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Burnout and Turnover Intention Among Community and Hospital Pharmacists in Metro Manila, Philippines

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Abstract: Burnout among pharmacists is an increasingly urgent concern, with previous studies emphasizing its physical, psychological, and occupational consequences. However, limited research has explored specific burnout experiences and their impact on turnover intentions among Filipino pharmacists. This study examined the association between burnout, its symptoms, and turnover intentions among pharmacists in Metro Manila, Philippines. We used the Burnout Assessment Tool and Turnover Intention Scale to conduct a cross-sectional study among 300 community and hospital pharmacists. A multiple logistic regression analysis examined the association between burnout and turnover intentions among pharmacists. Of the 300 pharmacists, 73.0% were at risk of or experiencing severe burnout, and 75.7% reported a turnover intention. Pharmacists at risk of or experiencing severe burnout showed a higher likelihood of leaving their jobs (Adjusted Odds Ratio [AOR] = 7.59; 95% Confidence Interval [CI] = 3.68, 15.64), especially if they felt exhausted (AOR = 2.49, 95% CI = 1.27, 4.89) or mentally distant (AOR = 3.92, 95% CI = 1.95, 7.86) from their work. Furthermore, dissatisfaction with salary, lack of incentives and promotions, and insufficient staffing emerged as other factors associated with the desire to leave. Addressing pharmacists' physical and mental well-being, alongside workplace improvements, is crucial for reducing turnover intentions.

Keywords: burnout; community pharmacists; hospital pharmacists; Philippines; turnover intention

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1. Introduction

Burnout is a psychological syndrome that arises in response to chronic work-related stress. It is defined by three key dimensions: (1) a feeling of energy depletion or exhaustion, (2) increased mental distance from one's job (i.e., depersonalization) or the development of negative feelings towards it (i.e., cynicism), and (3) reduced professional efficacy [1]. Several risk factors contribute to burnout, including increased workload, lack of control in the workplace, inadequate social support, insufficient rewards, perceived unfairness, a misalignment between an individual's values and those of the organization, and a mismatch between personality and job role [2,3]. Burnout is recognized as an occupational hazard, especially in people-oriented professions such as human services, education, and healthcare [4].

Healthcare workers typically experience moderate to high levels of burnout and are often at greater risk than the general working population [5]. Among healthcare professionals, burnout arises when they feel overwhelmed and frustrated by unforeseen challenges while striving to positively impact their patients' lives [6]. This phenomenon has significant implications for the healthcare system, as burnout is linked to a reduced quality

of care, medical errors, and mental health issues [7]. While burnout has been well-studied among physicians and nurses, research on burnout among pharmacists remains limited. In the United States, a nationwide pilot survey of hospital pharmacists reported a burnout rate of 61.2%, primarily driven by high levels of emotional exhaustion [8]. Similar findings have been observed among hospital pharmacists in Lebanon, where the overall burnout prevalence was 43.5%, also attributed to high levels of emotional exhaustion [9]. In Greece, community pharmacists reported high levels of emotional exhaustion (94.3%), significant depersonalization towards service users (99.7%), and a strong sense of a lack of personal achievement (74.2%) [10]. To our knowledge, no previous studies have investigated burnout among pharmacists in the Philippines. It remains unclear whether high burnout rates among pharmacists are limited to specific regions or represent a broader, more universal trend.

Burnout negatively impacts individual productivity and performance, often reducing output and increasing employee turnover [11]. Employee turnover is a critical issue for organizations across all sectors, including healthcare [12]. High turnover rates can harm work efficiency, productivity, organizational performance, and customer satisfaction [7,13]. In addition to losing skilled employees, organizations incur significant costs associated with turnover and recruiting new staff [14]. For example, physician burnout in the United States is estimated to cost the healthcare system approximately 4.6 billion USD annually due to reduced clinical hours and increased physician turnover [15]. In healthcare settings, employee turnover disrupts organizational operations and compromises the quality of public health services.

