

**An exploration of the diversity
and complexity of the
pharmacy locum workforce**

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FOREWORD

The 2002 pharmacy workforce census revealed that just over 8000 pharmacists were working in a locum capacity. This constituted 27% of the working pharmacists on the GB register. While the census provided data about how many locums there were, it did not give any clues as to who, what and why. A further piece of in-depth qualitative research was therefore commissioned to provide insight into why so many pharmacists choose to work as locums and to examine the nature of their work patterns.

We now know that locum pharmacists can not be easily typified, they are very diverse in terms of why they choose to be employed as a locum, how many hours they work and what they expect from their 'careers', as well as in their demographic characteristics. Locums range from those who undertake emergency cover every so often, to portfolio pharmacists keen to maintain their practice experience, to full-time locums who simply prefer the freedom of self-employment.

A common theme motivating the choice of locum employment was that of flexibility, both in terms of time and place. In relation to time locums can choose the days and hours of work, with one benefit often cited being able to choose when to take holidays. The issue of place was expressed in terms of being able to 'cherry pick' the pharmacies worked in. This unearthed the notion of 'bad pharmacies' which were diversely described by the locums as pharmacies without adequate support staff, poorly organised and in some cases with illegal practices.

It is clear from this that locum pharmacists have a breadth of experience from working in different pharmacies with different working systems and varied organisational structures. Perhaps we need to think about how the Society can support this group and perhaps utilise their experience. Issues of particular relevance that this report has highlighted include the organisation and delivery of high quality services with such a fragmented workforce, the underlying reasons for opting for locum work, engagement in CPD and the implications for skill-mix and team management.

In the light of the results from this work the Society is considering what help and guidance it can provide to support this significant part of the workforce. For example, how delivery and organisation of services could be structured to ensure continuity of care amongst a fragmented professional workforce and how team management might be enhanced as different models of skill-mix emerge. The Society will also be looking closely at the systems that are in place to support pharmacists in tackling and reporting poor practice and 'bad pharmacies'.

Gill Hawksworth
Immediate Past-President and community pharmacy locum

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Executive Summary

Background

In the 2002 pharmacy workforce census just over 8000 pharmacists classified themselves as a locum. Altogether they constitute 23% of the 'home register' (i.e., England, Scotland & Wales), 27%, of the 'active' workforce, or 38% of those who work in the community pharmacy sector ⁽¹⁾. The census also identified that the large locum workforce was diverse in terms of work patterns and their socio-demographic characteristics. The research team was therefore commissioned to undertake a qualitative investigation to explore why pharmacists chose to work as locums, and to further explore the nature of their work patterns.

By providing data on what attracts pharmacists to locum work the research will aid the workforce planning process for the pharmacy profession and employers of pharmacists, and for policy makers charged with developing and modernising the health care workforce.

Objectives

The research objectives were as follows:

- Describe the reasons for working as a locum and differentiate between push and pull factors as drivers
- Identify advantages and disadvantages of working as a locum
- Describe the 'tasks' locum pharmacists undertake as part of their role as a locum and consider these in relation to their reasons for choosing locum work
- Identify the range of work patterns undertaken by locums, in particular, their choice of geographical location, pharmacy type, hours of work, and number of jobs
- Identify short and long-term career aspirations
- Explore issues around job satisfaction: how is it derived in the context of locum work

- Explore more specifically their views on regulatory and supervisory issues, such as how locum pharmacists are involved in clinical governance, how they maintain levels of competency, relationships with and views on support staff.
- Validate the existence of different types of locums and clearly identify the characteristics that define them
- Consider the implications of the findings in relation to professional practice and policy
- Identify future areas of work

Methods

The study included:

- A literature review, covering material on locums in the pharmacy profession, flexible working in other health care professions and key sociological literature on the nature of flexible work in general
- Qualitative telephone interviews with 34 locum pharmacists randomly selected from a stratified sample of 234 locum pharmacists who had agreed to be interviewed for the study
- Two focus groups comprising 6 and 8 locum pharmacists
- A questionnaire survey measuring job satisfaction was administered to 234 locum pharmacists

Findings

Why locum...

- The reasons people cited for choosing to work as a locum are indistinguishable from the advantages cited because of the way in which they emerged in the fieldwork and the fact that there was always a combination of factors at play. When people were asked about why they decided to work as locums initially, it

was often the case that a short narrative was offered which comprised of an account of their personal circumstances at the time, along with a career history and a number of factors about locum work which they saw as particularly advantageous. Although people's reasons for choosing their working patterns were therefore related to their personal circumstances and therefore unique to them, the most common overriding theme and one that linked almost all the pharmacists in the study was that of flexibility - to be able to work 'when' and 'where' they wanted.

Flexibility...

- These pharmacists needed flexibility in order to balance work alongside other commitments. These included a range of commitments related to pharmacy, such as other jobs in pharmacy, a whole range of commitments outside of pharmacy, a colourful range of leisure pursuits, and of course, family or domestic responsibilities. The respondents had busy multi-faceted lives and a well-developed sense of what is termed work/life balance.
- From discussions among the focus group participants it emerged that even for pharmacists who locum on regular days in regular places, being self-employed rather than being an employee allowed flexibility to take holidays when desired and meant that they would not have to feel obligated to work on certain days, as they might if they were part-time employees.
- Place was an important dimension of the need for flexibility in addition to that of time, with these pharmacists able to 'cherry pick' their place of work, demonstrating the degree to which community pharmacy is an employees market at present.
- Other reasons for working as a locum included: a desire for social contact; money; to maintain professional competency; to avoid the stress of administrative duties or paperwork, and to gain experience and exposure to a variety of work places.

Disadvantages...

- Common disadvantages also emerged. These included: having to cope with unfamiliar computer systems; chaotic working systems in general; no support staff; lack of continuity; the perception of being treated in a negative light by both colleagues and patients because you are 'only a locum'; lack of training for extended role activities; and having to travel too far to work. Also factors such as no sick or holiday pay, having to do your own income tax returns, and the possibility of quiet months were highlighted as drawbacks of locum employment.

Tasks and roles...

- Although there was a great deal of diversity in the range of tasks that locum pharmacists reported being involved in, some commented on how it was difficult for locums to become involved in extended role services. This included difficulties in finding out about training for such initiatives, getting access to training and actually being permitted to participate in certain schemes. Some older pharmacists who were working as locums as part of the wind down process towards retirement were not interested in becoming involved in extended role services.

Work patterns...

- Although the data from most areas of inquiry in this study are characterised by diversity, perhaps the most diverse area of the findings overall came in the form of respondents' work patterns. Virtually every conceivable pattern of work was represented. The locations of work included: single stores within a multiple group; any number of stores in the same group; a combination of stores across different groups; and combinations between independents and majors, as well as hospitals and working for PCTs in an advisory capacity on a locum basis. In addition people working in a whole range of other jobs besides their locum work, where they are employees rather than being self-employed. The basis of being hired as a locum ranged from pre-arranged days on a regular basis to purely emergency bookings, to a combination of both. The hours worked ranged from

one shift every few months to 'help people out', to regular mornings each week, to working up to 55 hours a week.

Careers...

- Pharmacists' short and long-term career aspirations were dependent on where they were along their work-life trajectory and also on a range of factors regarding how they saw the subject of 'career'. The career histories presented by respondents were sometimes predictable, such as ex-proprietors or ex-managers working as locums because they wanted less stress and/or were approaching the end of their working lives. Equally some were very unique. Career expectations have largely gone unmet and there was a widely held view that community pharmacy does not provide enough opportunity to utilise clinical skills. This is an important factor in why many people changed career direction, particularly for those with 'portfolio' work patterns who worked for a PCT besides their locum work. A widely held perception was that there is no real career structure for locums. For many people this was not important as they saw their time as a locum as a 'stop gap' or were approaching the end of their working lives or were simply not career minded anyway. Some people saw the concept of 'career' as important but saw it in a different way - where being professionally satisfied and developing clinical skills were more important than working full-time or pursuing progression through management hierarchies. Enjoyment of work was uniformly seen as being of central importance.

Job Satisfaction...

- Job satisfaction was high among both the interviewees and the pharmacists who completed the questionnaire. It was apparent that many of the interviewee respondents derived more job satisfaction from working as locums than they would as employees partly because they weren't working full-time, and partly because they have less management pressures. Many respondents reported that their job satisfaction derived from 'patient contact' such as advising patients on their medicines. Where job satisfaction was low it appeared to be related to a dislike of the lack of continuity and 'not knowing patients' as well as they might otherwise.

Continuing Professional Development...

- There appeared to be a lot of confusion about what was expected in terms of providing evidence for CPD; many perceived they had less support and guidance on CPD than they would if they were employee pharmacists. In general CPD was seen as a 'good thing' but the need to write everything down was uniformly seen as excessively time consuming and laborious. Anecdotal accounts of older pharmacists leaving the profession in droves when CPD becomes compulsory were not really confirmed in this study.

Support staff & supervisory issues...

- Views on support staff were mixed. Having to work on an ad-hoc basis with support staff who were not adequately trained was seen as a particular problem for locums, and this appeared to be something that some had direct experience of. However, recent developments to encourage support staff training were viewed as a positive development, and some of the respondents remarked that the majority of support staff they encountered were very helpful, very competent and very easy to work with. Views on supervision were mixed too: while some interviewees mentioned that they preferred to take as much responsibility as possible in case of mistakes, others mentioned the importance of respecting that the support staff know the shop well and that it was important to 'not make waves'.

Different types of locum...

- A specific objective of this study was to validate the existence of different types of locums and identify the characteristics that define them. This was difficult to do because of the diversity of characteristics and opinions that existed even within what were previously considered relatively well-defined sub-groups of locum.

Dubious practices and 'whistle blowing'...

- Interviewees often talked about avoiding 'bad' pharmacies when asked about where they chose to work. From some of the later interviews and the two focus groups it became clear that there were several aspects to this. A 'bad' pharmacy

included ones that displayed 'dubious practices' including those considered mildly unethical to seriously dangerous and blatantly illegal. How they would deal with such activities was explored. The consensus view seemed to be that if people witnessed something that could endanger patients' health then they would inform the Society, but only one pharmacist reported having done this. A more common response, but perhaps unethical, was to 'vote with their feet' by not returning to such stores.

Conclusions

- The findings reflect a high degree of heterogeneity within the locum workforce across most of the areas of inquiry addressed by this study. The data generated by the fieldwork were characterised by a wide variety of opinions by people in a broad range of working situations, at different stages of their working lives, and with different personal circumstances. As such, the findings present a richness of data, often diverse and sometimes unique, along with some common overriding themes and patterns.
- The independent nature of working as a locum means that some locums may experience a lack of guidance and support with regard to regulatory issues like CPD. Likewise, some locums may also experience 'marginalisation' with regard to training initiatives such as those for extended role services. In some ways this may not be a problem as many locums are 'pro-active' in their approach to such areas of their work, but equally, many may 'fall through the net' and consideration should be given to ways that could help limit the possibility of this.
- Comments regarding the absence of adequate support staff (both in numerical and competency terms), particularly in busy high prescription volume stores, have implications for patient safety which may need consideration. Although not strictly a 'locum' issue, dangers to patient safety in such scenarios could be compounded when a locum who is unfamiliar with the general 'set up' of a store has overall responsibility for that store and the supervision of staff. On the positive side, there were encouraging comments to suggest that recent developments in training for support staff are being successful.

- The high degree of flexibility that locums seek is perhaps simply a reflection of changes taking place in wider society in that many people have busy multi-faceted lives where work is just one of many priorities, and flexibility in working patterns is essential. However, if the profession wishes to curb the amount of people turning to locum work, perhaps employers could review their employment policies and allow for a greater degree of flexibility for employees that reflects a workforce comprised of people at different stages in their working lives with diverse personal circumstances and needs.
- That so many people are not interested in career opportunities in regular structured employment and are independently mapping out their own career paths may also be indicative of wider patterns in contemporary working life. Unlike other occupational groups, it could be argued that pharmacists are in a fortunate position in being able to navigate a career where they can embrace the aspects of their work that they like, and eschew aspects that they dislike, while still gaining rewards such as a competitive salary, professional satisfaction and a sense of professional identity.
- Finally, the data that emerged on 'dubious practices' and people's attitudes towards 'whistle blowing' raise some important implications for the profession. Perhaps it should be made more widely explicit to pharmacists that they have a responsibility to report to the Society concerns that a member's professional competence or ability to practise may be impaired and could put the public at risk.

1. BACKGROUND TO THE STUDY

In the 2002 pharmacy workforce census just over 8000 pharmacists reported working as a locum ⁽¹⁾. Being a 'locum' was self-defined in the census, and contrasted with other positions in community pharmacy that may display similar work patterns, including 'relief' or 'second' pharmacist. Despite this self-classification without explicit definition, a defining characteristic of a locum appears to be the tendency they have to work on a 'self-employed' basis, as opposed to having some sort of employment contract direct with a pharmacy organisation.

The proportion of pharmacists who classify themselves as locums is very high. They constitute 23% of the 'home register' (i.e., England, Scotland & Wales), 27%, of the 'active' workforce, or 38% of those who work in the community pharmacy sector ⁽¹⁾. The locum workforce however, is by no means homogenous. There is a vast diversity in the number of hours worked, and key demographics such as age and working patterns in general. For example, 28% of locums in the community sector have more than one job.

As a consequence of the extent and diversity of the locum workforce, the research team was commissioned to undertake a qualitative investigation to explore why pharmacists chose to work as locums, and to examine the nature of their work patterns beyond just the hours they work. In-depth interviews with up to 50 locum pharmacists were planned as part of the qualitative work, as well as focus groups. A literature review was included. The research team have also tested the use of a standardised 'quality of work-life' (QWL) questionnaire, originally designed for use with GPs, and devised to explore job satisfaction and other work-related concepts.

1.1 Aims and objectives

The aim of this project is to provide some insights into the nature of the work locum pharmacists undertake and the reasons behind why such a large section of the pharmacy workforce is employed in a locum capacity. This will

provide valuable information regarding the nature and patterns of work of this flexible workforce, aiding the workforce planning process both for the pharmacy profession and employers of pharmacists, and for policy makers charged with developing and modernising the health care workforce.

Specific objectives include the following:

Objectives

- Describe the reasons for working as a locum and differentiate between push and pull factors as drivers
- Identify advantages and disadvantages of working as a locum
- Describe the 'tasks' locum pharmacists undertake as part of their role as a locum and consider these in relation to their reasons for choosing locum work
- Identify the range of work patterns undertaken by locums, in particular, their choice of geographical location, pharmacy type, hours of work, and number of jobs
- Identify short and long-term career aspirations
- Explore issues around job satisfaction: how is it derived in the context of locum work
- Explore more specifically their views on regulatory and supervisory issues, such as how locum pharmacists are involved in clinical governance, how they maintain levels of competency, relationships with and views on support staff.
- Validate the existence of different types of locums and clearly identify the characteristics that define them.
- Consider the implications of the findings in relation to professional practice and policy
- Identify future areas of work

2. METHODOLOGY

The research methods consisted of a literature review, a range of qualitative interviews, focus groups and a questionnaire measuring 'quality of worklife'. The main part of the research comprised the in-depth qualitative interviews with locum pharmacists to explore the majority of the issues outlined above. The 2002 pharmacy workforce census data was used to identify and target respondents from each of the 'sub-groups' of locums identified below:

- younger pharmacists with only a few years post-qualification work experience
- parents (mostly women) with childcare commitments
- older pharmacists approaching (and past) retirement age
- pharmacists who display 'portfolio' patterns of working
- full-time and part-time locums
- hospital and community pharmacy locums

The above groups were not mutually exclusive but the number and range of interviews conducted broadly reflected the estimated size of these different groups. Community locums formed the focus of the work since they are by far in the majority. The proportion of pharmacists who work as locums is much higher in the community pharmacy sector, where 38% work on a locum basis. Again there is widespread variation in this section of the locum workforce. The proportion of older locums in this sector is markedly high with 18% aged between 60-69 years. The extent of part-time work in the community sector is also high, with 42% working less than 24 hours a week ⁽²⁾.

The topic areas for the interviews were assessed in light of the findings from the literature review. They focused on three broad themes as follows (see appendix 1 for detailed schedule):

- Working patterns
- Reasons for locum work
- Roles at work

2.1 Sample

All of the fieldwork was conducted from the same sample that was derived as follows. A 10% random sample was drawn from the Pharmacy Workforce Census 2002 respondent data set and invited to participate in the study. A total of 830 locum pharmacists were sent a letter (inviting them to participate), and 234 agreed to be interviewed. The original sample of 830 was stratified according to age and gender, and to select those for interview consideration was also given to ethnicity, sector, and hours of work, to ensure a diverse range of different types of locums could be included in the study.

2.2 Quality of Work-Life (QWL) Questionnaire

With agreement from the 234 pharmacists who agreed to participate, we administered the 'satisfaction and quality of work-life questionnaire' (QWL) developed for use with GPs by the National Primary Care and Research and Development Centre ^(3;4). This allowed the research team to explore the use and validation of this assessment tool with a different group of health care professionals, and it has provided stand-alone information against which job satisfaction of locum pharmacists can be assessed. The questionnaire has added a quantitative dimension to the study and contributed a fuller understanding of this significant section of the workforce.

2.3 Interviews

From those who agreed to participate, 34 people were interviewed in total. The initial plan of interviewing 50 people was re-assessed after 28 interviews when the data has appeared to reach saturation point. A further 6 interviews were then conducted to check saturation and follow up on some other issues. One of these issues was how people feel about 'whistle blowing' if they witness illegal or unethical practices in the pharmacies where they work; original career expectation was another. After these final 6 interviews, the research team were satisfied that more than enough highly relevant data had been generated. The interviews were without exception conducted by

telephone, partly because of the geographically dispersed nature of the sample, but also because face-to-face interviews were difficult to organise given the varied patterns of work of the sample being interviewed.

The interviews typically lasted for approximately 30 minutes and were semi-structured in nature, using an interview schedule but not sticking rigorously to the topics. The interviews were transcribed and the data then analysed using a 'grounded theory' approach ⁽⁵⁾. The group of interviewees comprises 19 females and 15 males, ranging in age from 25 to 73. The majority of the interviewees were of white ethnic background, (28 'White British', 1 'White Irish' and 1 'White Other'. The 4 interviewees from minority ethnic backgrounds were defined as 2 'Indian', 1 'Black African' and 1 'Other Ethnic Group' in the 2002 Pharmacy Workforce Census data. In comparison, the community pharmacy locum workforce is comprised of 52% females and 76% are of 'White British', 'White Irish' or 'White Other' ethnic origin.. This compares with 56% female and 88% 'White' in the interview sample. Key characteristics of the interviewees are displayed in appendix 2.

2.4 Focus Groups

Two focus groups were also conducted with locum pharmacists, comprising 8 people and 6 people respectively. These allowed further exploration of issues around regulation and continued professional development. Additionally, topics that were covered in the interviews were explored further, such as why people with regular work patterns in the same pharmacies on the same days each week don't just work as part-time employees instead of locums. The research team believed the regulatory and CPD related topics lend themselves much better to exploration using focus group methodology since the dynamic context of a group discussion should highlight where disagreement lies about these politically contested issues and how consensus can or cannot be reached.

The participants were recruited from the original sample of 234 locum pharmacists who initially said that they would like to be involved in the study.

