak the language, once employed in the pharmacy. Customers’ perceptions of the quality of the healthcare received are highly dependent on the quality of interactions with the healthcare professional (Clark, 2003:110). Another respondent mentioned that customer loyalty to the pharmacy is a satisfactory factor.

Personal needs, family influence and religious background all shape an employee’s value system (Daft, 2012:131). Another respondent indicated that professional development is a key aspect

for remaining in his/her current job. The respondent added that “learning new developments and experiences” is a rewarding factor. The South African Pharmacy Council has resolved to introduce continuing professional development for pharmacists and other persons registered with the council who have completed the relevant qualification required for purposes of registration. Mathimaran and Kumar (2017:18) found that one of the important factors in employee retention is an investment in employee satisfaction and professional development. Continuing professional development means the process by which natural persons registered with the South African Pharmacy Council continuously enhance their competence throughout their professional careers, and encompasses a range of activities including continuing education and supplementary training (South African Pharmacy Council, 3:2009). Ramasodi (2010:38) added that many studies have shown that career development significantly reduces turnover, and effective strategies for motivation and retention ought to be based on creating a stimulating and challenging working environment.

4.4.3 NEGATIVE ASPECTS OF THE JOB

The results for the second open ended question relates to employment conditions which could cause participants to resign from their current job. Table 4.14 contains a list of the negative factors as described by the respondents. The themes identified by the respondents were negative factors which will cause them to either quit or resign from the current job.

Table 4. 14: Negative factors about community pharmacy

Theme	Illustrative mentioned	Responses	
		Number (n)	%
Customer interaction	Rude customers No respect from customers	3	13%
Environment	Unpleasant working conditions Difficult working environment	2	9%
Organisational factors	Shortage of dispensary staff and cutting of costs by management Poor management skills Oppressive leadership	3	13%
Professional development	No opportunity to grow professionally	1	4%
Recognition	Not being acknowledge for work done	1	4%
Relation with co-workers	Unpleasant co-workers	1	4%
Salaries	Unfair remuneration Salary packages not competitive enough	5	22%
Unethical practices	Continual legislative changes Dishonesty Ethical dilemma	4	17%
Working hours	Time constraints Forced to work long hours No time for social life	3	13%
TOTAL		23	100

As illustrated in Table 4.14, five (22%, n = 23) respondents were not satisfied with the salaries received. These opinions were not consistent with the findings in Section 4.3.2. All five respondents indicated “unfair remuneration” as a factor which will cause them to resign. At minimum, employees expect the organisation to provide fair pay, safe working conditions, and fair treatment (Ali & Ahmed, 2009:277). Three (13%, n = 23) respondents reported unfavourable working hours as a negative factor that could lead to employee retention. Long working hours

negatively affect both productivity and personal well-being of pharmacists (McCann *et al.*, 2009:189).

Four (17%, n=23) respondents indicated that unethical practices in the working environment would cause the respondents to resign from the job. Pharmacists should not agree to practise under terms or conditions that interfere with or impair the proper exercise of professional judgment and skill, that cause deterioration of the quality of professional services rendered, or that require consent to unethical conduct (South African Pharmacy Council, 7:2009). The pharmacist's goal in the provision of medicine therapy should be to achieve appropriate therapeutic outcomes that contribute towards patient health and quality of life. The attitudes, behaviours, commitments, concerns, ethics, functions, knowledge, responsibilities, and skills of the pharmacist should therefore be focused on primarily benefiting the patient and the public (South African Pharmacy Council, 2009:2). Pharmacists in South Africa are governed by the South African Pharmacy Council's code of conduct and therefore ethical behaviour by pharmacists are of importance. A pharmacist should refrain from entering into, or being part of any transaction or agreement, which may reflect negatively the professional independence or the professionalism, or ethics of the profession.

Another three (13%, n = 23) respondents indicated negative organisational factors as an aspect of retention. One respondent indicated that "The only complaint I have is the shortage of dispensary staff so during busy times, margin of error is increased, due to staff cutting of costs by management". Management often expects more from pharmacists such as to take initiative, supervise themselves, attend CPD courses, and be responsive to business needs.

Job satisfaction has been identified by McShane and Von Glinow (2008:38) as the cause of employee turnover. Low job satisfaction can result in increased pharmacist turnover and absenteeism, which affects the efficiency of pharmaceutical care services (Kelly, 2012:391). High job satisfaction benefits the employers because satisfied employees are less likely to change jobs. Alternately, high pharmacist turnover negatively impacts employers by generating additional recruiting and training costs for replacements (Payakachat, Ounpraseuth, Ragland & Murawski, 2011:2).

4.5 JOB SATISFACTION AND DEMOGRAPHIC DATA – GROUPED ANALYSIS

Analysis of the groups was done to compare the variables of the JDI to the demographic information of the respondents. The demographic information that was grouped were age, gender, and number of years working in community pharmacy. The results of the grouped analysis are presented below.

4.5.1 AGE

Many investigations have been done over the past four decades, with contradictory results, which has left the true nature of the relationship between age and job satisfaction unresolved (Martin & Roodt, 2008:24). For ease of analysis and interpretation, the age distribution was grouped together into two categories namely 20 to 39 years and 40 to 69 years of age.

