

A PHENOMENOLOGICAL INVESTIGATION ON WORK-LIFE BALANCE AND WORK STRESS MANAGEMENT OF SELECTED PHARMACISTS: BASIS IN THE DEVELOPMENT OF MENTAL HEALTH WELLNESS PROGRAM**Pauline Chezca S. Calig, Chavelita-Mari B. Camacho, Fritzie W. Jamandron and Jenica Marie J. Villanueva***

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ABSTRACT

Pharmacists and their staff are on the frontline, ensuring the delivery of medications to patients and delivering important guidance and information. This study aimed to determine the Work-Life Balance and Work-Stress Management of the Selected Pharmacist. As a result For Work life-balance, of each demographic profile the mean score is within the range of 3.50-4.49 which is verbally described as Agree and interpreted as High Work Life Balance. In terms of pharmacy profession, community and hospital pharmacist is significantly higher in balancing work and life since the computed p-value is less than .05 alpha level. For Work-Stress Management, of each demographic profile the mean score is within the range of 3.50-4.49 which is verbally described as Agree and interpreted as High Work Stress Management. In connection with pharmacy profession, community and hospital pharmacist is significantly higher in managing work stress since the computed p-value is less than .05 alpha. Regardless of the crisis or pandemic faced by respondents, they can still balance priorities between work and life. The respondents are available to manage work-related stress at this time of pandemic. In Gender there has nothing to do with balancing life and work and work stress management. Marital status has nothing to do in managing work-related stress. Middle adults can balance more between work and life priorities and can manage more work-related stress than young adults. Married individuals can balance more between work and life priorities than single individuals. Community Pharmacist can balance more work and life priorities and manage more work-related stress than regulatory pharmacist.

KEYWORDS: *Work-Life Balance, Mental Health Wellness, Work Life, Investigation of Work Balance, Mental Health and Pharmacists.*

INTRODUCTION

Pharmacists in hospitals, clinics, medical departments and community settings are eligible for the care of patients with diseases. It is understood during the current crisis that the pharmacist will often be the first point of contact with the health care system for people with health problems. Pharmacists and their staff are on the frontline, ensuring the delivery of medications to patients and delivering important guidance and information. They offer treatment amid a pandemic, including patient care treatment, and help reduce demands on health care providers such as clinics and health centers. They face considerable pressure from a wide variety of factors. Changes in the perceptions and demands of pharmacists with different challenges in practice.

According to the definition of the World Health Organization (2017) that "work-related stress is the response people may have when presented with work demands and pressures that are not matched to their knowledge and abilities and which challenge their ability

to cope".^[6] Work-related stress particularly affects health professionals and is underestimated and not managed well. Health professionals are exposed to specific stress factors such as increased workload, emotional response to patient suffering, organizational problems and conflicts.^[4] Among health professionals, community pharmacists are also exposed to specific stress factors related to pharmacy work, such as being efficient, avoiding mistakes and the emotional load of patients and families.

Among the causes of work-related stress, work overload seems to be an important stressor in community pharmacies,^[2] but not specific to pharmacy practice. Specific causes of stress have been identified such as staff (lack of competence, loss of confidence), interruptions (disruption of workflows), lack of breaks (impossibility of taking breaks away from work), pharmacy environment (lack of privacy for both pharmacists and patients), isolation (lack of contact with other pharmacists), patient/public (very demanding and

impatient) and difficulties in finding time to complete continuing professional development.^[3]

Work-Life Balance is the effective combination of professional life with personal obligations with perfect harmony. It also means a lack of conflict between personal and professional life.^[5] The result of work-life imbalance may be stress (work and family), depression, burnout, strains, lack of job satisfaction, etc.^[1]

Therefore, we focused on the work-life balance and work stress management of pharmacist by researching the epidemiology and severity of their anxiety and depression. We also assessed the role of social support which is classified as a belief that someone is cared, valued, esteemed, has assistance available and mental health-related. In this research, we identified the level of work-life balance and work stress management that influenced pharmacist's mental health.

MATERIALS AND METHODS

The sample

The respondents for this research are composed of 57

pharmacists, both male and female, and they are categorized based on their demographic profile, such as gender, age, marital status, and the type of pharmacy profession that they are practicing.