By 2035, the global healthcare workforce shortage is projected to rise from 7.2 million to 12.9 million, which includes the pharmaceutical sector [16]. Pharmacists play a crucial role in improving health outcomes through the responsible and effective use of medications [17]. As the most accessible healthcare providers, pharmacists often serve as the first point of contact for the public. This results in high patient and prescription volumes, along with numerous free consultations [18]. Given their demanding work environment, long working hours, and high stress levels, pharmacists are particularly vulnerable to burnout, which can negatively impact the quality of pharmaceutical care [19]. Ensuring that pharmacists remain motivated is, therefore, essential to maintaining high standards of healthcare delivery. However, like other healthcare professionals, pharmacists are experiencing high levels of burnout, which increases the risk of turnover intentions and potential resignations from their current positions.

Turnover intention refers to the likelihood that an individual will leave their job in the future, and is influenced by factors such as job title, salary, morale, personal development, and job satisfaction [20]. In the healthcare sector, turnover intention strongly predicts actual turnover, particularly among employees working in adverse conditions, including low income, reduced job satisfaction, and high levels of work-related stress [21,22]. These factors significantly increase the likelihood of employees' intentions to leave their positions. In a multinational study, turnover intention among pharmacists ranged from 13.0% to 61.2%, with hospital pharmacists reporting rates between 25.0% and 68.7% and community pharmacists ranging from 23.0% to 73.3% [23]. Escalating workloads and job stress among pharmacists contribute to more frequent errors, reduced efficiency, and poorer performance in pharmacy practice [23]. Furthermore, inadequate staffing caused by this turnover exacerbates these issues, as unfinished tasks accumulate by the end of the shift, negatively impacting the quality of patient care [24].

A 2018 global trend report revealed a decline in pharmacist density in the Philippines, from 6.16 to 5.81 per 10,000 population between 2012 and 2016 [25]. One potential explanation for this decline is the migration of Filipino pharmacists to countries such as Canada, Australia, the United States, and the Middle East in search of better opportunities [26]. The Philippine Pharmacists Association also noted that fewer than half of licensed pharmacists are actively working in the field [27]. A descriptive study highlighted significant issues faced by the pharmacy workforce in the country, including low remuneration rates, heavy

workloads, and poor professional standing in the field [26]. Regarding burnout, no studies have been conducted specifically among Filipino pharmacists. However, 52% of employees in the general Filipino population reported experiencing work-related burnout at least a few times per month [28]. Despite the critical roles that community and hospital pharmacists play in the healthcare system, there is a limited understanding of their experiences with burnout and turnover intentions. Given the demanding nature of the healthcare environment, pharmacists—particularly those in urban areas like Metro Manila—may face an elevated risk of burnout, which could contribute to higher turnover rates.

This study aimed to address the gaps in the literature by examining the relationship between burnout, its symptoms, and turnover intentions among pharmacists in Metro Manila, Philippines. We hypothesized that pharmacists at risk of burnout are more likely to exhibit turnover intentions. The findings will contribute to a deeper understanding of burnout among community and hospital pharmacists in the Philippines and offer potential interventions to promote workforce sustainability in the pharmacy sector. A sufficient number of pharmacists is critical for ensuring high-quality healthcare and effective medication use, alongside doctors and other healthcare providers.

2. Materials and Methods

2.1. Participants and Procedure

We conducted a facility-based cross-sectional study using Google Forms and physical survey forms for data collection. We chose Metro Manila in the Philippines because it has the highest concentration of pharmacists (17.5%) among all the regions [29]. Metro Manila consists of sixteen cities and one municipality. We selected participants based on the following criteria: (1) being licensed Filipino pharmacists, (2) currently practicing within Metro Manila, (3) working in either a community or hospital pharmacy, and (4) having at least one year of work experience in their current field. We excluded pharmacists if they (1) worked in Manila but were not practicing in a community or hospital field, (2) were employed part-time, or (3) had less than one year of experience in their current field.