The scores for age were averaged to obtain a mean score for the two groups. Twelve (52%) of the respondents were between the ages of 20 to 39 and 11 (48%) of the respondents were between the age of 40 to 69 years of age. Table 4.16 represents the mean for each group according to the six measured variables according to the JDI.

Table 4. 15: Grouped analysis – Age

JDI Variable	20 – 39 years (n = 12, 52%)		40 – 69 years (n = 11, 48%)		t – value	p – value
	Mean	Standard deviation	Mean	Standard deviation		
Work experience	3.23	± 0.73	3.91	± 0.60	- 2.43	0.024
Remuneration	2.91	± 0.86	3.17	± 0.53	-1.20	0.244
Customers	3.15	± 0.56	3.73	± 0.67	- 2.22	0.038
Promotion	2.93	± 0.96	2.75	± 0.56	0.24	0.811
Co-workers	3.17	± 0.54	3.85	± 0.70	- 2.65	0.015
Supervision	3.31	±0.69	4.18	±0.70	- 3.02	0.006

*Scores in bold indicate the majority selection of items.

From Table 4.15 a significant difference was observed between the two age groups for work experience, customers, co-workers and supervision. The age group 40 to 69 years had a higher mean score than the younger age group. Indicating that the older group were satisfied with job content, customer interaction, relationship amongst co-workers and supervisors/managers compared to the younger group.

The p value for the four variables (work experience, customers, co-workers and supervision) was significantly less than 0.05 reinforcing the statistical difference between the two age groups.

Slightly higher mean score was identified for remuneration by the older group. A close observation between the two groups with remuneration indicates that there is no immense difference regarding age on monetary remuneration. Grobler and others (2011:135) explain that some studies suggest that as with age, work experience is also expected to contribute to an increase of job satisfaction due to the familiarity with work content and work environment. The results obtained were consistent with the above literature regarding age and work experience. Therefore, the years of experience as a pharmacist contributes to job satisfaction where customer interaction, co-workers and supervision are involved.

A significant difference was noted for supervision, a higher mean of 4.18 was identified by the older group with a $p < 0.05$. This indicated that the older group was satisfied with the supervision received from the supervisors. Therefore, it can be concluded that there is a significant difference between the job satisfaction levels of younger or inexperienced pharmacists compared to older or experienced pharmacists.

4.5.2 NUMBER OF YEARS WORKING IN COMMUNITY PHARMACY

Respondents were grouped according to the number of years working in community pharmacy in relation to the age in years. Table 4.16 illustrates the age group 20 to 39 years and respondents 40 to 69 years.

Table 4. 16: Group analysis – Age with years of experience below 10 years and above 10 years

Age (Years)	Experience (Years)					
	< 10 years		> 10 years		Total	
20 – 39	8	67 %	4	33%	12	100%
40 - 69	1	9%	10	91%	11	100%
Total	9	39%	14	61%	23	100%

*Scores in bold indicate the majority selection of items.

From Table 4.16, 67% (8, n = 12) of the respondents were between the ages of 23 to 39 years, while one respondent was older (40 to 69 years) and had less than 10 years’ experience in community pharmacy. One respondent from the 40 to 69 years age group studied teaching before pursuing a career in pharmacy. Ten respondents (91%, n = 11) fell within the 40 to 69 year age group and had more than 10 years’ experience.

Table 4.17 further illustrates the work experience in years of the five age groups in detail:

- Five (100%, n = 5) respondents in the age group 20 – 29 had 0 – 4 years of experience
- Four (57%, n = 7) respondents in the age group 30 – 39 had 10 – 14 years of experience
- Three (100%, n = 3) respondents in the age group 40 – 49 had 10 – 14 years of experience
- Three (75%, n = 4) respondents in the age group 50 – 59 had ≥ 20 years of experience
- Three (75%, n = 4) respondents in the age group 60 – 69 had ≥ 20 years of experience

Table 4. 17: Grouped analysis – Age and Experience

Age group (n = 23)	Experience (Years)											
	0 – 4		5 – 9		10 – 14		15 – 19		20 +		Total	
20 - 29	5	100%	0	0%	0	0%	0	0%	0	0%	5	100%
30 - 39	1	14%	2	29%	4	57%	0	0%	0	0%	7	100%
40 - 49	0	0%	0	0%	3	100%	0	0%	0	0%	3	100%
50 - 59	0	0%	1	25%	0	0%	0	0%	3	75%	4	100%
60 - 69	0	0%	0	0%	0	0%	1	25%	3	75%	4	100%
Total	6	23%	3	13%	7	30%	1	4%	6	26%	23	100%

The significant difference observed from Table 4.16 indicated that older pharmacists or more experienced pharmacists had a higher level of job satisfaction compared to younger or less experienced pharmacists. Older workers are thought to be more satisfied and committed, particularly because of them having better positions and having cognitively justified their remaining in an organisation (Savery & Syme, 1996:15).

4.6 SUMMARY OF JOB DESCRIPTIVE INDEX

The mean and standard deviation for the variables of the JDI are summarised in Table 4.18.