They were contacted by telephone and offered an incentive of £70 in order to cover any expenses. The focus groups took place in two major UK cities. Hotels in mutually convenient locations to the participants were used to host them. Although the samples were in a sense pragmatic ones in that they were comprised of those who were willing to take part at that time from a specific geographical catchment area, a relatively even spread was achieved in terms of key demographics. Of the first focus group, ('Focus Group A'), 4 participants were female and 4 male. Their ages ranged from 33 to 58 and 7 were of 'White British' ethnic origin, while one was from an Indian background. Of the second focus group, ('Focus Group B'), 3 participants were female and 3 male. Their ages ranged from 27 to 63 and all were 'White British'. See appendix 3 for more detailed characteristics.

The hours worked as locums by the participants in Group A ranged from two Saturday mornings a month up to 48 hours a week. All of them worked as locums in the community pharmacy sector, while two of them occasionally worked in the hospital sector as well. A distinct point was that 4 participants had other jobs within pharmacy such as working for local Primary Care Trusts (PCTs). In Group B, 4 people worked just as retail locums ranging from 30 to 50 hours a week, 1 person worked in prescribing support as well as working as a retail locum, the other had a full-time community pharmacy job while doing locums on the odd weekend.

The focus groups were facilitated by two researchers: one led the discussion while the other made notes. A short schedule was used as a subject guide (See appendix 4) which left enough room for the conversation to digress into other areas if necessary. Both focus groups lasted approximately 90 minutes and were tape-recorded.

2.5 Literature Review

Eighteen electronic databases were searched for articles/studies related to locums in pharmacy and other health care professions:

MEDLINE
EMBASE
EPIC
WOS (Web of Science) -- Social Science Citation Index; Science Citation Index; ISI (Index to Scientific & Technical Proceedings)
CINAHL
AMED
HMIC
ASSIA
IBSS
SIGLE
PSYCHINFO
ASLIB
Cochrane Library
BNI (British Nursing Index)
BEI (British Education Index)

The parameters for the literature search followed the guidelines set out in the original proposal, which included mainly UK articles over the last five years (from 1998 to current). Some 'overseas' articles were inadvertently found, but only those that were very relevant were documented.

Search terms used included; pharmac*; health professional*; GP*; non-principal*; nurse*; bank staff; physician*; doctor*; medic*; dentist* along with locum*. This was going to be broken down further by work setting, such as, community and hospital, but due to the lack of search returns the search was kept broad to ensure maximum articles related to locums would be captured.

Other search terms used alongside 'locum' included: social worker*; job satisfaction; commitment; flexible work*; part-time work*; boundary-less career.

2.6 Study Limitations

The main limitation of this study lies at the heart of most qualitative research – namely that the findings of any study based on a handful of interviews cannot necessarily be considered representative of the larger population from whom participants are drawn. It is possible for example, that the people who agreed to participate in this study represent the more conscientious and professional locums, or are at least people who would probably hold the view that they themselves are professional, and are certainly not the ‘bad’ locums who are so often the butt of reports in the pharmaceutical press. Locums who might be thoroughly disillusioned with their work or simply do not care and are just ‘going through the motions’ to earn a living, may have been less likely to participate in a study such as the one reported on here.

This aside, the point remains that the study was not attempting to represent the views of all locum pharmacists. We set out to explore and gather views from a range of locum pharmacists on a range of topics, to further the knowledge base on why people choose this way of working. We have achieved this. Further quantitative work will be necessary if the purpose is to examine the extent to which the findings here extend into the locum workforce at large.

3. FINDINGS

3.1 Literature Review

The review of the literature is in three parts. First the published literature on pharmacy locums is summarised, including where available, empirical research findings in which locum pharmacists have either been the focus of study or mentioned as a sub-group of interest. The inclusion criteria for this main part of the review are also described, in section 3.1.1 which follows next. Second, research findings on nurses and doctors who practice as the equivalent of a locum pharmacist are described, mainly in order to draw out the similarities and differences which exist between these two health professions and pharmacy. Finally, the broader sociological literature on flexible work patterns is reviewed in order that existing material on locum pharmacists and the findings from this current study can be set into the context of the wider labour market.

3.1.1 Pharmacy Literature

The searches mostly returned 'letters', 'comments' and 'opinions'. Very few actual research studies have taken place regarding pharmacy locums. The ones found are predominantly descriptive, and cover the extent of locum work patterns, (such as the recent pharmacy workforce census). In other small-scale studies locums are mentioned, but they have not been the specific focus of the work ⁽⁶⁾. This is surprising given the extent of locum work and the potential impact on service delivery that their work patterns may have.

Opinion based articles that have appeared in the Pharmaceutical Journal over recent years, whilst not having the explanatory power of rigorous research studies, have nevertheless contributed to our understanding of the reasons for the increase in the number of pharmacists working as locums and about the advantages and disadvantages associated with locum work. For example, Mason, in her article "Why work as a Pharmacy Locum?" outlines a series of 'push' & 'pull' factors ⁽⁷⁾. Structural changes in pharmacy are said to be

contributing to the high numbers of locum pharmacists: increased opening times, reported recruitment problems in both the community and hospital sectors, the change from a 3 to 4 year pharmacy course, the creation of new posts in the primary care sector, and the provision of additional pharmacy services which require regular pharmacists to employ locum cover, are described as pulling pharmacists into locum work. Mason also lists the advantages of working as a locum, such as the ability to work when and where you like, avoiding huge piles of paperwork and gaining a broad range of experiences that wouldn't be as possible in a permanent position.

She also summarises the many disadvantages of working as a locum: potential lack of job security; a fluctuating income; long hours of work if booked for the whole day; roles at work sometimes being limited to the dispensary; travelling and finding the pharmacy; and working with different computer systems can be potentially daunting and tiring.

There are a number of other such articles that, although anecdotal, identify a range of issues salient to both locum pharmacists and employers of locum pharmacists. In terms of what attracts pharmacists to work as locums, rather unsurprisingly, the theme of 'flexibility' and being able to work when and where one likes, is the single most overriding factor mentioned. 'Broad Spectrum' articles in the Pharmaceutical Journal such as Wood ⁽⁸⁾ & Evans ⁽⁹⁾ also highlight the attraction of having no paperwork, no staff problems or rotas to deal with, and no company rules or targets to meet. Conversely, potentially important problems are also identified, such as having inadequate or untrained support staff, lack of continuity and being left unhelpful messages about incomplete prescriptions, 'difficult' burglar alarms, no parking facilities, poor dispensary layout that is only decipherable by the owner, and no proper lunch break. Evans supplies the succinct sentence that being a locum is: *"...like looking after someone else's children...often more trouble, less disciplined and more worrying than coping with one's own"* (p 186).

The literature search also unearthed a lot of published letters arguing about matters such as rates of pay for locums, with vociferous opinions either

defending the rates of pay that locums command and suggesting that they should be paid more, or people accusing locums of having a ‘money grabbing’ attitude.

3.1.2 Flexible working in other health care professions

There is somewhat more literature on the changing patterns of work among the other health professions, particularly nursing and medicine, although it is still not extensive. Some of the material falls outside the date range for the review, but where it is particularly relevant and informative it is included. We begin with a review of the published findings on flexible and ‘non-standard’ patterns of working in nursing. While flexible and non-standard ways of working overlap they are nevertheless distinct forms of working, with the former including part-time work and ‘family friendly’ shift patterns, while the latter tends to refer to things like job sharing and managed career breaks.

Whatever the professional group, most writers agree that workforce shortages are the main driver for the introduction of and the growth in flexible work patterns. Experts writing about the nurse workforce for example, have pointed out that increases in flexible patterns of working were a direct result of nurse shortages experienced within the NHS in the mid and late 1980s. By the late 1990s pressure to improve equal opportunities in the NHS became another lever for change⁽¹⁰⁾.

Nursing

With around half a million working in the UK (1999 data), nurses are the largest of all the health professional groups. Perhaps surprisingly, given their size, a quote from a study by John Buchan⁽¹¹⁾ testifies to a lack of information on the UK nursing workforce: *“complete data is (sic) not held centrally on the use of temporary staffing in the NHS”*. Despite the lack of national data the Royal College of Nursing (RCN) does provide information on what are thought to be representative samples of the nursing workforce. The RCN conducts annual surveys on a sample of its membership, largely to examine the

characteristics and attitudes of the nursing workforce, their working patterns, and their labour market behaviour. The latest available report ⁽¹²⁾, based on a survey of 6000 RCN members in May 2000, with a 65% response rate, provides probably the most comprehensive data currently available on the nursing labour market.

In relation to the pharmacy locum study reported here, it is the findings that relate to features of 'flexibility' that are of most interest from this nursing survey ⁽¹²⁾. At almost three-quarters (72%), the proportion of *nurses* who work in the NHS is much larger than the proportion of *pharmacists* who work in the hospital sector (21%), and this is one of the main differences between the two workforces. Roughly 7% of nurses work in GP practices, while 8% of pharmacists work in primary care settings.

While 52% of the pharmacy workforce is female, the proportion of female nurses is much larger (94%). As a consequence of the dominance of women in the nursing labour market the proportion of nurses who work part-time is also large, with around 40% of nurses working less than full-time hours (not explicitly defined in the report). The 2003 pharmacy census puts the proportion of pharmacists working part-time (defined as under 32 hours per week) at 32.5% ⁽¹³⁾. In a study from 1998 using data from 1994 ⁽¹⁰⁾ the proportion of permanent nursing staff (so a different denominator compared with the RCN surveys) working part-time was 1 in 3, suggesting that there has been a considerable increase in flexible work patterns since the mid 1990s.

Second jobs, temporary or fixed-term contracts, rotational shifts, all aspects of job flexibility, also feature strongly in the nursing labour market. Just over a third (35%) of NHS nurses work rotational shifts and 7% work permanent nights. Although there is little data on this aspect of working life for pharmacists, it is likely that the proportions working in this way are much smaller. There are no general data on pharmacists' contractual status either, although it is now known that the use of short and fixed-term contracts among those who work in the primary care sector is growing ⁽¹⁴⁾. In the NHS 4% of nurses are employed on fixed-term or temporary contracts, although the

proportion is much larger in some sectors (such as nurse education). A RCN survey dating back to 1997 ⁽¹⁵⁾ reported that 3% of qualified nurses were working on short-term contracts, suggesting that this type of employment flexibility has not increased to the same extent that general part-time patterns have. However, variation in the use of fixed term contracts across different Trusts was noted in a case study of 12 NHS Trusts, ranging from 0% to 30% ⁽¹⁰⁾.

More than a quarter of nurses (28%) have a second job in addition to their main job, usually for nursing banks or agencies ⁽¹²⁾. Apparently most do so to supplement their income. At 10% the proportion of pharmacists with more than one job is much smaller, although in some sectors of pharmacy it is much larger ⁽¹³⁾. Although the evidence base is lacking with respect to the reasons why pharmacists have more than one job, it is unlikely to be solely about supplementing income.

In relation specifically to locum work, the closest counterpart in nursing of the locum pharmacist is probably the 'bank' nurse. The RCN survey ⁽¹²⁾ put the proportion of nurses working for either nursing banks or agencies at around 5%. This figure is not too dissimilar from a figure recently quoted in an Audit Commission report on the use of temporary staffing in the NHS ⁽¹⁶⁾. Although it includes medical locum staff as well as agency nursing, the Audit Commission reported in 2001 that on a typical day about 20,000 bank and agency staff provide temporary cover in the NHS in England and Wales, at a cost of about £810 million a year. Agency working is no longer just a short-term option, with some nurses choosing to work permanently for an agency as a means of doubling their salary ⁽¹⁷⁾. Regional variations are acknowledged, and the reliance on agency staff is said to be particularly acute in London ⁽¹¹⁾. The proportion of bank nurses does not appear to have grown that much in recent years, since a figure of 4% in 1993 was reported in a review by Buchan ⁽¹⁰⁾.

Medicine

The closest medical equivalent of a pharmacy locum is probably the 'non-principal', and while few official statistics exist on the numbers nationally who work as non-principals, survey research on doctors who completed their training in 1986, 1991, and 1996, identified that 30% were non-principals; 65% of the non-principals were women, and 42.5% worked for less than 25 hours a week ⁽¹⁸⁾ ⁽¹⁹⁾. The non-principals actively choose their form of work, and a third work more than 26 hours a week in medical posts outside general practice. The authors suggest this means that these doctors cannot necessarily be attracted back to general practice.

Reasons for working as a GP locum have been identified by researchers who surveyed a convenience sample of 111 general practice locum doctors ⁽²⁰⁾. They included being between jobs, to gain experience of different practices, money, to avoid commitment to one partnership, flexibility in relation to location and time, and retirement from GP partnership. The majority found it easy to find locum work, and most used personal channels as the preferred method to locate locum employment. Time to pursue other activities, financial benefits, and variety of practice work, were identified as the main advantages of locum work, while the most frequently mentioned disadvantages included exclusion from the NHS pension scheme, and lack of job security. Lack of career structure, including opportunities for training, and lack of status as reflected in attitudes from colleagues and patients, were also cited as problematic. Lack of continuity and not seeing things through to the end have been cited as other disadvantages of locum work in general practice ⁽²⁰⁾.

Choosing where to work was determined by the friendliness or familiarity of the practice. Over half the sample cited a practice being 'well organised' as an important reason informing their choice of work, by which was meant a practice with tidy notes, up to date computer, helpful and efficient staff, and information packs/guidelines for locums going into a new or unfamiliar practice ⁽²⁰⁾.

Locum doctors also work in the hospital ⁽²¹⁾ sector. An article discussing the problems faced by these locum doctors, and citing from a 1999 report by the Audit Commission reports that “*every day an average of 3500 locum doctors are on duty in England and Wales at all levels*” ⁽²²⁾. £214 million a year is spent on locum doctors, nearly 8% of the total medical staffing budget at Trust level. The reasons for the reliance on locum doctors in the hospital service are said to include: shortage of doctors in certain specialties; reductions in working hours for training doctors and consultants; cover for maternity, paternity and child care leave; improving working lives initiatives; and the drain of consultants into voluntary retirement. Citing a report from the Royal College of Physicians, this article also raises concerns about the competency of locum doctors, and suggests that better systems need to be put into place to ensure adequate levels of medical excellence are maintained, and to address the issue of revalidation and regulation. Half the work undertaken by locum doctors is said to be at weekends and outside normal working hours, when the doctors are not directly supervised.

While in nursing working as a bank nurse appears to be entirely through choice, and is often the preferred option, the article by Gupta ⁽²³⁾ on locum hospital doctors suggests that taking locum work can often be a forced option for some: a solution to the problems faced by doctors who have not secured regular posts, particularly overseas doctors. The authors also speculate that a substantial number of ‘permanent’ locums work in this way so as not to get bogged down in the non-clinical and managerial duties being imposed on their employed colleagues.

While ‘non-principal’ locum work is one way of conceptualising flexible ways of working in the medical labour market, researchers exploring supply and demand issues within the medical workforce and reporting in 2001 specifically on a study of GP principal leavers ⁽²³⁾ called for a widening of the concept to include the following dimensions:

- *Working-time flexibility* (i.e., a shift away from traditional systems of permanent employment towards less rigid arrangements which might include job share, managed career breaks and school-term working).
- *Labour mobility* (i.e., facilitating movement between jobs, organisations, occupations, or geographical areas in response to changes in employment flexibility).
- *Wage or earnings flexibility* (i.e., greater sensitivity of remuneration to labour market pressures).

Of course, current government policies enshrined in initiatives like ‘Improving Working Lives’ and the new ways of contracting for GP services are arguably now addressing these dimensions of flexibility in the medical workforce as well as in other health professions such as nursing and pharmacy. In some instances they are simply an expansion of initiatives introduced long ago at a local area level to address specific workforce problems in particular Trusts. Evaluation of the schemes needs to be undertaken before it is possible to assess their success.

3.1.3 The sociological literature concerning flexible work

The social science based literature that exists on the theme of flexible working is vast and multi-dimensional. Although the research proposal specifies that the parameters of the literature review be restricted to include findings from just the past five years, it is important to view more recent work within the context of the broad body of work concerning employment related themes that has emerged from the mid 1980’s onwards, characterised by the omnipresence of the term ‘flexibility’. Instead of focussing exclusively on the most recent additions to this field (some vital and necessary, some simply repetitive or misleading), reference to key earlier works will be made if it is deemed useful in elucidating important issues concerning the current locum pharmacy workforce.

Indeed, if key social science databases or Ejournals such as the 'social sciences citation index' database or the online version of the British Journal of Sociology are searched using basic search terms such as 'flexible' with 'work' or 'employment' there are relatively few 'hits' from the last five years that are beneficial to developing a better understanding in relation to flexible forms of work at a general conceptual level. The majority of findings are specific to issues within a certain industry, in a specific country ⁽²⁴⁾. The same is largely true of manual searches of journals that do not have free access to their online version such as 'Work, Employment & Society'. This lack of recent work makes this section of the literature review more difficult to undertake, as a wider date range must be considered in order to make reference to the key texts that possess theoretical clout and explanatory power in relation to the project topic.

A few recent texts from 'Work, Employment & Society' were relevant. One, by Hoque & Kirkpatrick ⁽²⁵⁾, discusses how non-standard employees in professional and managerial jobs can experience marginalisation with regard to training opportunities and career progression, and how they are consulted less over matters in the workplace than their full-time or permanent counterparts. This would appear to resonate with some of the findings reported from medicine and pharmacy. Another important point made by these authors is the assertion that the non-standard workforce, even in the higher occupational levels like those discussed here, is far from 'homogenous and uniform'.

Another significant problem in this section of the literature review is that the diversity of characteristics that locums can encompass renders the search extremely extensive in a sense. In a recent book on forms of 'non-standard work', John Mangan ⁽²⁶⁾, highlights definitional problems by talking about 'part-time work', 'temporary work', 'casual and contingent employment' and 'self employment', amongst other terms, in exploring and explaining themes relevant to workers who are not in 'traditional' forms of employment.

At a glance, it is clear that every one of the above terms can be relevant to the work of a pharmacy locum. So the literature review is made problematic from the need to go back further than five years for key, relevant work at a general level, and also by the fact that so many texts of more specific focus may also be relevant due to diverse and extensive characteristics that locum work encompasses.

In examining the vast canon of work on the subject of employment that features the term 'flexibility', a seminal point came in the form of Atkinson's work on 'The Flexible Firm' ⁽²⁷⁾, which outlined how organisations were increasingly seeking to improve competitiveness and cut labour costs by having a workforce that could respond flexibly and precisely to fluctuations in demand. Although Atkinson's work has received much criticism over the years, key concepts such as his distinction between 'core' and 'peripheral' employees are extremely relevant to the situation in pharmacy and other health care professions. Atkinson's concept of three different types of flexibility, 'numerical' (i.e. flexible numbers of employee), 'temporal' (i.e. flexible hours of work) and 'functional' (i.e. flexibility in work roles), can be applied as tools for conceptualising the structural changes that have influenced the demand for locums, such as longer opening times, the expansion of supermarket pharmacies and extended roles for pharmacists. However, although it is important to note a key point from which the term 'flexibility' started to become ubiquitous in sociological and economic accounts of the world of employment, it is just as important for the purposes of this review to focus on 'agency' as well as 'structure' and examine literature that helps to ascertain why more people seem to have a *preference* for the flexible working patterns that locum work offers. In other words, to examine social 'push' factors along with economic 'pull' factors ⁽²⁸⁾.