We utilized the list of community and hospital pharmacists within Metro Manila as the sampling frame. We calculated the sample size using OpenEpi, considering a confidence level of 95.0%, a power of 80%, an anticipated frequency of 50.0%, and an attrition rate of 10.0%. This calculation determined a minimum sample size of 300. We distributed publication materials and shared them on social media to enhance data gathering. We employed quota sampling and collected data from February to April 2023. Participants were selected based on specific criteria to ensure the representation of certain subgroups within the population. For example, we ensured that different practice settings, such as community and hospital settings, as well as study settings (i.e., cities and municipalities in Metro Manila), were adequately represented. We used a proportional-to-size sampling method to ensure this proper representation. We obtained ethical approval from the Adamson University Ethics Review Committee (2022-02-PHA-08) before commencing data collection. Participation was voluntary, and we obtained written informed consent from all the participants.

The study survey incorporated questions from internationally validated tools, including the Burnout Assessment Tool (BAT) and Turnover Intention Scale (TIS) [30,31]. We obtained permission from the corresponding authors to use both survey tools. We conducted pretesting among 30 participants (hospital and community pharmacists) to assess the reliability of the BAT and TIS questionnaires in the Philippine context. Additionally, we conducted cognitive interviews to determine the appropriateness of the survey questionnaire.

2.2. Measures

2.2.1. Outcome Variable: Turnover Intention

We employed the six-item turnover intention scale (TIS-6) to measure turnover intention. This validated tool, rooted in the theory of planned behavior, is a reliable and

valid measure for assessing turnover intention and can predict actual turnover behavior with accuracy [31]. Examples of items in the TIS-6 included the following: 'How often have you considered leaving your job?' and 'How often do you look forward to another day at work?'. Pharmacists rated each item on a 5-point Likert scale, ranging from 1 (Never/Highly unlikely/Very dissatisfied) to 5 (Always/Highly Likely/Very Satisfied).

We totaled the item scores to calculate a composite score. To assess turnover intention, we utilized the median cut-off point. A score below 18 indicated a desire to stay, while a score equal to or above 18 indicated a desire to leave. The Cronbach's alpha for TIS-6 in this study was 0.94, indicating excellent reliability.

2.2.2. Exposure Variable: Burnout

We utilized the work-related version of the burnout assessment tool (BAT) to measure burnout [32]. This 23-item validated tool assesses an individual's level of burnout and includes four subscales focusing on core symptoms, such as exhaustion, mental distance, cognitive impairment, and emotional impairment. Additionally, it features one subscale comprising ten questions addressing secondary symptoms, such as psychological distress and psychosomatic complaints [32]. Sample statements within the tool included the following: 'At work, I feel mentally exhausted' and 'Everything I do at work requires a great deal of effort'.

We calculated the average scores on the BAT scales by summing the scores on all items of a specific scale and dividing the total by the number of items on that scale. Our scoring categories consisted of 1 for "never", 2 for "rarely", 3 for "sometimes", 4 for "often", and 5 for "always". To assess the overall level of burnout, we computed the total score across the four core subscales. Additionally, to achieve a more nuanced understanding, we computed the average score for each of the five subscales separately (Table S1).

We interpreted the scores using clinical cut-off values as displayed in Table 1, where we compared the observed BAT scores with those of patients diagnosed by trained professionals as experiencing severe burnout complaints. These categories were divided into three: green (no risk of burnout), orange (at risk of burnout), and red (severe risk of burnout) [32]. However, for the final analysis, we combined "at risk of burnout" and "severe risk of burnout" into a single category to facilitate a more comprehensive comparison of the results. The Cronbach's alpha of the BAT in this study was 0.73, indicating acceptable reliability. The BAT has shown strong correlations with other burnout measures, including the Maslach Burnout Inventory (MBI); however, the overlap is not complete, suggesting that the BAT captures distinct aspects of burnout. Additionally, the BAT accounts for supplementary variance in distress beyond what is explained by the MBI [33].