Table 4. 18: Descriptive statistics for the variables of the JDI

JDI Variable	Mean	Standard deviation
Work experience	3.55	± 0.75
Monetary remuneration	2.98	± 0.72
Customers	3.43	± 0.67
Promotion	2.80	± 0.78
Co-workers	3.49	± 0.70
Supervision	3.72	± 0.81

The scores from each respondent's items were averaged to attain a single total score for each variable. The results in Table 4.18 is consistent with the discussions previously mentioned. The mean for **monetary remuneration** and **promotion** was 2.98 and 2.80, respectively, and reinforces the observation in Sections 4.3.2 and 4.3.4 that the respondents were neutral with the monetary remuneration and dissatisfaction with promotional opportunities with the job.

The mean for **customer interaction** (3.43) and **co-workers** (3.49) represented slightly towards "uncertainty", which is in the middle of the scale.

The mean for **work experience** and **supervision** was 3.55 and 3.72, respectively, indicating a movement towards satisfaction in these variables. The results can thus also be supported by the observations in sections 4.3.1 and 4.3.6.

The mean value of overall satisfaction is realised as 3.33. This value indicates that a general satisfaction level of the pharmacists in community pharmacy is at a mediocre level and constitutes an average level of satisfaction on the six variables of the JDI.

4.7 RELIABILITY AND CORRELATION ANALYSIS

It was important to measure the internal reliability or consistency of the tool in measuring the various variables of the JDI having measured the responses from the respondents.

Table 4. 19: Cronbach’s alpha coefficient for section B of the JDI

Variable	Number of items	Cronbach’s Alpha coefficient
Work experience	14	0.91
Remuneration	7	0.85
Customers	7	0.80
Promotion	7	0.89
Co-workers	11	0.88
Supervision	9	0.89

From the previous discussion and based on the results in Table 4.19, it can be concluded that a strong inter-item correlation between the variables of the JDI, existed. Results indicated that all the items within the variables measured, were consistent. The coefficient value for work experience was the highest ($\alpha = 0.91$) and confirms a strong correlation between the items. Reliability estimates of 0.80 are regarded as acceptable in most applications, while values lower than 0.60 are regarded as unacceptable (Maree, 2012:216). Consistency or reliability of the modified measuring tool was indicated from the results obtained as all the variables obtained $\alpha > 0.80$.

The Pearson product moment-correlation coefficient was used to measure the strength of the linear relationship between two quantitative variables of the JDI and to determine which variables have a strong effect on job satisfaction of the respondents.

Table 4. 20: Pearson product moment correlation coefficient (r)

Variable	Job	Pay	Customers	Promotion	Co-workers	Supervision
Work experience	-	.621	.794	.515	.803	.721
Remuneration	.621	-	.349	.436	.541	.641
Customers	.794	.349	-	.352	.702	.605
Promotion	.515	.436	.352	-	.514	.466
Co-workers	.803	.541	.702	.514	-	.670
Supervision	.721	.641	.605	.466	.670	-

From the discussion in Section 4.3 and results in Table 4.20 it can be concluded that there was a strong positive relationship between work experience and co-workers ($r = 0.803$). The second strongest positive relationship was found between work experience and customer interaction ($r = .794$). The respondents in this study was mostly satisfied with the job experience and the interpersonal relationship with the co-workers.

4.8 SUMMARY

In Chapter four the statistical analysis and results from the study were discussed and interpreted. The responses from the community pharmacists were answered with honesty and consistency. Tables and figures were utilised to provide graphical presentation of the responses from the respondents to the job satisfaction questionnaire. Statistical significance was observed between the respondents and the variables of the JDI. A summary of the variables with the responses were analysed and interpreted. The reliability and the validity of the measuring instrument was tested. Correlation analysis was applied and interpreted.

Chapter five will summarise the main findings based on the discussion and interpretation of data performed in chapter four. Recommendations will be made on ways to attract and retain pharmacists in community pharmacists in Port Elizabeth.

CHAPTER 5

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The aim of this study was to determine the levels of job satisfaction amongst pharmacists working in community pharmacies in Port Elizabeth.

The objectives of this study were:

- To evaluate levels of job satisfaction.
- To determine whether pharmacists value internal job satisfaction over external monetary rewards and benefits.

The chapter focuses on the conclusions, based on the significant findings reported in chapter four. Limitations to the study are addressed and recommendations are made for managers of community pharmacists in Port Elizabeth.

5.2 SUMMARY OF RESEARCH QUESTIONNAIRE

As discussed in Chapter 3, the questionnaire was distributed to pharmacies where a pharmacist is employed by the owner or employed as a second pharmacist. The participants had no legal ownership or shares in the pharmacies.

The conclusions of each variable in the questionnaire are summarised below:

5.2.1 DEMOGRAPHIC INFORMATION

A total of 48 pharmacies were approached by the researcher, 27 questionnaires were distributed to eligible participants which met the study requirements, 23 questionnaires was returned, and four was not refunded. Thus, giving a response rate of 85%, which is moderately high. The population had more pharmacists in the age group 30 to 39 years (7, n=23). Of the total sample, 19 (83%, n=23) were females and four of the respondents were males. The population was also predominately white (18, n=23) and three of the respondents had postgraduate qualifications.