Sampling procedure

Snowball sampling was used to determine the respondents to answer the survey questionnaire. It refers to the non-probability sampling method where research participants recruit other participants for a test or study. It is used when potential participants are hard to find. It is called snowball sampling because (in theory) once you have the ball rolling, it picks up more "snow" along the way and becomes larger and larger.

The instruments

This study utilized a 36-item 5-point Likert scale survey questionnaire that assess and measure the Work-Life Balance and Work-Related Stress. The survey questionnaire underwent validation and reliability scoring with subject matter experts.

RESULTS AND DISCUSSION

Table 1: Frequency distribution of respondents.

Demographic Profile		Frequency	Percentage	Rank
Gender	Male	9	16	2
	Female	48	84	1
	Total	57	100	
Age	40 to 65	8	14	2
	21 to 39	49	86	1
	Total	57	100	
Marital Status	Single	47	82	1
	Married	10	18	2
	Total	57	100	
Type of Pharmacy Profession	Community Pharmacist	24	42	1
	Hospital Pharmacist	12	21	3
	Regulatory Pharmacist	21	37	2
	Total	57	100	

According to the survey, the data gathered for gender demographic profile, out of 57 respondents, 9 or 16 percent are male respondents and 48 or 84 percent are female respondents. For the age demographic profile, 8 or 14% of respondents are between the ages of 40 and 65, while 49 or 86 % are between the ages of 21 and 29. For Marital Status demographic profile, 47 or 82 percent are

single respondents and 10 or 18 percent of the respondents are married. For type of Pharmacy Profession demographic profile, 24 or 42 percent are Community Pharmacists, 12 or 21 percent are Hospital Pharmacists, and 21 or 37 percent are Regulatory Pharmacists.

Table 2: Mean Score for Work-Life Balance.

Demographic Profile		Mean	Verbal Description	Verbal Interpretation
Gender	Male	4.24	Agree	High Work Life Balance
	Female	3.94	Agree	High Work Life Balance
	Average	3.99	Agree	High Work Life Balance
Age	40 to 65	4.52	Strongly Agree	Very High Work Life Balance
	21 to 39	3.90	Agree	High Work Life Balance
	Average	3.99	Agree	High Work Life Balance

Marital Status	Single	3.91	Agree	High Work Life Balance
	Married	4.35	Agree	High Work Life Balance
	Average	3.99	Agree	High Work Life Balance
Type of Pharmacy Profession	Community Pharmacist	4.21	Agree	High Work Life Balance
	Hospital Pharmacist	4.10	Agree	High Work Life Balance
	Regulatory Pharmacist	3.67	Agree	High Work Life balance
	Average	3.99	Agree	High Work Life Balance

According to the survey the data gathered for gender, male respondents obtained a mean score of 4.24, which is verbally described as “Agree” and verbally interpreted as “*High Work Life Balance*.” While female respondents obtained a mean score of 3.94, which is verbally described as “Agree” and verbally interpreted as “*High Work Life Balance*”.

For age demographic profile, respondents with age 40 to 65 years old obtained a mean score of 4.52, which is verbally described as “Strongly Agree” and verbally interpreted as “*Very High Work Life Balance*.” While respondents with age 21 to 39 years old obtained a mean score of 3.90, which is verbally described as “Agree” and verbally interpreted as “*High Work Life Balance*”.

For marital status demographic profile, single respondents obtained a mean score of 3.91, which is verbally described as “Agree” and verbally interpreted as “*High Work Life Balance*.” While married respondents

obtained a mean score of 4.35, which is verbally described as “Agree” and verbally interpreted as “*High Work Life Balance*.”

For type of pharmacy profession, respondents who are community pharmacist obtained a mean score of 4.21, which is verbally described as “Agree” and verbally interpreted as “*High Work Life Balance*”, respondents who are hospital pharmacists obtained a mean score of 4.10, which is verbally described as “Agree” and verbally interpreted as “*High Work Life Balance*”, and respondents who are regulatory pharmacists obtained a mean score of 3.67, which is verbally described as “Agree” and verbally interpreted as “*High Work Life Balance*”.

