



*The impact of working conditions and leadership on  
occupational well-being  
– a qualitative study of Finnish pharmaceutical  
dispensers' experiences*

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<h2>Abstract</h2> <p><b><u>Background</u></b> Privately owned community pharmacies in Finland suffer from a shortage of their specialist labor force, pharmaceutical dispensers. Reports have described some resentment towards working in a community pharmacy among recent pharmacy graduates. Studies have shown that leadership in an organization is important for the work environment, work performance, and occupational well-being of employees. Increased knowledge is needed to better understand how leadership affects pharmaceutical dispensers' work and well-being and to improve leadership in the field.</p> <p><b><u>Aim</u></b> The aim of this study is to describe experiences of working as a pharmaceutical dispenser in a Finnish community pharmacy, to explore the impact of leadership on occupational well-being, and to identify the desired characteristics of pharmacy leadership.</p> <p><b><u>Methods</u></b> Semi-structured individual interviews were performed with eleven pharmaceutical dispensers. The participants were chosen to form as a heterogenous group as possible. The interviews were subjected to inductive qualitative content analysis.</p> <p><b><u>Findings</u></b> The findings revealed three categories of pharmacy workplace experience: The pharmaceutical dispensers described <i>experiences of poor leadership</i>, as they were affected by a lack of experienced managerial skills, felt ignored and unsupported, and faced destructive managers. The pharmaceutical dispensers experienced <i>struggling in an unbalanced organization</i> when they faced high demands and experienced a lack of resources and limited control. They emphasized <i>the importance of a positive work environment</i> when describing job satisfaction, support and the desired leadership attributes.</p> <p><b><u>Conclusions</u></b> This qualitative study contributes to new important knowledge about the working conditions of pharmaceutical dispensers in community pharmacies in Finland. Heterogeneity in leadership skills reported in previous studies was also demonstrated in this study. Leadership was found to be an important factor for occupational well-being and job satisfaction. The interviewees emphasized that human resource management is important, and that leadership is a fundamental workforce attraction and retention factor. The pharmacists' curriculum should prepare them better for the job as managers. Pharmacy leaders should educate themselves continuously to stay up to date, not only about the latest pharmaceutical and technical issues but also about people skills. Practical implementations require further research in the field.</p>	
Keywords experiences, human resource management, leadership, occupational well-being, pharmacist, pharmaceutical dispenser, pharmacy, qualitative content analysis	
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<u>Arbetets titel</u> Hur arbetsförhållanden och ledarskapet påverkar välbefinnandet på arbetsplatsen - en kvalitativ studie om finska farmaceuters erfarenheter	
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<h2>Abstrakt</h2> <p><b>Bakgrund</b> De privatägda öppna apoteken i Finland lider av brist på sin specialiserade arbetskraft, farmaceuter. Rapporter har beskrivit att det finns ett visst motstånd mot att arbeta på ett kommunalt apotek bland nytexaminerade farmaceuter. Studier har visat att ledarskapet i en organisation är viktigt för medarbetarnas arbetsmiljö, arbetsprestation och yrkesmässiga välbefinnande. Mer forskning behövs för att bättre förstå hur ledarskapet påverkar farmaceuters arbete, välbefinnande och för att utveckla ledarskapet inom branschen.</p> <p><b>Syftet</b> Syftet med denna studie är att beskriva upplevelser av att arbeta som farmaceut på ett finskt öppet apotek, att utforska ledarskapets inverkan på arbetshälsan och att identifiera önskade ledaregenskaper.</p> <p><b>Metod</b> Semi-strukturerade individuella intervjuer genomfördes med elva farmaceuter. Deltagarna valdes ut för att bilda en så heterogen grupp som möjligt. Intervjuerna spelades in, transkriberades och analyserades med hjälp av induktiv kvalitativ innehållsanalys.</p> <p><b>Resultat</b> Resultaten av erfarenheter på arbetsplatsen redovisades i tre kategorier: Farmaceuterna beskrev <i>upplevelser av dåligt ledarskap</i>, eftersom de påverkades negativt av det bristande ledarskapet, kände sig ignorerade och utan stöd, och stod inför destruktiva ledare. Farmaceuterna upplevde <i>svårigheter i en obalanserad organisation</i> när de ställdes inför höga krav, upplevde brist på resurser och begränsad kontroll. De betonade <i>vikten av en positiv arbetsmiljö</i> när de beskrev arbetsglädje och stöd och även beskrev de önskade ledaregenskaper.</p> <p><b>Slutsatser</b> Denna kvalitativa studie bidrar till ny viktig kunskap om att arbeta som farmaceut på öppna apotek i Finland. Variationer i ledarskapet som rapporterats i tidigare studier visades också i denna studie. Ledarskap visade sig vara en viktig faktor för välbefinnande i arbetet och arbetstillfredsställelse. Intervjupersonerna betonade att personalförvaltning är viktig och att ledarskapet är en attraktions- och retentionsfaktor för arbetskraften. Provisorernas läroplan bör förbereda dem bättre för jobbet som chef. Apoteksledare bör också utbilda sig själva kontinuerligt för att hålla sig uppdaterade, inte bara om de senaste farmaceutiska och tekniska frågorna utan också om interaktionsförmåga. Praktiska implementeringar kräver ytterligare forskning inom området.</p>	
Nyckelord apotek, erfarenheter, farmaceut, kvalitativ innehållsanalys, ledarskap, personaladministration, välbefinnande på arbetet	
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<h2>Tiivistelmä</h2> <p><b>Tausta</b> Suomen avoapteekit kärsivät työvoiman saantivaikeuksista eli farmaseuttipulasta. Kyselyissä on havaittu, että äskettäin valmistuneet farmaseutit eivät koe apteekissa työskentelemistä erityisen houkuttelevana. Tutkimukset ovat osoittaneet, että työympäristön houkuttelevuuden, työsuorituksen ja työntekijöiden työhyvinvoinnin kannalta johtajuus työpaikalla on tärkeää. Alan johtajuuden kehittämiseksi tarvitaan lisätietoa apteekkijohtajuuden vaikutuksesta farmaseuttien työhön ja työhyvinvointiin.</p> <p><b>Tavoite</b> Tämän tutkimuksen tavoitteena on kuvata farmaseuttien kokemuksia työskentelystä suomalaisessa avoapteekissa, selvittää johtamisen vaikutusta farmaseuttien työhyvinvointiin ja tunnistaa apteekkijohtajuudelta toivottuja piirteitä.</p> <p><b>Tutkimusmenetelmät</b> Puolistrukturoituihin yksilöhaastatteluihin osallistui yksitoista farmaseuttia. Osallistujat valittiin tarkoituksenmukaisella tavalla, jotta muodostui mahdollisimman heterogeeninen ryhmä. Haastattelut nauhoitettiin, litteroitiin ja niille tehtiin induktiivinen laadullinen sisältöanalyysi.</p> <p><b>Tulokset</b> Tulokset luokiteltiin kolmeen kategoriaan, jotka kuvasivat farmaseuttien työelämäkokemuksia: Farmaseutit kuvasivat <i>kokemuksia huonosta johtajuudesta</i>, kuten johtajilta puuttuneita johtamistaitoja ja -kokemusta, saamaansa vähäistä huomiota ja tukea ja jopa psyykkisesti tuhoisaa käytöstä esimiehiltä. Farmaseutit kokivat <i>vaikeuksia epätasapainoisessa organisaatiossa</i>, kuten korkeita vaatimuksia, resurssien puutetta ja rajattuja mahdollisuuksia toimia. He korostivat <i>positiivisen työympäristön merkitystä</i> kertoessaan työtyytyväisyydestä ja saamastaan tuesta sekä kuvaillessaan haluttuja johtamisominaisuuksia.</p> <p><b>Johtopäätökset</b> Tämä laadullinen tutkimus tuo uutta tärkeää tietoa farmaseuttina toimimisesta Suomessa. Aiemmissä tutkimuksissa raportoitu apteekkijohtajuuden epätasalaatuisuus osoitettiin myös tässä tutkimuksessa. Johtajuus osoittautui olennaiseksi tekijäksi työhyvinvoinnille ja työtyytyväisyydelle. Haastateltavat korostivat, että henkilöstöjohtaminen on tärkeää ja että johtajuus on työvoiman vetovoima- ja säilyttämistekijä. Proviisorikoulutuksen tulisi valmistaa proviisoreja paremmin esimiestyöhön. Apteekkijohtajien tulee kouluttaa itseään jatkuvasti pysyäkseen ajan tasalla paitsi uusimmista farmaseuttisista ja teknisistä asioista, myös vuorovaikutustaidoissa. Tulosten käytännön sovellukset vaativat alan lisätutkimusta.</p>	
Avainsanat apteekki, farmaseutti, henkilöstöhallinto, johtajuus, kokemukset, laadullinen sisältöanalyysi, työhyvinvointi	
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## List of abbreviations

AFP Association of Finnish Pharmacies (the pharmacy owners' union)

BSc Bachelor of Science

FIMEA Finnish Medical Agency

HRM Human resources management

JD-R Job demands-resources model

Kela Kansaneläkelaitos; The Social Insurance Institution of Finland

MSc Master of Science

UEF The University of Eastern Finland

ÅAU Åbo Akademi University

## 1 INTRODUCTION

In 2021, approximately 8 600 people worked in Finnish privately owned community pharmacies, including 619 pharmacy owners. An average pharmacy has one pharmacy owner, one other leading pharmacist with a Master's degree (MSc) in Pharmacy (proviisori in Finnish, provisor in Swedish), five pharmaceutical dispensers who in Finland have a Bachelor's degree (BSc) in Pharmacy (farmaseutti in Finnish, farmaceut in Swedish) and three supporting technicians (Hirvonen *et al.*, 2019; AFP, 2021). In Finland, a Master's degree in Pharmacy is required to own a pharmacy and, in general, to attain a leadership position (Hirvonen *et al.*, 2019). In comparison, in the UK pharmacies the workforce is divided into registered pharmacists and support workers. Within the UK community pharmacies, support workers include dispensers and counter assistants (Harding and Taylor, 2017).

Running a pharmacy in Finland is highly regulated and the amount of legislation to consider in everyday functions is vast (Hirvonen *et al.*, 2019; Medicines Act, 1987). Pharmacists (BSc and MSc) in community pharmacies have a statutory duty to promote the safe and rational use of medicines (Airaksinen *et al.*, 2021). Delivering prescriptions and providing sufficient selection of medicines and health products for the public in a certain and given area are the key functions of a Finnish pharmacy. The legal obligation to provide advice in the safe use of medicines is the main criterion of having a certain number of pharmaceutical staff (Medicines Act, 1987). The minimum requirement is to have at least one pharmacist (BSc or MSc) present throughout the opening time. The 774 privately owned pharmacies in Finland can be categorized as small or even microenterprises. About 70% of those pharmacies (545 pharmacies) deliver under 100 000 prescriptions per year (Fig 1).



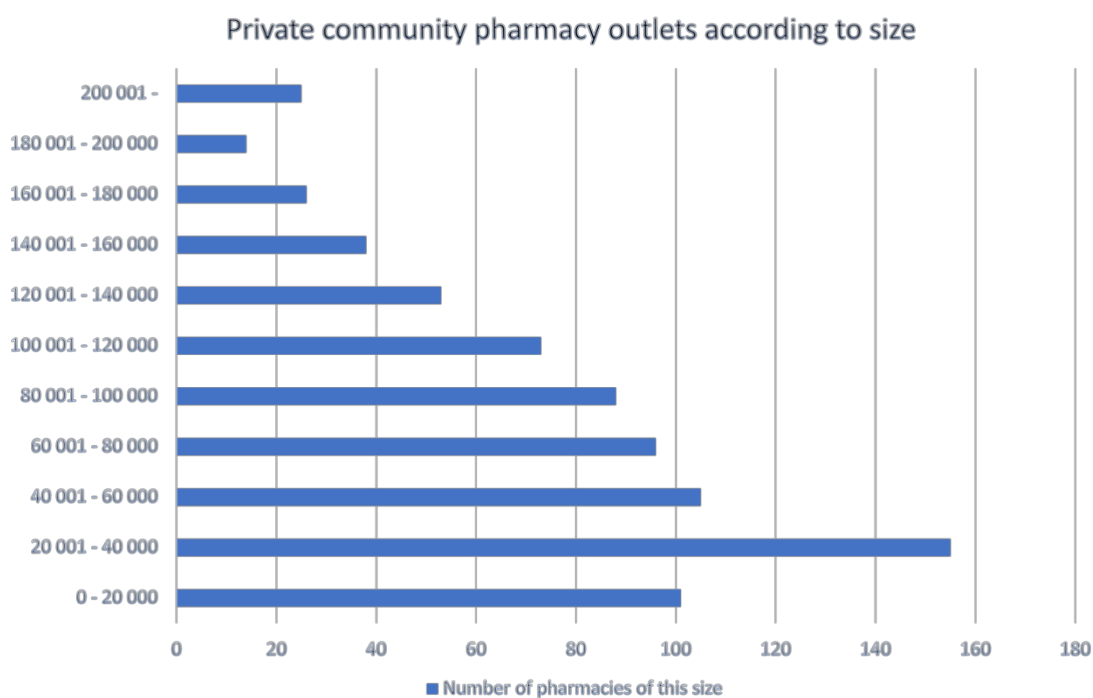


FIG 1: Private community pharmacy outlets in Finland according to size (based on the number of delivered prescriptions). About 545 pharmacies delivered under 100 000 prescriptions per year (AFP, 2021)

The price of the medicines in Finland is, in general, out of pharmacy owners' jurisdiction. The pharmacies cannot compensate increasing costs by raising the prices of medicines because the Pharmaceuticals Pricing Board working under the Ministry of Social Affairs and Health sets the prices (Health Insurance Act, 2002). The pharmacies are dependent on the political decisions setting the trading margin (a government reimbursement for delivering prescriptions) to the level of service the society expects to receive from pharmacies. Selling additional services and non-medicinal products is one of the ways to balance the finances (Airaksinen *et al.*, 2021).

The pressure to reform the principles of pharmacy ownership and distribution channels of medicines have been eminent during the last decades (Vogler, Habimana and Arts, 2014). This has increased the financial pressure experienced by the pharmacy owners and may have hampered innovations and investments in the development of the pharmacy. Even the relatively small reforms have already affected the field. In addition to risking medication safety, the changes that the reforms in Finland have brought in the pricing principles of over-the-counter medicines directly affect pharmacies' profitability margins (Ebrahim, 2022).

Furthermore, community pharmacies in Finland are suffering from a shortage of their specialist workforce, the pharmaceutical dispensers, and the situation has aggravated in the past ten years (Elo, 2022). The recent changes and challenges in the pharmacy profession in Finland are reported to be a common experience in the industrialized world (Castleberry *et al.*, 2023). The pressure of financial goals and the lack of skilled personnel can form a vicious circle. The leadership of Finnish pharmacies must be reformed to meet these current challenges and increase the attractiveness of pharmacies as a workplace. Therefore, the aim of this thesis is to describe experiences of working as a pharmaceutical dispenser in a Finnish community pharmacy, to explore the impact of leadership on occupational well-being, and to discover the desired characteristics of pharmacy leadership.

## 2 LITERATURE REVIEW

### 2.1 Shortage of pharmaceutical dispensers

Community pharmacy practice in most Western countries has come a long way since the risk of deprofessionalization with the industrialization of the production of medicines. Transformation is ongoing and is seen by community pharmacists to contribute significantly to patient care and social health care models (Azzopardi, 2019). The drive of transformation is evolving, and many challenges are coming along in the future. There are several different sets of national legislations and circumstances in the global field of pharmacy (Vogler, Habimana, and Arts, 2014), but also some common trends. One of these trends is the shortage of pharmaceutical staff.

In most Western countries, the role of a pharmacy has already shifted from a product-oriented approach to medicines towards a patient-focused one (Harding and Taylor, 2017). The role of pharmacists as a part of local healthcare, even primary care, has been increasing. In Finland, the clinical pharmacy practice in the hospital context has gained a bigger role than before (Schepel *et al.*, 2019). Public health care especially in bigger cities has employed many pharmacists (BSc and MSc) in hospitals and health centers (Rantala, 2023). Although this has improved medication safety in hospitals, the pharmacy student quotas have been insufficient for supplying professionals to both the increasing need in wards and the nearly 800 community

pharmacies. This has led to an even more severe shortage of pharmaceutical dispensers in community pharmacies.