Only eight (35%, n=23) pharmacists were responsible pharmacists, with nine pharmacists having less than 10 years of experience working in community pharmacy.

5.2.2 JOB SATISFACTION

5.2.2.1 Work Experience

There was a general feeling of satisfaction with respect to working experience and job content. The respondents agreed with the positive items of working experience or job content in community. The satisfaction with work experience and job content can also be reinforced with the disagreement of the respondents with the negative items. Fifteen (65%, n = 23) respondents agreed that, "I find my job satisfying" and 16 (70%, n = 23) respondents agreed that, "I feel my job is meaningful" which indicated that majority of the respondents were positive about their job in community pharmacy.

5.2.2.2 Monetary Remuneration

There was a neutral satisfaction with monetary remuneration that the respondents were receiving in community pharmacy. The mean score for monetary remuneration was 2.98, which indicates a general neutral response with monetary remuneration, although 10 (44%, n = 23) respondents reported that, "Raises are too few and far between" and nine (39%, n = 23) agreed that, "I feel I am paid a fair amount for the work I do".

5.2.2.3 Customer Interaction

There was a general satisfaction with customer interaction as the respondents agreed with the positive items in the JDI. An interesting observation is that 44% (10, n = 23) of the respondents indicated an agreement to the negative item, "Customers are hard to please".

5.2.2.4 Opportunities for Promotion and/or Advancement

There was a general dissatisfaction with opportunities for promotion or advancement. Sixteen (70%, n=23) of the respondents were uncertain regarding the agreement with the promotional

policy. The respondents agreed that there is too little chance for promotion in community pharmacy (15, n=23) and opportunities for promotion are limited (14, n=23). Thus, findings indicate that employers should consider promotion or advancement of their pharmacists in order to increase job satisfaction within the community pharmacy setting.

5.2.2.5 Co-Workers/Interpersonal relationship in the workplace

There was a general satisfaction with the interpersonal relationship at work where 18 (78%, n = 23) respondents was in disagreement with one of the negative items, “My co-workers are unpleasant”. Most of the respondents (17, n=23) indicated that they like the people they work with and felt that they have a good working relationship. The findings indicated that interpersonal relationships amongst pharmacy personnel do not contribute to dissatisfaction within the community pharmacy setting.

5.2.2.6 Supervisors/Managers

There was a general feeling of satisfaction with respect to the relationship with the supervisor or manager. Nineteen (83%, n = 23) respondents agreed that, “I get along well with my supervisor” and 21 (92%, n = 23) indicated that, “My supervisor has a background in pharmaceutical care”. The respondents agreed with the positive items of the JDI and disagreed with the negative items for supervisors/managers as a factor that contributes to dissatisfaction in community pharmacy.

5.2.3 STRATEGIES FOR RETAINING PHARMACISTS

5.2.3.1 Retention Strategies

The respondents indicated a positive response towards retention strategies. The retention strategies which received the highest scores were competitive financial packages (87%) and personal development (86%). The means of the strategies were high and even closer to 5 which indicated the “most effective” score. The important retention strategies to the respondents were financial packages, fringe benefits, acceptable overtime remuneration, good personal development, working environment that allows pharmacy practice and continuing professional development. The retention strategies listed in Table 4.13 can therefore not be disregarded when retaining pharmacists in community pharmacies.

5.2.3.2 Positive Employment Conditions

Most respondents indicated the following positive employment conditions for remaining in community pharmacy:

- Customer interaction (7, n = 23): Empathy towards customers, good customer relationship, customer interaction and customer satisfaction towards services rendered.
- Relations with co-workers (3, n = 23): Good working relationship, unity and friendliness.
- Working hours (6, n = 23): Favourable working hours, half day hours, off on public holidays and weekends.

5.2.3.3 Negative Employment Conditions

Most respondents indicated the following employment conditions which will cause resignation in community pharmacy:

- Customer interaction (3, n = 23): Rude customers and receiving no respect as a pharmacist.

- Organisational factors (3, n = 23): Poor management skills, oppressive leadership, shortage of pharmacy staff and cutting of costs by management.
- Salaries (5, n = 23): unfair remuneration, salary packages not competitive enough compared to other sectors of pharmacy.
- Unethical practices (4, n = 23): Dishonesty and ethical dilemma amongst pharmacists.
- Working hours (3, n = 23): Forced to work long hours and no time for social life.

5.3 LIMITATIONS

The main limitation encountered was the small sample size due to the reluctance of the corporate companies to provide permission for the community pharmacists to participate in the study. Since non-probability sampling in a quasi-experimental research design was used, results may not be generalised to community pharmacists working in other geographical locations. The study only considered full time employed pharmacists working in community pharmacies and excluded pharmacies consisting of one pharmacist who is the owner or independent pharmacists in Port Elizabeth. There is no literature available in South Africa regarding job satisfaction in community pharmacy. Therefore, the findings could not be a representation of the total number of pharmacists in facilities in the private sector. Pharmacists working in the public sector was also excluded from the study. Another limitation is that some pharmacists might not have been in the pharmacy on the day of the questionnaire distribution and was thus omitted as part of the potential target population.