Table 1. Cut-off values for burnout.

	Total—Core Symptoms	Exhaustion	Mental Distance	Emotional Impairment	Cognitive Impairment	Secondary Symptom
Green	1.00–2.58	1.00–3.05	1.00–2.49	1.00–2.09	1.00–2.69	1.00–2.84
Orange	2.59–3.01	3.06–3.30	2.50–3.09	2.10–2.89	2.70–3.09	2.85–3.34
Red	3.02–5.00	3.31–5.00	3.10–5.00	2.90–5.00	3.10–5.00	3.35–5.00

Note: Green (no risk of burnout), orange (at risk of burnout), and red (severe risk of burnout).

2.2.3. Covariates/Confounders: Sociodemographic Characteristics and Work Satisfaction

We gathered sociodemographic characteristics, including age, sex (male or female), civil status (single or married), number of children (none, one, or more), field of practice (hospital or community pharmacy), job position (staff or supervisor/manager/owner), and type of institution or organization (private or government). The confounding variables encompassed satisfaction with salary, incentives and promotion, and workplace personnel. We evaluated the level of satisfaction using a 5-point Likert scale, ranging from very dissatisfied (1) to very satisfied (5).

2.3. Data Analysis

We cross-tabulated the general characteristics of the pharmacists. We conducted descriptive statistics stratified by turnover intention to analyze the differences between those who wished to remain in their profession and those intending to leave. We performed simple and multiple logistic regression analyses to investigate factors associated with turnover intention. Furthermore, we explored the association between burnout symptoms (subscales) and turnover intention while controlling for covariates and potential confounders. All statistical analyses were carried out using Stata 17.0 (StataCorp, College Station, TX, USA), and we considered a p-value of less than 0.05 to indicate statistical significance (two-tailed).

3. Results

3.1. Characteristics of Participants

Table 2 displays the general characteristics of the pharmacists. A total of 300 pharmacists participated in the survey, with the majority being female (81.0%), single (82.7%), and without children (86.7%). The mean age of the pharmacists was 27.5 years [Standard Deviation (SD) 5.5]. Regarding workplace distribution, 54.7% of pharmacists were employed in hospitals, while 45.3% worked in community settings. Most pharmacists held staff positions (76.3%), with the remaining being supervisors, managers, or owners. Private sector employment was predominant (89.3%) compared to government sectors. A significant proportion of pharmacists reported dissatisfaction with their salary (45.0%), incentives and promotions (50.4%), and adequacy of workplace personnel (50.3%). Additionally, approximately 70.0% of pharmacists experienced burnout, with 84.6% of those intending to leave the profession reporting burnout. The predominant burnout symptoms included mental distance (73.0%), emotional impairment (72.0%), exhaustion (69.3%), and secondary symptoms (54.3%), while cognitive impairment symptoms were less prevalent (32.3%). There are notable differences between pharmacists who wish to remain in their work and those who intend to leave concerning their job positions, workplace satisfaction variables, and burnout scores and symptoms ($p < 0.05$).

Table 2. Characteristics of pharmacists stratified by turnover intention.