The notion that paid work and career are no longer the prime sources of identity in society also began to emerge around the time of Atkinson's work on the 'flexible firm'. Social theorists such as Ulrich Beck and Claes Offe contended that as work was becoming increasingly 'de-standardised' and characterised by the emergence of the 'hyphenated worker' (i.e. casual,

temporary, part-time etc), work was declining in its power as *the* central concern in people's lives and was being 'decentered to the margins of biography' ^(29;30). In such accounts, social structural changes such as the demise of the notion of 'a job for life', widespread 'downsizing' and 'outsourcing' and the general emergence of a de-standardised fragmented system of 'underemployment' were directly linked to fundamental changes in the subjective lives of individuals where work and career were simply becoming less important to people in comparison to other aspects of life such as leisure activities and lifestyle options. Although such literature could arguably be criticised for over simplifying the situation and underestimating important factors such as the need for a good income, they demonstrate that the current popular rhetoric concerning the importance of 'work/life balance' and changing attitudes to career and lifestyle have been around for some time.

As mentioned previously, the diversity inherent in types of pharmacy locum is extensive. A key feature relevant to much locum work, which has been covered extensively in sociological literature and is impossible to ignore in debates on 'flexible work' is part-time work. Key texts in this area include: Tam – 'Part-time employment: a bridge or a trap' ⁽³¹⁾, Hakim – 'Social change and innovation in the labour market' ⁽³²⁾, Crompton – 'Women and work in modern Britain' ⁽³³⁾ and specific to pharmacy, Symonds – 'Part-time work in community pharmacy' ⁽³⁴⁾. These texts address important conceptual issues such as commitment to employment and career, and the different ways that commitment may be understood from the perspective of part-time workers (i.e. not just commitment to a linear career path into management but commitment in terms of doing a good job and upholding professional standards whilst at work, even if for only a few hours a week). Other important issues raised in the latter two references bring into focus the role that personal choice plays in women's preference for part-time work and how for many people, achieving a balance between 'workcoping' and 'homecoping' and having 'the best of both worlds' was an important factor behind their working patterns ⁽³⁴⁾. The need to re-conceptualise part-time work as a positive 'new work orientation' ⁽³³⁾, highlights the important role that women's part-time

employment plays in the social 'push' side of the flexible work debate and the demands for flexible working patterns.

Other landmark texts that should be noted in a review of flexible employment literature are works such as Arthur & Rousseau on the 'boundaryless career' ⁽³⁵⁾ and Handy's work on 'portfolio careers' ⁽³⁶⁾, alongside work such as Cohen and Mallon's on the same subject matter ⁽³⁷⁾. Without going into too much detail here regarding the key characteristics of such concepts, seminal work such as these emphasise recent growing trends in independently mapping out career pathways across different organisations, building networks, developing transferable skills and taking individual responsibility for career management. Such texts have great utility in explaining certain emerging characteristics in the pharmacy labour market. Trends such as the rising number of pharmacists who have two, three or four different jobs, often combining PCT work with locum working for example, can gain great benefit from applying such concepts in understanding and explaining this growing phenomenon.

Other literature centred on the notion of career can be usefully applied to issues relevant to locum pharmacists. In his book, 'Managing careers into the 21st century', John Arnold uses the term, 'the psychological contract' to refer to the understanding that employees have with their employers over their respective rights and obligations ⁽³⁸⁾. Arnold notes how many employees feel that this understanding has broken down as mutual trust and 'give and take' has been replaced by unrealistic demands, more work, more responsibility but less rewards, benefits and job security. This could be a pertinent point in why many employee pharmacists quit working directly for a company because of disillusionment and excessive demands placed upon them, in favour of the freedom and flexibility of working as a locum.

Arnold also discusses the concept of 'career anchors' which was a term introduced by Schein to describe how a person may be 'anchored' in their career by a set of particular values, such as technical competence, for example ⁽³⁹⁾. Such values may be all-important to a person and might influence their career path by 'anchoring' them to a specific type of work such

as working as a practitioner instead of pursuing a career through management hierarchies which would take them away from maintaining sharp technical competence. Concepts such as this may be useful in understanding why pharmacists may prefer to practise pharmacy as locums instead of taking on too much management responsibilities and paperwork as an employee.

A particularly useful book is Mangan's 'Workers Without Traditional Employment' ⁽²⁶⁾, which is an international study of non-standard work. The strength of books such as this is that they present empirical evidence on the determinants involved in the rise of non-standard employment across a large number of different countries so it is possible to see factors (both on the supply and demand side) that converge, such as young people at the beginning of their careers working in non-standard jobs to gain experience, or retirees re-entering the job market, or multiple job holders.

3.1.4 Summary – literature review

The literature synthesised in this section has provided a comprehensive and multidimensional understanding of the sorts of push and pull factors that help determine and shape flexible working practices. Material on the pharmacy profession itself, on nursing and medicine, as examples of other health care professions undergoing workforce change, and the broader, more conceptual sociological literature on flexible work practices in general has been the focus of the review.

In brief, the review has highlighted the dearth of empirical research studies on locum pharmacists. However, a number of journalistic articles (mainly in the *Pharmaceutical Journal*) provide a detailed picture of some important locum related issues, in particular the advantages and disadvantages of working as a locum. In addition, letters in the *Pharmaceutical Journal* demonstrate areas of longstanding and sometimes fiercely contested areas of debate, such as rates of pay for locums and opposing views regarding working with methadone users.

Similarities with nursing and medicine were identified to demonstrate that the patterns and types of flexible working practices being seen within pharmacy are already prevalent in other occupational groups, and although there appear to be proportionally more locums within pharmacy than is the case in either nursing or medicine, locum working is certainly not peculiar to pharmacy.

In nursing 'bank' nurses are probably the closest counterpart there is to a locum pharmacist; while the NHS relies heavily on them, they constitute a much smaller proportion of the nursing workforce (5%) compared with locums in pharmacy. Interestingly, the little empirical work there is on bank or agency working suggests that it is no longer just a short-term option chosen because of the flexibility it offers. Instead some nurses choose to work permanently for agencies in order to increase their earning capacity. Here pharmacy and nursing appear to diverge, since what literature there is on locum pharmacists suggests that money plays only a peripheral role in the decision to locum.

The other aspect of flexible working that is strongly featured in nursing is part-time work. Two-fifths of nurses work part-time, compared to just under a third of pharmacists. This is likely to be because a much larger proportion of the nursing workforce is female compared with pharmacy (94% compared with 52%) and demonstrates in a tangible way the extent to which part-time work patterns can take hold in a feminised profession.

Studies on the medical profession show that flexible work among GPs is also high, with the proportion of non-principals (the closest equivalent to a locum) thought to be around 30%. Reasons why doctors choose this form of work are not dissimilar to those identified in the pharmacy literature on locums, in particular flexibility to choose the time and place of work, and to have time for other activities, are clearly identified as factors impacting on doctors' desire to locum. Similarly, locum pharmacists and non-principal doctors share a lot in common when advantages and disadvantages of locum work are considered in their respective professions. Lack of security, no NHS pension, lack of career structure and opportunities for training and lack of status in the eyes of colleagues and patients, all echo those found in the literature on pharmacy

locums. However, the medical and pharmacy professions diverge in one notable area. Unlike pharmacy, medicine has begun to debate and consider issues of competency, revalidation and regulation as they apply to locum practitioners. While the NHS appears to rely heavily on the contribution of locum doctors it appears there are concerns about their medical skills. This is an area of work yet to be addressed within pharmacy.

Reviewing the sociological literature resulted in a number of important observations. Firstly, and perhaps most importantly, it demonstrated the diversity that exists when describing 'non-standard' forms of work, such that it is possible to categorise 'locum' working in any number of different ways. 'Part-time', 'temporary', 'casual', 'self-employed' all somehow capture it to a small extent, but none on their own are adequate descriptors which wholly represent or capture what a locum is or does. Second, the review of the sociological literature highlights the importance of considering both the subjective features within individuals which create the need or desire for non-standard forms of employment, as well as the more structural and economic issues in the wider employment market that lie outside the control of the individual, which can help create demand for workers who might be willing to take on temporary work. Both have to be considered if adequate explanations for the rise of non-standard employment are to be found.

3.2 FINDINGS FROM THE ONE-TO-ONE QUALITATIVE INTERVIEWS

3.2.1 Introduction

The findings that emerged are typically varied and cover a wide span of themes. The interview schedule that was used indicates the breadth of themes that were intended to be covered (appendix 1). Additionally, a few interesting themes arose spontaneously that were not anticipated. The data were analysed by reading the transcripts several times and indexing the key salient themes in a separate document together with which interviews they came from. Care was taken to record whether notes were the exact words that respondents had used, whether they were paraphrased or whether they

were ideas from the research team. These themes were altered and built upon as further interviews were analysed. Also, notes were made on the transcripts themselves and then summarised in the form of one page of key points for each particular interview. This made it easier to assess the data at a glance. These succinct notes for each interview also included 'maps' of the key interview features or points raised. The interviewee ID numbers have been left in the quotations, see appendix 2 for more detailed characteristics.

The findings are presented broadly in order of the key objectives of the study, with the findings from the interviews and focus groups presented separately. We begin with pharmacists' motivations for choosing locum work. In this context the many reasons for choosing locum work are described first, and as is noted below, these are closely inter-linked with the many advantages of working as a locum. We go on to describe the disadvantages of locum positions, the roles undertaken by locum pharmacists, and general issues around job satisfaction, career patterns, and views on Continuing Professional Development (CPD).

Findings from the Quality of Work-Life (QWL) survey are presented after the material from the interviews and focus groups, and where possible the findings derived from each of the pieces of work are triangulated, with common or contradictory themes identified.

3.2.2 Why work as a locum? Flexibility

The following data emerged from a combination of questions that centred on what initially drew respondents into locum work and what they saw as the advantages of working as a locum for themselves. It is important to note that in both scenarios it was rare for just one single factor to be identified by respondents. It was often the case that a short narrative was offered when discussing what first drew them into locum work, which comprised of personal circumstances and career history (which were sometimes unique) along with a number of factors about locum work that were particularly appealing. Some of the more unique personal circumstances/life events that were mentioned

included: buying a house in Scotland to renovate; leaving a job in the hospital sector because of a 'witch hunt'; selling a business in order to fund children's education.

Although motivations for choosing locum work often vary according to such personal circumstances, there were some common drivers. The most common overriding theme was the need for flexibility. Being able to choose your own working patterns and balancing them with other commitments is seen as a huge advantage. As may be expected, a common reason for requiring flexible work patterns for many interviewees was that of family commitments. Having children was cited by a number of women as being a key factor for choosing locum work. Nine out of the nineteen women who were interviewed mentioned that this was a factor, either at the moment or initially. Being able to fit work around childcare responsibilities and other factors such as wanting to spend more time at home during school holidays were cited as important. Many women also reported that once their children had grown up they continued working as a locum because the flexibility of the arrangements suited them, in aspects such as being able to take holidays when they liked, or turn down work for any number of reasons without feeling obligated.

As stated people's reasons for choosing locum work were a combination of factors in many cases. For example one woman stated; *"I just had two young children and....I was sort of pre-empted because the shop I was managing was either relocating or ultimately closing down"* (Female, White British, age 39, ID44). This reflects how both internal and external factors can often interact and lay an integral part in any decision to change work patterns, with, in this respondents' case, 'internal' factors such as changes in personal circumstances or lifestyle decisions, and 'external' factors such as a work-related change beyond the control of the individual, both at play at the same time.

Other family related reasons were often stated as being behind the need for the flexibility that locum work offers. For example, some interviewees mentioned having an elderly relative or grandchildren to care for or some

mentioned simply being able to spend more time with family. As always, there were exceptions. In one case the desire to occasionally escape family through work was evident: “..my wife’s just left the room so I can say that in six weeks time we’ll have been married fifty years, so you have to get out now and again, you know” (Male, White British, Age 73 ID218).

Another exception was a woman who perceived her locum work as providing less flexibility in dealing with her family commitments: “..because I’ve got children, if they’re sick, obviously I have to honour my locum commitments, whereas probably if I was employed I’d ring in” (Female, White British, Age 41 ID164).

While family commitments play an important part behind the need for flexibility, domestic duties are by no means the sole driver. People cited a colourful range of other pursuits that were not only leisure-related but often involved other non-pharmacy related employment (e.g., professional singer, or A-Level Chemistry teacher), plus voluntary or community-oriented duties (e.g., local council duties). In terms of leisure pursuits the most commonly cited reasons for preferring the flexibility of locum work were *‘being able to take holidays when I want* and *‘being able to go travelling’*. Besides these a number of other activities were cited that suggested a strong developed sense of ‘work/life balance’, for example “...the other factor is that I play golf all week” (Female, White British, Age 64, ID139).

Other reasons for requiring the flexibility of locum work came from those who were full-time students, (there were two people who were studying full-time, one was a PhD student and the other was studying for a medicine degree), and those who had more than one job in pharmacy, such as PCT positions, (there were 8 ‘portfolio pharmacists’, 5 women & 3 men). In both scenarios, being able to balance their other commitments with locum work was seen as advantageous.

When discussing how they first began working as locums it emerged amidst the varied accounts of different life events and situations that many people

simply did not want to work full-time. This often wasn't just down to not having the time because of other commitments but in many cases working full-time simply did not appeal to people.

An equally important dimension of flexibility, apart from work *'time'*, is that of *'place'*. This is reflected in the comment *'I can work where and when I like'* which was perhaps the most common of all statements made throughout the interviews. Therefore choosing one's place of work also appears to be an important driver. Common responses such as *'if I don't like a place, I won't go back'*, illustrate the degree to which locums can 'cherry pick' and are perhaps indicative of pharmacy currently being an 'employee's market'. One woman mentioned that there is a 'black list' of poor pharmacies in her area, which suggests there is a strong informal 'grapevine' regarding which pharmacies to avoid (Female, White British, Age 47, ID88).

Respondents frequently mentioned that they avoid pharmacies that are 'badly run' and this mostly appears to refer to pharmacies with chaotic working systems and poor staffing arrangements. These were by far the most common characteristics ascribed to a 'bad pharmacy'. Other more specific factors were mentioned such as issues relating to questionable practices. One woman reported that she only works for one specific small chain because she likes their 'ethics' and feels she doesn't have to compromise her 'professional integrity', which might be the case if she worked elsewhere (Female, White British, age 36, 'portfolio worker ID7).

Another influential factor involved in people's choices over where to work is travelling distance, with a number of interviewees mentioning that they prefer not to travel too far or having limits on how far they will travel, for example, *"..the farthest I go is 12 miles"* (Female, White British, age 68, ID151).

3.2.3 Money

Money appears to be a factor in some people's motivations. One person stated it is the only factor otherwise they would retire, as they are in poor health and have difficult financial circumstances (Female, White British, age 62, ID36). A few older pharmacists noted how the money from locum work helps to 'top up' their pension. Conversely a number of older pharmacists mentioned how money is not a priority issue for them. Some people noted how working as a locum is better paid than being an employee pharmacist. However, those that specifically mentioned money as an advantage usually mentioned it after other factors such as those related to flexibility. Anecdotal accounts that younger locums are predominantly motivated by money were not really confirmed in the interviews. From those interviewed of a younger age, only two people listed better payment as an advantage or initial driver before mentioning other factors. A typical response in this area would be as follows, (when a woman discusses what initially drew her to locum work) *"I got chatting to some locums...and was kind of persuaded really that, I know its not a priority but the money's good and again the variety of working in different places is good and the flexibility. And I always wanted children as well, so the flexibility of it is really good"* (Female, White British, age 29, retail locum 26 hrs per week, ID 19). Pharmacists who were studying were among those who mentioned money as key driver, further suggesting that economic circumstances play a key role in the decision to locum for some people, but this cuts across the different sub-groups of pharmacists, so is not necessarily a defining characteristic for one of the group of locums previously identified.

From the whole interview sample, the person that mentioned money the most was a 41 year-old locum who worked between 40-50 hours a week. Although this person discussed that he was initially drawn to pharmacy because it offered the opportunity to 'make a difference' in a caring profession, he repeatedly referred to remuneration, or lack of it, throughout the interview. He discussed how he would like to be a proprietor but the financial climate is not favourable at the moment, how he is considering emigrating in order to pursue

this goal, how he enjoys offering advice on medicines to patients but is frustrated that this aspect of his work is not 'financially rewarded' and how "*pharmacists might become even cheaper than cleaners at some point*". Finally, this interviewee mentioned how he is considering re-training as a lawyer because "*..they get paid much better...it's a much well paid profession*" (Male, 'other ethnic group', age 41, retail locum 40-50 hours pwk, ID165).

Conversely, many others (even those who work a large number of hours), claim that they don't need the money and list factors such as enjoyment of job, fulfilling a useful role in the community, and keeping in touch with developments in the profession as key motivating factors and advantages. Of course it could be argued that pharmacists are not likely to admit that money is the sole driver for working as a locum because it might appear unprofessional. This subject of financial motivations is discussed in further detail in the focus group section.

3.2.4 Social contact

A common factor for working as a locum, particularly amongst older pharmacists, was the social contact that continuing to work offered. This, combined with other factors such as maintaining professional competence, and the sense of self worth associated with working, was a very common finding with those interviewees approaching or past retirement age. Typical statements on why they chose locum work were "*Just to keep my hand in,...I find being at home quite lonely and it was nice to be out and see people again*" (Female, White British, Age 68, retail locum 4hrs pwk, ID 151), or "*Because I was wanted...it makes me think I'm still using my brain and I haven't died yet*" (Female, White British, Age 64, retail locum 4hrs pwk, ID 139). The social contact acquired through work had been cited in recent news headlines/articles as a key factor in the increasing numbers of older people in general who are continuing to work after state pension age.

3.2.5 Maintaining professional competence

To 'keep my hand in' was a response common to other sub-groups in addition to older pharmacists, notably those who were studying and 'portfolio' pharmacists. For pharmacists who held a number of positions, including ones at PCT level in an advisory capacity, the need to keep up to date with developments in community pharmacy practice was stated as been important. The woman who made the following statement works for two days a week within an acute trust as 'primary care liaison pharmacist', two days a week working for a consultancy company with GP surgeries, is a CPPE tutor and works for about 4 hours a week on average as a retail locum. *"I wanted to keep a finger on the pulse of what was happening in community...I don't know what you would call my motivation. Keeping a finger in every pie, I suppose"* (Female, White British, Age 36, 'portfolio pharmacist', ID7). In such circumstances a common finding is that different aspects of different jobs complement each other. Although it will later be covered when discussing job satisfaction, an interesting characteristic of portfolio pharmacists is that they seem to have a very strong enjoyment for their work.

3.2.6 Less stress/admin/paperwork

Several respondents, most notably the ex-proprietors, ex-managers, and people who once worked in industry, stated that they chose to sell their business or quit their jobs in order to work as a locum, largely because they were disillusioned from being under too much pressure from having targets to meet and from having too much paperwork and administrative tasks to do. A typical quote in this respect would be the following from an ex-manager: *"..I did feel as though I was being put under more pressure. I just didn't seem to have enough time to do the paperwork, etc. etc. So it was management pressure was part of the reason"* (Female, White British, Age 56, retail locum 20 hrs pwk, ID 163). When discussing how her current work as a locum differed from her previous work, this woman stated *"I'm dealing more with the patient, which is what I enjoy"*. Likewise, the following quote is from an ex-

proprietor when discussing what originally made him decide to sell up and work as a locum *“...too much paperwork was coming in, all sorts, and that made me decide that no, this is not for me, I need to relax a little bit and take it easy”* (Male, Indian, Age 41, retail locum, 38-42 hours pwk, ID 168).