5.4 RECOMMENDATIONS

Based on the study, the pharmacists were not satisfied with monetary remuneration, promotion, recognition and performance appraisal provided by their employers. Management should take cognisance of the importance of financial benefits and assessment of work performance in community pharmacist to increase job satisfaction and retention. The pharmacists were feeling overburdened towards the workload in community pharmacy. Thus, the organisation should reconsider the workload and reduce work-related stress in the pharmacists.

According to a report from the Harvard Professional Group (2005) organisations that aspire to creating a work environment that enhances job satisfaction need to include the following:

- Flexible work arrangements, possibly including telecommuting.
- Training and other professional growth opportunities.
- Interesting work that offers variety and challenge and allows the worker opportunities to "put his or her signature" on the finished product.
- Opportunities to use one's talents and to be creative.
- Opportunities to take responsibility and direct one's own work.
- A stable, secure work environment that includes job security/continuity.
- An environment in which workers are supported by an accessible supervisor who provides timely feedback as well as congenial team members.
- Flexible benefits, such as child-care and exercise facilities.
- Up-to-date technology.
- Competitive salary and opportunities for promotion.

The recommendations serve to encourage management to further develop and empower pharmacists to motivate them, thereby improving the level of productivity, which is of strategic significance to the organisation's competitive position. Improving employee job satisfaction and involvement will introduce a culture of learning and service quality within the pharmaceutical environment, which will lead to high levels of customer satisfaction.

The following recommendations can be considered from this study:

- A growing number of organisations recognise that employees are more likely to choose an organisation and stay in the organisation if employees believe that it offers a high quality of work life, and a high quality of work life is related to job satisfaction, which in turn, is a strong predictor of absenteeism and turnover (Gómez-Mejía *et al.*,2012:49).

- Although the study found that most community pharmacists are satisfied with job content, a large study conducted amongst community pharmacists in the United States of America (Kelly, 2012:191) reported that job satisfaction among pharmacists was highest for older and higher-paid pharmacists working in community pharmacy practice sites compared to other pharmacy settings.
- Remuneration and benefits play a key role in retaining good employees, particularly those who perform exceptionally or have indispensable, unique skills (Özbilgin *et al.*, 2014:136). Monetary remuneration according to Daft (2012:467) is an extrinsic reward received by another individual such as a manager or employer and include pay increases, promotions, and praise. Some research done in Africa suggests that salary increases and other improvements in compensation, in the context of highly inadequate pay and benefits, may indeed contribute to workforce retention (Kober & Van Damme, 2006:13). The most common reason for a high employee turnover rate is the salary scale and employees are often in search of well-paying jobs (Hissom, 2009:6). Padarath, King, Mackie and Casciola (2016:20) further add that, remuneration level is potentially the highest influential factor in a healthcare worker's decision to migrate, either between the private or public sector or, from a poor to a rich resourced county. Pharmacists should be consulted with regards to increase in monetary remuneration to ensure the benefits are competitive and acceptable.
- Community pharmacy practice is fast paced and it takes intense focus, organisation and efficiency to work in this type of pharmaceutical setting (Kelly, 2012:171). There is usually less opportunity to interact with customers because the volume of prescriptions and workload is generally high. Management should focus on employing more pharmacists to reduce the workload and stresses associated with community pharmacy.
- To prevent job dissatisfaction, it is essential for organisations to invest in the future career development of employees and to ensure that this message of reinforcement is communicated to employees (Khan & Aleem, 2014:124). In short, demonstrable opportunities for employee advancement have positive effects on job satisfaction and reduce employees' turnover intention (Grobler *et al.*, 2011:262). Shortage of promotion

is one of the contributing factors to employees leaving because of low job satisfaction. Performance appraisal processes needs to be consulted to recognise good performance.

- The relationship with co-workers within the work group is very important, especially the extent to which the individual is accepted as part of the work unit and the friendliness and support of fellow employees. Promoting a climate of openness, fun in the workplace, initiating social activities both inside and outside of the workplace and providing ongoing team building efforts are all strategies that encourage valued relationships in the working environment (Obakpolo, 2015:122).
- Job satisfaction is considerably improved when supervisors are perceived to be fair, helpful, competent, and effective (Grobler *et al.*, 2011:130). An employee who thinks negatively about a supervisor is less willing to communicate or be motivated to work whereas an employee who thinks positively of the supervisor are more likely to communicate and are satisfied with the job and working environment (Hincapie *et al.*, 2012:230). Sensitive, competent and caring supervisors will have a positive effect on employee job satisfaction.

5.5 CONCLUSION

The shortage of pharmacists remains the biggest challenge facing the pharmacy sector in South Africa today. In view of the current economic conditions in South Africa, it is essential for any community pharmacy to pay attention to the retention of respectable, knowledgeable and loyal pharmacists. The implementation of this strategy will reduce pharmacist turnover and avoid the costly recruitment process.