The reasons behind the labor shortage are multiple and complex, and exploring these reasons is one of the themes of this thesis. There are reports on working conditions and leadership influencing the occupational well-being of pharmacists in other countries, such as the USA (Castleberry *et al.*, 2023) and Ireland (Lynch and O’Leary, 2023), but there is still little knowledge on the situation in Finland. In a Danish study, up to 44% of the nurses and doctors leaving the job, i.e. turnover in hospitals could have been prevented through improvement of the psychosocial features in the work environment (Mathisen *et al.*, 2021). This suggests that changes in working conditions and quality of leadership could play a part in employee retention.

It has been shown that organizations’ actions to increase employees’ job embeddedness decrease pharmacists’ intention to leave the organization (Leupold, Ellis and Valle, 2013). Job embeddedness refers to employees’ connections to their co-workers and the organization, their perceived job fit, and the sacrifices they perceive as inevitable if they change jobs (Mitchell *et al.*, 2001). Increased financial pressure on pharmacies can curtail any activities meant to promote job embeddedness, leading to more serious workforce retention problems.

## 2.2 Working conditions in community pharmacies

A key definition and a pre-assumption of this literature review need to be addressed. In Finland, pharmaceutical dispensers with a BSc degree in Pharmacy can dispense prescriptions and work in a community pharmacy without a leading pharmacist being present. In this sense, they have a similar position as e.g., a pharmacist in an employee position in the UK. This leads to the utilized assumption that the international studies considering pharmacists in an employee position can be extrapolated to the Finnish pharmaceutical dispensers.

Finnish community pharmacies have been digitalized during the past 15 years. The electronic prescription was gradually introduced to pharmacies starting in 2010, and it has had a very strong impact on pharmacy workflows. The digitalization has especially revolutionized the dispensing process (Peltoniemi *et al.*, 2021). The pharmaceutical staff, i.e., the pharmaceutical dispensers and the pharmacists carry out this dispensing process, as the electronic prescription program can only be used by certified pharmacy professionals. The role of the technicians is

mostly in the logistics, inventory management, and checkout operations, but also marketing. As the digitalization has proceeded, the pharmaceutical staff hopes for more time to advise on the safe and correct use of medicines, and less focus on pressing the keys on a computer (Karjalainen, 2023). In the current labor shortage, this has been hard to reach.

Pharmacists and pharmaceutical dispensers work in a complex environment with multiple interpersonal interactions from patients and co-workers to healthcare professionals and regulatory officers to industry representants. Yong *et al.*, (2020) mapped various internal and external factors affecting the community pharmacist work. In addition to the interpersonal interactions, these include pharmacists' values, preferences and responsibilities. Although a pharmacy in general is a clean and physically safe work environment, the insufficient staff resources and thus an increasing workload are deteriorating working conditions in pharmacies. In Canada, only half of the pharmacists reported that they had enough time to have a break or eat their lunch (Tsao *et al.*, 2020). They also reported dissatisfaction with the amount of time to do their job.

In a recent study by Lynch and O'Leary (2023), it was reported that Irish pharmacists have been suffering from a heavy workload and have not even had proper breaks during their workday. This was coupled with understaffing in the work shifts. Therefore, the pharmacists considered their workplace "an unsafe working environment" (Lynch and O'Leary, 2023). Moreover, the pharmacists had not received acknowledgement from their employers and were unable to name any measures taken to alleviate the situation in their workplace. In England, an observation study showed that pharmacists' workday was "full of interruptions, task-switches, distractions, and multi-tasking" due to many "conflicting demands" (Lea, Corlett and Rodgers, 2012). Such practices were reported to have been normalized as part of "the deep-rooted culture" in the community pharmacies.

In the UK, recent pharmacy graduates reported that the "pressures in community pharmacy were often related to the need to meet certain targets in a business environment" (Eden, Schafheutle, and Hassell, 2009). Also, due to the lack of assisting staff or other resources, the pharmacists' daily tasks often "became monotonous and unfulfilling". Similar results were also recently reported in Finland in a survey among pharmacy students (Elo, 2022). Every fourth pharmacy student does not want to work in community pharmacies. More than half of those who responded to the survey feel that they cannot make sufficient use of their skills in pharmacy

work. Over 40 percent consider the work too monotonous and they see no advancement opportunities in a community pharmacy (Elo, 2022).

### 2.3 Health and work

Work is of great importance in terms of one's health. The employed workforce spends approximately half of their waking hours at work (Sutela and Lehto, 2014), and the working conditions and experienced occupational well-being are central components in the quality of life. Work is a part of identity, and it creates a sense of self-worth (De Braine and Roodt, 2011). Work identity refers to "a work-based self-concept, that shapes the roles a person adopts when performing his or her work" (Walsh and Gordon, 2008, p.47). The importance of work in one's life is very high in Finland, although family life is still more important (Sutela and Lehto, 2014).

Although several physical risks are still present in current working conditions, risks for mental health have become a center of attention. European Agency for Safety and Health at Work (EU-OSHA) has recently published a discussion paper that stated that there are several psychosocial risk factors in the health and social care sector (EU-OSHA, 2023). These are similar to the risks identified in community pharmacies: a high workload and time pressures, cognitive and emotional demands, and a lack of organizational resources. When an individual is exposed to these risk factors, it can lead to work stress and cause a variety of serious mental and physical health problems such as chronic fatigue, burnout, and even depression (Niedhammer, Bertrais and Witt (2021) in EU-OSHA, 2023).

The job demands-resources (JD-R) model (Bakker and Demerouti, 2017) describes work life as an equilibrium: at one end of the balance are job resources, and at the other end are job demands. Both job demands and resources are necessary, but the ratio of these things should be right. JD-R model suggests that reciprocal positive relationships between work resources, personal resources, and work engagement lead to several positive outcomes both for the employer and for the employee. Positive health outcomes for the employees are some of these benefits. This model can also be used to predict work-based identity (De Braine and Roodt, 2011). In other words, the positive impact of the workplace on an employee's identity can lead to positive results in the employee's physical and mental health.

Self-determination theory (SDT) based studies (Deci, Olafsen and Ryan, 2017) suggest that workplaces that support autonomy, competence, and relatedness enhance employees' health and well-being through the fulfillment of these basic psychological needs. Autonomy is e.g. employees' ability to influence the work tasks and to suggest improvements in working conditions. Competence is e.g. employees' possibilities for additional education in their field, and to excel in their job. Relatedness is e.g. employees' ability to see the meaning in their work as an important part of the operations and to experience meaningfulness in their work.

## 2.4 Leadership and occupational well-being

According to a recent study among the health and social sector workers in Finland by Selander and co-workers, "leadership and work community play important roles in alleviating the negative association between job demands and recovery from work" (Selander *et al.*, 2023). Systematic interventions at the workplace can lead to the strengthening of workers' mental health and the reduction of negative health outcomes, such as morbidity. These interventions can enhance understanding of occupational psychopathologies, and help the employee not individualize occupational illness (de Lavor-Filho *et al.*, 2021). This means that when the employee does not see the problems at work as part of his/her personality, the negative effects are alleviated.

The concept and definition of leadership are fluctuating and imprecise. There is no common understanding of why and how leaders are effective (Day, 2014). Yet there is a demand for effective leadership. This can optimistically be defined as "a process whereby an individual influences a group of individuals to achieve a common goal" (Northouse, 2013, p. 5). Leadership is not merely a position, it is a skill and a mindset (Bachynsky and Tindall, 2018). Despite the formal positions, we all face situations where leadership is required from us. Besides managers, everyone can also learn to be a good leader (Bresnen, 2017). The way one thinks about leadership will influence the way one practices it (Northouse, 2015, p. 24).

Barbara Kellerman, a Harvard Lecturer in Public Leadership writes about what leaders need to know about their followers: "Today's knowledge workers often care as much, if not more, about intrinsic factors—for example, the quality of their relationships with their managers or passion for the organization's mission—than they do about extrinsic rewards such as salary, titles, and other benefits" (Kellerman, 2007). Kellerman describes a good leader as effective and ethical

and a bad leader as ineffective and unethical. Kellerman states that employees spend time and energy making informed decisions about who their leaders are and what they stand for. Then they take the necessary actions. As there is a labor force shortage and higher demand for personnel in the pharmacy field, it is easy to leave an unpleasant workplace.

Leadership has been studied extensively concerning employee job satisfaction, well-being at work, sickness absences, and disability pensions (Kuoppala *et al.*, 2008). When assessing the health effects of the psychosocial work environment, organizational structure and the division of tasks and functions have been found as mediating factors. Supervisory leadership is one of the most important modifying factors between organizational factors and employees' health. Most likely, leadership's effects extend to both productivity and efficiency, as well as the health and well-being of employees. Kuoppala and co-workers (2008) present the connection between these three variables, leadership, well-being and health, in the context of the occupational well-being pyramid. This hierarchical model shows the intermediate outcomes from leadership to well-being and health effects. When leadership is changed to promote occupational well-being, employees' work ability can also change for the better.

According to the Occupational Safety Act ([finlex.fi/Työturvallisuuslaki](http://finlex.fi/Työturvallisuuslaki), 2002), an employer is obliged to take occupational protective measures to prevent work-related hazards to an employee. The recent update in the wording of the law emphasizes the meaning of occupational safety regarding mental load factors. It is not enough to have a physically healthy working environment, the measures taken need to address mental hazards as well. Increasingly, organizations need to recognize and analyze the distinct costs associated with stress, burnout, and depression at work (Hassard *et al.*, 2017).

In management literature, there is a consensus that employee empowerment is essential. The survival and success of organizations may be at stake if they have not consistently been able to utilize the full potential of employees by giving them sufficient opportunities to influence the organization's operations, and their personal job description (Huq, 2016). A concept of organizational dehumanization has been proposed regarding working environments. According to Bastian and Haslam (2011), this means "employees' perception of being mechanistically dehumanized or objectified by their organization" (Bastian and Haslam, 2011). Organizational dehumanization affects negatively employees' well-being, work behavior, and how they feel about their workplace (Taskin, Parmentier and Stinglhamber, 2019). According to a study by

Moriano and co-workers (2021), “psychological well-being depends on the satisfaction of basic psychological needs of autonomy, competence, and relatedness”. They also emphasize that leadership has its role in employees' well-being at work. Security providing leadership can improve employees' occupational well-being, but organizational dehumanization can hamper the organization's ability to meet the basic psychological needs of employees and thus has negative effects on employees' mental health (Moriano *et al.*, 2021).

One of the proposed theories around leaders and their effect on their followers is the leader-member exchange (LMX) theory (Joseph, 2006). This approach to leadership derives from social exchange theory and role theory, and it states that the role of community leaders is to care for their followers, and followers have an ethical responsibility to respond to this care with unconditional respect and loyalty to their leaders. Followers seen with an active role in a leader-follower relationship have not received as much attention as charismatic leaders (Joseph, 2006). The leader can sometimes be seen as a heroic figure or the only functioning member of the work community, and the staff would act as bystanders according to this paradigm. This view can make employees feel powerless. This powerlessness can weaken the ability to take reasonable actions and take responsibility for them. It can be difficult for employees to control their destiny. Powerlessness in the workplace can also increase the tendency to make fun of others' mistakes. Passivity might even create opportunities to manipulate others against their own real best interests (Tourish, 2013). Therefore, it can be stated that the followers play their part in the equation. Workplace dynamics are always more complex than just leaders' actions affecting the subordinates.

Human resource management (HRM) can be divided into “soft and hard” approaches. Soft human resource management emphasizes the human nature of the personnel, their value as the capital of the organization, and their development. It focuses on motivation, skill development, and commitment. Hard personnel management, in turn, emphasizes the resource nature of personnel. This view focuses on the efficiency and cost perspective. Personnel is mainly seen as an expense item whose cost efficiency is maximized and controlled. Especially when the economy tightens, companies often take the hard line, although their published personnel policy is to emphasize humanity and employee commitment (Viitala and Järnlström, 2014).

Recently, the concept of sustainable human resource management has been presented. This approach focuses on developing, regenerating, and renewing human resources with long-term



goals (Stankevičiūtė and Savanevičienė, 2018). “Sustainable human resource management is a typical cross-functional task that becomes increasingly important at the strategic level of a company” (Bányai, 2019). Human resource management literature suggests that human resources are currently being consumed rather than developed (Stankevičiūtė and Savanevičienė, 2018). This can mean that occupational well-being and work performance are seen to have nothing to do with each other, or that burnout, stress-related symptoms, and difficulties in work-life balance are seen to be only individual problems. This is becoming less and less acceptable, as sustainability is becoming a norm on a societal level. Stankevičiūtė and Savanevičienė (2018) emphasize that “if organizations want to attract and retain human resources for running business in the future, they must change the prevailing situation”.

In her thesis, Jaana Jussila (Jussila, 2019) studied the significance of emotional intelligence in managing specialist organizations. According to her results, purely emotional leadership is not enough in a specialist organization: “succeeding in knowledge management requires emotional intelligence, substance knowledge, and transformational leadership. When these are combined by competent managers, they can motivate, focus on individuals, and enable development”. Transformational leadership and its relation to pharmacy leadership will be discussed in paragraph 2.7. There are signs that the substance knowledge of Finnish pharmacy leaders, in general, is at a high level (Eriksson, 2006; Meriö, 2019), but there is hardly any knowledge of their emotional intelligence (Uusitalo, 2014). Emotional intelligence of pharmacists has been studied in both hospital and community pharmacy context in the USA, and “higher emotional intelligence correlated with lower levels of occupational stress, higher job performance, and higher psychological affective well-being” (Ruble *et al.*, 2022). This study did not specify if the pharmacists were in leadership position or not.

## 2.5 Leadership in community pharmacies globally

The focus of this thesis is to describe the experiences of pharmaceutical dispensers in Finnish privately owned community pharmacies, and how leadership has affected them. This profession of a pharmaceutical dispenser is a Nordic specialty: there is a completely similar job only in Finland, Sweden, and Norway (Swedish Pharmacists Association, 2023). Therefore, the global comparison is somewhat imprecise, since we are also comparing to Anglo-Saxon countries, which have different approaches to the pharmaceutical profession. On the other hand, working as a pharmaceutical expert is common to all pharmacists in the world.

A Nordic pharmacy practice is a combination of healthcare and business (Wisell and Sporrang, 2015). Pharmaceutical personnel usually have a strong orientation towards healthcare, but policymakers and the public seem to see mostly the business side of pharmacy practice. There has been a debate over the use of the word “sell” in the context of pharmacy (Kallio *et al.*, 2014). Managing this conflict between healthcare and product sales orientation in the pharmacies has been a challenge for job satisfaction. Pharmacy owners also tend to see their operations as health-oriented, but often their strategy work is focused on product sales (Jokinen, Puumalainen and Airaksinen, 2020).

The effect of pharmacy leadership on job satisfaction has in general received less attention than other factors influencing pharmacists’ job satisfaction. In particular, an exploration of how the relationship between pharmacists and their managers influences job satisfaction is needed to help pharmacy leaders increase the attraction force of their pharmacy. In England, poor management and a lack of recognition or support from management affected pharmacists' job satisfaction, which can then lead to increased turnover (i.e. leaving the job) and decreased job well-being (Ferguson, Ashcroft, & Hassell, 2011). These findings also indicated that “satisfaction with pharmacy leadership is an important and significant factor in overall job satisfaction”.

A study among Swedish pharmacy graduates showed that easy access to continuous professional development was positively correlated with job satisfaction (Mattsson and Gustafsson, 2020). Although the role of pharmacy leadership was not a part of their study, Mattsson and Gustafsson (2020) suggest that employers should consider this when planning actions to decrease turnover. This is also in line with the International Pharmaceutical Federation’s goal to advance the novice workforce towards better practices (FIP, 2021). Continuous professional development and meeting different learning needs increase the commitment of graduated pharmacists to their roles in the field (Schindel *et al.*, 2019).

A British review examined the effectiveness of community pharmacy leadership in managing organizational stress. Jacobs, Johnson, and Hassell identified eight factors for success, that were “top management support, interventions specific for the context, combined organizational and individual interventions, a participative approach, clearly delineated tasks and responsibilities, buy-in from middle management, change agents as facilitators and change in organizational

culture” (Jacobs, Johnson and Hassell, 2018). This supports the evidence that leadership can have positive effects on pharmacists’ occupational well-being.