Characteristics	Total (n = 300)		Stay (n = 73)		Leave (n = 227)		*p*-Value
	n	%	n	%	n	%	
Age, mean (SD); range: 22–63	27.5 (5.5)		29.4 (8.6)		26.9 (3.99)		0.999
Sex							0.185
Male	57	19.0	10	13.7	47	20.7	
Female	243	81.0	63	86.3	180	79.3	
Civil Status							0.122
Single	248	82.7	56	76.7	192	84.6	
Married	52	17.3	17	23.3	35	15.4	
Number of children							0.196
None	260	86.7	60	82.2	200	88.1	
One or more	40	13.3	13	17.8	27	11.9	
Practice							0.432
Hospital pharmacy	164	54.7	37	50.7	127	56.0	
Community pharmacy	136	45.3	36	49.3	100	44.0	
Position							0.014
Staff	229	76.3	48	65.8	181	79.7	
Supervisor/manager/owner	71	23.7	25	34.2	46	20.3	
Institution							0.436
Private	268	89.3	67	9.1	201	88.6	
Government	32	10.7	6	8.2	26	11.4	
Salary satisfaction							<0.001
Very satisfied/satisfied	74	24.7	37	50.7	37	16.3	
Neutral	91	30.3	21	28.8	70	30.8	
Very dissatisfied/dissatisfied	135	45.0	15	20.5	120	52.9	
Incentives and promotions							<0.001
Very satisfied/satisfied	94	31.3	40	54.8	54	23.8	
Neutral	55	18.3	11	15.1	44	19.4	
Very dissatisfied/dissatisfied	151	50.4	22	30.1	129	56.8	
Personnel satisfaction							<0.001
Very satisfied/satisfied	62	20.7	31	42.5	31	13.7	
Neutral	87	29.0	23	31.5	64	28.2	
Very dissatisfied/dissatisfied	151	50.3	19	26.0	132	58.1	
Burnout							<0.001
No burnout	81	27.0	46	63.0	35	15.4	
Severe risk/at risk of burnout	219	73.0	27	37.0	192	84.6	
Exhaustion							<0.001
No burnout	92	30.7	45	61.6	47	20.7	
Severe risk/at risk of burnout	208	69.3	28	38.4	180	79.3	
Mental distance symptom							<0.001
No burnout	81	27.0	46	63.0	35	15.4	
Severe risk/at risk of burnout	219	73.0	27	37.0	192	84.6	
Cognitive impairment symptom							<0.001
No burnout	203	67.7	66	90.4	137	60.4	
Severe risk/at risk of burnout	97	32.3	7	9.6	90	39.6	
Emotional impairment symptom							<0.001
No burnout	84	28.0	42	57.7	42	18.5	
Severe risk/at risk of burnout	216	72.0	31	42.5	185	81.5	
Secondary symptom							<0.001
No burnout	137	45.7	54	74.0	83	36.6	
Severe risk/at risk of burnout	163	54.3	19	26.0	144	63.4	

3.2. Burnout and Other Factors Associated with Turnover Intention

Table 3 presents burnout and other factors associated with pharmacists' turnover intentions. Burnout, salary satisfaction, incentives and promotion, and personnel satisfaction exhibited significant associations with turnover intention ($p < 0.05$). Pharmacists experiencing burnout were more likely to have intentions of leaving than those without burnout (AOR [Adjusted Odds Ratio] = 7.59, 95% CI 3.68, 15.64).

Table 3. Factors associated with turnover intention among pharmacists (n = 300).