3.2.7 Variety

Of the other advantages listed, one theme that emerged on numerous enough occasions to be noted, is the variety that locum work provides, in terms of places of work, different working systems and meeting lots of different people. A number of people mentioned that they get bored if they work in the same place, and working as a locum provides a change of environment that was reported to be stimulating and challenging. Conversely, as will be discussed in the following section, working too often in unfamiliar environments could also be stressful for some locums.

3.2.8 Disadvantages of locum work

Although the advantages of locum work obviously outweigh the disadvantages for most of those interviewed, a substantial range of disadvantages were mentioned. One of the most common ones cited was unfamiliar systems in stores (e.g. computer systems or just general ‘set-up’) along with unfamiliar locations. The following statement was part of a worse case scenario offered by someone in a description of a typical bad day as a locum: *“So dealing with a new computer, not necessarily with any manual around and not necessarily with any other staff who can help you”* (Male, White British, Age 49 ‘portfolio pharmacist’, ID58). The same person commented that *“...it’s amazing how when there’s a locum in, the staff don’t turn up”*. Also, about proprietors/managers he said *“...when you go on holiday you don’t really care and the poor old locum gets stuffed for everything”*.

The other most common disadvantage stated was lack of continuity. Both in terms of not being informed properly about what’s happened before their shift and not being able to see things through to their conclusion. *“You live on*

notes passed to you and problems left for you or you know, you don't finish the thing, you leave a note for the person following you" (Female, White British, Age 64, Retail locum 4hrs pwk, ID 139).

Other disadvantages of being a locum mentioned were: lack of support staff; lack of adequately trained support staff; stress because of high prescription volume when in such poorly staffed stores; no sick pay so can't afford to be ill; no holiday pay; lack of security, can have 'quiet' months; travelling too far; having to do your own income tax returns; career opportunities not as good for locums; being treated in a negative way by support staff and/or the public because you are 'only a locum'; and lack of training or support for certain extended role activities. This final point also included not being able to offer certain extended role services because of being a locum.

Interestingly, for two people in the interview sample it appeared that all flexibility factors and other advantages listed were not enough as they had returned or were contemplating a return to being an employee. One woman who was working purely as a retail locum at the beginning of the project had since taken a permanent position in a hospital by the time she was interviewed: *"When I was a locum I quite enjoyed the flexibility of it and obviously the financial benefits were a big (laughs) big difference. But I'm taking a postgrad at the moment which is funded through my work, so for me that was important...and so you know, its better for me to be in a permanent job where you've got the kind of supportive environment for development"* (Female, White Irish, Age 27, full-time hospital pharmacist employee with occasional weekend locums in community, ID61).

The other person had been offered a permanent job and was *"mulling it over"*. He stated: *"Well, obviously I'd be in the same shop all the time, which is probably pretty much what I'm looking for, but payments generally the same. More benefits and obviously...(they) pay my tax as well...it seems like a good idea at the moment"* (Male, White British, Age 27, retail locum 45-52 hours a week). This person enjoyed advantages such as the flexibility of locum work but having to travel too far, not having a guaranteed income and difficulty

getting a mortgage, were beginning to outweigh the advantage it offered. The same pharmacist said that job satisfaction is not as high for locums as it is for employees in his experience, and he would like to have regular customers to chat to, whom he knew. Clearly, the stability and security of permanent employment can be more attractive than the freedom and flexibility of locum work for some people.

The above case illustrates a point in terms of job security. There appears to be a difference in how this is viewed depending on how many hours a pharmacist normally works. Pharmacists who only work minimal hours tend to comment that it is not something they think about too much, while pharmacists who usually work full-time hours may state that there is 'no absolute certainty' about being able to get the hours they want and report having 'quiet periods' when they would prefer to be earning more.

3.2.9 Duties undertaken /not undertaken

While many of those interviewed reported their usual duties to be predominantly dispensary related, some people are involved in 'extended role' activities where this is allowed. Many of these claim that training for such roles is difficult as a locum because 'you receive little support'. One man mentioned how as he works in a number of different PCTs he finds that when new initiatives are developed and training is set up he is "*never invited to the party*" (Male, White British, Age 65, 'Retail locum', ID80). The types of activities that people reported being involved in include methadone supervision and head lice prescribing. Other duties undertaken, apart from the common ones of dispensing and checking, include: ordering stock, dealing with deliveries, counselling patients, liaising with other health care professionals and OTC duties. A common finding was that many interviewees reported that they really enjoyed counselling patients on their medicines and advice giving (both on prescription and OTC medicines.) One man commented "*..that's what pharmacy is all about*" (Male, Black African, Age 28, Community & Hospital Locum, ID 75). Duties that were specifically mentioned as *not* being undertaken as a locum included staff management (i.e. disciplining staff,

hiring staff and staff appraisals etc), managing rotas, delegating work, paperwork and administration.

The extent of duties undertaken varied a great deal across the interview sample. Some people clearly had comparatively narrow roles as locums, as one man commented: *"...just a glorified dispensing role"* (Male, White British, Age 33, Full-time PhD student and 'retail locum', ID 225). Also, as mentioned, many expressed how they like the fact that they are not involved in too much paperwork or 'staff politics' or the retail organisation of the shop. Conversely, some people also had very wide ranging roles. One person worked as a 'locum manager' and undertook everything that a manager would do but on a self employed locum basis. Another person felt that he did more as a locum than a permanent pharmacist would do and stated how he sometimes helped out on the till. He was of the opinion that the view of those that employed his services was: *"...well we're paying you for this so we expect, you know, everything and the kitchen sink"* (Male, Black African, Age 28, Community & Hospital Locum, ID 75).

3.2.10 Qualities required for being a locum

A common set of characteristics emerged when people discussed what was required of them as a locum. While 'flexibility' is a word that is often used in the interviewees' accounts, other words or phrases that crop up such as 'fitting in', 'blending in' and being 'fluid' suggest that adaptability is an important trait for locums. A good example being: *"...try and slot in, not cause too many waves, because when I'm gone, you know the system has to continue as it was...provided, you know, that it was totally professional, I wouldn't compromise on that account"* (Female, White British, Age 62, Retail locum, ID 129).

Locums also frequently described themselves as "a people person". They considered getting on with support staff when you work in many different stores was a very important part of being a successful locum. Similarly, taking the job seriously and not cancelling once you are booked were also vital to

success. The ability to respond well to potential problems was also cited as important: *“...the locum has to be a pretty resilient and capable pharmacist, or if they’re not, there is quite a high risk element that something is going to go wrong”* (Male, White British, Age 49, ‘Portfolio pharmacist’, ID58).

3.2.11 Commitment

Regarding the issue of commitment, all of those interviewed so far reported that they are very committed to their work and ‘doing a good job’ even if it’s only for a few hours a month. However, many relayed stories they have heard of locum pharmacists being very ‘uncommitted’ in their ways of working. Anecdotal accounts of some locums only being interested in earning as much money for as little work as possible and some who just ‘read the paper’ etc were confirmed here. A more measured view was that some locum pharmacists are uncommitted individuals but perhaps no more than any other professional group: *“Commitment varies among locums, the majority work hard, some don’t, but this may not be anything to do with being a locum”* (Female, White Other, Age 28, hospital locum).

Another opinion was that in general terms, perhaps locums who work in regular premises are more likely to be committed than those who don’t: *“I think the more the locum gets to know the staff and customers, the greater the commitment will be to getting a good job done”* (Male, White British, Age 49, ‘Portfolio pharmacist’, ID58). This point about forming relationships was echoed in the following statement by someone discussing what commitment meant to her: *“I like the commitment of having a regular place where I work and building up relationships ... it’s in my local community and if I’ve made a mistake they will chase me down the street and tell me”* (Female, White British, Age 36, ‘Portfolio Pharmacist’, ID7).

What commitment actually meant to many other people was similar to the findings from previous studies on part-time pharmacists ⁽⁴⁰⁾. Many people mentioned doing a good job and having a professional, responsible attitude. This was seen as the most important thing - not having the same worries or

pressures that a full-time employee or even regular locum might have doesn't mean you are any less committed whilst there.

3.2.12 'Bad' pharmacies

As stated previously, a number of people mentioned how they have come across pharmacies that they would not like to work at again and how an informal 'black list' of places to avoid can exist. As well as being poorly organised in general and having inadequate support staff, a few people mentioned how poor practices in pharmacies can be much more serious. When it was explored what pharmacists do when they encounter such pharmacies, some interesting findings emerged *"You've got some staff there who are not really doing what they should be doing, legally and ethically, and then you have to put your foot down, and that can be very tricky as a locum, and you don't get invited back...you're there for two weeks and you think 'well hopefully I've shown them the way'. But you don't get invited back and they're probably back to the same routine"* (Male, White British, Age 49, 'Portfolio pharmacist', ID58).

Whether people would consider 'whistle blowing' in such circumstances was explored in some of the later interviews. While some people said they had never felt the need to, as they had never encountered a situation severe enough to warrant it, some said that they mostly just 'vote with their feet' by not going back again. One man mentioned how for him confidence linked to maturity was a factor, as when he was younger he tended to put up with unfavourable situations more than he would now. An interesting point is that for many, their actions would depend on the perceived severity of the situation. A good example being *"I think if it was odd little things it wouldn't be too bad, you know like the odd dodgy endorsing on scripts, but I think if it was genuinely something that maligned the well-being of the patients or, you know, big defrauding of NHS, I would not be a happy bunny, and I think I would ring up the Pharmaceutical Society and ask for advice"* (Female, White British, Age 42, 'Portfolio pharmacist', ID164).

3.2.13 Finding/booking work

When interviewees described how they booked work in terms of whether it was pre-planned or short notice, and what contacts or agencies were used, the findings were again, varied. While some only worked where it was planned for a long time in advance (up to many months in some cases), others only worked short-notice emergency locums. Some used agencies, more people didn't use them, some people used a combination of agencies and personal contacts, including area managers. Of course, working patterns dictate whether agencies are necessary or not: a lot of people may just work in a small number of regular stores or have sufficient contacts to secure work. Many people who said that they don't use agencies reported that they had used them in the past. It appears that agencies can be a useful and convenient way of finding work when getting first established as a locum, until other contacts are established. However, for a few people agencies can be a perfectly satisfactory way of organising work on a long-term basis, the biggest advantage being that it is convenient.

A few people recalled bad experiences from using agencies: *"I didn't have a good parting with them because they were trying to get me to sign a contract to say that I'd only work for them and that if I did stop working for them, then I couldn't work for any of the people they'd put me in contact with...I didn't have a great ending with the relationship with those"* (Female, White British, Age 29, Retail locum, ID19). Another person who mentioned negative experiences with agencies claimed that they put pressure on to travel greater distances and work in busier shops without enough support and that they can be *"a bit economical with the truth"* (Male, White British, Age 33, Full-time PhD student and 'Retail locum, ID225).

It also appears that locums who work through agencies can have a poor image. One woman commented how in her experience, agency locums can be a bit *"naughty"*. When this was followed up, she explained: *"I've worked with ones where, you know, they don't do anything...they'll check a prescription but they won't help put orders away or do labels, ... they're not*

keen to go and speak to people on the counter and just don't pull their weight"
(Female, White British, Age 42, 'Portfolio pharmacist', ID164).

3.2.14 Working Patterns

Although the data from most areas of inquiry in this study are characterised by diversity, perhaps the most diverse area of the findings overall came in the form of respondents' working patterns. Virtually every conceivable pattern of work was represented. The locations of work included a single store within a multiple group, any number of stores in the same group, a combination of stores across different groups, and combinations between independents and majors, as well as hospitals and working for a PCT in an advisory capacity, on a locum basis. The basis of being hired ranged from pre-arranged days on a regular basis to purely emergency bookings to a combination of both. The hours worked ranged from one shift every few months to 'help people out', to regular mornings each week, to working up to 55 hours a week.

3.2.15 CPD

With regard to CPD issues, people have a variety of opinions. Many of those interviewed so far are of the opinion that CPD is a 'good thing' in general and view it as essential to the profession, although many seem to be unsure as to what exactly will be required of them when providing evidence. However, a small number of pharmacists reported they might cease to work when providing evidence for CPD becomes compulsory as they foresee it to be too laborious. A number of people claim that it is more difficult as a locum in this respect as they get little or no guidance on what to do. One person viewed CPD as being potentially counter-productive to the profession as it could mask problems of incompetence by monitoring the 'wrong things'. Another commented how he only records about 10% of the CPD he undertakes, as it's impossible to record it fully because: "*life is a continuing learning curve*" (Male, White British, Age 45, 'Portfolio pharmacist').

Uncertainty and anxiety regarding what is required are common findings among older pharmacists with views such as the following being typical: *“nobody is quite sure what’s expected of them. I mean, I’ve collected what I’ve done and it comes in about five...different headings but until somebody looks at it and assesses it we won’t know whether we’re on the right track or not”.* (Male, White British, Age 65, ‘Retail locum’, ID80).

Anger and resentment towards the Society over the fact that CPD will become mandatory is also a common finding. Additionally, a number of people appear to be pre-occupied over the perception that they will be required to undertake 30 hours of CPD a year, and frequently mention this, which is perhaps not the most helpful concern to have over CPD.

The most commonly stated views on CPD were that it is far too time consuming and laborious to write everything down and people simply don’t have enough time to be able to do this adequately.

3.2.16 Career

As would be expected, the career patterns of those interviewed were extremely varied. There were people who had fairly typical career patterns such as ex-proprietors who sold their businesses or people who used to work as full-time employees who began working as locums for family reasons etc. However, there were also many interviewees with highly unique career patterns. One such example was a 36 year-old man who used to be a physicist for British Nuclear Fuels. He was dissatisfied with constantly being on a weekly rolling contract and not being able to work for anyone else because his work was so specialised, so decided to re-train as a pharmacist: *“I decided then what I wanted out of a career, which was a guaranteed job, decent salary and to be able to work wherever I wanted to...and I came up with pharmacy and dentistry and pharmacy’s a bit cleaner a bit more pleasant than dentistry, so..”* (Male, White British, Age 36, ‘Retail locum’). Besides the ‘decent salary’ and ‘guaranteed work anywhere’ aspects, factors that influence career choice such as this can’t really be categorised.

Exploring the career history of those who work as portfolio pharmacists raises a few interesting issues. For example, one woman used to work as a hospital pharmacist, then a dispensary manager, then a part-time employee, then a retail locum and now she works on a locum basis for a PCT in an advisory capacity. She cited excessive pressure as a key factor in most of her career changes: “...*this sounds really feeble doesn't it?...But I suppose you get drawn away from perhaps the things that took you into that career in the first place, into more managerial...*” (Female, White British, Age 56, ‘Portfolio pharmacist’). This person mentioned how she really enjoyed her current PCT work because it was more clinical and she learnt more from it.

While this echoes to an extent, what has already been covered in reasons why people chose locum work, (i.e. less stress, less non pharmacy duties etc), similar findings arose when people were asked about their original career expectations and whether they were met: “*I would say that for me, pharmacy and the way it was set up would be a disappointing conclusion to getting my degree...the pharmacist needs to have a very different role, particularly out there in retail*”(Male, White British, Age 49, ‘Portfolio pharmacist’ ID58).

Likewise, the following man discusses what initially drew him to a career in pharmacy: “*I suppose helping the community. Helping the people and for the betterment of their health, really*” (Male, Indian, Age 41, ‘Retail locum’, ID168). When asked whether his expectations were met, this man replied: “*No no no. They were not met....when I qualified there was not much clinical work to be done so that is one of the things which was a drawback then, but now I think more clinical work is coming in, which is a good sign.*” For this interviewee, more ‘clinical’ meant giving advice on medicines, liaising with GPs and certain extended role activities. So although there were also respondents who commented on how they had enjoyed a satisfying career in pharmacy, examples such as the above highlight how key issues such as the role of the pharmacist in the community pharmacy sector can have important implications on career decisions. It was often the case that interviewees mentioned how they were not interested in career progression in the traditional sense of climbing management hierarchies, but enjoyment of their

work was fundamental and this enjoyment was derived through fulfilling a more clinical role, patient contact and advice giving.

In terms of the career structures available to locum pharmacists, a common view was that there is no career structure or being a locum was an impediment to career structure. Such people viewed the notion of 'career' as characterised by continued upward progression through management hierarchies or having a conscious 'plan' in terms of reaching specific posts by certain ages with increased responsibility and remuneration along the way. Some people tended to see their locum work as a 'stop-gap' in their career, for example: *"I'm considering going into something more permanent because it is important. But after being in the same shop for 22 years, I'm still enjoying my little break"* (Male, White British, Age 45, 'Portfolio pharmacist'). Many other people simply saw their locum work as a means to an end: *"Its not a career pattern, it's a way of making money and bringing up a family"* (Female, White British, Age 64, ID139).

Other people spoke of how being a pharmacist on a locum basis was still a career in a professional sense: *"I'm not particularly interested in owning my own business because of all the aggravation that can go along with that. But I'm still, I still enjoy my career"* (Female, White British, Age 39, 'Retail locum', ID 44). Another woman spoke of how finding a 'level' in within ones professional career that suits you is important, and locum work fulfilled her needs: *" I think they (locums) find a level at which they're suited and happy, and I think, well in my case, I've tended to stay in it. A bit lazy perhaps but..."* (Female, White British, Age 62, 'Retail locum').

As may be expected then, the notion of career in a traditional sense was not important to many interviewees, and this was not just restricted to the older pharmacists approaching the end of their careers. The ones for whom career was seen as important tended to be the portfolio pharmacists but often they saw career in different terms, where being professionally satisfied and developing their clinical skills were important.

3.2.17 Work / life balance

Related to how people saw career, interviewees were asked the more general question, 'how important is work to you in relation to other aspects of your life?' The responses generated from this, supported the evidence gained from when people discussed why flexibility was important to them, in indicating that for many locums, other aspects of life such as family commitments and leisure pursuits were equally, if not more important than work. Perhaps unsurprisingly, responses such as 'work is not central', 'I don't live to work' and 'work is way down in priorities' were common among those who were near the end of their careers and those who worked a small amount of hours. However, this was not always the case. One woman who worked approximately 16 hours a week, stated: *"Oh its very important, it gives you a sense of belonging, a sense of identity and a sense of achievement. And I love it. I'd do it for nothing quite honestly, but don't tell the employers that cos I always moan"* (Female, White British, Age 52, 'Retail locum', ID 168).

Benefits of working such as a sense of professional identity and self esteem along with enjoying work were clearly evident for many people. Enjoyment of work specifically, emerged again as a very important factor for some locum pharmacists: *"I need to enjoy my work...I'd rather leave a job than not be happy in it, even if I don't know what I'm going to be doing next....but I've plenty of other things to do with my time"* (Female, White British, Age 36, 'Portfolio pharmacist', ID7). The following statement by a woman who worked 12 hours a week supported this, while also specifically highlighting the need for 'balance': *"I do need to work some of the time, I think I'd be very bored if I didn't do any at all...And I enjoy the work that I do do, but I think it has to be a balance between the rest of your life. I'm certainly not a workaholic, that's for sure"* (Female, White British, Age 42, 'Retail locum', ID39).