In Australia, poor leadership in pharmacies was reported to have a negative effect on pharmacists' role stress (Yong *et al.*, 2020). Role stress refers to stress caused by role uncertainty: internal conflicting interests between developed professional and personal roles (Coverman, 1989). Yong and coworkers (2020) found that the social setting-related role stress factors included the influence of unsupportive management that was associated with “poor appreciation for pharmacist work, understaffing and under-resourcing the pharmacy, as well as unequal or unfair treatment of the staff”. Role stress is also one of the factors contributing to employees’ intention to leave jobs. When an individual is experiencing role stress negatively, it can cause physiological effects, psychological reactions, and social withdrawal from their role, job, or career either internally (i.e. dissatisfaction) or externally (i.e. turnover). On the other hand, when pharmacists are positively attached to the organization, they are not willing to leave their jobs. Such job embeddedness, rather than turnover intention, has been proposed as a better measure to study the likelihood of pharmacists quitting their jobs since it “measures organizational attachment and therefore reluctance to leave jobs” (Leupold, Ellis and Valle, 2013).

The definition and development of leadership in the context of a community pharmacy were studied in Australia by Rifkin (2017). The study provided some evidence of a disconnect between the different generations of pharmacists as the pharmacy managers thought that unstructured leadership development was needed, while the pharmacy trainees sought structured leadership development. This also is in line with the demand for better early career support presented in the FIP Development goals (FIP, 2021). Cheng and co-workers’ findings on the benefits of transformational leadership in call centers (Cheng, Liu and Zhou, 2023) were in line with Rifkin’s findings: “Interns who received a transformational leadership style from their preceptors reported an increased willingness to work harder, and believed their preceptors exhibited effective leadership” (Rifkin, 2017).

The profession of pharmacy needs effective leaders. Indirect indicators suggest there is an insufficient number of pharmacists who want to be leaders, according to a Canadian study (Shikaze *et al.*, 2018). Another study that explored the effectiveness of the pharmacy leaders in Ontario, Canada highlighted a “general lack of effectiveness or impact in the use of

informational, expertise, positional, and relational powers amongst pharmacy leaders” (Gregory, Seuthprachack and Austin, 2020). Some definitions of an effective leader have been presented. Effective leaders are reliable, approachable, sensitive, and responsive to the needs of their employees. They provide advice, guidance, and emotional resources to employees, build employees' self-esteem and competence, and strengthen their coping skills (Morianio *et al.*, 2021). The provision of emotional resources can be powerful. According to Moriano *et al.* (2021), responding to employees' basic psychological needs and providing security could even prevent employees' burnout. As Mikulincer and Shaver (2017) summarize, “this caregiving and security-creating approach to leadership inspires a sense of courage, hope, and dedication in employees, whereas an insecure approach to leadership generates anxiety, anger, and despair” (Mikulincer and Shaver, 2017).

## 2.6 Leadership in community pharmacies in Finland

The importance of the employees' well-being has at least superficially been recognized in the field of Finnish Pharmacy. In 2015, several agents in Finland, including AFP and the Pharmacists' Association, published a guide for occupational well-being in pharmacies, “Työhyvintia apteekkeihin”, and arranged educational events around the topic. The guide was refreshed recently (Työturvallisuuslaitos, 2022). In the guide, it is stated that for the supervisor to be able to give feedback that promotes development, a sufficiently systematic and objective way of observing the employees' work is needed. It is good for the supervisor to encourage the employees to self-evaluate as well, as this is often the best way to find motivation for development at work. It is stressed in this guide that dialogue is needed for the best outcome.

There is still very little research on leadership and its effect on occupational well-being in Finnish pharmacies. Number of qualitative research papers is even smaller. This is the main reason why this literature review presents some Finnish Master's thesis-level studies. In a review article that listed Finnish pharmaceutical research during the last decade, only two studies out of 95 fell under the category ‘Leadership in Pharmacy’ (Dimitrov, Airaksinen and Hämeen-Anttila, 2022). These two studies (Kallio *et al.*, 2014; Jokinen, Puumalainen and Airaksinen, 2020) described perhaps even more the financial management of the studied pharmacies rather than the leadership of the workforce. Yet they did reveal some role ambiguity, and this role uncertainty might lead to decreased occupational well-being, as stated earlier in paragraph 2.5.

In one quantitative study that was listed in the review article (Dimitrov, Airaksinen and Hämeen-Anttila, 2022) under the category ‘Safety Culture in Pharmacy’, the results showed significant differences between pharmacy owners’ views on employees’ well-being and their personal experiences. Junkkarinen and co-workers (2019) studied how the organization of the pharmaceutical work tasks affects patient safety in the Finnish pharmacies. Based on their results, pharmacy owners had a more positive impression of the well-being of workers than pharmaceutical dispensers and pharmacists (owners, O 83 %, staff, S 60%), as well as support for working when tired (O 76 %, S 36 %) and awareness of work-related stress and stress-reducing actions (O 71 %, S 44 %).

The pharmacists who have participated in the community pharmacy specialization program (a program that complements the Finnish Master’s degree training in Pharmacy) have carried out some research projects regarding leadership in Finnish pharmacies. The leading pharmacists currently working in Finnish community pharmacies may or may not have received leadership training, as courses on leadership have only recently been added to the MSc in Pharmacy curricula. In a study that explored the leadership in big privately owned community pharmacies in Southern Finland, the researchers observed that the leading pharmacists had very little experience in leadership (Uusitalo, 2014). Uusitalo (2014) and Saario, (2013) both stated that organizing HRM in a pharmacy has become an essential question in task division between the pharmacy owner and the leading pharmacist. The leading pharmacists were asking for more training in HRM skills.

One of these community pharmacy specialization program’s projects quantitatively showed that leadership influences well-being in pharmacy work and presented some favorable characteristics of a good pharmacy leader, such as fairness, honesty, and reliability. The participants were hoping for some improvement in development discussion, feedback, training, and orientation practices (Viitala, 2014). These results would require verification, but similar results were obtained also in a study conducted in four Finnish hospitals among nurses and their leaders (Kvist *et al.*, 2013). Viitala (2014) reported that the manager's worst qualities were weak communication skills, inequality, and bad manners. In addition, unreliability, lack of firmness, and unfairness were highlighted as the supervisor's worst qualities. Unprofessionalism, indifference, and irresponsibility were also mentioned as unfavorable traits (Viitala, 2014).

Meaningfulness of work and well-being in community pharmacy work was studied in the Meanwell project at the University of Jyväskylä (Parikka, 2022). The researchers discovered that meaningfulness of work can appear to the pharmacy leaders in a completely different way than to the employee. If the pharmacy leader only chooses measures that benefit his or her occupational well-being, the strategic effectiveness of these measures remains low. Therefore, a pharmacy leader needs to know what the job motivational factors of one's subordinates are. Since the pharmacy profession is a service industry, serving the customer as well as possible can be very meaningful. Therefore, medicine shortages can also affect job satisfaction, as they cause customer dissatisfaction and increase the workload of the pharmacy staff (Heiskanen *et al.*, 2015). It can be tiring to constantly deny a customer the service or product they have come to ask for.

The Association of Finnish Pharmacies (AFP) has recently commissioned a bachelor's thesis in business administration that conducted a quantitative investigation into the job satisfaction of pharmaceutical dispensers in Finnish community pharmacies (Karjalainen, 2023). In this study, the answers to several statements varied, which indicates that there are differences in the operating procedures and the leadership of pharmacies. This study also showed that pharmaceutical dispensers are motivated for their work, but they want appreciation through better pay, more benefits, and feedback. In her thesis, Karjalainen (2023) also suggested that more different personnel surveys should be conducted in Finnish pharmacies. With the help of the data gathered from these, the development of job satisfaction with e.g., tools provided by the Finnish Institute of Occupational Health could become more productive.

In her master's thesis in business development, MSc (Pharm.) Paula Henriksén (2021) has qualitatively studied pharmaceutical dispensers' experiences of leadership from a transformational leadership point of view. Although the respondents reported some good practices, the inconsistency in leadership and lack of communication were present in many answers. Especially the feedback culture was criticized. Several experiences showed how difficult it is for pharmaceutical dispensers to know if they are doing their job according to expectations if they never receive any feedback. The respondents ranked the feeling of urgency, insufficient feedback, and unclear instructions as the most stressful things in the workplace (Henriksén, 2021).

## 2.7 Transformational leadership

This thesis examines the effect of pharmacy leadership on the occupational well-being of pharmaceutical dispensers. One of the questions that remain open, is what pharmacy leadership style is described as desirable. There is no common definition of leadership, but several different theoretical approaches (Northouse, 2013). As stated earlier in the paragraphs 2.5 and 2.6, there are several signs that desired pharmacy leadership resembles the transformational leadership style. Therefore, a brief introduction to the transformational leadership theory and its possible applications to pharmacy practice is necessary.

The four components (the 4 I's) of transformational leadership according to Bass and Riggio (2006) are

1. Idealized influence
2. Inspirational motivation
3. Intellectual stimulation
4. Individualized consideration

The components of transformational leadership have evolved from the 1970s to this day. James MacGregor Burns (1978) divided leadership into either transactional or transformational. Transactional leadership is based on social exchange: leaders may offer or deny financial rewards based on followers' performance. Transformational leaders seek to stimulate and inspire followers to achieve shared goals or a result that benefits both parties (Bass and Riggio, 2006). A 'full range leadership model' includes some components of transactional leadership (rewards or discipline) and laissez-faire (non-leadership) behavior and combines them with the 4 I's, the four components of transformational leadership, to create a measurable scale between effective and ineffective approach and active and passive approach to leadership (Northouse, 2015).

According to Bass and Riggio, (2006), transformative leadership is charismatic, and followers seek to identify with the leaders and emulate them. A simplified explanation of idealized influence is that a leader behaves in a way that followers want to copy his or her actions. Inspirational motivation in the transformational leadership theory means that a leader inspires followers with challenge and persuasion, providing both meaning and understanding. The leadership is intellectually stimulating, expanding the followers' use of their abilities. Finally,

the leadership is individually considerate, providing the follower with support, mentoring, and coaching (Bass and Riggio, 2006). Transactional leadership is not entirely “bad” leadership: Northouse states that “a combination of predictable transactions and transformative relationships that bring out the best in the entire workforce leads to results that benefit everyone” (Northouse, 2015).

Despite a globally growing emphasis on leadership development in the pharmacy profession (*FIP Development Goals*, 2021), the results of an American systematic review indicate that little consensus has been achieved on the definition of leadership in the profession (Reed, Klutts and Mattingly, 2019). These researchers compared conceptualizations of leadership in pharmacy education in the USA to established leadership theories. Many of these conceptualizations most closely resembled transformational leadership. Rifkin (2017) highlighted the transformational leadership theory to be the most applicable in the studies regarding healthcare. Rifkin’s (2017) results also showed that the pharmacy trainees perceived the transformational leadership style as an effective way to lead.

Transformational leadership is positively related to work commitment and proactivity in terms of personal initiative. A reasonable workload was a necessary condition for commitment to greater proactivity, whereas the relationship between work commitment and basic work performance was independent of work strain (Schmitt, Den Hartog and Belschak, 2016). In the field of pharmacy, when technicians described higher transformational leadership behaviors of the lead pharmacist, this was associated with lower future uncertainty, greater professional and organizational commitment, and decreased intentions of technicians to leave the field (Desselle *et al.*, 2022).

The effect of transformational leadership on job satisfaction and strain has been widely studied in healthcare professionals. Yet there are gaps in applications in the field of Pharmacy. Since the field of Pharmacy is in constant change, an employee’s ability to adapt to new situations, regulations, and technologies is vital. The concept of adaptive performance has been linked with transformational leadership. “Adaptive performance refers to an individual's ability to change their behavior to meet the demands of a new environment” (Charbonnier-Voirin and Roussel, 2012). It appears that job satisfaction mediates the relationship between transformational leadership and adaptive performance. Transformational leadership alone seems not to affect adaptive performance, “but if it creates job satisfaction, the adaptive



performance follows” (Curado and Santos, 2021). With a transformative leadership style, high employee engagement can be achieved through empowerment strategies and meaningful participation in decision-making. Asiri and coworkers describe that “when a manager focuses on empowering their employees by delegating power to them and involving them in decision-making, this, in turn, leads to a higher level of commitment” (Asiri *et al.*, 2016).

### 3 RELEVANCE AND AIM OF THE STUDY

Privately owned community pharmacies in Finland suffer from labor shortage, while every fourth of the current pharmacy students do not want to work in such pharmacies. Research has shown that leadership in any organization is important for employees’ occupational well-being. There are gaps in previous research on pharmacy leadership in Finland. Additionally, the role of leadership is often seen as secondary in community pharmacies. This suggests that there is still a need for research and practical organizational changes to improve the current state of leadership in Finnish pharmacies. To ensure the attraction and retention of pharmaceutical dispensers, questions on leadership need to be addressed with a sense of urgency. Thus, there is a clear unmet need to study the relationship between the desired pharmacy leadership and the occupational well-being of pharmaceutical dispensers working in community pharmacies.

#### **Aim**

The aim of this study is to:

1. describe the experiences of pharmaceutical dispensers in working in Finnish privately owned community pharmacies;
2. explore the impact of pharmacy leadership on their occupational well-being;
3. identify which leadership characteristics pharmaceutical dispensers see as the most desirable for their occupational well-being.

#### **Central research question**

How do the working conditions and leadership influence the occupational well-being of Finnish pharmaceutical dispensers?

## **Subquestions**

1. What working conditions are described among the pharmaceutical dispensers?
2. How do the pharmaceutical dispensers describe their leaders' impact on their occupational well-being?
3. What leadership style is described as desirable for pharmaceutical dispensers?

## 4 MATERIAL AND METHOD

### 4.1 Research design

This study has a qualitative exploratory design with an inductive approach. Qualitative research, based on data from narratives and observations, requires understanding and co-operation between the researcher and the participants (Graneheim and Lundman, 2004). The purpose of the qualitative method is to characterize something, and the essential thing is to find descriptions, categories, and models that best depict a phenomenon or a relationship (Austin and Sutton, 2018). To recognize similarities and differences in text content, the focus is on qualitative content analysis with an inductive approach. This means that the interpretation and analysis are as objective and neutral as possible (Graneheim and Lundman, 2004). Inductive content analysis is recommended, when knowledge is fragmented, or previous studies are not available (Elo and Kyngäs, 2008). The content analysis can be directed by relevant research findings as guidance for initial codes (Hsieh and Shannon, 2005).

### 4.2 Participants

The inclusion criteria of the participants were as follows: pharmaceutical dispensers working in a privately owned pharmacy in Finland and being a member of the Pharmacists' Association. In March 2023, the Pharmacists' Association in Finland sent 3008 pharmaceutical dispensers an email invitation to participate in the interviews. The invitation included information about the aims and relevance of the study, General Data Protection Regulation (GDPR) information (privacy notice, see Appendix 1), and some background questions (see Appendix 2, the invitation). The privacy notice was presented as a link in the invitation. Returning the form was considered a consent to participate in an interview study.

The choice of the interviewees was based on representative sampling (Hämeen-Anttila and Katajavuori, 2021). The eligible participants were, in total, 56: 54 women and two men who matched the inclusion criteria mentioned above. 14 participants were chosen to be contacted. They formed as heterogeneous a group as possible according to age, sex, location of residence, occupational history, and size of the current workplace. 11 participants were interviewed: 10 women and one man, aged between 24 and 62. The participants live in different parts of Finland. The statistics of the participants are presented in Table I.

*Table I: The statistics for the eleven participants in the interviews*

Age	N	Years at current workplace	N	Prescriptions per year at current workplace	N	Regional administration area (location)	N
60-69	1	+ 30 years	2	> 120 000	2	Southern Finland	3
50-59	3			100 001 - 120 000	1	Southwestern Finland	2
40-49	3	11-20 years	1	80 001 -100 000	2	Middle Finland	2
30-39	2	5-10 years	3	60 001 - 80 000	2	Eastern Finland	2
20-29	2			Under 5 years	5	40 000 - 60 000	2
		< 40 000	2			Lapland	1

### 4.3 Data collection

Eleven open-ended, semi-structured, individual interviews were conducted. The interviews took 30-60 minutes and two of them were conducted in Swedish and nine in Finnish. In the end, there were two live interviews at neutral locations, such as cafés, and nine conducted via telephone or Zoom when the participants were at home. The interviews were recorded with two devices to have a backup. I used the recorder on a computer or a telephone and I recorded the Zoom meetings. The video material was discarded directly if obtained, only audio files were saved for the analysis.

