Choosing to study pharmacy: measuring influences and motivations

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Abstract

This paper reports part of a national study of career motivations and expectations of United Kingdom MPharm students. The aim was to describe the students’ influences and motivations in making their choice to study pharmacy. A self-completion questionnaire was administered to year one and year four students in thirteen pharmacy schools during 2005.

The reasons considered most important were objective ones that related to self-interest, both in terms of the nature of the degree course and the advantages conferred by the degree. However, there was evidence that for female students, future patterns of working that are not central to career progression were considered more important than for males.

At a time of expanding demand by students for pharmacy education and a parallel demand for qualified pharmacists, this study adds to earlier knowledge on the motivations and influences on students when making their early career choices.

Keywords: Career Choice, Influences, Motivation, Pharmacy Education, Undergraduate.

Introduction

What drives young people to apply to study pharmacy? Is it because they like science or because pharmacy is seen as a secure career with good prospects and no likelihood of unemployment? There is currently an international shortage of pharmacists (International Pharmaceutical Federation, 2006). In the United Kingdom (UK) the majority of healthcare professionals are employed in the public sector by the National Health Service (NHS), yet the majority of pharmacists (70%) are employed by the private sector in community pharmacy. Whist a current downturn in employment opportunities for physiotherapists, nurses and doctors causes concern, at the time of this study, the demand for pharmacists appeared to be unaffected by the political and financial problems of government policy (Wilson et al., 2006).

When it comes to deciding which degree course to apply for, who or what is it that influences that early decision to consider pharmacy? More importantly for the profession, what can be done to encourage more good students to apply to, study for and join the profession? It is surprising that since the 1980s so little research has been published on this important aspect of the ‘recruitment – education – output’ process.

One influence upon perceptions of the profession is the image portrayed by the profession itself through its publicity materials. In the UK, the Royal Pharmaceutical Society of Great Britain (RPSGB) sets professional standards for education and practice. The RPSGB website displays information on a career in pharmacy which emphasises an interest in science and the very positive working opportunities (2007):

- A career in pharmacy offers:
- The pursuit of an interest in science.
- The opportunity to join the NHS healthcare team.
- A choice of working environments.
- A competitive salary.

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Influences and Motivation

A few earlier pharmacy practice studies measured the motivational drivers which influenced the choice of pharmacy as a profession. The UK studies covered different stages in the undergraduate course. Booth et al. (1984) surveyed applicants (n=164), Rees (1984) surveyed first year undergraduates (n=80) and Silverthorne et al. (2003) sampled third year students for two consecutive years (n=184). At about the same time Ferguson et al. (1986) undertook a cross sectional, comparative survey in three schools, in Australia, Canada and the United States, of 315 first year pharmacy students. All these studies explored motivational factors. However, due to differences in design and scope these earlier studies allow few direct comparisons to be made today. The most useful aspect of reviewing earlier studies was the opportunity to aggregate all the relevant variables that have previously been used in order to assemble a composite tool.

Method

This paper reports on one section of a comprehensive comparative survey of year one and year four pharmacy undergraduates in Great Britain during 2005 (Wilson et al., 2006). The study was divided into six themes: career motivations and influences (the focus of this paper), choice of school of pharmacy, career image, future career ambitions and lifestyle choices, and the impact of influences within the school during training.

The survey questionnaire was designed following a review of earlier studies (Rees, 1984, Booth et al., 1984, Silverthorne et al., 2003, Ferguson et al., 1986, Roller, 2004), supplemented by some exploratory focus group work (Wilson et al., 2006), piloted with local students and peer reviewed. Following negotiation with 16 schools of pharmacy on the most convenient method for them to administer the survey, we arranged for a nominated person to distribute and collect the questionnaire to first and final year groups during the spring semester in 2005.

Design

For the section on Influences and Motivations 29 statements were collated. To reduce respondent boredom in completing such a long list, statements were assembled and combined to produce 3 conceptual sections: education related (8 questions), personal and family influences (6 questions) and personal career goals (15 questions).