The findings of the study indicated that pharmacists in community pharmacies in Port Elizabeth are satisfied with work experience, customer interaction, interpersonal relationship with co-workers and supervision. They however, indicated a dissatisfaction with promotional opportunities and a neutral satisfaction towards monetary remuneration. The finding of this study should be read with caution due to the limitations of the study.

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APPENDIX A: RESEARCH QUESTIONNAIRE

• PO Box 77000 • Nelson Mandela Metropolitan University

• Port Elizabeth • 6031 • South Africa • www.nmmu.ac.za

Researcher: Mr DK Barendse (0826145530)

NMMU REC-H Ref: H15-HEA-NUR-005

Dear Pharmacist

JOB SATISFACTION OF COMMUNITY PHARMACISTS IN PORT ELIZABETH

You are being asked to participate in a research study. Participation in the study is voluntary. To fulfil the requirements for the Master's Degree in Health and Welfare Management, at the Nelson Mandela Metropolitan University, I am conducting an investigation into job satisfaction of pharmacists working in community pharmacies in Port Elizabeth. The objectives of this study are as follows:

- To conduct a questionnaire survey of pharmacists working in community pharmacy in order to evaluate levels of job satisfaction.
- To explore and describe whether pharmacists value internal job satisfaction over external monetary rewards and benefits.

Your assistance in completing this questionnaire which was modified from the Job Descriptive Index (JDI) to suit this study will be appreciated. Your name will not be linked to the study and will be anonymous so confidentiality is guaranteed. The researcher will work with the data that is numbered with a unique reference code. The questionnaire should take approximately 10 - 15 minutes to complete, once completed; the questionnaire can be placed in a sealed, coded envelope for collection by the researcher after 7 days of delivery. Participants will be contacted telephonically before collection to confirm completion of the questionnaire. Follow up telephonic calls will be made every two weeks if not completed for a month from date of delivery of the questionnaire. Please do not hesitate to contact the researcher pertaining to any concerns regarding the study at any time.

Yours sincerely,

Denver Barendse (Researcher)
Tel: 0826145530
e-mail: s206002564@nmmu.ac.za

Dr Maryna Baard (Supervisor)
Prof Ilse Truter (Co-supervisor)

JOB SATISFACTION OF COMMUNITY PHARMACISTS IN PORT ELIZABETH

SECTION A: DEMOGRAPHIC INFORMATION

(Please make a cross(X) in the appropriate box)

1. What is your age (in years)?

20 - 29	30 - 39	40 - 49	50 - 59	60 - 69
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2. Gender

MALE	FEMALE
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3. Race

BLACK	WHITE	COLOURED	INDIAN	If OTHER: Please specify.....
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4. South African citizen:

YES	NO
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5. What is your highest educational qualification(s)?

<input type="checkbox"/>	Bachelor of Pharmacy Degree or Diploma in Pharmacy
<input type="checkbox"/>	Post graduate qualification in Management (e.g. Diploma in management or business)
<input type="checkbox"/>	Master's Degree
<input type="checkbox"/>	Doctor of Pharmacy (PharmD)
<input type="checkbox"/>	Other qualifications: (Specify)

6. What position are you currently holding (excluding locum pharmacists)?

<input type="checkbox"/>	Responsible Pharmacist
<input type="checkbox"/>	Pharmacist
<input type="checkbox"/>	Part-time (half day) pharmacist

7. How many years during your career have you been working in community pharmacy?

0 - 4	5 - 9	10 - 14	15 - 19	20 +
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SECTION B: JOB SATISFACTION IN COMMUNITY PHARMACY

Please indicate the extent to which you agree with the following statements by circling the appropriate number for each item.

1. Work experience in community pharmacy

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.1. I find my job very fascinating.	1	2	3	4	5
1.2. Sometimes I feel my job is meaningless.	1	2	3	4	5
1.3. When I do a good job, I do not receive the recognition that I should receive.	1	2	3	4	5
1.4. The rules and procedures make doing the job difficult	1	2	3	4	5
1.5. I find my job satisfying.	1	2	3	4	5
1.6. I find my job boring.	1	2	3	4	5
1.7. I do feel that the work I do is appreciated.	1	2	3	4	5
1.8. I enjoy doing the things I do at work.	1	2	3	4	5
1.9. I feel respected at work.	1	2	3	4	5
1.10. I find my job tiresome.	1	2	3	4	5
1.11. I find my job frustrating.	1	2	3	4	5
1.12. My job gives me a sense of accomplishment.	1	2	3	4	5
1.13. I feel my job is meaningful.	1	2	3	4	5
1.14. The system makes doing a good job difficult.	1	2	3	4	5

2. Monetary remuneration as a pharmacist

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
2.1. My income is adequate for my normal expenses.	1	2	3	4	5
2.2. I can barely live on my income.	1	2	3	4	5
2.3. My income can provide luxuries.	1	2	3	4	5
2.4. Raises are too few and far between.	1	2	3	4	5
2.5. My income is less than I deserve.	1	2	3	4	5
2.6. I am not satisfied with the benefits I receive.	1	2	3	4	5
2.7. I feel I am paid a fair amount for the work I do.	1	2	3	4	5