The data collection was done with the help of an interview guide, which consisted of semi-structured open questions, follow-up questions, and formalities about the participants'

backgrounds. The interview guide (Appendix 3) consisted of thematic research questions. The interviews included questions such as:

- What things help you to come to work every day?
- What kind of a leader is your ideal leader – what traits do they have and what do they do during their workday?
- Has leadership in a pharmacy somehow affected your occupational well-being?

In this interview guide, a so-called “Miracle Question” was utilized to help the participants reflect on broader issues. The main idea of this tool is to ask the participant to imagine the best possible situation, without any limitations. This is a tool central to positive psychology and solution-focused therapy (Shazer and Dolan, 2007). If an interviewee answered very shortly, they were encouraged to speak by repeating: “Tell some more” or “What else?” and giving them the space to tell their story. If an interviewee wandered very far away from the theme, they were gently guided back by repeating the question or underlining the theme in question.

#### 4.4 Qualitative data analysis

The interviews were transcribed and analyzed using qualitative content analysis with an inductive approach (Graneheim and Lundman, 2004). Transcription means that the obtained interview recordings were copied in the written form accurately word by word (Hämeen-Anttila and Katajavuori, 2021). There are several transcription tools available, and the transcription was done with a tool embedded in Word. The analysis was done at first in the original languages of Finnish or Swedish. I used the program NVivo provided by the Åbo Akademi University to aid me with the iterative analysis process. The interviews were first read through several times to get an overview of the data. The text was divided into meaning units, condensed, coded, and abstracted into subcategories and categories (Graneheim and Lundman, 2004).

According to Graneheim and Lundman (2004), meaning units are words, sentences or paragraphs that relate to each other through their content and context. In other words, the expressions that the interviewees were using suggested that they were talking about the same thing. These meaning units were condensed, meaning that they were “shortened while preserving the core” and abstracted, meaning that they were “described and interpreted on a higher logical level” (Graneheim and Lundman, 2004). These abstractions created the codes

and the categories. The analysis and the codes and the categories were repeatedly discussed with the supervisors until we reached agreement. A simplified example of this process of analysis is given in Table II.

*Table II: Example of the process of analysis*

<b>Condensed meaning units (expressions close to the interview)</b>	<b>Codes (interpretations of the underlying meaning)</b>	<b>Subcategory</b>	<b>Category</b>
Illogical actions of the manager Lack of leadership creates a mess Managers are lacking people skills Dealing with an absent manager Boss is away a lot, no manager	An absent manager Managers lacking skills No guidance	Lack of guidance	Experiences of poor leadership
The manager acting indifferently The pharmacy owner is invisible Aggressive customers, no support Not feeling heard Lack of connection with the manager	Feeling unheard No support from the manager	Feeling ignored and unsupported	
A person who makes a mistake is attacked The manager makes the staff cry at work Inappropriate choice of words and tone Losing sleep because of the work stress	Inappropriate actions of managers Destructive work conditions	Facing destructive managers	

#### 4.5 Ethical considerations

Ethical questions associated with research in the humanities and social and behavioral sciences relate mainly to the interaction between the researcher and the research subject, which may involve unpredictable factors. It is always the researcher who bears the responsibility for the ethical and moral decisions involved in the research (TENK, 2019). This study has been conducted according to the research ethics guidelines on good scientific practice according to the Finnish National Board in Research Integrity (TENK). The study has been planned and conducted and the collected data has been stored according to the requirements for scientific data.

The research, documentation, and presentation have been done carefully and respectfully (Brinkmann and Kvale, 2018). Data collection and assessment criteria are based on ethics and follow the criteria for scientific research. The participants' anonymity and integrity have been respected and personal data has been protected according to TENK guidelines and GDPR ((EU) 2016/679, 2016). Information about the study to the participants was given both in writing and orally. Participants gave both written and verbal consent. They were well informed about being able to cancel their data at any time without giving any reason. The results are presented so that no individual could be identified, and all the identification data was removed. The audio files and other personal data were destroyed after the completion of this thesis.

## 5 FINDINGS

The findings from the analysis and interpretation of the pharmaceutical dispensers' experiences of their work environment and leadership revealed three categories: experiences of poor leadership, struggling in an unbalanced organization, and the importance of a positive work environment. Each category consisted of three subcategories, as presented in Table III.

*Table III: Overview of the categories and subcategories of the analysis*

<b>Categories</b>	<b>Subcategories</b>
Experiences of poor leadership	Lack of guidance Feeling ignored and unsupported Facing destructive managers
Struggling in an unbalanced organization	Facing high demands Lack of resources Limited control
Importance of a positive work environment	Job satisfaction Feeling supported Desired leadership attributes

## 5.1 Experiences of poor leadership

The pharmaceutical dispensers described experiences of poor leadership, as they mentioned lack of guidance, were feeling ignored and unsupported, and were facing destructive managers. The direct consequences of poor leadership were also described as burdensome and frustrating, even sad. Managers presenting poor leadership were described to also increase the pharmaceutical dispensers' feelings of uncertainty and stress.

One participant summarized:

***“There is no leadership, and we have a person who is not able to do it at all, so the situation is quite cold.” Interview Participant (IP) 5***

### 5.1.1 Lack of guidance

Lack of guidance was described by the participants as missing direction during the workdays, both in technical issues (e.g., problems with IT programs) and in structural matters (e.g., an even division of tasks). Also, the human resource management skills (e.g., dealing with interrelational problems of the staff) of the managers were experienced as even more insufficient than the technical skills. The managers were described as reluctant to lead, e.g., they withdrew from any contact with their staff.

The participants described managers' actions as unclear, unequal, and illogical. They had experienced a lack of active leadership at their workplaces. The pharmacy owner was described as indifferent or invisible, and there were situations where the leading pharmacist was unable to fill the need for leadership at the workplace. The reasons described included not having a leading pharmacist or that the skills and characteristics of the leading pharmacist were insufficient. One participant expressed:

***“I would hope that the managers would be aware of what is happening there (in the pharmacy), that they would take contact and figure things out, and not just sit there in their own office. That they would be interested in and aware of things.” IP8***

The managers' knowledge levels and their ability to lead were experienced to have a connection: the manager that does not keep up to date either on organizational issues or recent

scientific matters, nor has the technical skills, was described as incapable of leading. Some participants described that they were lacking a manager who was both able and willing to take responsibility, and also capable of self-reflection. HRM skills – or the lack of them – were discussed by the participants. They reported a lack of ability to guide people to their professional goals with positive motivation. Partiality, favoritism, and feelings of injustice were causing friction inside the work community. These conflicts had even led to resignation and impacted the will to work in the community pharmacies.

The participants viewed leadership as a part of a person's character, and therefore, a lack of managerial skills with a particular manager could be experienced as impossible. The lack of connection to the managers was creating insecurity. According to the participants, a very inexperienced and shy leading pharmacist might find it hard to act in the middle of all the authorities, the pharmacy owner, and the staff. If the pharmacy owner was away, on holiday, or for another reason, the shortage of staff was experienced as more severe. The participants felt that the managers were unable to affect the atmosphere at work.

#### 5.1.2 Feeling ignored and unsupported

The participants described feeling ignored and unsupported in their work. They felt that their suggestions for improvement were often overlooked by the manager, even though the problems were experienced as quite easy and even inexpensive to fix. The pharmaceutical dispensers felt that it was hard to reach out to their managers. They had feelings of being left alone to just survive at work, e.g., the managers were often away or too busy or there was no guidance given with tricky situations in customer service. This was experienced to increase stress and anxiety at work. The pharmaceutical dispensers also experienced that they did not receive credit for the job well done or any positive feedback in general.

Feelings of not being seen or heard were expressed to be vile and common, and the pharmaceutical dispensers were feeling powerless and overrun. The customers could sometimes be aggressive or burdensome, but it was emphasized that the manager is not there to help in these situations. This had led to feelings of insecurity. Also, managers' reluctance to help with customer service at the counter was experienced to be frustrating and stressful. Pleads of the staff did not lead to an answer or reaction, and raising up of some issues in the work was described as futile.



One participant expressed:

***“There have been situations when he/she (the pharmacy owner) sits there by oneself and we keep asking him/her to come to the counter to help, that he/she is needed, but he/she doesn't come.” IP5***

The participants experienced that they had managed to do the given tasks well, in general, but were not given any credit for that. They criticized the immature feedback culture, especially as giving positive feedback was seen as a very inexpensive way to increase occupational well-being. The lack of positive feedback created a feeling of overload of negative feedback, i.e., the manager only talks to his/her staff if he/she has some critique to express. They also stressed that the corrective feedback would be easier to receive if there was a balance between positive and negative feedback. The managers should be able to show empathy when giving feedback because, according to the interviewees, the job could be very stressful. The participants also felt the lack of two-way communication, and they emphasized that the staff should be able to give feedback to the managers.

#### 5.1.3 Facing destructive managers

The pharmaceutical dispensers described destructive managers in community pharmacies. These particular managers were acting in a way the participants had experienced as unhealthy for their work community. These actions had taken a toll on the participants' mental health, and they had either changed workplaces or had been planning to change workplaces because of this. Some had even decided to leave the field completely.

One participant described:

***“The manager called to me in my spare time and said things like that I would never get another job as a pharmaceutical dispenser if I wouldn't quit (voluntarily).” IP3***

The pharmaceutical dispensers reported harassment, threats, yelling, mocking, making the job harder or almost impossible for the staff, reluctance to co-operate with occupational health care, unnecessarily delaying care leave approvals, inappropriate critique on personal matters, and hurtful choices of words. Managers were also described as judgmental, disrespectful and mean. Their actions were told to have been depressing, controlling, and untrustworthy. Some

participants were very afraid that the pharmacy owners might find out that they participated in the interview.

One participant highlighted:

***“The employer and (his/her) employees don’t have to be best friends, but there should be mutual respect all the time and the basic needs (should be) taken into account.” IP5***

The bad experiences critically deteriorated the occupational well-being of the participants. Some participants described that they had been crying at work or home at night or losing sleep because of the happenings during the workday. They talked about passive-aggressive behaviors, such as silent treatment, slamming doors, and micromanaging. They had also experienced feelings of being forced to work overtime or with fewer or no breaks. They described working in an atmosphere where mistakes are not allowed. The lack of trust in the pharmacy owners’ ability to create a safe work environment was described as sad and surreal. Feelings of hopelessness in a dire situation were clear. The participants had tried to resolve the issues by seeking help from trade unions and occupational health care and discussing with an occupational psychologist. One of the coping strategies described was to surrender, show obedience, and try to survive.

## 5.2 Struggling in an unbalanced organization

The participants described facing high demands at work and dealing with a lack of resources and lack of control. These challenges were experienced to derive from organizational imbalances, such as changes of ownership, changes coming from the authorities, the shortage of pharmaceutical dispensers, and financial pressure. They emphasized that they would like to see the manager try to mitigate the effect of these challenges, and not put the blame on his/her staff.

The participants emphasized the role of leading pharmacists in interpreting and controlling the changes in the field. They said that a leading pharmacist must take a stand when needed but maintain a connection to parties. As the changes are so common in the pharmacies, the interviewees said that it is important that the manager plans the change and interprets it to the staff.

### 5.2.1 Facing high demands

The pharmaceutical dispensers described high demands in their job. The stress factors were both internal and external, e.g., the big workload and personnel conflicts were combined with financial pressure. There were reports of unequal and unpredictable practices that were experienced as stressful.

The participants described problems with the delegation of the tasks, such as an imbalance in the division of the work assignments and demands. Some were given obligations but no power and means to execute them properly. Some were told to work more than their share, while the workload on others was significantly lighter. The financial pressure was passed on to the staff, as the pharmacy owner had been telling them to sell more. Some expressed that the obligation to reach the financial goals had increased work stress.

One participant expressed:

***“If we talk to a customer too much about his/her medication, you will get reprimanded by the pharmacy owner because you have to take the next customer and give them the medication instead of treating this customer (at the counter) in some way holistically.” IP3***

A pharmacy as a workplace can be quite noisy, which was experienced as stressful by the pharmaceutical dispensers. These pressures had, for example, led to choosing to work shorter hours to manage the stress. A hierarchical organizational structure was experienced to create disrespect between occupational groups.

### 5.2.2 Lack of resources

The pharmaceutical dispensers had experienced a lack of resources in several ways. Staff resources, time resources, and even financial resources were mentioned to be scarce. This had e.g., led to a lack of vocational supplementary education. They also emphasized that students' work orientation and their supervision are suffering from a lack of staff resources.

One participant pointed out:

***“We have often been (with the student) at the counter, just the two of us. .... I can't supervise the student in any way, or if one had any questions, they had to be left for later, and they were never reviewed.” IP5***

The curriculum of the BSc in Pharmacy degree, which is required to work as a pharmaceutical dispenser, has a mandatory trainee period. Part of this internship must be completed in a community pharmacy. The participants feared that the lack of guidance and attention to the students might lead to them not choosing to work at the community pharmacies. They also underlined that the younger generation is not as tolerant of unbalanced working conditions as the previous ones, and they emphasize the meaning of spare time more.

The participants emphasized that the problems with staff resources had led to a big workload, stressful work, and a feeling of urgency. The constant need for labor rental services and therefore, changing crew was told to be one of the stress factors. The financial pressure also affected the participants' experienced work resources. Especially the ability to participate in occupational training had been downsized. The interviewees talked about some controversial efforts in controlling the costs, such as measuring the staff's lunch breaks with a timer or limiting the amount of toilet paper rolls used in a month.

### 5.2.3 Limited control

The pharmaceutical dispensers described limited control over their work. Running a community pharmacy is strictly regulated by authorities, and this, according to the interviewees, can lead to multiple pressures. The lack of control over work tasks was described as feeling overwhelming at times. The participants stressed that staff and ownership changes are common, and this adds another factor of uncertainty to the job. The participants described the changes to be burdensome.

One participant described:

***“If you don't even get any additional information about the fact that it just happens all of a sudden, then it's actually a bad thing. (Then) it is difficult to deal with any future change in advance.” IP2***

They had had several bosses during their careers in community pharmacies. Even if they had stayed in the same pharmacy they had chosen to begin with, the employer might have changed along the way. The participants felt uncertainty and insecurity when they thought about the change of ownership.

The pharmaceutical dispensers said that they often have quite a limited job description in a community pharmacy. Especially, if there is a shortage of staff, customer service tends to be the main content of the workdays. Monotonous assignments at work were described to decrease job motivation.

One participant expressed:

***“(The job), it's the delivery of the prescriptions or the sale of over-the-counter medicines, that is, those days are so similar. Then if you do it for 50 years, it's very monotonous” IP4***

Career progression was described to be inexistent, and there were no systematic development discussions that would allow the pharmaceutical dispensers to talk about their wishes for the work. The operating rights and possibilities of a community pharmacy are regulated by Kela and Fimea, and these regulations were reported to have become plenty. Moreover, there have been problems with the availability of some medicines, and this was described to be burdensome. The pharmaceutical staff had been in situations, where their ability to help the customer had been limited in an incomprehensible manner, and this was experienced as frustrating.

### 5.3 The importance of a positive work environment

The participants presented some positive examples of how a community pharmacy can be a positive work environment and support occupational mental health. Leadership was said to be one of the key factors. The pharmaceutical dispensers experienced job satisfaction that balances the stress factors of the job. The feeling of being supported by their leaders was seen as an enabling factor to do the job well. The interviewees presented suggestions for improvement of the leadership and desired leadership attributes that promote occupational well-being.

### 5.3.1 Job satisfaction

Some key elements of job satisfaction that the pharmaceutical dispensers presented in the interviews were a pleasant work community, meaningful conversations with customers, flexibility in shift planning, small gestures of care, and feelings of mutual trust between employees and leaders.

