A survey of the professional quality of life of pharmacists and rehabilitation therapists at three public sector hospitals in Gauteng, South Africa

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ABSTRACT

Background

The global goal of Universal Health Coverage (UHC) cannot be achieved without a well-motivated and productive health workforce. Central to their motivation and productivity is the notion of professional quality of life (ProQOL) that captures both the positive and negative emotions of caring work. However, there is a dearth of empirical studies on the ProQOL of pharmacists and rehabilitation therapists, especially in an African setting.

Study aim

The aim of the study was to examine the self-reported ProQOL of pharmacists and rehabilitation therapists at three public sector hospitals in the Gauteng Province of South Africa.

Methodology

During 2021, a cross-sectional analytical study was conducted at three public sector hospitals in the Gauteng Province of South Africa. Following informed consent, all eligible pharmacists, pharmacist assistants, occupational therapists, physiotherapists and speech therapists and audiologists completed a self-administered questionnaire electronically. In addition to socio-demographic information, the questionnaire obtained information on compassion satisfaction, burnout, and secondary traumatic stress using the ProQOL scale (version 5) and work-related experiences during the COVID-19 pandemic. STATA® 17 was used for descriptive and multivariate analysis of the survey data.

Results

A total of 118 pharmacists and rehabilitation therapists completed the survey. The majority were female (83.00%), single (63.46%), with mean age 30.77 years (SD=9.08). The results revealed moderate mean scores for compassion satisfaction (39.62; SD=5.48), burnout (24.26; SD=5.12) and secondary traumatic stress (23.03; SD=6.31).

The predictors of compassion satisfaction were moderate positive COVID-19 experiences score (β=+2.61;95% CI 0.54; 4.68; p=0.014) and high positive COVID-19 experiences score (β =+ 2.68; 95%CI 0.40; 4.96; p=0.021); moderate overall job satisfaction score (β =+ 3.17;

95% CI 0.16; 6.18; p=0.039) and high overall job satisfaction score (β =+ 7.26; 95% CI 4.06; 10.47; p<0.001).

The predictors of burnout were being single (β=+2.02 95% CI 0.07; 3.97; p=0.042), full professional registration (β=+4.23; 95% CI 1.79; 6.67; p=0.001), direct involvement in patient care (β=+3.24; 95% CI 0.22; 6.26; p=0.036) and reporting a heavy workload (β=+ 2.61; 95% CI 0.75; 4.48; p=0.007).

The predictors of secondary traumatic stress were being male (β=+ 3.26; 95% CI 0.36; 6.15; p=0.028), and full registration (β=+ 5.72; 95% CI 2.41; 9.03; p<0.001).

Conclusion

The ProQOL of pharmacists and rehabilitation therapists is influenced by a combination of individual, workplace, and health system factors, suggesting the need for a multifaceted approach to optimise their contribution to the achievement of UHC. Such approach should include provincial health, hospital management, and peer support as well as self-care activities.

Key words

Professional quality of life; compassion satisfaction; burnout; secondary traumatic stress; pharmacists; rehabilitation therapists, public sector, South Africa