Variable	Unadjusted Model		Adjusted Model	
	OR (95% CI)	*p*-Value	AOR (95% CI)	*p*-Value
Burnout (vs. No burnout)				
Severe risk/at risk of burnout	9.35 (5.14, 16.98)	<0.001	7.59 (3.68, 15.64)	<0.001
Sex (vs. Male)				
Female	0.61 (0.29, 1.28)	0.188	0.79 (0.37, 1.70)	0.550
Civil status (vs. Single)				
Married	0.60 (0.31, 1.15)	0.126	0.69 (0.16, 2.91)	0.611
Number of children (vs. None)				
One or more	0.62 (0.30, 1.28)	0.200	0.95 (0.20, 4.39)	0.945
Practice (vs. Hospital pharmacy)				
Community pharmacy	0.81 (0.48, 1.37)	0.433	1.44 (0.66, 3.16)	0.363
Position (vs. Staff)				
Supervisor/manager/owner	0.49 (0.27, 0.87)	0.016	0.51 (0.24, 1.12)	0.093
Institution (vs. Private)				
Government	1.44 (0.57, 3.67)	0.439	1.63 (0.55, 4.82)	0.376
Salary satisfaction (vs. Very satisfied/satisfied)				
Neutral	3.33 (1.71, 6.50)	<0.001	2.21 (0.90, 5.39)	0.083
Very dissatisfied/dissatisfied	8.00 (3.95 16.20)	<0.001	2.73 (1.12, 6.63)	0.027
Incentives and promotions (vs. Very satisfied/satisfied)				
Neutral	2.96 (1.36, 6.45)	<0.001	2.68 (0.96, 7.50)	0.060
Very dissatisfied/dissatisfied	4.34 (2.36, 8.00)	<0.001	2.79 (1.27, 6.14)	0.011
Personnel satisfaction (vs. Very satisfied/satisfied)				
Neutral	2.78 (1.40, 5.55)	<0.001	1.85 (0.76, 4.50)	0.178
Very dissatisfied/dissatisfied	6.95 (3.47, 13.90)	<0.001	3.45 (1.55, 7.66)	0.002

OR, Odds Ratio; AOR, Adjusted Odds Ratio; CI, Confidence Interval.

Additionally, individuals dissatisfied with their salary, incentives and promotion, and personnel, were more likely to have intentions of leaving compared to their satisfied counterparts (salary: AOR = 2.73, 95% CI 1.12, 6.63; incentives and promotion: AOR = 2.79, 95% CI 1.27, 6.14; personnel satisfaction: AOR = 3.45, 95% CI 1.55, 7.66). Notably, burnout emerged as the strongest predictor of turnover intention.

3.3. Association Between Burnout Symptoms and Turnover Intention

Figure 1 illustrates the symptoms of burnout associated with turnover intention. Among the five symptoms of burnout, exhaustion and mental distance exhibited significant associations with turnover intention ($p < 0.05$), with mental distance emerging as the strongest predictor, followed by exhaustion. Compared to those without burnout, pharmacists who experienced mental distance were nearly four times more likely to have the intention to leave (AOR = 3.92, 95% CI 1.95, 7.86). Those who experienced exhaustion were 2.5 times more likely to have the intention to leave (OR = 2.49, 95% CI 1.27, 4.89).