One participant described:

***“When the leadership is good, people like to stay at the workplace and good leadership also creates a good atmosphere at work. If everyone enjoys themselves and the atmosphere is good, then people stay for a long time.” IP9***

The physical work environment was, in general, experienced to be functional. The interviewees described a pleasant work community as one of the best features of their work. They said that the genuine will to help the customer and the conversations with them are at the essence of their work motivation. Additional occupational education affected job satisfaction. In general, when the training was received, and the person got to use the skills acquired this was seen as a motivating factor. The interviewees said that additional education has brought more meaningfulness to the job and that its potential should be better acknowledged. They hoped that the only limit in one’s competence development would be one’s own time and interest and the employer would facilitate this additional education whenever possible.

The possibility of working shorter hours was seen as a huge factor in job satisfaction. The interviewees felt that they were more positive and more productive when they worked shorter hours. When the teamwork at the workplace was functional, it was seen as an encouraging factor that was increasing the retention power of the workplace. Some practices were reported to increase perceived job satisfaction: a quiet space for dose dispensing work, 30-minute lunch breaks instead of the usual 20 minutes, and the pharmacy owner providing afternoon snacks such as bread and toppings or fruit. Also, variation of work tasks and flexibility was seen as a job resource.

One participant expressed:

***“One thing that I think would increase the attractiveness of a pharmacy would be flexible working hours, they are (in use) in other fields already.” IP6***

Rational organizing of the work was seen as a very important feature of the attractiveness of a workplace. The interviewed pharmaceutical dispensers emphasized the meaning of fair but flexible shift planning. They gave good examples of listening to the staff when planning the shifts, and how the pharmaceutical staff is doing the shift planning themselves, which in turn created increased job satisfaction. They also said that it creates trust when the leader gives responsibility without doubting your ability to handle the task. Predictability and credibility were said to increase the trust experienced, as the staff can trust that the manager does what one promises to do. In the reports, the feelings of freedom and safety were also connected with the feeling of trust.

One participant described the trust with these words:

***“When there's a really good atmosphere, (you) don't have to fear that if you do something wrong... the management will throw you under the bus, so to speak” IP10***

### 5.3.2 Feeling supported

Feeling supported by the manager, whether it was the pharmacy owner or a leading pharmacist, was mentioned as a central element of the interviewees' occupational satisfaction. Support was described as an ability to approach the boss with any issue, technical support, practical aid given during the workday, and understandable instructions and open communication. One participant decided to trust the boss and tell him/her about a stressful situation in the participant's personal life that had also affected his/her work performance. Feelings of being seen and heard, and an experience that one's opinions matter were the key elements of this supportive experience.

Another participant suggested more open conversations:

***“There could be a short briefing (with the manager) to say hello, how are you, so that managers are genuinely interested in what this person wants in the future; if they are happy with what they are doing now, or if we could come up with something else, such as interest-based additional training, different roles or offering job rotations.” IP11***

Transparency and clarity in the instructions were experienced to be especially important with the issues that affect the profitability of the pharmacy. The managers were, in general, assessed to give more and better support in technical questions than in personal problems.

One participant described how he/she had coped with all the changes in the field:

***“You simply keep up as long as you get schooling and have support from the employer, so then it usually goes well” IPI***

The leading pharmacists were assessed to give more support than the pharmacy owners. This was seen as a personality issue, but it also had a very practical reason: the leading pharmacist was present, but the pharmacy owner was not. The participants said that they rather go to the manager whom they know they get the support from. According to the participants, the ability to listen and have a conversation is one of the most important individual skills that affects the quality of the perceived leadership. More encouragement and less discouragement would affect positively the work environment.

The interviewees also received support from their co-workers, occupational healthcare, and their families. Especially in these experiences where the connection with the manager was distorted, the supportive role of trade unions, occupational healthcare, and occupational psychologists was important. The participants reported that occupational health care had recommended leaving the workplace because of the impact the leadership had on the person's health. They had family members comment on their mood change for the better as they had left the dysfunctional workplace.

### 5.3.3. Desired leadership attributes

The pharmaceutical dispensers emphasized the meaning of positive leadership in a work community. The desired leadership attributes that the participants presented were seen to promote job satisfaction and occupational mental health. The presence of leadership was experienced more positively than the absence of leadership. According to the participants, a good leader is present when needed, promotes and shows trust, makes the staff feel valued, and gives positive feedback.

One participant expressed:



***“We have a good leader, a strong leader and we have a leader, who has also been in leadership training, so we are lucky, we probably are.” IP1***

To the participants, the boss being present shows commitment and high regard for the work community. They also emphasized that the fact that the boss is there should not affect the workplace atmosphere dramatically, because the boss should be one member of the work team in the same way as everyone else. This was said to apply to both the pharmacy owners and the leading pharmacists. The participants found it very odd that the curricula of the Master’s degree programs in Pharmacy have very few HRM courses. Inversely, it was well appreciated if the boss had got additional education in leadership. The participants believed that additional education could be a solution to the current heterogeneity in leadership and lack of HRM skills in community pharmacies.

One participant described this:

***“It (leadership) depends an awful lot on the experiences a person has had during one’s life and on the workplace and working life culture one is used to.” IP10***

Appreciation and the feeling of being valued by superiors were seen as a huge attraction factor in the workplace. The pharmaceutical dispensers were, in general, very proud of their job, because they got very positive feedback from the customers. This was the main reason, why they felt that they would have deserved some praise from their bosses, as well. The participants underlined that the bosses should not take it for granted when the employees do the job well. They also emphasized that the feeling of being valued can be created with small and inexpensive measures.

Figure 2 summarizes the desired leadership attributes mentioned by the interviewees.

Positive feedback	Open to education possibilities	Valued by the boss
Your opinions matter	You can feel he enthusiastic atmosphere right from the door	Constructive leadership
Fairness	Boss has got education in leadership	Boss is committed to the job
Boss is delegating the tasks evenly	Strong leadership	Support from the boss
Support from your co-worker	Open dialogue	Constant communication

*FIG 2. Desired leadership characteristics and skills of a pharmacy leader.*

## 6 DISCUSSION

The aim of this study was to explore Finnish pharmaceutical dispensers' views on how leadership affects their work environment and well-being at work, and which leadership style is described as the most desirable. The participants described a variety of different leadership practices and styles. The field of leadership in Finnish community pharmacies was experienced to be non-uniform and unpredictable. The findings resemble and support the findings in previous studies, but they also add some depth to the interpretation of those results. The analysis of the interviews conducted with pharmaceutical dispensers revealed three main categories: experiences of poor leadership, struggling in an unbalanced organization, and the importance of a positive work environment. These categories summarized the participants' experiences.

### 6.1 Experiences of poor leadership

In this study, pharmaceutical dispensers described negative experiences of poor leadership. They described the lack of guidance, the effects of the managers' lack of managerial skills, the absence of management, feeling ignored and unsupported, and even facing a destructive manager. Some of the features presented, such as the absence of management and the lack of supportive measures have been reported in previous studies (Kallio *et al.*, 2014; Henriksén, 2021; Karjalainen, 2023).

The immature feedback culture (i.e., the way that the feedback is given is unprofessional), the lack of feedback in general, and the imbalance between positive and negative feedback were reported to deteriorate the occupational well-being of pharmaceutical dispensers. The participants of this study stressed that the surrounding professional world is significantly ahead of pharmacies when it comes to HRM. They emphasized that the boss should be able to discover the very best in every employee and adjust the tasks accordingly. The overall attitude towards HRM and the lack of actions regarding it were experienced as the biggest problem.

Leadership style may be a significant factor that affects the dehumanization of employees in an organization. When a leader engages in abusive behavior, such as mocking, yelling at, or demeaning employees, employees feel dehumanized by their organization. However, employees who see their leader as a source of security feel valued as people by their

organization. This psychological climate of safety and systematic re-humanization of the organization can provide employees with the strength and flexibility to withstand work-related demands and stress and maintain emotional well-being in the workplace (Moriano *et al.*, 2021).

In this study, the participants described some destructive features of leadership in community pharmacies. The unwanted leadership attributes were e.g., disregard, indifference, and lack of support. Similar problems were previously reported in Finnish pharmacies by Viitala (2014). The participants reported destructive, even toxic leadership, e.g., harassment and threats, and they described how it had affected their health and occupational well-being negatively. These findings were in line with previous studies on destructive leadership and its effects (Schyns and Schilling, 2013). In the present study, the participants said that destructive leadership had affected their willingness to continue working in the field.

## 6.2. Struggling in an unbalanced organization

In this study, the pharmaceutical dispensers described struggling in an unbalanced organization. They had faced high demand and lack of resources and experienced feelings of limited control. There is a lot of research on healthcare professionals facing high demands, especially because of the recent COVID-19 pandemic, and these have mostly applied one of the most commonly used work stress models: Job Demands-Resources (JD-R model) (Koroglu and Ozmen, 2021). The Job Demands-Resources (JD-R) model is a psychological conceptualization of work stress and well-being at work (Bakker and Demerouti, 2017). JD-R model states that every job has factors that make the work harder (demands) and features that make the job easier (resources). By referring to this model, the aim is to describe the imbalance experienced by pharmacists in their workplace. The job demands and resources provided by the pharmacy owners were not in balance.

The present study showed that the balance between job demands and resources was experienced to suffer from the shortage of pharmaceutical dispensers. The participants described that limited time resources hampered the handling of other tasks except for customer service. Some participants of the present study had experienced that the lack of staff and other financial resources had made the organization's core mission, i.e., the accurate dispensing of medicines, next to impossible. The stress and chaotic working conditions had deteriorated occupational

well-being. This was in line with e.g., studies among Finnish home care workers (Ruotsalainen, Jantunen and Sinervo, 2020).

The lack of development discussions and career progression came up as some of the missing key elements that had led to feelings of limited control over one's work. This is in line with the findings of Henriksén (2021) and Karjalainen (2023). The limited control over work was also associated with regulations coming from authorities outside the work community. This was previously reported by Karjalainen (2023) and discussed more in detail by Airaksinen and her colleagues (2021). The pharmaceutical dispensers expressed their need for clear instructions on the current legislation, but also their desire to have more freedom to act in the best interest of their customers. According to the participants, the leading pharmacists play an important role in the interpretation of the regulations.

### 6.3 Importance of a positive work environment

In this study, the pharmaceutical dispensers experienced leadership to be one of the key factors in creating a positive work environment. When the participants feel supported and experience job satisfaction, this increases the retaining power of the workplace. The desire for more support from the managers was also reported by Henriksén (2021), who studied the features of transformational leadership in Finnish community pharmacies. Several international studies show a positive correlation between job satisfaction and transformational leadership (Northouse, 2015). A Finnish quantitative study on leadership traits has already shown that leadership has a connection to experienced occupational well-being in Finnish pharmacies (Viitala, 2014).

The descriptions given by the interviewees of the present leaders could be quite far from each other, but the desired leadership attributes were very alike. The participants described that a good leader is present when needed, promotes education, shows trust, makes the staff feel valued, and gives positive feedback. These traits are characteristic of transformational leadership. In Australia, transformational leadership characteristics have been identified as a favorable and practical conceptualization of leadership in community pharmacies (Rifkin, 2017). In the present study, the participants described that the most recent change in leadership was experienced as a change for the better. HRM has gained more weight in society, and the younger generation has observed this (Viitala and Järnlström, 2014). As the participants

emphasized, young people are unlikely to be as patient as previous generations in the face of poor leadership.

Skilled and humane leadership should be seen as a competitive advantage when recruiting the best possible personnel. It is important to address the occupational well-being of pharmaceutical dispensers working in privately owned community pharmacies in Finland concerning pharmacy leadership. The important question that every pharmacy leader should ask is what I can do to the situation. Adding more job resources to the workplace, and alleviating the effects of the burdensome factors, i.e., job demands, is at the center of the occupational protective measures to which the employer is obliged according to the Occupational Safety Act ([finlex.fi/Työturvallisuuslaki](http://finlex.fi/Työturvallisuuslaki), 2002). The wording of the law was updated in June 2023, and the update emphasizes the meaning of occupational safety regarding mental load factors.

## 7 METHODOLOGICAL DISCUSSION

This study adds information to other studies conducted in the field and links them thematically. To achieve trustworthiness of qualitative research, I reflected on credibility, dependability, and transferability in this study. Trustworthiness refers in a comprehensive sense to the entire study. It is the reader who judges the quality of a study, but it is the authors' responsibility to present the study in such a way that they persuade readers of its trustworthiness by establishing accuracy during the research process and by showing readers how and why decisions were taken. To achieve credibility, it is crucial to find participants who have experiences of the phenomenon under study and are able to talk about it. As content analysis emphasizes variation in content and multiplicity, there must be enough data to cover significant variations. It is not possible to suggest a specific number of interviewees or interviews. Credibility also deals with how well subcategories and categories cover the data (Graneheim, Lindgren and Lundman, 2017).

The sample in this study consisted of eleven pharmaceutical dispensers working in a privately owned community pharmacy. The target group received an e-mail from their trade union, and 56 pharmaceutical dispensers volunteered to participate in the interviews. Out of these volunteers, the eleven participants were purposively sampled to create as a heterogenous group as possible to achieve a variation in age, gender, geographic area, type of pharmacy, and work

experience. Also, the rental workforce was represented in the interviews. The interviews were mainly conducted via Zoom which allowed the interviews to take place almost undisturbed. In one case, a Zoom interview was interrupted by a baby needing attention. The live interviews were found to be harder to conduct undisturbed, as the people and noise in the surroundings were present, although distant. The data collection was done with the help of an interview guide (Appendix 3), which consisted of semi-structured open questions, follow-up questions, and formalities about the participants' backgrounds. The interview guide consisted of thematic research questions (Brinkmann and Kvale, 2018). The interview guide contained seven themes with 2-4 more specific questions each, with the aim of eliciting interview material with the problems of the research questions (Graneheim and Lundman, 2004).

Credibility also lies in the researcher's pre-understanding and how it has affected the analysis (Graneheim and Lundman, 2004). I have experience working as a pharmaceutical dispenser, and this might have played a role in the interviews. This was recognized before starting the interviews, and therefore I as the researcher aimed to speak as little as possible and ask as many follow-up questions as possible to get lively descriptions. The risk of wordless communication was present, as many of the situations described were relatable to me as the researcher. On the other hand, the follow-up questions might have been more specific because of the former experience. At times it was also very hard not to react to the emotions present in the interview. This might have emphasized the emotional context of the descriptions. Notwithstanding all the above, data were truthfully reported and carefully interpreted with an inductive approach to reflect the actual descriptions and authentic feelings of the interviewees.

Dependability involves what codes and supporting quotes are to be included in a category. To be aware of the researchers' pre-understandings is also important for dependability. The importance of a dialogue among co-researchers has often been highlighted to achieve dependability (Graneheim, Lindgren and Lundman, 2017). I have discussed the analysis with my supervisors until we reached agreement. We have also discussed the meaning of the aim of this study, and it can be stated that the content analysis was directed by the aim to identify the desired leadership qualities. The content analysis can be directed by relevant research findings as guidance for initial codes (Hsieh and Shannon, 2005). Transferability, to what degree the results can be transferred to other settings or groups, is a decision to be made by the reader. The selection of participants is also important for the transferability of the findings, and also a rich description of the context of the study (Graneheim, Lindgren and Lundman, 2017).

The meanings of the words ‘leader’, ‘boss’, and ‘manager’ have differences in tone. The participants used mostly the positional terms ‘pharmacy owner’ and ‘leading pharmacist’ and ‘boss’. To make the results easier to read or to ensure consistency, the word ‘manager’ is used throughout the thesis to mean both pharmacy owners and leading pharmacists. This study aimed to describe the leadership in pharmacies in general, not to explore the differences between these occupational groups. In a qualitative approach, the number of repetitions is not significant.

## 8 CONCLUSIONS

The aim of this study was to describe experiences of working as a pharmaceutical dispenser in a Finnish community pharmacy, to explore the impact of leadership on occupational well-being, and to identify the desired characteristics of pharmacy leadership. Even if some of the descriptions of the leadership were not very positive, some interviewees were very happy with their work or had only very small suggestions for improvement. The interviewees were quite open in their stories, but it was clear that they were not very comfortable with blaming their managers for them not feeling well at work. They understood that the world is not black and white, but one phrase that kept being repeated was: “I just do not understand...” So, the managers’ actions seemed very irrational and that created irritation, frustration, and insecurity. This topic was seen as very important by the participants.