Measurement in other studies typically used Likert scale rating varying from four to five levels, or they required statement ranking. Upon reflection, we considered that the real world decision-making process experienced by students was probably more complex than ranking or rating one variable as more important than another. In this study there was a core set of questions to both year samples and a supplement for year-four students only, which explored influences during training and future career intentions. The measurement in this study asked respondents to rate each individual statement variable on its own perceived importance on a four point scale from one (classified as ‘Important’) through two and three to four (classified as ‘Not Important’).

Analysis

The data were entered into SPSS v12. Interpretation of the data was by ‘net’ figures, a technique commonly used in market research surveys. This represents the balance of opinions and provides a useful means of comparing the results for a number of variables. The net figure represents the difference between the percentage of respondents rating the factor as ‘important’ (i.e. answering ‘1’) and the percentage rating it as ‘not important’ (i.e. answering ‘4’). It gives a positive or negative outcome. From the list a second ordering of positive variables was assembled based on the score.

Usable questionnaires were obtained from 13 schools. The final response rate was 35.2% (n=1156). The response rate
did vary markedly from each school of pharmacy as shown in Table I.

**Table I: Survey response rate by school (for the 13 schools included in the study) and overall average response rate (final row).**

<table>
<thead>
<tr>
<th>School</th>
<th>First year response rate (%)</th>
<th>Fourth year response rate (%)</th>
<th>Overall response rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>School A</td>
<td>40.7</td>
<td>47.3</td>
<td>44.0</td>
</tr>
<tr>
<td>School B</td>
<td>34.1</td>
<td>60.4</td>
<td>44.8</td>
</tr>
<tr>
<td>School C</td>
<td>23.0</td>
<td>54.8</td>
<td>35.5</td>
</tr>
<tr>
<td>School D</td>
<td>22.1</td>
<td>18.0</td>
<td>20.2</td>
</tr>
<tr>
<td>School E</td>
<td>18.7</td>
<td>24.8</td>
<td>21.3</td>
</tr>
<tr>
<td>School F</td>
<td>37.2</td>
<td>N/A</td>
<td>37.2</td>
</tr>
<tr>
<td>School G</td>
<td>12.6</td>
<td>16.9</td>
<td>14.1</td>
</tr>
<tr>
<td>School H</td>
<td>30.0</td>
<td>41.9</td>
<td>35.6</td>
</tr>
<tr>
<td>School I</td>
<td>87.0</td>
<td>4.8</td>
<td>51.3</td>
</tr>
<tr>
<td>School J</td>
<td>17.3</td>
<td>20.8</td>
<td>19.0</td>
</tr>
<tr>
<td>School K</td>
<td>23.0</td>
<td>18.5</td>
<td>20.9</td>
</tr>
<tr>
<td>School L</td>
<td>68.9</td>
<td>31.8</td>
<td>49.6</td>
</tr>
<tr>
<td>School M</td>
<td>71.6</td>
<td>98.3</td>
<td>83.0</td>
</tr>
<tr>
<td>School N</td>
<td>35.0</td>
<td>35.4</td>
<td>35.2</td>
</tr>
</tbody>
</table>

**Results**

The profile of respondents

Of a total sample of 1,156 respondents, 347 were male (30%) and 809 female (70%). Table II shows the profile of respondents by gender and year of programme. The ethnicity of respondents to the two surveys is summarised in Table III. In both cases, the profile of respondents have been compared to 2003 data (for first year) and 2001 data (for final year) on applications to pharmacy programmes obtained from UCAS. Comparisons of respondents to UCAS data enabled any potential non-response bias to be identified. For both years the proportion of females responding was a little greater than that in the application year and for the two major ethnic groups where statistical comparisons could be made (white and Asian), there is a fair representation of ethnicity in the respondents to the first year survey, albeit with some over-representation of white students and an under-representation of Asian students in the fourth year survey.