Perhaps unsurprisingly, the people for whom work held the greatest importance tended to be those who worked a large number of hours in total and were most often male. For example one man who saw work as extremely important in his life worked a total of 70 hours a week in wholesale and as a

proprietor, plus 'helping people out' with the occasional locum. However, this was not always the case. The following comment is from a man who works between 45-50 hours a week: *"Work enables me to live the life I want to lead, I don't live for work at all. I mean, obviously work funds my life and if I can do something interesting for work, then so much the better, which I do. But you know, work is not my life at all and...I mean, if I won the lottery...I'd probably do a little bit of work just so I wouldn't be bored but no, I'd certainly not continue doing a lot of work"* (Male, White British, Age 36, 'Retail locum', ID 145).

3.2.18 Job Satisfaction

While enjoyment of work was clearly important to so many people, the subject of job satisfaction as a locum was addressed more specifically by asking people whether they think satisfaction differs as a locum than as a full time or employee pharmacist? The responses to this question were yet again typically varied. Some people claimed they were more satisfied through their work as a locum because of the fewer non-pharmacy related tasks it involved. It has already been mentioned how people cited a dislike of excessive paperwork, meeting financial targets and staff management etc, while preferring to spend more time counselling patients on either prescribed or OTC medicines. It is the same elements that emerge when exploring job satisfaction as a locum.

Working fewer hours as a locum was mentioned as being more satisfying: *"Part of the nature of it being more satisfying is that you don't do it all the time"* (Female, White British, Age 36, 'Portfolio pharmacist'). The same person mentioned how her locum work was satisfying in addition to her other work in a PCT because as a locum she saw 'instant gain': *"When you've done a prescription or you've made a piece of advice or you've solved a problem, you've got direct, instant gain"*.

Conversely, the patient was also central to people's dissatisfaction with locum work. For those who cited locum work as being less satisfying, it was sometimes because of 'not knowing the patients' as well as they would if they

were regular employees. Lack of continuity in general was also cited as a reason for lower job satisfaction as a locum through not being able to: *'put things right'*.

Other aspects of work mentioned in the context of job satisfaction were just generally 'doing a good job' and 'solving problems', along with familiarity and knowledge of regular customers and contributing to the community. The final point here was of particular importance to some older pharmacists: *"Just being of help in the community, and you know it's great that I'm able to. I mean I'm looking forward to tomorrow and the next day, you go out, it's my home village where I go to, everybody knows my car now, so all my friends will come in for a chat if they see it there, you know. And that might sound a bit strange, but it does make a hell of a difference, and they do come in and they will ask, you know they will come and see me and ask questions, it's great"* (Male, White British, Age 73, 'Retail locum', ID218).

There were also some proprietors and ex-proprietors who claimed that the greatest satisfaction came from running their own businesses but would still prefer to work as a locum than as an employee: *"I would say that I would get more satisfaction from regular pharmacy work than from locum work...I just have the feeling that I'd rather work in my own business and be totally in control"* (Male, White British, Age 49, 'Portfolio pharmacist').

Although as stated, many people saw management duties as specifically *not* being an area from which they derive job satisfaction, the heterogeneous nature of the data was again confirmed by the occasional converse opinion: *"There's more satisfaction being a manager"* (Male, Indian, Age 33, 'Retail locum manager').

3.2.19 Hospital Pharmacists

The data generated from the few interviewees who worked in hospital pharmacy on a locum basis didn't raise any distinct issues particular to working as a locum in this sector. By and large, the issues mentioned were of

the same nature as those mentioned by retail locums. Perhaps the only notable difference was that hospital locums tended to work patterns that were arranged on a long-term basis, although this can also be the case with many retail locums. The same issues of preferring flexibility for the moment but not seeing locum work as a useful 'career' option but more as a 'means to an end' were cited, which echoed what some retail locums stated.

3.2.20 Interviews – Summary

The findings from the interview phase of the research present a wealth of rich and extensive data. A key characteristic of the material is the diversity it reveals in peoples' experiences and opinions about being a locum, alongside some overriding common patterns. The reasons people cited for choosing to work as locums were largely indistinguishable from the advantages. These ranged from the desire for some social contact, money, to maintain professional competency, the desire for less admin/paperwork and to avoid the stress that comes with this, and more variety. In this way people's reasons for choosing their work patterns were mostly related to their individualised personal circumstances, however, a theme that united nearly everyone was the need for flexibility - to be able to work 'when' and 'where' they wanted.

The reasons behind pharmacist's desire to work when they wanted included balancing their work, with family commitments, with a whole range of other commitments such as studying or other jobs in pharmacy, or with other commitments outside of pharmacy, plus a colourful range of leisure pursuits. In this way the respondents had busy multi-faceted lives and a well-developed sense of what is commonly termed work/life balance. The working 'where I want' aspect also indicated that *place* was an important dimension of flexibility, in addition to that of time, highlighting the degree to which community pharmacy is an employees market at present – pharmacists are able to 'cherry pick' their place of work, and exercise that right at present.

For the majority of the sample the advantages of locum work outweighed the disadvantages, but some common disadvantages nevertheless emerged.

These included: having to work with unfamiliar computer systems or chaotic working systems in general; no support staff; lack of continuity; the perception of being treated in a negative light by both colleagues and patients; lack of training for extended role activities; and having to travel too far to work. Other factors, such as no sick pay or holiday pay, having to do your own income tax returns, and the possibility of quiet months, were among other disadvantages identified by this sample. Many of the advantages and disadvantages cited in the interviews phase were congruent with those that emerged in the literature review, not only in terms of anecdotal texts on being a pharmacy locum but also in studies on the equivalent of the locum in other health care professions.

In terms of the duties people undertook whilst working as locums, the findings again presented a rich diversity. The range of duties spanned predominantly filling the dispensary role and little besides, to being involved with a number of 'extended role' services, to actually being employed as a manager on a locum basis and undertaking everything that a manager would do. For the most part though, locums were not involved so much in staff management, paperwork and administration.

The issue of commitment was another important theme that was covered in the interviews. All of those interviewed stated how they were very committed to 'doing a good job' and upholding professional standards whilst they were at work. However, many relayed stories of locums that were very uncommitted in their work. In addition to such anecdotal stories of 'bad' pharmacists, the subject of pharmacists' experiences of 'bad' pharmacies raises some important issues. The fact that people witnessed practices that were legally and ethically questionable in certain pharmacies was pursued further in the focus groups, along with how people would feel about 'whistle blowing' in such circumstances.

In terms of working patterns and the ways in which people locate and reserve work as a locum, an overriding feature is again, that of diversity. The locums who participated in the interviews worked all manner of working patterns, spanning a diverse range in total hours and locations of work. Advance

bookings on a long term basis or short notice bookings for 'emergency cover' were at the two ends of the extreme as far as booking work goes, and perhaps surprisingly, we found that agencies were used less than was anticipated.

Other key themes covered in the interviews were those of CPD, career, work/life balance and job satisfaction. Many respondents were of the opinion that CPD in general is a 'good thing' but there was a great deal of confusion evident concerning what was required of them in terms of providing evidence of CPD activity. Plus the need to write everything down was uniformly seen as very time consuming and too laborious. It was a generally held belief that locums receive less support and guidance for CPD than permanent employees. Importantly, anecdotal accounts of older pharmacists leaving the profession in droves when CPD becomes compulsory were not really confirmed here, as only a few people stated that they would do so.

Interviewing locum pharmacists about the notion of 'career' revealed some interesting observations. Career expectations had largely not been met, with many of the locums stating that community pharmacy does not provide enough opportunity to utilise clinical skills. This was an important factor relating to why many people changed career direction, particularly for those with 'portfolio' work patterns who also worked for local PCTs. Career histories presented were sometimes predictable: one typical career pathway identified involved a shift to locum work by ex-proprietors or ex-pharmacy managers. They wanted less stress and/or were approaching the end of their working lives. Pathways were sometimes very unique however, suggesting that there is no one common 'locum career pathway' that sets them apart from other pharmacists. Indeed there is a suggestion from the findings that emerge on the notion of 'career' that there is in fact no real career structure if you choose to locum. Working as a locum is seen as a 'stop gap', it is essentially a break in one's career; or it is a way of 'winding down' a previously busy career. This is not to suggest that locums do not see their 'pharmacy career' as unimportant, just that locums are not career minded in the traditional sense of the concept. Being professionally satisfied and developing clinical skills is still

important, while working full-time or pursuing upward progression through management hierarchies, is not. Having a good work/life balance is important, with many of those interviewed seeing family commitments and leisure or other pursuits as equally or much more important than work. Enjoyment of work and job satisfaction are more important than climbing a career ladder.

3.3 FINDINGS FROM FOCUS GROUPS

Details of the focus group participants are given in the Methods section of the report (see section 2.4 on page 16). Briefly, two groups of 8 and 6 participants, and facilitated by two researchers, were conducted to explore the degree to which findings from the one-to-one interviews could be confirmed or refuted. They also provided the research team with an opportunity to explore interesting themes which emerged as a result of analysing the interview transcripts.

3.3.1 Why work as a locum?

In Group A, three of the males were ex-proprietors and sold their businesses because of heavy workloads and stress. One man stated that as soon as he sold his business he was able to sleep well for the first time in years and commented that *“there is no point in being the richest guy in the graveyard”* (Male, White British, Age 55, ‘Retail locum’). The other male in the group who was aged 33 said that he would like to become a proprietor but doesn’t think the business climate is right at the moment. Each of the women stated that they initially came into locum work because of the flexibility so that they could balance work with family commitments. They had all been working as locums for many years and were still very happy with it. One woman who had worked as a locum for 20 years commented *“I’ll never get a proper job”*. (Female, White British, Age 49, Hospital & Retail locum). As shown, the data here are consistent with the interview findings.

The data in Group B also replicated the interview findings. One man, who had retired at the age of 50, just wanted less hours because: *“..there are more*

things in life than working" (Male, White British, Age 61, 'Retail locum'). One woman's reasons highlighted again how a combination of internal and external factors can be at play: *"I work in a variety of situations including prescribing support, academia journalism. I actually moved into doing locums to get my hand back in after a period of illness....all the other balls I have in the air have increased, and my locum activities tend to be emergency cover now"* (Female, White British, Age 44, 'Portfolio pharmacist'). The same woman also mentioned how having children was an important factor in her need for flexibility. Perhaps a new reason for choosing locum work in Group B was simply the wish to try something different: *"Erm...Just really to see what it was like, because I'd always been full-time, directly employed, and I just wanted to try locuming because I knew other people that did it and said it was all right, so I thought I'd give it a go"* (Male, White British, Age 27, 'Retail locum'). Incidentally, there was one other person in the interview phase of the fieldwork who, although not mentioned previously, stated how 'word of mouth' such as in this case, can also be an influential factor.

3.3.2 Advantages

In terms of what people like about locum work, the findings from the interviews were replicated well with regards to themes such as flexibility in choosing times and places of work, avoidance of paperwork and responsibility for staff, and being able to give more time to the patient thus providing a 'better service'. Members of both groups also discussed with each other the less obvious and less tangible benefits of working in such a wide variety of work locations, reaching consensus that the variety brings exposure to good ideas which helps widen your experience and competence.

3.3.3 Disadvantages

The question regarding what people like least about working as a locum again generated similar data to the interviews such as: 'not knowing the computer system', 'no logical layout of dispensary stock', 'no support staff', 'lack of continuity', 'having to travel too far' and also 'not being aware of the brand

equalisation deals that a pharmacy uses'. Complete consensus was not always reached however. One man in Group A stated that he enjoyed travelling long distances to work: *"I enjoy moving around, ..I think I've worked 87 different branches of Rowlands, so it's a pretty wide sweep, anything from Shrewsbury to Morecambe"* (Male, White British, Age 58, 'Retail locum'). Although not mentioned by many of the interviewees, the lack of respect that sometimes comes from being a locum, evident in the phrase 'Oh, he's only the locum' emerged more strongly in the focus groups and was seen as a particularly disagreeable aspect of being a locum. This lack of respect can come from both support staff and the public.

3.3.4 Why not work as a part-time employee?

Participants who worked regular times at the same premises were asked why they didn't work as part-time employees instead of as a locum. The extra flexibility that being a locum brings was cited as the main reason. Mentioned by many participants was the ability to take holidays whenever one wished. One woman stated *"The freedom to have like two weeks off at Christmas and my husband has two weeks off"* (Female, White British, Age 54, 'Retail locum'). Not feeling obligated to work at certain times was the big factor involved in this *"It was having the freedom and ultimate control and the ability to say no and not feeling obligated to anyone"* (Female, White British, Age 44, 'Portfolio pharmacist'). Other reasons were not having the responsibility for staff management, and the fact that they had never been asked if they would like a part-time position. One woman mentioned that the flexible arrangements suited employers as well in her opinion, as they didn't have to bother with PAYE contributions etc.

3.3.5 'Bad' pharmacies

In the interviews people often mentioned that they didn't like to work in 'bad' pharmacies that have a 'poor set up'. What exactly was meant by 'bad' pharmacy was explored further in the focus groups. The participants talked about having to work in cramped conditions in the dispensary, about low staff

levels and poorly trained support staff (both in the dispensary and on the counter), about witnessing illegal practices and being intimidated by support staff (particularly when the pharmacists were younger than the staff). A 'bad' pharmacy was also associated with a 'dirty environment' – including unclean premises and pharmacies with rats and cockroaches.

Another illustration of 'bad' pharmacies was the dispensing of large numbers of prescriptions (800 – 1000 in a day) with no lunch or tea breaks, often likened to working in a factory. One woman commented that: *“if I go through my scripts at the end of the day and I can't remember doing them because its been so busy, I don't want to go there again* (Female, White British, Age 49, 'Hospital' & Retail locum'). The possibility of having RPSGB guidelines implemented for 2nd pharmacist requirement was suggested: *“Since this is going back to the Society, I'm gonna say right here and now, that the mere idea that they've never grasped the nettle as to the rough threshold that you need for a second pharmacist is scandalous”* (Male, White British, Age 58, 'Portfolio pharmacist'). The tension between making a profit and providing a health service was considered as influential in inadequate staffing: *“...we've got to look at the big multiples, they look at their dividend to the shareholders and they look at their net profit, easiest way of ratcheting up the bottom line profit is to cut down cost of sales, and staffing levels are the first ones to go”* (Male, White British, Age 57, 'portfolio pharmacist').

When the subject of working in deprived areas was brought up, the feelings of the participants in Group A were mixed. Some participants mentioned feeling threatened when leaving the premises or fearing for their cars when at work. One man commented that he couldn't be paid enough money to work in such areas. However, some participants stated that they liked working in such areas as the patients are not as rude as they are in affluent areas. One person mentioned that in wealthy areas the patients are far too demanding and can be very abusive verbally: *“You really have to pander to their needs”* (Male, Indian, Age 33, 'Retail locum manager'). Another participant went so far as to mention that: *“...the only place I've ever been...sworn at was in an affluent area and the only place I've ever had something thrown at me was in*

an affluent area” (Male, White British, Age 58, ‘Portfolio pharmacist’). Some participants in Group A also mentioned how it can be more satisfying to work in deprived areas: *“I think the job satisfaction in a deprived area is far greater because you can actually make a difference to somebody’s life”* (Female, White British, Age 40, ‘Portfolio pharmacist’).

In contrast to the mixed feelings on this subject in Group A, the views in Group B were unanimous in that they preferred not to work in deprived areas. Having to dispense a lot of controlled drugs was cited as particularly off-putting: *“Sort of thirty odd addicts....it’s not ideal cos obviously the more that you have, the more chances of being a problem, compared to if you’ve only got sort of a handful of addicts. So that would put me off”* (Male, White British, Age 27, ‘Retail locum’). Another participant elaborated on what he saw as the problems with addicts: *“No, they’ll screw you blind, they’ll twist you, they’ll try.... It’s just added stress which we tend not to want, I suppose. If we can get away with it we don’t do it”* (Male, White British, Age 61, ‘Retail locum’). Clearly this kind of attitude has implications for service provision in deprived areas if it is held on a widespread basis. Incidentally, one woman in Group A specifically mentioned that she liked working with drug addicts.

When the issue of ‘dubious practices’ emerged, people had witnessed specific activities, spanning different degrees of seriousness. These included: ‘dispensing off labels’; support staff dispensing items without showing the pharmacist; selling customers 100 paracetamol; and dispensing without a pharmacist on the premises. The consensus view was that if it was a serious breach of practice that could put people’s safety in danger then it was correct to ‘blow the whistle’. One woman in Group B mentioned how she did exactly this by contacting the RPSGB after finding out about a shop opening without a pharmacist: *“But I did feel that finding out that they were regularly opening on a Sunday without a pharmacist or a dispenser and a school child was actually dispensing the prescriptions, I thought was so frightening that I did inform”* (Female, White British, Age 54, ‘Retail Locum’). When discussing occurrences that were not as blatantly severe as this, the participants of both focus groups stated how they will generally not go along with it, because they are

responsible if anything goes wrong. One man, on discussing problems he'd encountered with support staff mentioned: *"And you say 'Hang on, I'm responsible whilst I'm here'. Say they pick up cream rather than ointment, give out the wrong size, it's your head that's on the block. But they don't do it this way, they say, 'No, you don't need to see that'. Well, I tend to stand between them and the door then"* (Male, White British, Age 57, 'Portfolio pharmacist').

Other practices, such as deliberate fraud, were discussed and as with the interview data, a common response is to not go back to that store. The following conversation shows a convergence of opinion that occurred in Group A:

M3: *"..there are illegal practices going on and I just won't go back. You see what they're doing and..."*

F1: *"That's just fraud"*

M3: *"Well, some are professional illegal practices, others are downright dishonest"*

M4: *"Yeah. It's thievery"*

M3: *"It is, and I don't want anything to do with that, thank you"*

M4: *"No, I don't"*

3.3.6 Support Staff

How the lack of support staff can be a major problem for locums, as well as how locums can encounter problems with support staff over different working practices that could be professionally dangerous, has been mentioned earlier. When the focus group participants were asked how they found support staff in general, more positive responses emerged. One man in Group B mentioned how in general the support staff he had encountered were very competent and had benefited from recent developments in training: *"The training that's gone on in the last five years seems to have had a major impact....Most of the time, you overhear, you listen to the recommendations being made, and they're quite appropriate"* (Male, White British, Age 42, 'portfolio pharmacist'). Another man in Group B displayed how most of the time he was satisfied with

support staff by saying: *“If I was at a shop where I didn’t think the support staff were capable, I’d want to do as much of the dispensing as I possibly could myself, to minimise errors. But that’s only happened once. At every other place I’ve always found the support staff both counter assistants and dispensers, to be very helpful, very competent, and very easy to work with”* (Male, White British, Age 27, ‘Retail locum’).

Regarding the issue of staff supervision, in terms of both OTC and the dispensing process, the participants in Group A were perhaps more cautious. Most of them prefer to take responsibility for everything as much as possible because its ‘your head on the block’ if something is unsafe. Another man commented that: *“as a locum you develop a keen eye and ear to know what is happening in both the dispensary and the shop”* (Male, Indian, Age 33, ‘Locum manager’). While Group B participants recognised the need to make a judgement about how competent support staff are when they work in a new shop, and have ‘flappy ears’ as one woman put it, for the most part an attitude of respect and adaptability was evident on their part: *“I think you’ve got to be mindful of their abilities, they know the area, they know the shop. Respect. Your attitude when you go in must reflect that. That’s part of being a good locum”*(Male, White British, Age 61, ‘Retail locum’).