In the spirit of the Occupational Safety Act ([finlex.fi/Työturvallisuuslaki](http://finlex.fi/Tyoturvallisuuslaki), 2002), the manager needs to find ways to support occupational mental health and restrict and alleviate the effects of the psychological load factors in the job. Adding job resources is one possible way to approach this issue. It is worth investing in well-being at work because a well-feeling employee is productive and enjoys his/her work longer. Well-being at work is positively reflected in the atmosphere of the working community and the company's competitiveness. Work that promotes well-being at the workplace must be part of a strategy supported by the organization and senior management. In daily work, the manager plays an important role in ensuring well-being at work (Viitala, 2014). A general orientation towards improving working conditions, working atmosphere, and employee well-being is not only required by law but also worthwhile.



One of the most surprising things was the ideas and suggestions that the interviewees shared. The number of good practices and ideas that these people shared was remarkable. The participants were enthusiastic about improving their work and the leadership in Finnish community pharmacies. They wanted to have more formal and informal conversations with their managers about their job and how it could be improved. They were asking for a more visible role of active and positive leadership in their work. The participants said that the best interactions with managers were open, honest, and humane and they felt heard. It is possible to gain more insight into the pharmacy's operations by asking the staff.

Another surprising observation was the pharmaceutical dispensers' dedication to the job. Even when mistreated, they still wanted to make sure that the customers got the service they needed. It must be repeated that the younger generation hardly is going to be this tolerant. Young people are also looking for more meaning in their work, and leadership plays a role in interpreting the meaning of work for employees. In this study, the desired leadership characteristics resembled the transformational leadership style. As stated earlier, transformational leaders were seen as effective in the field (Rifkin, 2017). The transformational leadership style has also the ability to increase job satisfaction by empowering the employees (Asiri *et al.*, 2016).

#### Policy and managerial implications for improving leadership and human resource management in Finnish pharmacies

The interviewees emphasized that HRM is important, and that leadership is a workforce attraction and retention factor. The pharmacists' curriculum should prepare them better for the job as a manager. Pharmacists need to understand their impact on the people they work with, and they should also educate themselves continuously to stay up-to-date, not only about the latest technical issues but also about people skills. The interviewees even suggested that there should be psychological aptitude tests for pharmacy owners. The MSc in Pharmacy curriculum should emphasize the meaning of leadership to all workplaces, not just privately owned community pharmacies.

The thesis statement could be that leadership matters, also in Finnish community pharmacies. As the interviewees pointed out, those places that focus on HRM, and systematically create more job resources, have easy access to additional workforce if needed, and people stay there longer than they otherwise would. Even the most 'hard-headed, chemistry-oriented' pharmacist

should understand that the key is to have more positive things than negative. This is obtained and sustained by asking the staff how they are and feel about the job. When there are fewer potential employees available (Rantala, 2023), it is a shame if some incompetent leaders give the field a bad name.

The practical implementations of the findings require further studies in the field. The causality between experienced leadership and occupational well-being has been widely studied in healthcare professionals (Kuoppala *et al.*, 2008; Selander *et al.*, 2023), but as there is still very little knowledge about leadership in Finnish community pharmacies, this correlation should be verified with more studies. Even more important are practical studies of best leadership in the field: what interventions and everyday practices lead to the best outcomes and generate the most well-being at work. This study did not focus on finding differences between pharmacy owners' and leading pharmacists' leadership, but this would also be an interesting study subject. The different ways to organize the work of the leading pharmacists in community pharmacies, and how this affects the occupational well-being and the leadership the leading pharmacists practice would be a relevant study subject. A comparison between the occupational well-being of a rental worker and a permanent employee would be fascinating, as would a comparison of the leadership in a community pharmacy and a small enterprise in another field of industry potentially be eye-opening.

According to the interviewees, rational development of leadership skills is necessary to improve leadership in Finnish community pharmacies. It is a challenge for the universities to respond to this call for better education in leadership for MSc in Pharmacy students. A study that would map the opportunities and ways for MSc students in Pharmacy to increase management skills even after the studies would benefit the entire pharmaceutical industry. A study could map the attitudes to leadership, since the way one thinks about leadership affects the way one practices it (Northouse, 2013). The pharmacy students have expressed that current job assignments in community pharmacies can be quite monotonous (Elo, 2022). The implementation of the new and desired work models in community pharmacies would be facilitated by an experiment on remote work and rotating job assignments and charting its effects on occupational well-being. Since mental health problems have become one of the main causes of sick leaves in Finland, it would also be interesting to map and create suggestions for small, low-threshold mental health interventions in community pharmacies and explore their effects on job satisfaction and retention.

Leadership is a complex phenomenon. Concluding the work with this thesis, I have learned that leadership is a variety of everyday activities that have a remarkable effect on well-being at the workplace. Generally, when the positive effect is indirect, the trophies are smaller, but the ultimate rewards are bigger. The management literature suggests that there often is a mediating factor when leadership leads to positive outcome measures in occupational well-being (Curado and Santos, 2021; Koroglu and Ozmen, 2021). The skill of finding and cultivating these mediating factors is in the essence of leading people.

## 9 SUMMARY IN SWEDISH – SVENSK SAMMANFATTNING

### Hur arbetsförhållanden och ledarskapet påverkar välbefinnandet på arbetsplatsen

- en kvalitativ studie om finska farmaceuters erfarenheter

#### Bakgrund

De privatägda öppna apoteken i Finland lider av brist på sin specialiserade arbetskraft, farmaceuter. Orsakerna till bristen på farmaceuter är komplexa men undersökningar har visat att var fjärde nyutexaminerad farmaceut inte vill arbeta på kommunala apotek (Elo, 2022). Tidigare forskning har visat att ledarskapet i en organisation är viktigt för medarbetarnas arbetsmiljö, arbetsprestation och yrkesmässiga välbefinnande (Selander *et al.*, 2023). Det finns fortfarande mycket lite kvalitativ forskning om ledarskap i de finländska apoteken och ökad kunskap behövs för att bättre förstå hur ledarens egenskaper och färdigheter kan påverka farmaceuters arbete och yrkesmässigt välbefinnande.

En mycket viktig attraktionsfaktor i arbetet är ledarskapet. Det finns många filosofier och teorier angående ledarskap och dessa åsikter varierar över hela världen (Northouse, 2015). Innebörden av ledarskap är komplex och den innefattar många dimensioner. Det finns ett krav på effektivt ledarskap. Några definitioner av en effektiv ledare har presenterats. Effektiva ledare är pålitliga, lättillgängliga och lyhörda för sina anställdas behov. De ger råd, vägledning och känslomässiga resurser till medarbetarna, bygger upp medarbetarnas självkänsla och kompetens, samt stärker deras coping-förmåga (Morianio *et al.*, 2021). Ledarskapet kan optimistiskt definieras som en avsedd, positiv påverkan som skapar förändring för större goda och positiva resultat. Sättet man tänker på ledarskap kommer att påverka hur man utövar det (Northouse, 2015).

Behovet av ledarkompetens hos apoteksledare är uppenbart: Att dispensera fel medicinering till en kund kan vara dödligt. Att styra anställda kan ibland vara nödvändiga för att hålla kunderna vid liv, men den hierarkiska synen på ledarskap garanterar inte det bästa resultatet i varje situation. Det finns en hög konsensus i ledningslitteraturen om att medarbetarnas bemyndigande är nödvändigt för organisationers överlevnad och framgång. Genom att inte stärka medarbetarna har företag konsekvent misslyckats med att utnyttja de anställdas fulla

potential (Huq, 2016). De ledande provisorer som för tillfället arbetar på finska apotek kan ha mycket varierande utbildning i ledarskap. I en studie som undersökte ledarskapet i stora privatägda öppna apotek i södra Finland hade de ledande provisorerna mycket liten erfarenhet av ledarskap. Provisorerna bad om mer utbildning i hanteringen av personalresurser (Uusitalo, 2014).

## Syfte

Luckor i tidigare forskning och bevis på inkonsekvent ledarskap på apotek gör att det fortfarande finns arbete att göra för att förbättra ledarskapet i de finska apoteken. För en djupare förståelse av attraktion och bevarande av farmaceuter inom branschen/på öppna apotek är det viktigt att undersöka farmaceuters erfarenheter av apoteksledarskap och arbetshälsan med hjälp av kvalitativ metod.

Syften i denna studie är att

1. beskriva farmaceuternas erfarenheter av att arbeta på finska öppna apotek;
2. undersöka apoteksledarskapets inverkan på deras yrkesmässiga välbefinnande;
3. identifiera vilka ledaregenskaper som farmaceuter ser som de mest önskvärda för deras välbefinnande i arbetet.

## Metoder

Kvalitativ forskning kan ge en mycket mångsidig och rik beskrivning och förståelse av forskningsobjektet (Hämeen-Anttila och Katajavuori, 2022). I denna studie samlas människors subjektiva upplevelser och de betydelser de ger fenomen genom intervjuer. Kvalitativ forskning är alltid empirisk, d.v.s. baserad på olika material och analyser av dem. Det finns många olika synsätt och traditioner inom området kvalitativ forskning (Graneheim et al, 2016). Här valdes induktiv kvalitativ innehållsanalys, eftersom det inte fanns många tidigare kvalitativa forskningar inom området.

Farmaciförbundet, fackföreningen för farmaceuter i Finland, hjälpte med att skicka inbjudningar till intervjuer till sina medlemmar. Semistrukturerade individuella intervjuer genomfördes med elva frivilliga farmaceuter. Deltagarna valdes ut för att bilda en så heterogen

grupp som möjligt. Intervjuerna inspelades, transkriberades och utsattes för induktiv kvalitativ innehållsanalys.

## Resultat

Med hjälp av kvalitativ innehållsanalys kategoriserades intervjumaterialet till tre kategorier: erfarenheter av dåligt ledarskap, svårigheter i en obalanserad organisation och vikten av en positiv arbetsmiljö. Varje kategori bestod av tre underkategorier.

Deltagarna upplevde bristande ledarskapsförmåga, kände sig ignorerade, upplevde bristande stöd och mötte destruktivt beteende av en ledare. Dåligt ledarskap upplevdes som betungande och frustrerande. Ledare som uppvisar dåligt ledarskap beskrevs öka känslor av osäkerhet och stress.

Deltagarna beskrev att de ställdes inför höga krav på jobbet, upplevde resursbrist och bristande kontroll. Dessa utmaningar upplevdes bero på organisatoriska och sociala problem, såsom ägarbyten, förändrade riktlinjer från myndigheter, brist på farmaceuter och ekonomiska resurser. Deltagarna betonade att de skulle vilja se ledaren försöka hantera dessa utmaningar bättre och inte lägga skulden på sin personal.

Deltagarna presenterade några positiva exempel på apotek med en positiv arbetsmiljö och stödjande den psykiska arbetshälsan. Ledarskap sades vara en av nyckelfaktorerna. Farmaceuterna upplevde en arbetstillfredsställelse som balanserade stressfaktorerna i jobbet. Känslan av att få stöd av sina ledare sågs som en bidragande faktor för att göra jobbet bra. Intervjupersonerna presenterade förbättringsförslag och önskade ledaregenskaper som främjar yrkesmässigt välbefinnande.

## Slutsatser

Deltagarnas erfarenheter av ledarskap på öppna apotek varierade från utmärkta till katastrofala. Flera kännetecken på negativt ledarskap presenterades, vilket avsevärt försvagade det upplevda välbefinnandet i arbetet och intentionen att fortsätta arbeta inom fältet. Å andra sidan fanns det exempel på transformativt ledarskap som hade attraherat anställda och främjat deras välbefinnande på jobbet.

Ledarskapsstil är en attraktionsfaktor för arbetskraften. Resultaten återspeglar tidigare resultat av inkonsekvent ledarskap och att upplevd ledarskapsstil har en effekt på välmåendet i finska öppna apotek. Deltagarna beskrev att en bra ledare är närvarande när det behövs, främjar utbildning, visar förtroende, får personalen att känna sig uppskattad och ger positiv feedback. Den transformativa ledarskapsstilen liknar det här önskade apoteksledarskapet.

Skickligt och humant ledarskap ska ses som en konkurrensfördel vid rekrytering av bästa möjliga personal. Det är viktigt att ta upp företagshälsan när det gäller apoteksledarskap. Den viktiga frågan som varje apotekschef bör ställa är vad jag kan göra åt situationen. Att tillföra mer arbetsresurser till arbetsplatsen och lindra effekterna av de betungande faktorerna, det vill säga jobbkraven, är kärnan i arbetarskyddsåtgärder. De praktiska implementeringarna kräver ytterligare studier inom området, men dessa studier kan till exempel testa bästa praxis för att minska betungande faktorer i apoteksjobb.

Intervjupersonerna betonade att personalförvaltning är viktig och att ledarskap är en attraktions- och retentionsfaktor för arbetskraften. Provisorernas läroplan bör förbereda dem bättre för jobbet som chef. Apotekare måste förstå deras inverkan på de människor de arbetar med, och de bör också utbilda sig själva kontinuerligt för att hålla sig uppdaterade, inte bara om de senaste farmaceutiska och tekniska frågorna utan också om interaktionsförmåga. Ledarskapet är viktigt, även på finska apotek.

## 10 REFERENCES

- AFP (2021) *AFP Annual Report 2021*. Available at: [https://www.apteekkariliitto.fi/media/vuosikatsaus\\_2021\\_en\\_lowres\\_final.pdf](https://www.apteekkariliitto.fi/media/vuosikatsaus_2021_en_lowres_final.pdf) (Accessed: 8 February 2023).
- Airaksinen, M. *et al.* (2021) 'Policy and vision for community pharmacies in Finland: a roadmap towards enhanced integration and reduced costs', *Pharmacy Practice (Granada)*, 19(1). Available at: <https://doi.org/10.18549/pharmpract.2021.1.2288>.
- Asiri, S.A. *et al.* (2016) 'The association of leadership styles and empowerment with nurses' organizational commitment in an acute health care setting: a cross-sectional study', *BMC Nursing*, 15, p. 38. Available at: <https://doi.org/10.1186/s12912-016-0161-7>.
- Austin, Z. and Sutton, J. (2018) *Research Methods in Pharmacy Practice - 1st Edition*. Available at: <https://www.elsevier.com/books/research-methods-in-pharmacy-practice/978-0-7020-7426-4> (Accessed: 9 February 2023).
- Azzopardi, L.M. (2019) 'Pharmacy Practice in Western Europe', in Z.-U.-D. Babar (ed.) *Encyclopedia of Pharmacy Practice and Clinical Pharmacy*. Oxford: Elsevier, pp. 478–487. Available at: <https://doi.org/10.1016/B978-0-12-812735-3.00728-7>.
- Bachynsky, J.A. and Tindall, W.N. (2018) 'It's time for more pharmacy leadership from within', *Canadian Pharmacists Journal: CPJ*, 151(6), pp. 388–394. Available at: <https://doi.org/10.1177/1715163518803875>.
- Bakker, A.B. and Demerouti, E. (2017) 'Job demands-resources theory: Taking stock and looking forward', *Journal of Occupational Health Psychology*, 22(3), pp. 273–285. Available at: <https://doi.org/10.1037/ocp0000056>.
- Bányai, T. (2019) *Sustainable Human Resource Management*. MDPI - Multidisciplinary Digital Publishing Institute. Available at: <https://doi.org/10.3390/books978-3-03921-683-3>.
- Bass, B.M. and Riggio, R.E. (2006) *Transformational leadership*. Second edition. Mahwah, New Jersey; London: Lawrence Erlbaum Associates. Available at: <https://doi.org/10.4324/9781410617095>.
- Bastian, B. and Haslam, N. (2011) 'Experiencing Dehumanization: Cognitive and Emotional Effects of Everyday Dehumanization', *Basic and Applied Social Psychology - BASIC APPL SOC PSYCHOL*, 33, pp. 295–303. Available at: <https://doi.org/10.1080/01973533.2011.614132>.
- Bresnen, M. (2017) *Managing modern healthcare: knowledge, networks and practice*. New York: Routledge, Taylor & Francis Group (Routledge studies in health management, 2).
- Brinkmann, S. and Kvale, S. (2018) *SAGE Research Methods - Doing Interviews*. Available at: <https://methods-sagepub-com.ezproxy.vasa.abo.fi/book/doing-interviews-2e> (Accessed: 3 February 2023).
- Burns, J.M. (1978) *Leadership*. Harper & Row.
- Castleberry, A.N. *et al.* (2023) 'Pharmacy Leaders' Reflections on Leadership and Legacy', *American Journal of Pharmaceutical Education*, 0(0). Available at: <https://doi.org/10.1016/j.ajpe.2023.100111>.
- Charbonnier-Voirin, A. and Roussel, P. (2012) 'Adaptive Performance: A New Scale to Measure Individual Performance in Organizations', *Canadian Journal of Administrative*



*Sciences / Revue Canadienne des Sciences de l'Administration*, 29, pp. 280–293. Available at: <https://doi.org/10.1002/cjas.232>.