3. Customer interaction

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
3.1. Customers ask my advice.	1	2	3	4	5
3.2. Customers are hard to please.	1	2	3	4	5
3.3. Customers are impolite.	1	2	3	4	5
3.4. Customers are tactful.	1	2	3	4	5
3.5. Customers are grateful.	1	2	3	4	5
3.6. Customers are quick tempered.	1	2	3	4	5
3.7. Customers respect me.	1	2	3	4	5

4. Opportunities for promotion and/or advancement in present job

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
4.1. There is too little chance for promotion in my job.	1	2	3	4	5
4.2. Those who do well in the job, stand a better chance of being promoted.	1	2	3	4	5
4.3. Opportunities for promotion are limited.	1	2	3	4	5
4.4. I am in a dead-end job.	1	2	3	4	5
4.5. The promotion policy is fair.	1	2	3	4	5
4.6. I stand a good chance for promotion.	1	2	3	4	5
4.7. I do not agree with the promotion policy.	1	2	3	4	5

5. My co-workers (pharmacy personnel) in community pharmacy:


	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
5.1. My co-workers are lazy.	1	2	3	4	5
5.2. My co-workers are smart.	1	2	3	4	5
5.3. My co-workers are unpleasant.	1	2	3	4	5
5.4. I like the people I work with.	1	2	3	4	5
5.5. My co-workers are loyal.	1	2	3	4	5
5.6. My co-workers talk too much.	1	2	3	4	5
5.7. My co-workers are responsible.	1	2	3	4	5
5.8. My co-workers are always complaining about something.	1	2	3	4	5
5.9. My co-workers feel like family.	1	2	3	4	5
5.10. I do not trust my co-workers.	1	2	3	4	5
5.11. I attend team-building workshops with my co-workers.	1	2	3	4	5

6. Supervisors/Managers in community pharmacy:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
6.1. My supervisor is unfair to me.	1	2	3	4	5
6.2. My supervisor shows little interest in the feelings of the subordinates.	1	2	3	4	5
6.3. I get along well with my supervisor.	1	2	3	4	5
6.4. My supervisor is around when needed.	1	2	3	4	5
6.5. My supervisor is annoying.	1	2	3	4	5
6.6. My supervisor is tactful.	1	2	3	4	5
6.7. My supervisor praises good work.	1	2	3	4	5
6.8. My supervisor is hard to please.	1	2	3	4	5
6.9. My supervisor has a background in pharmaceutical care.	1	2	3	4	5

SECTION C: STRATEGIES FOR RETAINING PHARMACISTS IN COMMUNITY PHARMACY

1. What strategies do you think would be effective in retaining pharmacists in the retail setting?
Rate the following with 1 being “least effective” and 5 “most effective”

	Least effective				Most effective
1. Competitive financial package.	1	2	3	4	5
2. Fringe benefits i.e. 13 th cheque, housing subsidy, medical aid, car allowance, December leave.	1	2	3	4	5
3. Favourable working hours.	1	2	3	4	5
4. Acceptable overtime pay.	1	2	3	4	5
5. Stimulating working environment.	1	2	3	4	5
6. Working environment that allows you to practice pharmacy skills.	1	2	3	4	5
7. Working environment that allows continues professional development.	1	2	3	4	5
8. Recognition/Reward for good performance.	1	2	3	4	5
9. Personal development.	1	2	3	4	5

2. In your opinion, what aspects of your job and employment conditions encourage you to stay in this position?

.....

3. What aspects of your job and employment conditions could cause you to resign from your position?

.....

Thank you for participating in this survey. Your contribution is appreciated. If you would like to obtain a copy of the results of the study, please send an e-mail to s206002564@nmmu.ac.za

Thank you

APPENDIX B: ETHICAL APPROVAL FROM FACULTY OF HEALTH SCIENCES POSTGRADUATE STUDIES



Copies to:
Supervisor: Dr M Baard
Co-Supervisor: Prof I Truter

Summerstrand South
Faculty of Health Sciences
Tel. +27 (0)41 504 2956 Fax. +27 (0)41 504 9324
Marilyn.Afrikaner@nmmu.ac.za

Student number: 206002564

Contact person: Ms M Afrikaner

25 May 2015

MR D BARENDSE
77 VAN DER KEMP STREET
PARKSIDE
PORT ELIZABETH
6020

RE: OUTCOME OF PROPOSAL SUBMISSION

FINAL RESEARCH/PROJECT PROPOSAL:
JOB SATISFACTION OF COMMUNITY PHARMACISTS IN PORT ELIZABETH
QUALIFICATION: MA (HEALTH AND WELFARE MANAGEMENT)

Please be advised that your final research project was approved by the Faculty Postgraduate Studies Committee (FPGSC) subject to the following amendments/recommendations being made to the satisfaction of your Supervisors:

COMMENTS/RECOMMENDATIONS:

1. The proposal was well prepared.
2. The problem statement and research question should be moved to before the aim and objectives.
3. Remove heading 5.1 "Introduction" and add paragraph to Research design. How did the researcher arrive at a sample size of 50?
4. Pg. 10 (5.3) Should read "The research sample size will ideally be 50 pharmacists".
5. Pg.12 (5.5)
 - A. Consider adding some validity or reliability figures for the measure.
 - B. Measuring instrument
Description should be amended to refer to the questionnaire as the data collection tool. The job description index has been used to develop part of the tool. The supervisor should check that student rephrase this section.
6. Point 5.6
Data analysis and 5.7 Statistical analysis should be combined.
7. Consent form
 - A. Point 5.10 Ethics - only informed consent included; add confidentiality etc as per consent form.
 - B. Replace no risk 2.3 with minimal risk.
8. There were small editorial corrections in terms of spacing and punctuation.
9. REC-H Form
 - 1k) Adapt date of data collection 1/4/2015 - not possible.
 - 2a) There is always a risk of harm when human participation is taking place.

Amend. Complete section on remedial methods (confidentiality etc.)
3a) Incorrectly interpreted by candidate
Complete with relevant information
4e and f) should be swapped. Clicks head office is the gatekeeper but they are not an institutional authority.

Faculty Postgraduate Studies Committee (FPGSC) reference number: **H15-HEA-NUR-005**.

Please be informed that this is a summary of deliberations that you must discuss with your Supervisors and make the necessary amendments.

Please forward a final electronic copy of your appendices, proposal and REC-H form to the Faculty Postgraduate Studies Committee (FPGSC) secretariat.

We wish you well with the project.

Kind regards,



Marilyn Afrikaner
FPGSC SECRETARIAT

APPENDIX C: INFORMED CONSENT LETTER



NELSON MANDELA METROPOLITAN UNIVERSITY

INFORMATION AND INFORMED CONSENT FORM

RESEARCHER'S DETAILS	
Title of the research project	Job Satisfaction of Community Pharmacists in Port Elizabeth
Reference number	H15-HEA-HMS-005
Principal investigator	Denver Barendse
Address	PO Box 77000 Nelson Mandela Metropolitan University Port Elizabeth 6031
Contact telephone number (private numbers not advisable)	081 496 0337

A. <u>DECLARATION BY OR ON BEHALF OF PARTICIPANT</u>		<u>Initial</u>
I, the participant and the undersigned	(full names)	
ID number		
Address (of participant)		

A.1 <u>HEREBY CONFIRM AS FOLLOWS:</u>		<u>Initial</u>
I, the participant, was invited to participate in the above-mentioned research project		
that is being undertaken by	Denver Barendse	
from	The Human Movement Department in the Faculty of Health Sciences.	
of the Nelson Mandela Metropolitan University.		

THE FOLLOWING ASPECTS HAVE BEEN EXPLAINED TO ME, THE PARTICIPANT:				Initial
2.1	Aim:	<p>The investigators are studying: The primary aim of the study is to explore and describe the level of job satisfaction amongst pharmacists working in community pharmacies in Port Elizabeth.</p> <p>The information will be used to/for:</p> <ul style="list-style-type: none"> To conduct a questionnaire for pharmacists working in community pharmacies in order to evaluate levels of job satisfaction. To explore and describe whether pharmacists value internal job satisfaction over external monetary rewards and benefits. 		
2.2	Procedures:	<p>I understand that the questionnaire should take approximately 10 - 15 minutes to complete, once completed; the questionnaire can be placed in a sealed, coded envelope for collection by the researcher after 7 days of delivery. Participants will be contacted telephonically before collection to confirm completion of the questionnaire. Follow up telephonic calls will be made every two weeks if not completed.</p>		
2.3	Risks:	<p>There are no risks associated with the respondents to this questionnaire. All information supplied will be treated with the strictest of confidence. No name will be attached to the questionnaire. None of the questions are offensive, objectionable or could potentially lead to misunderstanding.</p>		
2.4	Possible benefits:	<p>As a result of my participation in this study: Outcomes and recommendations will be presented as an overview to the community pharmacy management on ways to improve job satisfaction of pharmacists in private facilities.</p>		
2.5	Confidentiality:	<p>My identity will not be revealed in any discussion, description or scientific publications by the investigators. All the questionnaires are coded to facilitate recording, but no name will be written on the questionnaire. All feedback will be anonymous with no association to an individual.</p>		
2.6	Access to findings:	<p>Any new information or benefit that develops during the course of the study will be shared as follows: Should you prefer to have access to the findings of the study, please do not hesitate to contact the researcher at the completion of the study.</p>		
2.6	Voluntary participation / refusal / discontinuation:	My participation is voluntary	YES	NO
		My decision whether or not to participate will in no way affect my	TRUE	FALSE

		present or future care / employment / lifestyle			
--	--	--	--	--	--

A.2 I HEREBY VOLUNTARILY CONSENT TO PARTICIPATE IN THE ABOVE-MENTIONED PROJECT:
--

Signed/confirmed at	on	20
Signature of participant	Signature of witness:	
	Full name of witness:	

<u>C. IMPORTANT MESSAGE TO PARTICIPANT</u>
<p>Dear participant</p> <p>Thank you for your participation in this study. Should you require further information about this study, please contact the researcher, Denver Barendse (081 496 0337).</p>