This final point links very much with what some interview respondents cited as being important characteristics of being a good locum pharmacist. In fact the same man in Group B echoed the exact term ‘not making waves’ that was used by an interviewee: *“It may not be exactly as we like it but we should be mindful of other people, the way they run their place, that’s what we’re there for, we’re not there to make waves, we’re there to do a good job, you know, you turn up, you leave and you get paid. You don’t make waves”*.

3.3.7 ‘Bad’ pharmacists

On the subject of what constitutes a ‘bad’ locum pharmacist, the now familiar tales of pharmacists being lazy and sitting in the dispensary reading a newspaper were recounted. One man in Group A remarked how he has heard

other locum pharmacists talking about ‘working smart’, which means only taking work which pays well and in premises where there is a very low prescription volume so they won’t have to work very hard. One woman in Group B recounted a story of a locum pharmacist who took a sewing machine to work and would make garments in the dispensary. Another story featured a locum who was constantly leaving the premises to put bets on in the local bookmakers. Such stories may well be elaborated somewhat and seem to have become part of a kind of ‘folklore’ within the culture that pharmacists inhabit but may well have a degree of truth in them for them to circulate. Obviously nobody who took part in any of the fieldwork on this project admitted to such behaviour.

3.3.8 Career choices

When people were asked about why they chose pharmacy as a career initially, the responses were a typical mix of common themes and highly unique reasons that typify so much of the fieldwork for this project. Some of the common themes included originally wanting to be a doctor and either not having the right qualifications to pursue a degree in medicine or not fancying the long hours required of junior Doctors, or that pharmacy was seen as a good profession for women to enter because of the possibilities of balancing work with bringing up a family. One woman recounted: *“Well, unfortunately I was brought up in a pharmacy and I was always told that I would be a locum, (laughter) because, to quote my mother, ‘It’s a wonderful job for a married woman with children’. So I was told from a very young age”*. (Female, White British, Age 40, ‘Portfolio pharmacist’). This, and the quote below from an older male locum, shows how although the big issues concerning flexible working patterns have become very high profile over recent decades, there are some continuities that have been around for much longer: *“I can remember mine so clearly. It was 1966, I wanted forty pounds a week and a soft-top E-type. And that was all. I was going to go round the coast doing locums, I started off on a BSA 500 motorbike, I might add, did the Lake District and loved it. Those were my expectations, just fancy free, and we got*

loads of money in those days. Great. Terrific time. I loved it. Loved each day” (Male, White British, Age 57, ‘Portfolio pharmacist’).

There were also some good examples of expectations that were quite unique initially, then changed through experience and reflected the changing nature of career paths and how they can combine with personal life events: *“My expectations were to do with industry, I did a year in industry in research. Absolutely loved the job, absolutely hated the internal politics, there’s no way that I could spend a lifetime of that, so the attraction then of being an owner-manager was there, and having married a pharmacist as well, cos it’s a pretty incestuous profession, it seemed natural to own our own business”* (Male, White British, Age 58, ‘Portfolio pharmacist’).

Other people when discussing their original career expectations argued that sometimes there are no distinct expectations: *“I don’t know whether I had lots of expectations, you don’t always have when you start out. You just think, well, I’m doing a degree, gonna get a job, it sort of unfolds”* (Male, White British, Age 42, ‘Portfolio pharmacist’).

Regardless of the diversity in people’s expectations, there seemed to be a common satisfaction with their career choice: *“There was 100% employment in the profession at the time. It seemed like a good profession for supporting career breaks for women, stopping and starting and having children, and part-time work and flexible working arrangements. So yes, it has lived up to my expectations”* (Female, White British, Age 40, ‘Portfolio pharmacist’). Whether linked to specific expectations, as above, or not, people’s answers were positive overall. The following statement is from a man who entered pharmacy by ‘default ‘ after not being accepted for medical school or dental school: *“Expectations? Retrospectively fine. I’ve had a smashing life and I’ve no regrets about it...but not by choice, it’s just happened”* (Male, White British, Age 61, ‘Retail locum’). In this respect, the data differ from the interview data, where for some people the lack of opportunities to utilise their clinical skills in community pharmacy meant that they experienced dissatisfaction with their careers.

As with the interview findings, the paths that people had taken throughout their careers reflected the distinct possibility for change and variety that is perhaps a defining characteristic of the pharmacy profession. As mentioned, the focus group participants comprised ex-proprietors who had sold their businesses then continued to locum; people who had locummed for most of their careers because the flexibility suited them, people who had previously worked in the hospital and industry sectors and moved into community pharmacy, and people from all manner of backgrounds who moved into primary care pharmacy such as prescribing support. The transitions that people had made throughout their careers sometimes spanned many different sectors, such as a woman who had worked in community pharmacy initially, then moved into the hospital sector because she found community pharmacy tedious, then moved into the primary care sector whilst working community locums on Saturday mornings.

The increasing capacity for such drastic change within pharmacy was actually commented on by one participant *“I think what has changed is that the profession (was) almost a job for life type of profession where you went to work for Boots and you were a Boots pharmacist or a hospital pharmacist....but people are now looking to change their careers, quite substantially and quite often, and have several careers throughout their working life.....And I think that pharmacists are realising that their basic degree, ok, it got them the job in the first place, but now with additional experience and some additional training they can do all sorts of things, whether it's work with the GP practices, or PCTs or whatever it may be”* (Male, White British, Age 42, 'Portfolio pharmacist').

The increased possibility of diverse opportunities within the profession may be exaggerated slightly here. It may be that pharmacy has always been fairly unique in the variety that it offers. Nevertheless the extent of opportunity for career change is arguably unprecedented at present due to the growth of primary care positions. The same participant also stated that this tendency for 'several careers' throughout working life is *“a reflection of society as a whole”*.

This is an astute observation. Although it may be argued that pharmacy offers more scope for intra professional career changes than many other professions, the increasingly fragmentary and multi-faceted nature of people's 'career paths' in contemporary working life is well documented (37-39).

3.3.9 Other themes

Many other themes were explored in the focus groups that replicated the findings from the interview phase of the fieldwork. Some key ones worthy of brief mention are those relating to the use of agencies and opinions on CPD. The view which emerged in the interviews, that agencies can be somewhat economical with the truth, was replicated in Group B: *"And then you find out that the shop's open till seven, and they haven't told you because they think you wouldn't be so keen on going there if you knew it was open later"* (Male, White British, Age 27, 'Retail locum').

In terms of CPD, the opinion of interviewees - that writing down all evidence of it is far too time consuming - was also replicated in the focus groups. Also the view that keeping up with CPD is harder for locums because some large companies run in-house training sessions for employees was mentioned. A number of older participants in both groups also mentioned that they will retire when CPD becomes compulsory, because it will be too much hassle. The following quote, from Group A indicates the convergence of general opinion: *"They'd lose the top end of the, lets say the mature pharmacists, who will say 'Forget that for a game of soldiers'. And I'll swan off"* (Male, White British, Age 57, 'Portfolio pharmacist').

Interestingly though, one woman in Group A did work in her other job to help encourage people with their CPD and she had a lot to say to the rest of the group. It appeared that she got her message across in some respects *"...and somehow this thirty hours has stuck in peoples' minds, and they're so wrapped up in this thirty hours that as soon as they see a course, 'Oh, I must go on that cos it'll give me eight hours'... And the message is really that its quality rather than quantity. And it need only take a couple of minutes, and if*

you do go on the web-site it does only take a couple of minutes, it really does. And I've shown people, and...people say, 'Oh my goodness, I didn't realise'" (Female, White British, Age 38, 'Portfolio pharmacist').

M3: *"This is music to my ears"*.

3.3.10 Summary – Focus Group Findings

The focus groups were useful on two levels. Firstly, they confirmed many of the findings that emerged during the interview phase, but with the added advantage of the group dynamic they allowed the research team to flesh out specific details. Secondly, they allowed the team to pursue new and additional avenues of inquiry that arose as a result of analysing the interview data.

The reasons why people chose locum work were confirmed as being a combination of factors that were seen as appealing, along with personal reasons relating to circumstances at a particular juncture in their life. There were some typical cases such as ex-proprietors who sold their businesses because of stress, and women who initially began locum work years ago because of childcare responsibilities but continued because the flexibility suited them. Flexibility emerged again as the primary motivator for choosing locum work, but the findings from the focus groups helped clarify why part-time work as an employee does not bestow quite the same degree of flexibility that locum work does. Additional motivators were found, including those who simply wanted to 'give it a go', to widen their experience by exposing themselves to a range of different pharmacy types.

After reflecting on the individual interview data the research team used the focus groups to clarify issues around 'dubious practices', how people felt about 'whistle blowing', and to unpack what exactly a 'bad' pharmacy was. The consensus view seemed to be that if people witnessed something that could endanger patients' health then they would inform the Society, although only one pharmacist reported ever having done so. Apparently a far more common response was for the locums to 'vote with their feet' by not returning

to such stores. While the pharmacists' views on what constituted unethical or illegal practices and what they would do about them were pretty similar, views were understandably rather more diverse when it came to what characterised a 'bad' pharmacy, and actions taken were similarly more varied. High volume stores who had too few support staff and disallowed lunch or tea breaks was one common description of a bad pharmacy that locums would tend to avoid if they could. Pharmacies might not be 'bad' in and of themselves, but particular geographical areas (e.g., deprived areas, affluent areas), or pharmacies that served particular population groups, (e.g., methadone patients), may be avoided by some locum pharmacists.

3.4 FINDINGS FROM QUALITY OF WORK-LIFE (QWL) QUESTIONNAIRE SURVEY

3.4.1 Introduction

Because the research team couldn't interview all those who agreed to participate in the interview study, and to capitalise on the excellent response, the research team decided to administer a standardised work/life job satisfaction questionnaire, a structured form that asks a series of Likert-scale questions aimed at measuring different dimensions of *job satisfaction* and identifying and measuring the sources of *work-related stress* for pharmacists. The questionnaire (see appendix 5) was adapted from one previously used with GPs, and was tested here for the first time on pharmacists as a way of exploring the use of the instrument with another health care professional group. It was kept deliberately brief, with four measurement scales: (i) Work satisfaction, (ii) pressures at work, (iii) plans to change work-life, and (iv) overall life-satisfaction. Unfortunately a typing error in the wording of the life-satisfaction question meant the responses could not be used reliably, so analysis of the replies to this will not be included.

The rest of the questionnaire included questions on 7 demographic characteristics (see box below). Data on 3 characteristics from the 2002 census data were also linked to the results of the questionnaire.

Box 1: Demographic data collected using work-life questionnaire:

Age *
Gender *
Marital status *
Typical hours of work (dichotomised to part-time or full-time) *
Household income *
Dependents under 18 years *
Caring responsibilities for anyone else *
Ethnic group **
Job (up to 4) **
Hours worked in each job **

* new data

** from 2002 census

All those who had originally agreed to take part in the study (n=234) received a QWL questionnaire; 167 returned completed forms. The results from the questionnaire are discussed next, first in terms of the validity and reliability of the statements and scales contained in the instrument, and second, as findings of substantive interest.

3.4.2 Validity and reliability of the measurement scales

The work satisfaction questionnaire had already been validated when originally developed, but as we are modifying it slightly to reflect issues of relevance to pharmacy, and because the measurement scale is being applied to a new and different cohort of people, a reliability analysis was performed. To this end principal component and factor analyses were undertaken using SPSS 11.5 for Windows XP on the three main themes: (A) work satisfaction, (B) pressures at work and (C) work-life changes.

Correlation matrices for the question items all showed positive correlations and reliability analyses indicated that all three questions appear to be strong scales for measuring the latent factors of work satisfaction, pressures at work and work-life. In summary, reliability coefficients (Cronbach alpha) exceeded the 0.7 cut off. Principal component analysis indicated a single underlying value dimension for the questions on work satisfaction and work-life. The

question on pressures at work appears to be multi-factorial having a four-factor solution (eigenvalue cutoff = 1) with one main factor. This question when re-written for the locum pharmacists had several items removed from the original questionnaire given to GPs, which may account for the heterogeneity of the item response. Detailed reliability analysis on each subset of questions is provided below.

3.4.2.1 Work satisfaction

A slightly amended version of the Warr-Cook-Wall job satisfaction scale ⁽⁴¹⁾ used with GPs was used to measure job satisfaction. All 10 items were used, wording unchanged, and a new item about 'patient contact' was added. Initial findings from the qualitative interviews with locum pharmacists suggested that this was an important component of work satisfaction for this group of pharmacists. Each item is rated on a seven-point scale from 1 (extremely dissatisfied) to 7 (extremely satisfied). While one item measures overall job satisfaction, other items measure satisfaction with particular aspects of work, including: 'physical working conditions', 'hours of work', 'remuneration' and 'freedom to choose your own method of working'.

As a measure of internal consistency a Cronbach alpha coefficient of 0.90 was obtained for the total 11-item job satisfaction scale, indicating that the job satisfaction scale is satisfactory and is a reliable tool for use with this group of pharmacists. A still high, but slightly lower Cronbach alpha coefficient of 0.89 was obtained without the additional 'patient contact' item, suggesting that the addition of this has not had a detrimental effect on the internal consistency of the scale. This result for this sample also compares favourably with findings from research with GPs, in which a co-efficient of 0.84 was reported ³⁷.

3.4.2.2 Pressures at work

From the list of 30 potential sources of stress included in the GP work-life questionnaire survey of 2001, 14 were thought by the research team to be relevant to pharmacist's work. Nine were included in this survey with the

wording unchanged, and the wording of five items was amended slightly to suit the different setting. Each item is rated on a five-point scale from 1 (no pressure) to 5 (high pressure).

The self-reporting scale for measuring sources of stress has slightly lower internal consistency (Cronbach alpha coefficient of 0.869) than the work satisfaction scale, and is lower than measures reported in the literature on GPs (0.94) ⁽⁴²⁾. It nevertheless still has high consistency, suggesting the scale has strong reliability. However, as indicated above, principal component analysis suggests the scale may be multi-factorial. It is recommended, before application of this scale with other pharmacist cohorts that further pilot work is conducted.

3.4.3 Substantive findings

Of the sample sent the questionnaire 71% (n=167) returned a completed form. This small sample is not representative of all locum pharmacists, so it would be unsafe to generalise the findings beyond the sample. From a substantive point of view their particular value lies in the links that can be made with the findings from other stages of the work: the interviews and focus group.

3.4.3.1 Characteristics of the sample

Non-white pharmacists represent fifteen per cent of the sample. Just over half (55%) the sample is female, and just over a quarter (27%) has children under 18 years old; a smaller proportion (19%) has other caring responsibilities. To aid analysis the sample has been split into four age groups (under 39, between 40 and 49, between 50 and 59, and over 60 years). The proportion in each is: 23%, 29%, 20% and 28% respectively. The women are more likely to have children than the men (36% and 18% respectively, $p=0.009$), and the 40 to 49 year olds are significantly more likely (65%) than any of the other groups to have children ($p= 0.000$). The sample is relatively evenly split with regard hours worked, with 32%, 31% and 37% working up to 16 hours, between 17

and 34 hours, and over 35 hours a week respectively. As might be expected based on findings from the pharmacy workforce census, male locums are more likely to work longer hours (> 35 per week), than females (51% and 26% respectively, $p=0.004$).

3.4.3.2 Work satisfaction

The overall picture suggests that locum pharmacists in general derive high levels of job satisfaction (a mean of 4.88 on the 'overall job satisfaction' item, ranked 5th in table 1 below), and higher levels than those reported by GPs. Overall job satisfaction reported in surveys conducted in 1998 and 2001 with GPs, using the same measurement scale, was 4.65, and 3.96 respectively. (3;4)

The item with the lowest mean score (4.10) is 'recognition for good work', while locum pharmacists derive the highest satisfaction from their colleagues, the amount of responsibility they are given, and the freedom they have for choosing their own methods of working.

Table 1: Work satisfaction items: in descending order (high score means high satisfaction)

<i>Item number</i>	<i>Item</i>	<i>Mean</i>	<i>Std deviation</i>
3	Colleagues	5.23	1.073
5	Amount of responsibility	5.02	1.292
2	Freedom of working methods	4.98	1.202
10	Patient contact	4.97	1.283
11	Overall work satisfaction	4.88	1.232
8	Hours of work	4.84	1.505
9	Amount and variety in job	4.44	1.483
7	Opportunity to use abilities	4.36	1.385
1	Physical work conditions	4.33	1.143
6	Remuneration	4.25	1.531
4	Recognition you get for good work	4.10	1.570

Sub-group analysis reveals that female locums score a consistently higher mean on all the individual work satisfaction items, as well as on overall job satisfaction (table 2) than male locums. However the differences between male and female locums are significant for only four of the items: overall job satisfaction (Anova: 0.018), patient contact, hours of work, and variety in job.

Interestingly, 'colleagues' are ranked first for both men and women, and 'recognition for good work' and 'remuneration' is ranked last. After their colleagues, women appear to derive the greatest satisfaction from 'patient contact', and 'hours of work'. Male locums, on the other hand, derive the greatest satisfaction, after 'colleagues', from 'amount of responsibility' and 'freedom of working methods'.

Table two: Work satisfaction by gender (mean score - items in descending order for females)

<i>Item</i>	<i>Female locum pharmacists</i>		<i>Male locum pharmacist</i>	
	<i>Mean</i>	<i>Std deviation</i>	<i>Mean</i>	<i>Std deviation</i>
Colleagues	5.32	1.074	5.13	1.070
Patient contact *	5.22	1.207	4.66	1.315
Hours of work *	5.15	1.229	4.47	1.719
Overall work satisfaction *	5.09	1.132	4.64	1.309
Amount of responsibility	5.09	1.199	4.95	1.403
Freedom of working methods	5.08	1.083	4.87	1.329
Variety in job *	4.70	1.295	4.12	1.635
Opportunity for abilities	4.51	1.286	4.19	1.486
Physical work conditions	4.46	1.051	4.17	1.234
Remuneration	4.40	1.482	4.07	1.580
Recognition for good work	4.31	1.525	3.84	1.594

* *significant at < 0.05 (Anova)*

Although analysis by age group suggests a few differences between younger and older pharmacists only one 'opportunities for abilities' reaches statistical significance (Anova: 0.029), with younger pharmacists more likely to report being dissatisfied with this dimension of work. While locum pharmacists with children under 18 years are generally more satisfied on nearly all the items in this measurement scale, compared to locums without children, the differences do not reach statistical significance. Similarly, in comparing means (One-way Anova procedure) marital status and whether or not respondents have other caring responsibilities appear to make little difference to work satisfaction. Hours of work do, however, appear to have a significant impact on locums' levels of work satisfaction: respondents working 35 hours or more are significantly (Anova: <0.05) more likely to be dissatisfied with their remuneration, the hours they work, the amount of variety in their job, and with overall job satisfaction.

Ethnic status has a major influence on work satisfaction, with non-white locum pharmacists significantly more likely than white locum pharmacists to report dissatisfaction with a number of items (marked * in table 3), including overall work satisfaction, remuneration, hours of work, and recognition for good work. Ethnic minority locum pharmacists derive the highest mean satisfaction score from patient contact and freedom of working methods.