Cheng, P., Liu, Z. and Zhou, L. (2023) 'Transformational Leadership and Emotional Labor: The Mediation Effects of Psychological Empowerment', *International Journal of Environmental Research and Public Health*, 20(2), p. 1030. Available at: <https://doi.org/10.3390/ijerph20021030>.

Collinson, D. (2006) 'Rethinking followership: A post-structuralist analysis of follower identities', *The Leadership Quarterly*, 17(2), pp. 179–189. Available at: <https://doi.org/10.1016/j.leaqua.2005.12.005>.

Coverman, S. (1989) 'Role Overload, Role Conflict, and Stress: Addressing Consequences of Multiple Role Demands', *Social Forces*, 67(4), p. 965. Available at: <https://doi.org/10.2307/2579710>.

Curado, C. and Santos, R. (2021) 'Transformational leadership and work performance in health care: the mediating role of job satisfaction', *Leadership in Health Services (Bradford, England)*, ahead-of-print(ahead-of-print). Available at: <https://doi.org/10.1108/LHS-06-2021-0051>.

Day, D. (2014) *The Oxford Handbook of Leadership and Organizations*. Oxford University Press.

De Braine, R. and Roodt, G. (2011) 'The Job Demands-Resources model as predictor of work identity and work engagement: A comparative analysis', *SA Journal of Industrial Psychology*, 37(2), p. 11 pages. Available at: <https://doi.org/10.4102/sajip.v37i2.889>.

Deci, E.L., Olafsen, A.H. and Ryan, R.M. (2017) 'Self-Determination Theory in Work Organizations: The State of a Science', *Annual Review of Organizational Psychology and Organizational Behavior*, 4(1), pp. 19–43. Available at: <https://doi.org/10.1146/annurev-orgpsych-032516-113108>.

Desselle, S.P. *et al.* (2022) 'Technicians' perception of pharmacist leadership behaviors on their own commitment and turnover intention', *American journal of health-system pharmacy: AJHP: official journal of the American Society of Health-System Pharmacists*, 79(24), pp. 2244–2252. Available at: <https://doi.org/10.1093/ajhp/zxac268>.

Dimitrov, M., Airaksinen, M. and Hämeen-Anttila, K. (2022) 'Suomalainen apteekkipalvelututkimus 2010-2020', *Fimea kehittää, arvioi ja informoi*, 2022.

Ebrahim, E. (2022) 'Strateginen johtaminen ja talousohjaus apteekeissa apteekkiuudistuksen luomassa epävarmassa muutostilanteessa'. Available at: <https://www.utupub.fi/handle/10024/153784> (Accessed: 13 February 2023).

Eden, M., Schafheutle, E. and Hassell, K. (2009) 'Workload pressure among recently qualified pharmacists: An exploratory study of intentions to leave the profession', *The International journal of pharmacy practice*, 17, pp. 181–7. Available at: <https://doi.org/10.1211/ijpp/17.03.0009>.

Elo (2022) *Farmaseuttipula vaivaa apteekkejä, Apteekkari*. Available at: <https://www.apteekkari.fi/artikkelit/farmaseutti-saa-paikan-apteekkien-tyontekijapalahane.html> (Accessed: 8 February 2023).

Elo, S. and Kyngäs, H. (2008) 'The qualitative content analysis process', *Journal of Advanced Nursing*, 62(1), pp. 107–115. Available at: <https://doi.org/10.1111/j.1365-2648.2007.04569.x>.

Eriksson, S. (2006) *Apoteksprovisorns dilemma : Läkemedelsexperten som ledare- om ledarskap ur ett gruppsykologiskt perspektiv*. Available at:

<https://helda.helsinki.fi/server/api/core/bitstreams/9b8bed2a-4bfb-4524-9810-e9a8ec15ca80/content> (Accessed: 2 December 2023).

(EU) 2016/679, (2016) (EU) 2016/679, OJ L. Available at: <http://data.europa.eu/eli/reg/2016/679/oj/fin> (Accessed: 17 May 2023).

EU-OSHA (2023) *Psychosocial risks in the health and social care sector | Safety and health at work EU-OSHA*. Available at: <https://osha.europa.eu/en/publications/psychosocial-risks-health-and-social-care-sector> (Accessed: 11 November 2023).

[finlex.fi](http://finlex.fi)/Työturvallisuuslaki, E.P. (2002) *FINLEX*® - Ajantasainen lainsäädäntö: *Työturvallisuuslaki 738/2002*. Oikeusministeriö, Edita Publishing Oy. Available at: <https://finlex.fi/fi/laki/ajantasa/2002/20020738#a738-2002> (Accessed: 16 May 2023).

FIP (2021) *Early Career Training Strategy, FIP Development Goals*. Available at: <https://developmentgoals.fip.org/dg2/> (Accessed: 5 December 2023).

*FIP Development Goals* (2023) *FIP Development Goals*. Available at: <https://developmentgoals.fip.org/> (Accessed: 5 December 2023).

Graneheim, U.H., Lindgren, B.-M. and Lundman, B. (2017) 'Methodological challenges in qualitative content analysis: A discussion paper', *Nurse Education Today*, 56, pp. 29–34. Available at: <https://doi.org/10.1016/j.nedt.2017.06.002>.

Graneheim, U.H. and Lundman, B. (2004) 'Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness', *Nurse Education Today*, 24(2), pp. 105–112. Available at: <https://doi.org/10.1016/j.nedt.2003.10.001>.

Gregory, P.A.M., Seuthprachack, W. and Austin, Z. (2020) 'Community pharmacists' perceptions of leadership', *Research in Social and Administrative Pharmacy*, 16(12), pp. 1737–1745. Available at: <https://doi.org/10.1016/j.sapharm.2020.02.001>.

Hämeen-Anttila, K. and Katajavuori, N. (eds) (2021) *Yhteiskunnallinen lääketutkimus – ideasta näyttöön*. PDF. Helsinki University Library. Available at: <https://doi.org/10.31885/9789515150417>.

Harding, G. and Taylor, K.M.G. (eds) (2017) *Pharmacy Practice*. 2nd edn. New York: Routledge. Available at: <https://doi.org/10.1201/b19093>.

Hassard, J. *et al.* (2017) 'The cost of work-related stress: a systematic review', *Journal of Occupational Health Psychology*, 23. Available at: <https://doi.org/10.1037/ocp0000069>.

Heiskanen, K. *et al.* (2015) 'Medicine shortages--a study of community pharmacies in Finland', *Health Policy (Amsterdam, Netherlands)*, 119(2), pp. 232–238. Available at: <https://doi.org/10.1016/j.healthpol.2014.11.001>.

Henriksén, P. (2021) *Transformationaalinen johtajuus apteekeissa*. Vaasan Yliopisto.

Hirvonen, J. *et al.* (2019) 'Pharmacy Practice and Education in Finland', *Pharmacy*, 7(1), p. 21. Available at: <https://doi.org/10.3390/pharmacy7010021>.

Hsieh, H.-F. and Shannon, S.E. (2005) 'Three Approaches to Qualitative Content Analysis', *Qualitative Health Research*, 15(9), pp. 1277–1288. Available at: <https://doi.org/10.1177/1049732305276687>.

Huq, R.A. (2016) *The Psychology of Employee Empowerment: Concepts, Critical Themes and a Framework for Implementation*. London: Routledge. Available at: <https://doi.org/10.4324/9781315553801>.

finlex.fi/Health Insurance Act, E.P. (2004) *FINLEX*® - *Ajantasainen lainsäädäntö: Sairausvakuutuslaki 1224/2004*. Oikeusministeriö, Edita Publishing Oy. Available at: <https://www.finlex.fi/fi/laki/ajantasa/2004/20041224?search%5Btype%5D=pika&search%5Bpika%5D=hintalautakunta#V1> (Accessed: 2 December 2023).

Jacobs, S., Johnson, S. and Hassell, K. (2018) 'Managing workplace stress in community pharmacy organisations: lessons from a review of the wider stress management and prevention literature', *International Journal of Pharmacy Practice*, 26(1), pp. 28–38. Available at: <https://doi.org/10.1111/ijpp.12360>.

Jokinen, L., Puumalainen, I. and Airaksinen, M. (2020) 'Factors associated with health service orientation and active product marketing orientation in Finnish community pharmacies: a nationwide study among private pharmacy owners', *BMC Health Services Research*, 20(1), p. 667. Available at: <https://doi.org/10.1186/s12913-020-05469-y>.

Joseph, T. (2006) 'Developing the Leader-Follower Relationship: Perceptions of Leaders and Followers', *Journal of Leadership, Accountability & Ethics* [Preprint]. Available at: [http://www.m.www.na-businesspress.com/JLAE/JosephT\\_Web13\\_1\\_.pdf](http://www.m.www.na-businesspress.com/JLAE/JosephT_Web13_1_.pdf).

Junkkarinen, P. *et al.* (2019) 'Miten suomalaisissa apteekeissa työtehtävien organisointi ja apteekin sisäinen yhteistyö hoidetaan potilasturvallisuuden näkökulmasta?', *Dosis : farmaseuttinen aikakauskirja* [Preprint], (03/2019).

Jussila, J. (2019) *Tunne äly - älyä tunne : esimiesten näkemyksiä osaamisen johtamisesta*. Available at: <https://helda.helsinki.fi/items/12c982a5-c976-49c7-8c69-ad67f21acf0b> (Accessed: 13 March 2024).

Kallio, S. *et al.* (2014) 'Lisämyynti apteekeissa – asiakkaan vai apteekin ehdoilla?', *Dosis : farmaseuttinen aikakauskirja*, 30(1), pp. 37–47.

Karjalainen, H.-R. (2023) 'FARMASEUTTIEN TYÖTYTYVÄISYYS APTEEKEISSA'.

Kellerman, B. (2007) 'What Every Leader Needs to Know About Followers', *Harvard Business Review*, 1 December. Available at: <https://hbr.org/2007/12/what-every-leader-needs-to-know-about-followers> (Accessed: 10 February 2023).

Koroglu, Ş. and Ozmen, O. (2021) 'The mediating effect of work engagement on innovative work behavior and the role of psychological well-being in the job demands–resources (JD-R) model', *Asia-Pacific Journal of Business Administration*, 14(1), pp. 124–144. Available at: <https://doi.org/10.1108/APJBA-09-2020-0326>.

Kuoppala, J. *et al.* (2008) 'Leadership, Job Well-Being, and Health Effects—A Systematic Review and a Meta-Analysis', *Journal of Occupational & Environmental Medicine*, 50(8), pp. 904–915. Available at: <https://doi.org/10.1097/JOM.0b013e31817e918d>.

Kvist, T. *et al.* (2013) 'How magnetic are Finnish hospitals measured by transformational leadership and empirical quality outcomes?', *Journal of Nursing Management*, 21(1), pp. 152–164. Available at: <https://doi.org/10.1111/j.1365-2834.2012.01456.x>.

de Lavor-Filho, T.L. *et al.* (2021) 'Theoretical-practical evidence in the prevention and promotion of workers' mental health', *Revista Brasileira de Medicina do Trabalho*, 19(4), pp. 491–502. Available at: <https://doi.org/10.47626/1679-4435-2021-746>.

Lea, V.M., Corlett, S.A. and Rodgers, R.M. (2012) 'Workload and its impact on community pharmacists' job satisfaction and stress: a review of the literature', *International Journal of Pharmacy Practice*, 20(4), pp. 259–271. Available at: <https://doi.org/10.1111/j.2042-7174.2012.00192.x>.

- Leupold, C.R., Ellis, L.E. and Valle, M. (2013) 'Job embeddedness and retail pharmacists' intention to leave', *The Psychologist-Manager Journal*, 16(4), pp. 197–216. Available at: <https://doi.org/10.1037/mgr0000006>.
- Lynch, M. and O'Leary, A.C. (2023) 'Understanding the factors influencing community pharmacist retention – A qualitative study', *Exploratory Research in Clinical and Social Pharmacy*, 12, p. 100329. Available at: <https://doi.org/10.1016/j.rcsop.2023.100329>.
- Mathisen, J. *et al.* (2021) 'Reducing employee turnover in hospitals: estimating the effects of hypothetical improvements in the psychosocial work environment', *Scandinavian Journal of Work, Environment & Health*, 47(6), pp. 456–465. Available at: <https://doi.org/10.5271/sjweh.3969>.
- Mattsson, S. and Gustafsson, M. (2020) 'Job Satisfaction among Swedish Pharmacists', *Pharmacy*, 8(3), p. 127. Available at: <https://doi.org/10.3390/pharmacy8030127>.
- Medicines Act, E.P. (2023) *FINLEX® - Ajantasainen lainsäädäntö: Lääkelaki 395/1987*, <https://www.finlex.fi/fi/laki/ajantasa/1987/19870395#L6>. Oikeusministeriö, Edita Publishing Oy. Available at: <https://www.finlex.fi/fi/laki/ajantasa/1987/19870395#L6> (Accessed: 2 December 2023).
- Meriö, V. (2019) 'TYÖN, KORKEAKOULUTUKSEN JA PROVIISORIN OSAAMISEN TULEVAISUUS'.
- Mikulincer, M., & Shaver, P. R. (2017). Augmenting the sense of attachment security in group contexts: The effects of a responsive leader and a cohesive group. *International Journal of Group Psychotherapy*, 67(2), 161–175.
- Mitchell, T. *et al.* (2001) 'Why People Stay: Using Job Embeddedness to Predict Voluntary Turnover', *Academy of Management Journal*, 44, pp. 1102–1121. Available at: <https://doi.org/10.2307/3069391>.
- Moriano, J. *et al.* (2021) 'Security Providing Leadership: A Job Resource to Prevent Employees' Burnout', *International Journal of Environmental Research and Public Health*, 18, p. 12551. Available at: <https://doi.org/10.3390/ijerph182312551>.
- Niedhammer, I., Bertrais, S. and Witt, K. (2021) 'Psychosocial work exposures and health outcomes: a meta-review of 72 literature reviews with meta-analysis', *Scandinavian Journal of Work, Environment & Health*, 47(7), pp. 489–508. Available at: <https://doi.org/10.5271/sjweh.3968>.
- Northouse, P.G. (2013) *Leadership: theory and practice*. 6th ed. Thousand Oaks, Calif: SAGE.
- Northouse, P.G. (2015) *Introduction to leadership: concepts and practice*. Third edition. Thousand Oaks, CA: SAGE.
- Päiväniemi, T. (2017) *LIIKETOIMINNAN RISKIENHALLINTA APTEEKISSA*. PD-opintojen projektityö. Helsingin yliopisto.
- Parikka, T. (2022) 'Farmasian ammattilaisten työ merkityksellisyys suurennuslasin alla» Farmasia-lehti', *Farmasia-lehti*, 28 December. Available at: <https://farmasialehti.fi/merkityksellisen-tyon-lahteilla/> (Accessed: 18 May 2023).
- Peltoniemi, T. *et al.* (2021) 'Electronic prescription as a driver for digitalization in Finnish pharmacies', *BMC health services research*, 21(1), p. 1017. Available at: <https://doi.org/10.1186/s12913-021-07003-0>.
- Rantala, K.M. (2023) *Apteekit lyhentävät aukioloaikojaan, kun farmaseutteja ei saada töihin –*