The overall Work-Life Balance of the respondents is 3.99, which is verbally described as “Agree” and verbally interpreted as “*High Work Life Balance*.”

Table 3: Mean Score for Work-Stress management.

Demographic profile		Mean	Verbal description	Verbal interpretation
Gender	Male	4.15	Agree	High Work StressManagement
	Female	3.86	Agree	High Work StressManagement
	Average	3.91	Agree	High Work StressManagement
Age	40 to 65	4.35	Agree	High Work StressManagement
	21 to 39	3.83	Agree	High Work StressManagement
	Average	3.91	Agree	High Work StressManagement
Marital Status	Single	3.85	Agree	High Work StressManagement
	Married	4.16	Agree	High Work StressManagement
	Average	3.91	Agree	High Work StressManagement
Type of Pharmacy Profession	Community Pharmacist	4.07	Agree	High Work StressManagement
	Hospital Pharmacist	3.98	Agree	High Work StressManagement
	Regulatory Pharmacist	3.68	Agree	High Work stressManagement
	Average	3.91	Agree	High Work StressManagement

According to the survey, the data gathered for gender male respondents obtained a mean score of 4.15, which is verbally described as “Agree” and verbally interpreted as “*High Work Stress Management*.” While female respondents obtained a mean score of 3.86, which is verbally described as “Agree” and verbally interpreted as “*High Work Stress Management*”.

For age demographic profile, respondents with age 40 to 65 years old obtained a mean score of 4.35, which is verbally described as “Strongly Agree” and verbally

interpreted as “*High Work Stress Management*.” While respondents with age 21 to 39 years old obtained a mean score of 3.83, which is verbally described as “Agree” and verbally interpreted as “*High Work Stress Management*”.

For marital status demographic profile, single respondents obtained a mean score of 3.85, which is verbally described as “Agree” and verbally interpreted as “*High Work Stress Management*.” While married respondents obtained a mean score of 4.16, which is verbally described as “Agree” and verbally interpreted as

“High Work Stress Management.”

For type of pharmacy profession, respondents who are community pharmacists obtained a mean score of 4.07, which is verbally described as “Agree” and verbally interpreted as “High Work Stress Management.” Respondents who are hospital pharmacists obtained a

mean score of 3.98, which is verbally described as “Agree” and verbally interpreted as “High Work Stress Management.” Respondents who are regulatory pharmacists obtained a mean score of 3.68, which is verbally described as “Agree” and verbally interpreted as “High Work Stress Management.”

Table 4.1: Test for significant difference in Work-Life balance.

Demographic Profile	p-value	Significance	Ho decision
Gender	0.098	Not Significant	Accept
Age	0.008	Significant	Reject
Marital Status	0.011	Significant	Reject
Type of Pharmacy Profession	0.002	Significant	Reject
*Significant at .05 alpha level			

For gender, the computed p-value is 0.098, which is greater than .05 alpha level. This means that there is no significant difference and null hypothesis is accepted. Therefore, regardless of gender, we cannot say that male is more capable in balancing work and life than female. They are on the same level of balancing work and life priorities.

39 years old.

For Marital Status, the computed p-value is 0.011, which is less than .05 alpha level. This means that there is a significant difference and null hypothesis is rejected. Therefore, married respondents can balance work and life priorities more than single respondents.

For Age, the computed p-value is 0.008, which is less than .05 alpha level. This means that there is a significant difference and null hypothesis is rejected. Therefore, respondents whose age is from 40 to 65 years old or considered as middle adults can balance work and life priorities more than young adults or respondents age 21 to

For the type of pharmacy profession, the computed p-value is 0.002, which is less than .05 alpha level. This means that there is a significant difference and null hypothesis is rejected. Since there are 3 groups in this demographic profile, Post Hoc was used to check which of the compared sub-level is significant.

Table 4.2: Post Hoc for type of pharmacy profession on Work-Life Balance.