Table three: Work satisfaction by ethnic status (mean score - items in descending order for non-white locum pharmacists)

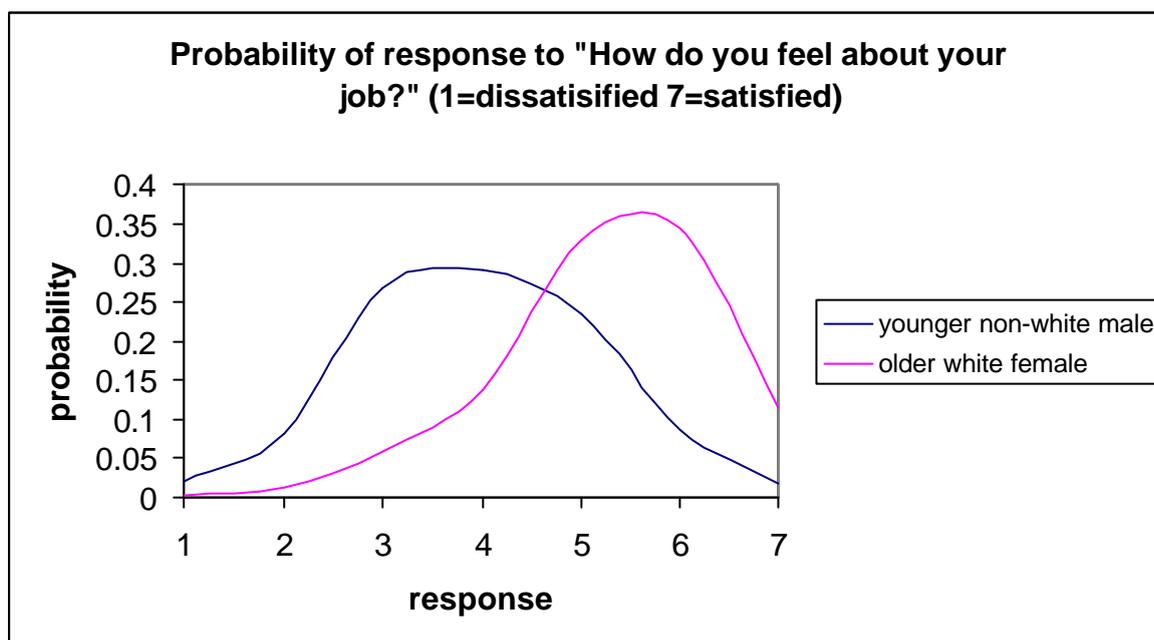
Item no.	Item	'Non-white' locums		White locums	
		Mean	Std deviation	Mean	Std deviation
10	Patient contact	5.00	1.285	4.96	1.288
2	Freedom of working methods	4.88	1.424	5.00	1.163
5	Amount of responsibility	4.80	1.607	5.06	1.230
3	Colleagues *	4.76	1.165	5.32	1.037
11	Overall work satisfaction *	4.28	1.275	4.99	1.196
8	Hours of work *	4.16	1.599	4.96	1.461
1	Physical work conditions	3.96	0.978	4.39	1.161
9	Amount and variety in job	3.92	1.681	4.53	1.432
7	Opportunity to use abilities *	3.76	1.480	4.47	1.345
4	Recognition you get for good work*	3.40	1.871	4.22	1.484
6	Remuneration *	3.24	1.480	4.43	1.475

* significant at < 0.05 (Anova)

To further explore differences between locums, a more sophisticated analysis, using Maximum-likelihood ordered logistic regression (STATA v8) was used to fit an ordered logit model of the ordinal variable 'work satisfaction' (question 11 in section A) on the variables gender, ethnicity (white/non-white), age, income, hours worked, number of children and caring responsibilities. This showed being female, older, having children and being white all increased levels of job satisfaction and increased hours, increased income and caring responsibilities (other than children) decreased satisfaction.

This is a preliminary analysis and should be treated with appropriate caution but the most significant factors having the greatest effect were gender (women being more satisfied), ethnicity and having children. These effects may reflect other parallel factors and the analysis has not been tested for collinearity, for example increased hours correlating with increased income. Other external confounding variables of overall satisfaction with life may be

being reflected in satisfaction or dissatisfaction with work, such as having a family or having caring responsibilities for sick or elderly relatives. The model allows prediction of probabilities of the 7 ordered responses for specified values of independent variables. This keeps all other variables at their mean values while calculating the probability of each response in the specified case. The graph below shows the predicted responses for an older white female (aged 70) versus a younger non-white male (aged 20); the ages are obviously unlikely but show the trends in the model.



3.4.3.3 Pressures at work

The main source of stress is increased demands from patients, while lack of time and workload, are the second and third job stressors for locum pharmacists (Table 4). Findings from the interviews suggest that avoiding paperwork is one of the main drivers for becoming a locum in the first place. Because 'paper work' is the lowest source of pressure for locum pharmacists findings from this QWL survey support the notion that this is a strong driver and indicates expectations of the job are fulfilled. Generally, locum pharmacists have little fear of assault while working.

Table four: Pressures at work (in descending order (high number means high pressure)

<i>Item number</i>	<i>Item</i>	<i>Mean</i>	<i>Std deviation</i>
1	Increased demands from patients	3.34	1.148
8	Insufficient time to do a good job	3.22	1.178
14	Workload	3.18	1.222
2	Inappropriate demands from patients	3.03	1.152
3	Working environment	2.92	0.953
13	Professional isolation	2.87	1.224
7	Insufficient resources	2.80	1.101
10	Long working hours	2.77	1.280
5	Dividing time btw work and family	2.35	1.141
6	Worrying about finances	2.28	1.143
4	Home life disturbance by work	2.25	1.070
12	Emphasis on business ethics	2.23	1.044
9	Fear of assault at work	1.93	0.951
11	Paperwork	1.82	1.079

When exploring differences between sub-groups, findings suggest that the only gender difference is that women are more likely than men to feel pressure due to 'insufficient time to do justice to the job'; younger locums (under 49 years) feel more pressure from the disturbance of home/family life by work, from dividing time between work and family, and from concerns about finances. People with children are also more likely to feel pressure from the work/life balance. Having caring responsibilities or not appears to have little impact on how much pressure is experienced from each of the items in theme B, but locums who work greater than 35 hours a week, are more likely to report pressure from: inappropriate demands from patients; disturbance to home and family life and dividing time between family and work; worry about finances; and long working hours. More than any other independent variable however, ethnic status appears to have the biggest impact on pressures experienced at work. Out of the 14 factors in the 'work pressure' scale ethnic minority locums are likely perceive more pressure than white locums from 11 of them (marked * in table 5 on the next page).

Table five: Pressures at work by ethnic status (in descending order for non-white locums)

Item no.	Item	'Non-white' locums		White locums	
		Mean	Std deviation	Mean	Std deviation
1	Increased demands from patients*	3.92	0.812	3.24	1.170
2	Inappropriate demands from patients*	3.80	0.913	2.89	1.138
10	Long working hours*	3.76	1.268	2.59	1.203
14	Workload*	3.68	0.988	3.09	1.242
8	Insufficient time to do a good job	3.36	1.150	3.19	1.185
13	Professional isolation	3.28	1.208	2.79	1.216
6	Worrying about finances*	3.20	1.258	2.12	1.045
7	Insufficient resources	3.12	0.927	2.75	1.123
3	Working environment	3.08	0.862	2.89	0.968
4	Home life disturbance by work*	2.84	1.281	2.14	0.997
5	Dividing time btw work and family*	2.80	1.190	2.27	1.118
12	Emphasis on business ethics*	2.68	1.215	2.14	0.993
11	Paperwork*	2.64	1.319	1.68	0.965
9	Fear of assault at work*	2.48	1.159	1.83	0.878

* significant at < 0.05 (Anova)

3.4.3.4 Intentions to change work life

We included four items about possible changes pharmacists might make over the next two years to their work life. These included: leaving their current sector; reducing work hours; leaving direct patient care; or leaving the profession altogether (Table 6).

Table six: Likelihood of change within two years (column %)

	Leave current sector	Reduce working hours	Leave direct patient care	Leave the profession
No likelihood	43%	32%	48%	49%
Slim likelihood	19%	23%	24.5%	19%
Neutral	14%	8%	11%	14.5%
Quite likely	9%	16%	7%	7%
Highly likely	15%	22%	9%	10%
Total (n)	167	167	159	165

Almost a quarter (24%) of locum pharmacists think it quite or highly likely that within the next two years they will quit the sector in which they currently work; slightly smaller proportions think it quite or highly likely they will quit the profession or direct patient care (17% and 16% respectively).

That only small proportions plan to leave pharmacy altogether is reassuring in some way, but what is more worrying is that 38% are quite or highly likely to reduce their work hours. With supply of pharmacists already problematic, the effect of locum pharmacists reducing their hours will have a further dramatic affect on workforce supply. The people most likely (quite or highly likely) to reduce their hours include older (>60 years) people (52%, $p = 0.085$); locums working over 35 hours a week (45%, $p = 0.031$), and men (43%, ns). Locum pharmacists with children are the least likely to reduce their hours or leave the profession altogether, although the difference failed to reach statistical significance.

The people most likely to leave their current sector are, again, those working the greatest number of hours (55% of those working more than 35 hours a week reported a quite high or high likelihood they would leave the current sector within the next two years ($P = 0.017$)). Older people (over 60), men, and non-white locums are also more likely to report leaving the sector in which they currently work, but these differences failed to reach statistical significance.

3.4.4 Summary

In relation to the reliability of the work satisfaction and job pressure scales, the findings suggest that the former has very high reliability, and is probably acceptable to use with pharmacists without any further amendments. The latter has a slightly lower reliability score and appears multi-factorial, suggesting further piloting of the items is required before further use with pharmacists.

To summarise the substantive findings, the locum pharmacists report high levels of work satisfaction and higher levels than have been reported by GPs in the published literature (a mean of 4.88 on overall job satisfaction item). Locum pharmacists report the highest satisfaction from working with colleagues, and from the amount of responsibility they are given. The aspects

of their work they report being the least satisfied with are remuneration and recognition they get for good work.

Females score consistently higher on all work satisfaction measures, as well as with overall work satisfaction, although patient contact, hours of work and amount of variety in their job are the factors where men and women differ significantly. Interestingly, locums who work the longest hours are less likely to be satisfied with work overall, and particularly with hours of work, remuneration and the amount and variety in their job. Differences between the men and women are probably due to their work pattern differences rather than their gender per se, since the male locums are more likely to work longer hours. Perhaps not surprisingly, the locums who work the longest hours report hours of work, and disturbances to family life as two of the main pressures they experience.

With the exception of the 'patient contact' factor non-white locum pharmacists have consistently lower mean satisfaction scores than the white locums, and score the remuneration aspect of their work the lowest of all. Strangely, while the non-white pharmacists derive the highest satisfaction score from patient contact, they also report increased and inappropriate demands from patients as the two highest sources of job pressure. The ethnic minority locums report experiencing greater pressure from all sources of job pressure, further evidence of their low level of work satisfaction. Although the difference did not reach statistical significance, that the ethnic minority locums are more likely to leave the sector or leave the profession altogether is perhaps not surprising given their low levels of work satisfaction.

4. CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER RESEARCH

The findings reflect a high degree of heterogeneity within the locum workforce across most of the areas of inquiry addressed by this study. The data generated by the fieldwork were characterised by a huge variety of opinions by people in a broad range of working situations, at different stages of their working lives, and with different personal circumstances. As such, the findings present a richness of data, often diverse and sometimes unique, along with some common overriding themes and patterns. In this concluding section we try to summarise and draw together some of the most important and interesting findings in relation to the study's main areas of inquiry.

4.1 Reasons for working as locums

As stated, the reasons people gave for choosing locum work often came in the form of a narrative, comprising career history, personal circumstances or life events and key factors of locum work that are seen as advantageous. In terms of 'social push' drivers, the central overriding driver is that people wanted or needed flexibility in their work patterns. As shown, it was very important to many of the interviewees to be able to control when and where they worked, illustrating that both *time* and *place* were key elements of the flexibility they sought.

The reasons behind the desire to control *when* locum work was conducted were due to family commitments, a wide variety of leisure pursuits (particularly the freedom to take holidays when desired) and a broad range of other commitments such as other jobs (both pharmacy and non-pharmacy related), or voluntary commitments. All of these suggested that the interviewees had busy, multifaceted lives and often had a well developed sense of what is termed 'work/life' balance. Even when people's lives were not so busy and they just wanted to work a few hours a week for reasons such as social contact and the sense of achievement and purpose from doing a good job, the flexibility of being able to say no to work if asked was still a major factor. The

reasons behind wanting to control *where* locum work was conducted were mainly due to avoiding 'bad' pharmacies, be they poorly organised or prone to illegal or unethical practices, not wanting to travel too far, and in some cases, not wanting to work in deprived areas.

This overriding need or desire for flexibility is highlighted in articles that have appeared in the pharmaceutical journal over recent years such as Wood ⁽⁸⁾ and Evans ⁽⁹⁾. As are some of the other reasons cited as advantageous, such as less stress/admin/paperwork/meeting company targets and encountering variety etc. These reasons related to flexibility and the avoidance of becoming bogged down by non-clinical and managerial duties are also congruent with those reported in the medical profession ^(20;21).

With regard to 'economic pull' drivers, the factors mentioned in articles such as Mason ⁽⁷⁾ are also evident in the findings here. The very fact that people do 'cherry pick' their places of work, and the fact that few seemed to encounter problems in securing work, is indicative of the 'employees market' operating in the general pharmacy labour market at present. This is largely due to 'pull' factors such as increased opening times in community pharmacy and difficulties in filling permanent posts. The more fundamental pull of the higher salaries a community locum can command is also evident, (although the desire for 'adequate' remuneration could also be defined as a fundamental social push factor as well). Other 'pull' factors, such as the increase in jobs available in the primary care sector are also manifest, in both the number of interviewees who held such jobs and the fact that continuing with locum work in the community sector was beneficial for them in maintaining professional competency and its flexible nature enabling a degree of balance with their other jobs.

The meshing of economic pull factors and social push factors is embodied in the simple fact that people *can* work as locums whenever and wherever they like, so they *do*, whatever the reasons that may lie behind this choice. In other words, the economic pull factors have created the widespread opportunity to practice as a pharmacist on a locum basis, and whether it's due to family

commitments, leisure pursuits, convenience, less stress, wanting to continue working past state pension age, and so on, this opportunity is embraced by many pharmacists on a widespread scale.

It could be argued that pharmacists are fortunate in having this opportunity. The ability to work in such flexible circumstances on a free-lance basis and ensure a relatively steady income is not something that is available to every occupational group. Indeed some respondents spoke of how the opportunity to fall back on locum work at certain stages in their career is an 'insurance policy'. The extent to which pharmacists take up this opportunity is nevertheless, extremely high. This could be simply a reflection of what is taking place in society in general, as social theorists such as Beck ⁽³¹⁾ contend. There is certainly plenty of evidence to suggest that people have a high need or desire for flexibility. However, there is also evidence to suggest that there may be something particular about the opportunities for regular employment within pharmacy that compel people to seek the locum route as an alternative, more so than they would otherwise. The scope of this study enables us to simply acknowledge that evidence for both scenarios is present, without making speculations as to which might be more powerful.

As a reflection of wider society at a macro level, community pharmacy is a commercial and profit-making industry like any other and the need for a flexible workforce has increased over recent decades as it has in other retail industries. At a micro level, people's reasons for wanting flexible work along with their attitudes to career and 'work/life' balance, do reflect the multi-faceted, fragmentary nature of life in contemporary society.

Of course it could be argued that such marked changes over recent decades are overstated. The focus groups in particular supported the obvious notion that the desire to be 'fancy free' in relation to work is certainly nothing new, as highlighted by one man recounting his work as a locum in the 1960s. As is the recognition that locum work provides a good opportunity for what Symonds ⁽³⁴⁾ would term a balance between 'workcoping' and 'homecoping', which was evident in one woman's recollections of her mother extolling the advantages

of locum work to her from a very young age. It is often the case with theories attempting to portray large-scale changes, that longstanding continuities can be neglected.

Nevertheless, the extent that flexible working patterns have increased over recent decades can't be denied, neither can important related factors such as increasing numbers of older people participating in the labour market ⁽⁴³⁾.

With regards to the opportunities for regular employment within pharmacy, the evidence suggesting that these may be particularly restrictive for some people is also strong. The fact that many people do not want the extra pressure of management, along with non-pharmacy responsibilities such as staff management, administrative duties and meeting company goals etc, is a pertinent point. At the nub of this may well be the longstanding tension in community pharmacy between providing a health service and running a profitable business. This is also evident in the data from locums who were ex-proprietors of independent pharmacies and sold up because of the pressure involved in sustaining their businesses in what is an unfavourable economic climate for independents.

Arnold's concept of 'the psychological contract' ⁽³⁸⁾, and how the mutual understanding between employer and employee can be broken, can be seen as highly relevant to the situation in community pharmacy here. What may be perceived as excessive demands: working at the weekend and during public holidays, increasing paperwork and non-pharmacy pressures, just seemed too much for some locums who were ex-employees of the large multiples. Arguably, the 'give and take' between employer and employee was not seen as equal, particularly when remuneration was seen to be higher when working as a locum, in addition to other benefits such as taking holidays when desired.

Regardless, the complex issues that emerged in this study concerning people's decisions to work on a locum basis, are not likely to change in the immediate future. Certainly for many of those involved in the fieldwork, the advantages of locum work as described here are likely to outweigh the disadvantages for some time yet. What may be helpful next is to explore the

degree to which the advantages and disadvantages identified here for those who choose locum work are generalisable to other sectors of the profession and other job types within sector.

4.2 Disadvantage of working as a locum

While the advantages of locum work cited are heavily entwined with people's motivations for choosing to work as locums, some of the disadvantages cited raise some distinct issues of their own. While many of the disadvantages, such as no sick pay or holiday pay, having to do your own income tax returns and encountering unfamiliar systems etc, may be seen as just part and parcel of locum work, i.e. 'cons' that have to be countenanced and weighed up alongside the 'pros', other disadvantages have more far reaching implications for the profession at large, if not individual practitioners. For example, the lack of training for extended role activities that many of the interviewees argued are lacking for them as locums could be a serious impediment to the range of services available in certain pharmacies. If pharmacists are willing but unable to be involved in such activities through lack of training opportunities, the profession may have a serious problem delivering the services that may be required of it by PCTs and the primary care policy agenda.

Professional 'marginalisation' like this, through lack of training opportunities, is congruent with Hoque & Kirkpatrick's work on non-standard professional workers ⁽²⁵⁾. Similarly, disadvantages that were stated such as lack of training opportunities, perceptions of low status, as reflected in attitudes from colleagues and patients, and lack of continuity were congruent with those reported in the medical profession ^(20;23).

The lack of continuity with respect to service provision is worthy of note here. This is particularly a problem in pharmacies that are predominantly staffed by locums, as was reported to be the case by some respondents. This could arguably impact on the quality of services available to patients, as some locums felt that because they were living off notes passed on to them, patients could arguably not receive the quality of service they would do otherwise. Also

in connection with implications for delivery of services, the fact that some locums specifically avoided deprived areas and disliked working with addicts of controlled drugs raises questions about whether such areas could be underserved. It is a credit to the professional image of pharmacy that some of the respondents stated that they gain much professional satisfaction from working in such areas, but this attitude appeared less widespread.