- avoinna olisi satoja paikkoja, *Yle Uutiset*. Available at: <https://yle.fi/a/74-20018967> (Accessed: 19 December 2023).
- Reed, B.N., Klutts, A.M. and Mattingly, T.J. (2019) 'A Systematic Review of Leadership Definitions, Competencies, and Assessment Methods in Pharmacy Education', *American Journal of Pharmaceutical Education*, 83(9), p. 7520. Available at: <https://doi.org/10.5688/ajpe7520>.
- Rifkin, D.J. (2017) *Australian Pharmacy Leadership*. Thesis. Available at: <https://ses.library.usyd.edu.au/handle/2123/18259> (Accessed: 15 May 2023).
- Ruble, M.J. *et al.* (2022) 'The relationship between pharmacist emotional intelligence, occupational stress, job performance, and psychological affective well-being', *Journal of the American Pharmacists Association*, 62(1), pp. 120–124. Available at: <https://doi.org/10.1016/j.japh.2021.09.004>.
- Ruotsalainen, S., Jantunen, S. and Sinervo, T. (2020) 'Which factors are related to Finnish home care workers' job satisfaction, stress, psychological distress and perceived quality of care? - a mixed method study', *BMC Health Services Research*, 20(1), p. 896. Available at: <https://doi.org/10.1186/s12913-020-05733-1>.
- Saario, H. (2013) *Esimiehenä apteekissa - Jaetun johtamisen mahdollisuudet*. Helsingin yliopisto.
- Schepel, L. *et al.* (2019) 'Strategies for improving medication safety in hospitals: Evolution of clinical pharmacy services', *Research in Social and Administrative Pharmacy*, 15(7), pp. 873–882. Available at: <https://doi.org/10.1016/j.sapharm.2019.02.004>.
- Schindel, T.J. *et al.* (2019) 'Pharmacists' learning needs in the era of expanding scopes of practice: Evolving practices and changing needs', *Research in Social and Administrative Pharmacy*, 15(4), pp. 448–458. Available at: <https://doi.org/10.1016/j.sapharm.2018.06.013>.
- Schmitt, A., Den Hartog, D.N. and Belschak, F.D. (2016) 'Transformational leadership and proactive work behaviour: A moderated mediation model including work engagement and job strain', *Journal of Occupational and Organizational Psychology*, 89(3), pp. 588–610. Available at: <https://doi.org/10.1111/joop.12143>.
- Schyns, B. and Schilling, J. (2013) 'How bad are the effects of bad leaders? A meta-analysis of destructive leadership and its outcomes', *The Leadership Quarterly*, 24(1), pp. 138–158. Available at: <https://doi.org/10.1016/j.leaqua.2012.09.001>.
- Selander, K. *et al.* (2023) 'Engaging Leadership and Psychological Safety as Moderators of the Relationship between Strain and Work Recovery: A Cross-Sectional Study of HSS Employees', *Healthcare (Basel, Switzerland)*, 11(7), p. 1045. Available at: <https://doi.org/10.3390/healthcare11071045>.
- Shazer, S. de and Dolan, Y. (2007) *More than miracles: the state of the art of solution-focused brief therapy*. New York: Routledge. Available at: <https://doi.org/10.4324/9780203836484>.
- Shikaze, D. *et al.* (2018) 'Community pharmacists' attitudes, opinions and beliefs about leadership in the profession: An exploratory study', *Canadian Pharmacists Journal: CPJ*, 151(5), pp. 315–321. Available at: <https://doi.org/10.1177/1715163518790984>.
- Stankevičiūtė, Ž. and Savanevičienė, A. (2018) 'Designing Sustainable HRM: The Core Characteristics of Emerging Field', *Sustainability*, 10(12), p. 4798. Available at: <https://doi.org/10.3390/su10124798>.

- Sutela, H. and Lehto, A.-M. (2014) *Työolojen muutokset 1977–2013*. Tilastokeskus. Available at: <https://www.doria.fi/handle/10024/184208> (Accessed: 7 November 2023).
- Swedish Pharmacist Association (2023) *Vad är en farmaceut?* Available at: <https://www.sverigesfarmaceuter.se/OmSverigesFarmaceuter/vad-ar-en-farmaceut/> (Accessed: 2 December 2023).
- Taskin, L., Parmentier, M. and Stinglhamber, F. (2019) ‘The dark side of office designs: towards de-humanization’, *New Technology, Work and Employment*, 34(3), pp. 262–284. Available at: <https://doi.org/10.1111/ntwe.12150>.
- TENK (2019) *Guidelines for ethical review in human sciences, Finnish National Board on Research Integrity TENK*. Available at: <https://tenk.fi/en/advice-and-materials/guidelines-ethical-review-human-sciences> (Accessed: 5 May 2023).
- Tourish, D. (2013) *The Dark Side of Transformational Leadership: A Critical Perspective*. London: Routledge. Available at: <https://doi.org/10.4324/9780203558119>.
- Tsao, N.W. *et al.* (2020) ‘Pharmacists’ perceptions of their working conditions and the factors influencing this: Results from 5 Canadian provinces’, *Canadian Pharmacists Journal: CPJ*, 153(3), pp. 161–169. Available at: <https://doi.org/10.1177/1715163520915230>.
- ‘Työturvallisuuslaitos, 2022’ Työhyvinvointia apteekkeihin. Available at: <https://ttk.fi/wp-content/uploads/2022/11/Tyo%CC%88hyvinvointia-apteekkeihin.pdf> (Accessed: 13 February 2023).
- Uusitalo, M. (2014) *Apteekin ja sen asiakaspalvelun johtaminen; selvitys käytännöistä isoissa apteekkeissa*. PD-opintojen projektityö. Helsingin yliopisto.
- Viitala, A. (2014) *ESIMIESTYÖSKENTELYN VAIKUTUS APTEEKISSA TYÖSKENTELEVIEN FARMASEUTTIEN TYÖHYVINVOINTIIN*. PD-opintojen projektityö. Helsingin yliopisto.
- Viitala, R. and Järnlström, M. (eds) (2014) *Henkilöstöjohtaminen uuden edessä: henkilöstöbarometrin nostamat kehityshaasteet*. Vaasa: Vaasan yliopisto (Vaasan yliopiston julkaisuja. Tutkimuksia, 302).
- Vogler, S., Habimana, K. and Arts, D. (2014) ‘Does deregulation in community pharmacy impact accessibility of medicines, quality of pharmacy services and costs? Evidence from nine European countries’, *Health Policy*, 117(3), pp. 311–327. Available at: <https://doi.org/10.1016/j.healthpol.2014.06.001>.
- Walsh, K. and Gordon, J. (2008) ‘Creating an individual work identity’, *Human Resource Management Review - HUMAN RESOURCE MANAGEMENT REV*, 18, pp. 46–61. Available at: <https://doi.org/10.1016/j.hrmr.2007.09.001>.
- Wisell, K. and Sporrang, S.K. (2015) ‘The Raison D’être for the Community Pharmacy and the Community Pharmacist in Sweden: A Qualitative Interview Study’, *Pharmacy*, 4(1), p. 3. Available at: <https://doi.org/10.3390/pharmacy4010003>.
- Yong, F.R. *et al.* (2020) ‘Factors affecting community pharmacist work: A scoping review and thematic synthesis using role theory’, *Research in Social and Administrative Pharmacy*, 16(2), pp. 123–141. Available at: <https://doi.org/10.1016/j.sapharm.2019.05.001>.

## Appendix 1: Privacy Notice

### ÅBO AKADEMI UNIVERSITY

#### PRIVACY NOTICE

According to the EU General Data Protection Regulation GDPR (EU 679/2016), Art. 13-14

#### The notice concerns:

Bachelor's or master's thesis

#### LEADERSHIP THAT ATTRACTS PHARMACISTS

- A qualitative study on pharmacists' views on leadership in Finnish pharmacies

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#### Data controller

Åbo Akademi University  
Tuomiokirkontori 3  
20500 Turku  
Finland

Åbo Akademi University (ÅAU) is controller for the personal data collected and processed in the university's activities

– in teaching, guidance, research, administration, and cooperation, internally and externally.

Responsible unit for the processing that is described in this document:

Faculty of Science and Engineering

Contact person: Anni Kivelä / Outi Salo-Ahen, outi.salo-ahen@abo.fi

Data Protection Officer at Åbo Akademi University: dataskydd@abo.fi

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#### Why do we treat your personal data?

This information will be used for the research that result in a master's thesis in Pharmacy.

The collected data will be analyzed and in this analysis the background factors might add to the results.

The data will be processed with greatest care and so that you cannot be identified from the results.

The results can be used to propose educational goals for future pharmacy leaders.

**According to GDPR there must always be a legal basis for processing personal data.**

**The legal basis for processing your personal data is public interest or public authority with the aim of carrying out a master's thesis in the context of the University's statutory educational activities.**

The recipients of invitation to interviews will receive privacy notice for the use of the given data when filling the contact form (E-lomake). Before the actual interview the usage of the data will be presented again. The participants will be contacted through a trade union. This personal information will be processed for research purposes. The personal data will be stored on ÅAU's protected servers and other devices in research use will be protected from any unauthorized use. After the interviewees have been selected, all other contact forms will be

pseudonymized (i.e., name and contact information will be deleted).

### **Which personal data is processed and by whom?**

Personal background information (name, e-mail address, age group, sex, area of occupational location, occupational history and position, type of pharmacy you work in), voice (or Zoom) recording and its transcription and all the personal data given in the interview and contact form, trade union membership (this will not be used in the study).

Anni Kivelä, Pharmacy student, anni.kivela@abo.fi

Sofia Asplund, university lecturer (supervisor), sofia.a.asplund@abo.fi

Outi Salo-Ahen, senior university lecturer (supervisor), outi.salo-ahen@abo.fi

Frederick Ahen, docent (supervisor), frederick.ahen@abo.fi

### **From where do we collect your personal data and how is the data processed?**

Personal data for gathering information on candidates for interviews is collected in the form of background questions and open questions using the survey tool E-form (E-lomake).

ÅAU's E-form tool is used for surveys, which is also suitable for sensitive data, because the tool stores the data in ÅAU's secure network. Rest of the data will be collected directly from you if you agree to be interviewed by filling the E-form and give your consent that your voice will be recorded during the interview.

The recorded interviews and transcriptions will be stored on ÅAU's PChome home server. Transcription will be made manually by the student in Word and NVIVO. NVIVO (ÅA licensed program) on a local computer is used to analyze the data. The analyzed material is stored on ÅAU's PChome home server. No unsafe external storage (e.g., clouds) will be used for the data. Zoom will be used with ÅAU's secure SSO-login system.

When the research has been completed and the master's thesis has been accepted, all the collected personal data is destroyed, also transcriptions. Master's thesis research is published via ÅAU's portal: <https://www.doria.fi/handle/10024/92085>.

The personal data is deleted in 2024 when the master's thesis will be completed.

### **Is your personal data transferred to a third party (outside Åbo Akademi University) for processing?**

No, personal data will not be transferred for processing outside Åbo Akademi University.

### **Is your personal data transferred to a third party (outside Åbo Akademi University) for the needs of the third party?**

No, personal data will not be transferred outside Åbo Akademi University.

### **Is your personal data transferred outside EU/EEA?**

No, personal data is not transferred outside EU/EEA.

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## **What rights do you have when Åbo Akademi University processes your personal data?**

Åbo Akademi University is responsible for taking appropriate technical and organisational measures to protect personal data against unauthorized or illegal processing and against damage to or loss of personal data. Personal data must always be processed in a fair and transparent manner in accordance with applicable data protection regulations.

### **According to the EU General Data Protection Regulation GDPR, you have the right to**

- get transparent information on how your personal data is processed and how you can exercise your rights (Art. 12)
- get access to your personal data at Åbo Akademi University and information on the processing of data (Art. 15)
- have your personal data corrected (Art. 16). *Note that employees and students at Åbo Akademi University can in most cases correct their own data according to the instructions on the intranet.*
- have your data erased ("the right to be forgotten") in certain situations (Art. 17)
- restrict the processing of your personal data in certain situations (Art. 18)
- have your personal data transferred between systems in certain situations (Art. 20)
- object to the processing of your personal data in certain situations (Art. 21)
- not be subject to automated decision-making, with certain exceptions (Art. 22)

You have also the right to be informed of a personal data breach involving a high risk for your personal data (Art. 34).

**When the purpose of the processing is scientific research, statistics or archival purposes**, the rights may be restricted by the Data Protection Act (1050/2018). Restrictions on rights always require special protective measures.

**If you have questions about your rights**, you can contact the responsible contact person (see above) or the ÅAU Data Protection Officer. See also the overall information on the processing of personal data on the ÅAU website ([www.abo.fi/en/processing-of-personal-data-at-abo-akademi-university](http://www.abo.fi/en/processing-of-personal-data-at-abo-akademi-university)).

**You have the right to lodge a complaint with the data protection authority** if you believe that the processing of your personal data is an infringement of the General Data Protection Regulation (GDPR).

Contact information to the data protection authority  
Office of the Data Protection  
PL 800  
00531 Helsinki  
+358 29 566 6700 (switchboard)  
tietosuoja@om.fi  
tietosuoja.fi

## Appendix 2: Interview Invitation

### INTERVIEW RESEARCH ON THE EXPERIENCES OF PHARMACISTS RELATED TO LEADERSHIP IN PRIVATELY OWNED COMMUNITY PHARMACIES

Dear Pharmaceutical Dispenser,

We invite pharmaceutical dispensers working in Finnish privately owned community pharmacies to individual interviews, which will survey the pharmaceutical dispensers' experiences and views on pharmacy leadership. The Association of Pharmacists in Finland has kindly forwarded this invitation to its pharmaceutical dispenser members working in privately owned community pharmacies, and that is why you have received this message. This qualitative research is the basis for a master's thesis, which is done in Åbo Akademi University's pharmacist training program.

#### **Background**

Finnish community pharmacies have long suffered from a shortage of pharmacists. A significant part of pharmacy students is also not interested in working in open pharmacies. Previous studies have shown that leadership is of great importance for well-being and satisfaction at work. However, there is still little research related to pharmacists' experiences of pharmacy management, and this research aims to supplement these previous results in Finland and abroad. The results of the research can be used, e.g. for further studies and for the development purposes of pharmacists' well-being and pharmacy management, as well as for pharmacists' leadership training.

#### **Method of implementation**

The interview lasts approximately 30–60 minutes. The interview can be conducted face-to-face or remotely using the Zoom video calling platform. The interviews are recorded, transcribed, and analysed using qualitative content analysis. Participation is completely voluntary and can be stopped at any time without reason. The research results are presented in such a way that the interviewees or their workplaces cannot be identified.

If you would like to promote the research by participating in the interview, you can securely send your contact information to the researcher via the attached e-form link. The form also asks for some background information, which is also used in this study.

The deadline for answering the participation survey via the e-form is until March 17, 2023. We aim to organize the interviews between 20.3.-31.3.2023 and arrange them personally with those selected for the interviews.

THANK YOU FOR YOUR TIME ON AN IMPORTANT SUBJECT!

## Appendix 3: Interview Guide

The purpose of this qualitative study is to describe pharmacists' experiences of work and leadership in privately owned community pharmacies in Finland. (Remember the purpose throughout the interview)

Before the interview: This research is the basis for Åbo Akademi University's pharmacy education master's thesis. Ask for verbal informed consent. Ask for consent to record the interview. Announce that notes will be taken. State that the person can withdraw consent at any time without having to explain why.

Do you have any questions about the study before starting the interview?

1. Description of career history in pharmacy:

- How long have you worked as a pharmaceutical dispenser?
- What about in your current workplace?

2. Definition of work environment:

- How would you describe your typical working day?
- How do you feel about your work environment?
- What kind of attraction factors are there in your work?
- Have there been any changes in your work in recent years?

3. Management in the pharmacy:

- How would you describe the leadership in your workplace?
- In which situations do you get support from your supervisor? For example?
- What are the most important qualities of a leader?
- Do you have different experiences in pharmacy leadership?

4. Leadership in the pharmacy and career development:

- Has pharmacy leadership affected your career development in any way?
- How do you feel about your opportunities to develop in your job?

5. Leadership and well-being at work:

- Have your superiors affected your well-being at work in any way?
- Can you give examples of such situations?

6. Future Orientation: If you had all the power in the world...

- What would you like for the future from your own work situation?
- What would improve leadership in your workplace?

7. Final words

- Do you have anything to add to this interview?
- Can I contact you if I have any questions?

Thank you for participating! (Ask how the person feels after the interview)