**Table II: Respondents by gender and by year of programme**

<table>
<thead>
<tr>
<th></th>
<th>First year Questionnaire data (%)</th>
<th>2003 UCAS* data (%)</th>
<th>Fourth year Questionnaire data (%)</th>
<th>2001 UCAS* data (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>31.9</td>
<td>39.1</td>
<td>27.6</td>
<td>37.8</td>
</tr>
<tr>
<td>Female</td>
<td>68.1</td>
<td>60.9</td>
<td>72.4</td>
<td>62.2</td>
</tr>
</tbody>
</table>

**Education Related Influences**

Respondents were asked to assess the importance of a set of education-related factors to their decision to study pharmacy. Answers were on a four-point scale, where one was important and four not important. To simplify the result ‘net analysis’ shows in Figure 1 as the difference between the percentage of respondents rating the factor as important and the percentage rating it as not important. It should be noted that the year four respondents are thinking three years retrospectively, and therefore the decision process is probably less clear in their minds, whilst year one are time-wise closer to that decision. For the year one and year four respondents, three factors showed as net positive in terms of importance: a university prospectus, a university open day visit and careers leaflets or booklets. The least important factor for both years was a radio or TV programme. Information produced by the RPSGB was not perceived as important. There was no significant association of response with gender for any of the statements.

Comparing the relative order of importance of the factors, the responses of all white and of all Asian students was exactly the same. However, with the exception of a university prospectus, Asian students attributed more importance to each factor. For example, in the case of the third most important factor, careers leaflets or information, 20% (n=112) of white respondents rated this as important and 30% (n=165) as not important compared with 31% (n=116) of Asian respondents who rated it as important and 16% (n=60) who rated it as not important (Chi, p<0.01 at least).

**Personal Influences**

Students were asked to state how important a set of personal factors were to their decision to study pharmacy. The results are summarised in Figure 2 as the difference between the percent of respondents who rated as important and the percent who rated as not important. Respondents from both years
stated that the most important personal factors for choosing to study pharmacy were the influence of pharmacy work experience and parents encouraging them to study. The least important factors were the influence of friends and a family member owning a pharmacy.

There were some significant differences between responses of males and females; 17.8% (n=61) of males, compared to 9.6% (n=77) of females agreed that statement (c) (“Someone in my family who owns a pharmacy influenced me”) was an important personal influencing factor (Chi, p <0.001). Differences were also seen in perceptions of “Pharmacy work experience” as an influencing factor. Forty-five percent (n=368) of females agreed that this was an important factor, compared with 34.9% (n=119) of male respondents rating this factor as important (Chi, p <0.01).

When the responses of all white and of all Asian students were compared, the order of importance of the factors was exactly the same. However, with the exception of the factor “I was influenced by pharmacy work experience”, this was rated as important by 50% (n=278) of white students compared with 40% (n=147) of Asian students (Chi, p <0.01).

The Influence of Personal Career Goals on Career Choice

We were interested in the aspects of a career in pharmacy that most strongly influenced the respondents in their decision to choose to study pharmacy (see Figure 3). This block of questions contains extrinsic factors. The same career factor emerged as the most important to both the year sample respondents: “I wanted a job with good career opportunities.” The next four most important factors for the whole study sample were: “I wanted a profession where you can always get a job”, “I wanted to do a science based course”, “I wanted to work in a well respected profession”, and “I liked science/was good at science at school”.

There was a significant association between gender and the response to six of the statements (Chi, p at least <0.01). A greater proportion of females than of males were influenced by wanting a job that is socially useful, to work with patients, to work flexible hours and the opportunity to work part time. Conversely, a larger proportion of males were influenced by wanting to own their own business and wanting the opportunity for self-employment. These differences are exemplified in Table IV as the percentage males and females who considered that they were strongly influenced by each factor.
Discussion

The worldwide expansion in the market for qualified pharmacists has been accompanied by growth in the number of education institutions and in certain countries by the size of student intake. In UK schools of pharmacy there is currently considerable interest in understanding how to motivate young people to study pharmacy and become career pharmacists. Our investigation framework implicitly assumed that the decision is rational and probably made up by a number of intrinsic and extrinsic factors, not just one alone, which will vary for each respondent.

Limitations

The key limitation of this study is the low response rate of 35.2%. This rate is low, but typical of a one shot survey (Jesson and Pocock, 2001). Slippage in design and negotiation with schools meant that the timing of administration was late in the academic year. In most schools students are less likely to be in the university at this time because taught courses have finished. Yet the uneven response rate (see Table I) shows that where students were asked to compete during lecturer contact time, a high response rate was possible. A further factor to take into account was the overload on schools of research and surveys at that time, at least three national level studies were being conducted at the same time and there was some confusion about duplication of effort on career surveys. Nevertheless, comparisons for sex and ethnicity with UCAS application data indicated that the sample of responders was similar to the population.