The lack of adequately trained support staff in many of the pharmacies the locums have experience of is a major source of stress to the locums, particularly if they have to work with little support in stores with high prescription volumes, and it appears to mean that many 'vote with their feet' and simply don't return to that pharmacy again. Arguably, this too may create under-provision in areas that need the service most, again with huge implications for the capacity of the profession to fulfil its commitments to the NHS. While under-staffing may be a direct result of the tension that exists between commerce and the provision of services under a national health service, why some pharmacies appear not to have sufficient staffing has not been fully explored. Unfortunately, whatever the root cause, under-staffing in busy retail pharmacies could put the health and safety of patients at risk.

Patients may also be put at risk by the presence of 'dubious practices', which this study suggests occur with some regularity in community pharmacy. Full identification of the extent or nature of such practices was beyond the scope of the study, but the findings indicate that 'voting with your feet' is the most common way that locum pharmacists deal with the problem. Whether this action is sufficient to safeguard the public, and whether it adequately fulfils the obligation and responsibility pharmacists now have (as enshrined in Part A.1. in the Code of Ethics) to report to the Society any concerns that a member's professional competence or ability to practise may be impaired and could put the public at risk, is debatable. Further work would be useful to establish how widespread these problems are and what can be done about them.

4.3 Career Aspirations

The issues that arose when people discussed their career aspirations were particularly interesting. The fact that some people were not interested in pursuing managerial careers and cited enjoyment of work, professional satisfaction and developing their 'clinical' skills as more important, are salient points. The widespread perception of lack of opportunities for career development in a traditional sense for locums was not as important to some people as other values. This could be cited as an illustrative case of Schein's concept of a 'career anchor', where values such as professional competency can shape a person's working life ⁽³⁹⁾.

Of course, career development was simply not as important to many people because they were moving towards the end of their working lives or placed more value on being able to balance work with family commitments. However, the fact that some respondents were at relatively early stages in their working lives, and even without family commitments in some cases, and still unconcerned about career development in a traditional linear sense, gives some credence to the notion that career has declined in its power as a central defining factor in people's biographies ⁽³⁰⁾.

It would have been interesting to explore whether people's attitudes towards career would be similarly 'unconcerned' if pharmacy were not a profession where the opportunities to work as a locum were so readily available. It may be the case that career aspirations, like reasons for choosing locum work, reflect this sense of abundance of opportunity that locum work provides. In other words, people *can* meet their career needs, whatever they may be, through locum work, so they *do*. The fact that a respondent can present a career history comprising various jobs across a number of sectors and cite excessive pressure as a factor in each change, and comment on how it may be 'lazy' but they found a level at which they're happy and stayed there, could arguably be seen as unique in the contemporary world of work. Pharmacists may be in a fortunate position in being able to navigate a career where they

can embrace the aspects of their work that they like, and eschew aspects that they dislike, while still gaining rewards such as the competitive salary, professional satisfaction and a sense of professional identity.

Those with 'portfolio' work patterns are particularly illustrative of the general enjoyment and professional satisfaction that navigating ones own career without pursuing traditional hierarchical career paths can bring. The sense of control in doing this was seen to be a key factor, and supports the literature on portfolio or boundaryless careers^(35;36).

4.4 Different Types of Locums

One specific objective of this study was to validate the existence of different types of locums and clearly identify the characteristics that define them. In practice this was somewhat difficult to achieve, mainly because the whole range of work patterns and personal characteristics, as well as attitudes to work and career, were found across all the sub-groups of locums whom we anticipated might have different reasons for being a locum. Similarly, pharmacists within similar groupings displayed hugely diverse work patterns. For example, some older pharmacists over the state pension age, worked just a few hours a week, while some worked much more than this. Some mentioned how continuing to work was necessary for them to top up their pensions, while some stated that they were financially secure. Some mentioned how they would cease to work when providing evidence for CPD becomes mandatory, while some stated that this would not affect their working plans at all, and so on. More work is required to provide a more meaningful way of distinguishing between different types of locum pharmacist.

4.5 Job Satisfaction

The fact that many people stated that they gained more job satisfaction as a locum than they would do otherwise is a major finding of interest. That for many, job satisfaction was derived from advice giving on medicines, liaising with other health care professionals and seeing the 'instant' benefits of their

work through patient contact, shows that it is such core aspects of working as health care professionals that are of most importance to many locums. Doing a 'good job' in general and not doing the job 'all the time' were also cited as reasons why locum work was more satisfying. This indicates that, as with the subject of commitment, it is 'doing a good job while you are there' that is important to people in the context of job satisfaction, not extent of hours or strength of ties to the organisation. These locums identified with their profession in general rather than any organisation they happened to work in. The feeling of contributing to the community is also an interesting element of job satisfaction, and links well with literature that describes the social function of community pharmacies, particularly in rural areas⁽⁴⁴⁾.

Key factors of job satisfaction that scored highly on the QWL questionnaire such as 'colleagues', 'amount of responsibility' and 'freedom to choose own working methods' were not necessarily readily confirmed through the qualitative fieldwork. It may just be a question of interpretation however. For example, 'freedom to choose own working methods' could be seen as indicative of the types of person who choose locum work not being particularly suited to working as employees for large organisations, with the scripted methods of work and company 'politics' that this might entail. The high ranking of 'colleagues' on the job satisfaction scale could be viewed in relation to the social contact people get from going out to work, an element identified as a key advantage for many locums in the qualitative part of the study. Additionally, high levels of satisfaction with 'amount of responsibility' on the QWL questionnaire could be indicative of the finding from the qualitative interviews that suggests that people are happy with the *limited* amount of responsibility they have for staff rotas, paperwork and other administrative duties.

The general preference for 'patient contact' and pharmacy related tasks over managerial duties, administration, paperwork and meeting company targets in so many of the areas of inquiry addressed by this study raises some important points. Of course, it could be argued that managerial tasks, administration and meeting targets are an integral part of all modern health care professions.

However, the way in which community pharmacy is structured, encompassing both a highly commercial environment led by fiercely competitive plc's on the one hand, and the benevolent health care environment that is developing in an increasingly patient-centred and clinical direction on the other, gives rise to such contrasting and contradictory spheres of interest within the profession. The increasing dominance of major companies in community pharmacy arguably creates a stronger need than ever for managerial pharmacy positions, yet the huge proportion of the workforce choosing to work as locums signifies that these commercially-orientated employment opportunities are simply not appealing to so many pharmacists.

Obviously many people are simply 'not cut out' for management, but equally some are, as in the case of the interviewee who works as a manager on a locum basis. Research which explores what type of pharmacist might be best suited to a managerial path in pharmacy, and how this could be encouraged, may be useful.

4.6 Continued Professional Development

Anecdotal accounts of older pharmacists leaving the profession in droves because of mandatory CPD requirements where only supported by relatively few cases in the fieldwork. On the positive side, many respondents saw CPD as a 'good thing' in general, despite the necessity of 'writing everything down' being seen as too laborious and time consuming. The most salient points perhaps in need of attention here are the confusion and anxiety concerning what is actually required of people and the point about not receiving enough support for CPD as a locum than perhaps employees of the larger companies might get.

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Appendix 1. Interview schedule

1. Work Patterns

Regular work / intermittent / short notice or a combination?
Average hours/days per week (or rough pattern if diverse)?
Which sector?
Other jobs in pharmacy?
Self employed or employee?
Do you use agencies?
Independent / small multiple / large multiple / combination? (If community locum) Or type of hospital? (if hospital locum)
How long been working as a locum?
Work patterns before locum work?
Have their work patterns changed since they began working as a locum?
Do they see them changing in the future?
Written contract or verbal agreement?
Do you work in different geographical areas/ PCTs? Issues arising from this?
Are some employers more 'locum friendly' than others?
What are the advantages and disadvantages of working as a locum?

2. Reasons for locum work

Original reasons for working as a locum?
Factors influencing their current pattern of work – external factors (family etc) or work factors (requirements of employer)?
How does working like this fit in with family commitments?
Would they describe themselves as fitting one of the typologies? (list them) If not what kind of typology would they use to describe themselves?
Do they see their work as being secure?
How important is job security to them?

3. Roles

Describe main duties usually undertaken when working as a locum
Describe a typical day
Do they see their work as locums differing from full-time pharmacy work? (In what ways?)
Do they perceive any difference in levels of responsibility?
Involvement in extended role activities? (For example LPS schemes involving med review, health promotion schemes, etc) & How easy is training for these as a locum?
Do they get to know regular service users in their jobs?
Do they think job satisfaction differs either positively or negatively from locum work in comparison to regular pharmacy employment?
Describe type(s) of pharmacies work usually work in (other staff and skill mix)
How are their relationships with support staff in the pharmacies in which they work?
Ask them what their response would be to a question such as "Are locums as committed in their work as full-time pharmacists?" (How would they define commitment?)
How do they find the process of collecting evidence of CPD? Would they see this as being different if they were full-time/regular?
What are their overall views on CPD?
How important is the notion of career to them? Define career?
How important is their work to them in relation to other aspects of life?
How easy is career progression as a locum? What would this entail?
Do they supervise support staff any more or less working as a locum than they would as a regular employee?

Appendix 2: Interviewee Characteristics

ID No	Gender	Age	Ethnic origin	Working patterns	Other interesting points
108	Male	33	Indian	'Locum manager' 39-48 hrs p-wk (retail)	Likes responsibility
110	Male	45	White British	2 days p-wk with PCT & 2 days p-wk - retail locum	
127	Male	62	White British	40-55 hrs p-wk – retail locum	LPC committee
145	Male	36	White British	40-50 hrs p-wk – retail locum	Ex- physicist
165	Male	41	Other	40-50 hrs p-wk – retail locum	
168	Male	41	Indian	38-42 hrs p-wk – retail locum	Ex-proprietor
186	Male	27	White British	45-50 hrs p-wk – retail locum	
218	Male	73	White British	4-5 mornings p-month – retail locum	Ex-proprietor
225	Male	33	White British	Full-time PhD student + 2 days p-wk – retail locum	Has studied law
29	Male	27	White British	Full time post doc academic + 6 hrs p-wk retail locum	Initial reason - PhD
35	Male	61	White British	2 days p-wk retail locum	Ex hospital phrm
58	Male	49	White British	Very rare locums + director of BAPW + Proprietor	Works 70 hours per week in total!
65	Male	68	White British	Only works when people need him (28 hrs last week)	Ex rep for Glaxo
75	Male	28	Black African	32 hrs p-wk mainly retail locums, some hospital	Will maybe return to industry
80	Male	65	White British	Approx 6 days p-month, retail locum (purely ad-hoc basis)	
129	Female	62	White British	Retail locum 1 day p-wk	Has locummed 30yrs
139	Female	64	White British	Retail locum 4 hrs p-wk	Plays golf in week
142	Female	52	White British	Retail locum 1 day p-wk	+ On L.A council
151	Female	68	White British	Retail locum 4-5 days p-wk	
159	Female	46	White British	Retail locum 10 hrs p-wk	
163	Female	56	White British	Retail locum 2 days p-wk	Ex manager
164	Female	41	White British	Retail locum plus PCT prescribing support as a locum	
187	Female	25	White British	Full time med student + retail locum 4 hrs p-wk	
188	Female	47	White British	Retail locum 25 hrs p-wk	
19	Female	29	White British	Retail locum 26 hrs p-wk	
36	Female	62	White British	Retail locum 15 hrs p-wk	
39	Female	42	White British	Retail locum 12 hrs p-wk	+ chem teacher
44	Female	39	White British	Retail locum 38 hrs p-wk	Long term bkings
46	Female	56	White British	Locums for PCT	Ex manager
61	Female	27	White Irish	Now works full time hospital employee with odd retail locum	
68	Female	52	White British	Retail locum 16 hrs p-wk	
7	Female	36	White British	Retail locum 4 hrs p-wk, + 2 days p-wk with acute trust, + 2 days consultancy with GPs	Also CPPE tutor
91	Female	57	White British	Portfolio pharmacist (3 jobs)	Also prof singer
94	Female	28	White Other	Hospital locum 37 hrs p-wk	Australian

Appendix 3: Focus group participants

ID No	Gender	Age	Ethnic origin	Working patterns	Other interesting points
Group A					
156	Female	49	White British	Hospital & retail locum 3 days pwk	Ex-industry
172	Male	55	White British	Retail locum 2 days pwk	Ex-proprietor
96	Male	58	White British	PC full-time plus retail locum – emergency cover	Worked in 87 branches of a certain multiple
179	Male	57	White British	PC plus retail locum 1 day pwk	LPC secretary
125	Female	40	White British	Hospital locum, retail locum + PC	Also does 15 hrs as a p-time retail employee
214	Female	48	White British	Retail locum 3-4 days pwk	Ex –hospital pharmacist
108	Male	33	Indian	Retail 'locum manager' 38-49 hrs pwk	Likes responsibility
162	Female	38	White British	PC + retail locums 2 sat mornings pmonth	Found work as retail employee boring
Group B					
234	Male	27	White British	Retail locum 30-50hrs pwk	
26	Male	61	White British	Retail locum 2 days pwk	Has locummed 25 yrs
180	Female	54	White British	Retail locum 30 hrs pwk	Ex proprietor
40	Female	44	White British	Retail locum, PC & academic journalism	Ex manager
120	Female	63	White British	Retail locum 30 -50 hrs pwk	'Trying' to retire
210	Male	42	White British	Retail ftime employee + weekend locum	Ex-hospital pharmacist

Appendix 4: Focus Group Schedule

- * Introductions and outline current working patterns.
- * What led them into working as a locum?
- * What do you like best about working as a locum?
- * What do you like least about working as a locum?
- * If anyone has fairly stable working patterns in the same pharmacies, why not work as part-time employee instead of a self employed locum?
- * Original expectations for their pharmacy career?
- * Were these met?
- * Did they envisage working as locums?
- * Mention how in interviews, people have said that they won't work at a "bad" pharmacy – explore what a "bad" pharmacy means to people.
- * What about geographical areas? Deprived areas?
- * Symptomatic of an employees market at the moment? What would happen if this would change?
- * What about a "bad" locum pharmacist?
- * Their perception of whether patients interact any differently from them if they don't work in a regular pharmacy? Hence patients don't know them – do they see any impact or disadvantage of this for patients?
- * Do they supervise staff any more or less as locum than they would as a regular pharmacy employee.
- * What do they think of proposals to change supervision regulations regarding dispensing and being on the premises at all times?
- * Do they see their work patterns changing in the future?
- * Any other issues they want to discuss?

Appendix 5

Statement of confidentiality

The identification number at the bottom of this page allows us to keep track of the questionnaires as they are returned. Any information that would permit identification of an individual will be held strictly confidential, will be used only for the purposes of this study, and will not be disclosed or released to other persons.



THE UNIVERSITY
of MANCHESTER

Pharmacist Worklife questionnaire 2003: locum pharmacists

Thank you very much for your co-operation in saying that you would like to participate in our exploratory study on locum pharmacists. As those of you who have already been interviewed will know, we would like to consolidate our interview findings by identifying sources of work-related satisfaction and stress for locum pharmacists through the use of a postal questionnaire. To those of you who haven't yet been interviewed, the response to our initial letter dated 23 July 2003 has been overwhelmingly positive, and as it might not be possible to arrange a verbal interview with all respondents over the next few months, your help in filling in this questionnaire will be very valuable to us.

The anonymous findings will be published in journals and made available to national pharmaceutical bodies and employers so that managers and government can design and revise strategies to improve working life for locum pharmacists.

As part of our exploratory study on pharmacists who work as locums this questionnaire will allow us to collect standardised information from everyone, facilitating comparisons between different groups of pharmacists and between pharmacists and other health care professionals to whom this survey has previously been administered, including locum GPs.

We would really appreciate your help by completing the brief questionnaire and returning it in the prepaid reply envelope. It will take you only 5 minutes to complete.

If you do **NOT** want to complete the form and do not wish to receive reminders, please return the blank questionnaire in the envelope provided.

If you would like any further information about this study please contact:

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A. Work satisfaction: Please indicate how satisfied or dissatisfied you are with each of the various aspects of your job, identified below:

Please circle a response on the scale, where: 1 = extreme dissatisfaction, 7 = extreme satisfaction							
Physical working conditions	1	2	3	4	5	6	7
Freedom to choose your own method of working	1	2	3	4	5	6	7
Your colleagues and fellow workers	1	2	3	4	5	6	7
Recognition you get for good work	1	2	3	4	5	6	7
Amount of responsibility your are given	1	2	3	4	5	6	7
Your remuneration	1	2	3	4	5	6	7
Your opportunity to use your abilities	1	2	3	4	5	6	7
Your hours of work	1	2	3	4	5	6	7
Amount of variety in your job	1	2	3	4	5	6	7
Patient contact	1	2	3	4	5	6	7
Taking everything into consideration, how do you feel about your job?	1	2	3	4	5	6	7

B. Pressures at work: Can you please rate each of the following factors according to how much pressure you experience from each one in your job.

Please circle the appropriate number for each item, where: 1 = no pressure, 5 = high pressure					
Increased demands from patients	1	2	3	4	5
Inappropriate demands from patients	1	2	3	4	5
Working environment	1	2	3	4	5
Disturbance of home/family life by work	1	2	3	4	5
Dividing time between work and spouse/family	1	2	3	4	5
Worrying about the finances	1	2	3	4	5
Insufficient resources	1	2	3	4	5
Insufficient time to do justice to the job	1	2	3	4	5
Fear of assault while at work	1	2	3	4	5
Long working hours	1	2	3	4	5
Paperwork	1	2	3	4	5
Emphasis on business ethics	1	2	3	4	5
Professional isolation	1	2	3	4	5
Workload	1	2	3	4	5

C. About possible changes in your worklife: Over the next two years, what is the likelihood that you will:

Please circle the appropriate number for each item, where: 1 = no likelihood and 5 = high likelihood					
Leave your current sector	1	2	3	4	5
Reduce your work hours	1	2	3	4	5
Leave direct patient care	1	2	3	4	5
Leave the profession altogether	1	2	3	4	5

D. Overall life satisfaction: Overall how satisfied are you with life? Please circle your response on the scale below, where 1 = extremely dissatisfied, and 7 = extremely satisfied

1	2	3	4	5	6	7
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E. About you...

1. Age _____ years

2. Sex: Male ∇_1
Female ∇_2

3. Marital status: Single ∇_1
Cohabiting ∇_2
Married ∇_3
Divorced ∇_4
Widowed ∇_5
Separated ∇_6

4. Typical hours of work:

What are your normal/average weekly hours of work: -----

5. Household income: We would like to examine how household income and working conditions are related to work satisfaction. By household income we mean the total income from all sources for you and your spouse/partner, before taxes, but after deducting work-related expenses.

Please indicate your household income by ticking one box below:

Less than £25,000 ∇_1
£25,001 to £35,000 ∇_2
£35,001 to £45,000 ∇_3
£45,001 to £55,000 ∇_4
£55,001 to £65,000 ∇_5
£65,001 to £75,000 ∇_6
£75,001 to £85,000 ∇_7
£85,001 to £95,000 ∇_8
£95,001 or above ∇_9

6. Dependents:

How many children under 18 years live with you: _____
Do you have caring responsibilities for anyone else? _____

Yes ∇_1
No ∇_0

Thank you very much