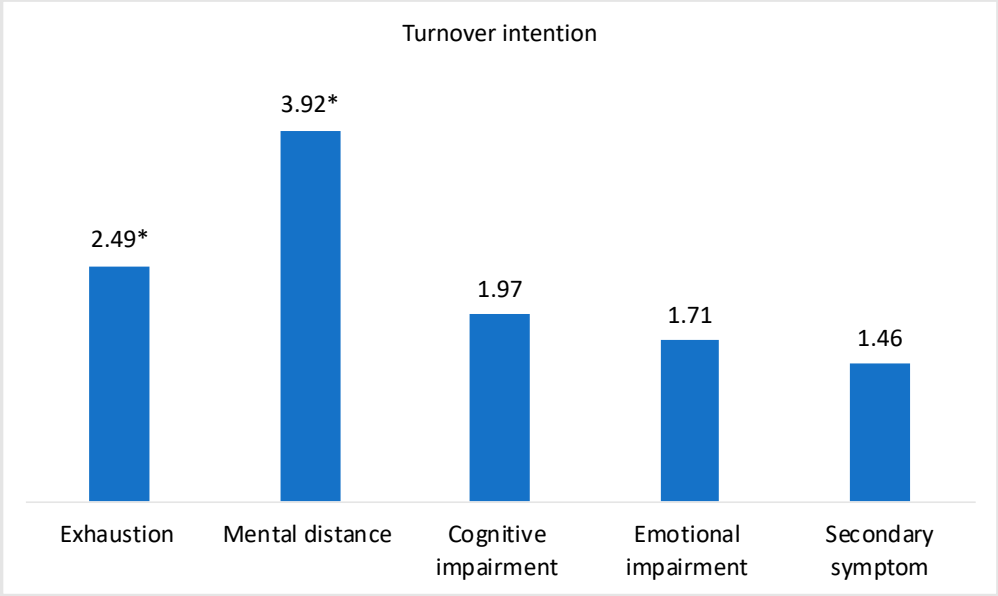

Figure 1. Burnout symptoms associated with turnover intention (n = 300). * Statistically significant; values are presented as AOR, adjusted for sociodemographic characteristics, salary satisfaction, incentives and promotions satisfaction, and personnel satisfaction.

4. Discussion

Filipino pharmacists experiencing burnout are more likely to have turnover intentions, with exhaustion and mental distance being the most significant symptoms. Additional factors contributing to turnover intention include satisfaction with salary, incentives and promotions, and the adequacy of workplace staffing.

Among the 300 participating pharmacists, a notably high burnout prevalence of 73% was observed, with approximately 84.6% of those expressing a desire to leave their jobs experiencing burnout. Pharmacists affected by burnout were seven times more likely to consider leaving their roles compared to those without burnout. These findings highlight how elevated burnout rates among pharmacists increase their likelihood of leaving their positions, which may partly explain the significant number of registered pharmacists in the Philippines who are not actively practicing.

Studies suggest that workplace burnout is a precursor to job stress and directly influences pharmacists' turnover intentions [11,34]. Pharmacists experiencing burnout might often feel overwhelmed, disconnected, and ineffective in their roles, which could contribute to increased job stress. This stress, in turn, may lead some pharmacists to consider leaving their positions to manage the emotional and psychological strain. Burnout, therefore, not only reflects the intensity of workplace stress but also serves as a strong predictor of whether employees are likely to leave their jobs or professions [34]. In Taiwan, higher perceived job stress was associated with increased workplace burnout and was a key predictor of pharmacist retention [35]. Similarly, a cross-sectional study in Singapore involving 702 pharmacists revealed a high burnout prevalence (61.5%), with approximately 69.4% of those intending to change jobs experiencing burnout [36]. In comparison, the Philippines exhibited significantly higher burnout and turnover intention rates, emphasizing the urgent need for interventions to improve Filipino pharmacists' motivation and morale. Nevertheless, further investigation is warranted to better understand the relationship between burnout, job stress, and turnover intention.

Exhaustion and mental distance are two core symptoms of burnout that significantly influence turnover intentions among Filipino pharmacists. When pharmacists experience exhaustion, they may feel physically drained and struggle to meet the demands of their roles, leading to reduced job satisfaction and motivation. Similarly, pharmacists experi-

encing mental distance may feel disconnected from their work, perceiving it to be less meaningful or overly burdensome, which can deepen their dissatisfaction [32].

These symptoms often interact to intensify turnover intentions. The physical and emotional toll of exhaustion, coupled with the psychological disengagement of mental distance, creates a compound effect that can increase the desire to leave the profession. This pattern aligns with findings from studies in other countries, such as the United States and Singapore, where burnout symptoms like emotional exhaustion and depersonalization were closely linked to turnover intentions among pharmacists [8,36]. For example, in Singapore, high workloads and job stress were found to significantly contribute to emotional exhaustion, which in turn heightened turnover intentions [36]. Longer working hours, in particular, were associated with higher levels of exhaustion. This can lead to a vicious cycle: as turnover rates rise, the remaining pharmacists face increased workloads and stress, which further exacerbates burnout and heightens turnover intentions [23].