Compared Groups		p-value	Significance	Ho decision
Community Pharmacist	Hospital Pharmacist	0.533	Not Significant	Accept
	Regulatory Pharmacist	0.000	Significant	Reject
Hospital pharmacy	Regulatory Pharmacist	0.017	Significant	Reject
*Significant at .05 alpha level				

Based on the above table, the computed p-value when Community Pharmacist and Hospital Pharmacist is compared with Regulatory Pharmacist is less than .05 alpha level. This means that there is a significant difference and null hypothesis is rejected. Therefore,

respondents who are Community Pharmacists and Hospital Pharmacists can balance work and life priorities more than the respondents who are Regulatory Pharmacists.

Table 5.1. Test for significant difference in Work-Life Balance.

Demographic profile	p-value	Significance	Ho decision
Gender	0.129	Not Significant	Accept
Age	0.030	Significant	Reject
Marital Status	0.066	Not Significant	Accept
Type of Pharmacy Profession	0.012	Significant	Reject
*Significant at .05 alpha level			

This means that there is no significant difference and null hypothesis is accepted. Therefore, regardless of gender, we cannot say that male is more capable in managing work stress than female. They are on the same level of balancing work and life priorities.

than .05 alpha level. This means that there is a significant difference and null hypothesis is rejected. Therefore, respondents whose age is from 40 to 65 years old or considered as middle adults can manage more work stress than young adults or respondents whose age is age 21 to 39 years old.

For Age, the computed p-value is 0.030, which is less

For Marital Status, the computed p-value is 0.066, which is greater than .05 alpha level. This means that there is no significant difference and null hypothesis is accepted. Therefore, we cannot say that married respondents can manage more work stress than single respondents.

For the type of pharmacy profession, the computed p-value is 0.012, which is less than .05 alpha level. This means that there is a significant difference and null hypothesis is rejected. Since there are 3 groups in this demographic profile, Post Hoc was used to check which of the compared sub-level is significant.

Table 5.2. Post Hoc for type of pharmacy profession on work stress management.

Compared Groups		p-value	Significance	Ho decision
Community Pharmacist	Hospital Pharmacist	0.537	Not Significant	Accept
	Regulatory Pharmacist	*0.004	Significant	Reject
Hospital pharmacy	Regulatory Pharmacist	0.061	Significant	Reject
*Significant at .05 alpha level				

Based on the above table, the computed p-value when Community Pharmacist is compared with Regulatory Pharmacist is less than .05 alpha level. This means that there is a significant difference and null hypothesis is

rejected. Therefore, respondents who are community Pharmacists can balance and manage work stress more than respondents who are Regulatory Pharmacists.

Table 6: Test for correlation.

Pearson's r value	Interpretation	p-value	Significance	Ho Decision
0.918	Very High Positive Correlation	0.000	Significant	Reject
*Significant at .05 alpha level				

This means that there is a significant correlation and null hypothesis is rejected. Therefore, there is a significant relationship between Work-Life Balance and Work Stress Management. As work-life balance increases then work stress management. This means that the more balanced work and life is, the more you can manage stress at work.

CONCLUSION

Based on the summary of findings, the following are the conclusions of this study.

- Regardless of the crisis or pandemic faced by the respondents, they can still balance priorities between work and life.
- Respondents are available to manage work-related stress at this time of the pandemic.
- Gender has nothing to do with balancing life and work and work stress management. Marital status has nothing to do in managing work-related stress.
- Middle adults can balance work and life priorities and manage work-related stress more than young adults. Married individuals can balance work and life priorities more than single individuals.
- Community Pharmacists can balance work and life priorities and manage more work-related stress more than regulatory pharmacists

Recommendations

- They should give more time to the pharmacists to balance life and work more as well as work stress management regardless of the crisis or pandemic faced by the respondents, they can still balance priorities between work and life.
- More studies and programs should be conducted to encourage pharmacists to have confidence and

competence in their field of work. For the management of pharmacy, they should give value to their pharmacists and they should also consider the health and risk that they are taking to serve the patients.

- They should reduce the workload of pharmacists amidst the pandemic to ensure that their pharmacists have work-stress management and work life balance.
- For future researchers, they may consider the factors of conducting a study according to marital status and age to determine on how they give value to their work. Therefore, they can give additional programs or seminars that can help a newly registered pharmacist to handle work-stress management and work-life balance.

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