Implications for Educators

The cognitive advance that this study provides over the earlier study designs described above is the aggregation of motivation variables and the novel use of the ‘net analysis’ in pharmacy practice research. This approach has enabled us to show graphically which factors are really seen to be important to students.

With regard to the educational decision to study in a particular pharmacy programme, students said they were most influenced by the university marketing, by the university prospectus and the open day visit. This suggests that focus of their decision process was upon the place of study and that consequently university marketing publicity is a key influencing factor that will determine the nature of the applicant pool. This finding is useful for schools of pharmacy and their marketing strategy.

In contrast, the materials produced by the professional body for pharmacy in the UK (RPSGB) was reported to be a very weak influence upon students’ decision to study pharmacy and therefore upon the nature of the pharmacy applicant pool.

Table IV: Factors that influenced 1st and 4th Year students in their choice of Pharmacy where there was a significant difference between responses of male and female students (Chi, p at least <0.01).

<table>
<thead>
<tr>
<th>Statement</th>
<th>Male Respondents</th>
<th>Female Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wanted a job where I am socially useful</td>
<td>46% (n=158)</td>
<td>55% (n=440)</td>
</tr>
<tr>
<td>I wanted to work with patients</td>
<td>41% (n=141)</td>
<td>55% (n=438)</td>
</tr>
<tr>
<td>I wanted the opportunity for part-time work</td>
<td>17% (n=58)</td>
<td>27% (n=220)</td>
</tr>
<tr>
<td>I wanted flexible working hours</td>
<td>28% (n=95)</td>
<td>38% (n=306)</td>
</tr>
<tr>
<td>I wanted to own my own business</td>
<td>30% (n=104)</td>
<td>19% (n=156)</td>
</tr>
<tr>
<td>I wanted the opportunity for self-employment</td>
<td>35% (n=120)</td>
<td>22% (n=176)</td>
</tr>
</tbody>
</table>
This finding needs further investigation and unpicking through qualitative approaches, since we are not sure exactly what materials students had seen. Nevertheless it does send an important message for the profession since it indicates a limit in the capacity of the RPSGB to communicate changes in professional need or function to the potential applicant pool.

The study confirms many previous reports on the importance of parents in the choice of career study. This was one of only two personal factors that showed a net influence upon student choice. The strongest extrinsic influence on motivation in this section was pharmacy work experience. The extent to which this is representative of future pharmacy is therefore a significant factor in the supply of an appropriate future workforce. One key issue is the limited capacity for work experience outside the community pharmacy sector. This is an area where community pharmacy might need support and encouragement to enable companies to take more proactive steps to encourage part time Saturday and holiday employment opportunities through local schools and youth services.

The self actualisation model is useful. Intrinsic factors related to students own attributes (liking for science, ability in science) and factors in the ‘what I want for myself’ category (good career opportunities, well respected profession, medical related profession and employment) were considered the most important influences upon the decision to study pharmacy. The importance placed upon these factors demonstrates a strong component of rational choice in the decision to study pharmacy but raises the issue that applicants are likely to be strongly deterred from pharmacy if doubt arises as to employment or future career opportunities.

The differences in views between year one and year four were smallest in relation to the intrinsic factors related to personal attributes and career characteristics. However, it is at this point that we can observe motivational differences between male and females. Females appeared more socially oriented and to be thinking ahead to the work life balance they want to make. Males were interested in opportunities for independence, through ownership or self employment. The concentration of minority ethnic pharmacists in the retail sector of community pharmacy has been noted (Hassell et al., 1998). This was seen as a pull factor, a choice of pharmacy as a route to entrepreneurial opportunity, autonomy, independence and self employment.

**Conclusion**

The choice of pharmacy as a career to study appears to reflect a rational choice. The reasons considered most important were objective ones that related to self-interest, both in terms of the nature of the degree course and the advantages conferred by the degree. However, there was evidence that for female students, future patterns of working that are not central to career progression were considered more important than for males (e.g. flexible working). Issues of gender and ethnicity should be followed up in future research.

**Authors’ acknowledgements**

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**References**