Pharmacists dissatisfied with their salaries were more likely to have increased intentions of leaving their jobs. When pharmacists feel that their compensation does not fully reflect the effort required by their role or the demands of their work, it may impact morale and lead to a desire for change. This dissatisfaction can contribute to turnover, as employees may seek opportunities that offer compensation more aligned with their expectations or career goals. Studies consistently show that salary is a critical determinant of job satisfaction and performance, with salary increases leading to reduced turnover intentions [37,38]. For instance, a cross-sectional study in Nigeria found that pay levels and job satisfaction significantly impacted nurses' affective commitment to their organizations. Reduced pay and job dissatisfaction were associated with lower affective commitment, reinforcing nurses' intentions to leave [39].

Furthermore, pharmacists who expressed dissatisfaction with workplace incentives and promotions demonstrated increased intentions to leave. This may stem from feelings of being undervalued or stagnation in their careers. When employees face limited opportunities for advancement or insufficient rewards for their hard work, it can lead to frustration and a sense of disconnection from their roles. Improvements in rewards and recognition are likely to reduce disengagement and turnover intentions [38,40]. In line with this, a cross-sectional study in Ethiopia found that health professionals in health facilities linked compensation benefits, recognition by management, and development opportunities with higher job satisfaction levels, which in turn reduced turnover intentions [41].

Finally, pharmacists who expressed dissatisfaction with the adequacy of workplace personnel showed heightened intentions to leave. This finding highlights the critical importance of having an adequate workforce in reducing turnover intentions. When pharmacists feel that their workplace is understaffed or lacking sufficient resources and support from colleagues, they can feel overwhelmed or unsupported in their roles. Adverse working conditions, such as inadequate staffing, result in increased workloads, greater workplace pressure, and eventual burnout, which significantly contribute to turnover intentions [24]. This evidence aligns with a cross-sectional study conducted in China, which found that a lack of human resources led to longer working hours [21]. Additionally, other studies have shown that factors related to working hours are key contributors to turnover intentions [21,22].

This study has several limitations. First, its cross-sectional design limits the ability to establish causation, only allowing for descriptive associations between the exposure and outcome variables. Second, the quota sampling method may introduce a selection bias, as we prioritized community pharmacies in the less crowded areas of Metro Manila for the survey administration due to perceived availability. Additionally, a reliance on the internet and social media for participant recruitment may further skew the sample representation, prompting the adoption of in-person survey collection to mitigate this bias. Third, a common method bias could be a concern, as pharmacists completed the survey at a single point in time, and their responses may have been influenced by their mood. To address this, we assured the pharmacists of the confidentiality and anonymity

of their responses. Finally, the generalizability is restricted to Metro Manila, warranting an expansion to diverse regions across the Philippines for broader insights. Despite these limitations, this study is the first in the Philippines to examine burnout and turnover intentions among practicing pharmacists in both hospital and community settings. Its findings offer valuable insights to inform the development of programs and policies aimed at enhancing the motivation and morale of Filipino pharmacists, thus encouraging retention in the profession.

The findings from this study highlight the need for policies and strategies to address pharmacist burnout and workplace dissatisfaction, which are critical drivers of turnover. Flexible work arrangements, access to mental health services, professional development opportunities, and recognition programs can enhance job satisfaction and reduce stress. Hiring additional staff during peak periods can also alleviate workload pressures. Creating a supportive environment with open communication between management and staff is crucial for fostering trust and retention. Evidence suggests that initiatives like granting sabbaticals and promoting workplace wellness can lower depression, anxiety, and burnout while improving professional quality of life [42,43]. These measures collectively contribute to a healthier, more sustainable pharmacy workforce.

5. Conclusions

Pharmacists experiencing burnout, particularly those facing exhaustion or feeling mentally detached from their work, are more likely to consider leaving their jobs. Factors such as dissatisfaction with salary, lack of incentives and promotions, and insufficient staffing further contribute to this intent to leave. Implementing programs that address burnout and improve the workplace environment could help retain pharmacists within the profession.

Supplementary Materials: The following supporting information can be downloaded at: https://www.mdpi.com/article/10.3390/merits4040033/s1, Table S1: Average scores of pharmacists for burnout and turnover intention.

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