

PSYCHOLOGICAL SAFETY AND BURNOUT AMONG COMMUNITY PHARMACY EMPLOYEES: A LONGITUDINAL STUDY

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ABSTRACT

*Burnout is a significant issue among healthcare professionals, including pharmacists and pharmacy technicians working in community pharmacies. This study aimed to examine changes in burnout levels over six months and explore the role of psychological safety and stress management programs. The study included 651 licensed pharmacists and pharmacy technicians employed in community pharmacies. Burnout was assessed using the Shirom-Melamed Burnout Questionnaire (SMBQ), while psychological safety was measured with a validated 15-item scale. All participants completed stress management training. Data were collected at three time points and analyzed using descriptive statistics, repeated measures ANOVA, correlations, and multiple regression. Group differences between pharmacists and technicians were examined through separate analyses and Fisher's *r*-to-*z* transformation. The results indicate that burnout levels remained stable across the measurement points, with no significant differences observed. A slight increase in psychological safety was detected over time, suggesting a trend toward improved perceptions of workplace support. No significant overall differences in burnout levels were found between pharmacists and pharmacy technicians. The findings suggest a potential protective effect of stress management training and psychological safety in mitigating burnout. Future research should explore individual and organizational factors influencing these interventions and assess long-term burnout trends. Implementing systematic stress prevention programs may be essential for safeguarding the mental health of pharmacy professionals.*

Keywords: Burnout, psychological safety, pharmacists, pharmacy technicians, stress management, community pharmacies, longitudinal study.

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INTRODUCTION

Burnout is a well-documented occupational phenomenon characterized by emotional exhaustion, physical fatigue, and cognitive weariness, which negatively impact professional performance and overall well-being (1, 2). It is particularly prevalent among healthcare professionals, including pharmacists and pharmacy technicians, due to high job demands, emotional labor, and the need for constant decision-making in patient care settings (3-5). Burnout has been associated with decreased job satisfaction, reduced professional efficacy, and an increased risk of medical errors, underscoring the need for effective prevention and intervention strategies (6, 7).

One of the key factors influencing burnout is psychological safety, defined as an individual's perception that they can express thoughts, concerns, and emotions without fear of negative consequences (8-10). Psychological safety has been linked to increased job engagement, better teamwork, and lower stress levels, suggesting its potential role in mitigating burnout (11-12). However, the relationship between psychological safety and burnout in community pharmacy settings remains underexplored.

To address workplace stress and enhance psychological well-being, many organizations have implemented stress management training programs designed to improve employees' ability to cope with occupational challenges (13, 14). These programs typically focus on cognitive-behavioral strategies, relaxation techniques, and resilience-building exercises aimed at reducing perceived stress and enhancing emotional regulation (15-16). While previous studies have demonstrated the effectiveness of such interventions, there is a need to evaluate their long-term impact on burnout levels among pharmacists and pharmacy technicians.

This study aims to examine the longitudinal relationship between psychological safety and burnout in community pharmacy professionals. Specifically, it investigates whether burnout levels change over time and whether psychological safety and stress management training contribute to burnout prevention. By providing empirical evidence on these factors, this research seeks to inform organizational strategies for fostering a supportive work environment and enhancing employee well-being.

MATERIALS AND METHODS

Study design and sample

This study employed a longitudinal observational design to examine psychological safety and burnout among healthcare professionals in community pharmacies. The sample consisted of 651 licensed pharmacists and pharmacy technicians employed in surveyed healthcare institutions who voluntarily agreed to participate. Inclusion criteria required participants to be actively employed and possess a valid professional license. Informed consent was obtained from all participants, ensuring their voluntary participation and

adherence to ethical research standards. The study sample remained intact throughout all measurement points, with no participant attrition observed. All employees were pre-selected based on predefined criteria, ensuring a consistent and motivated sample. Given their engagement in professional development initiatives and workplace programs, participants demonstrated sustained commitment to the study. The absence of sample attrition enhances the reliability of the findings, minimizing the risk of bias associated with dropout effects. This stability suggests that the observed trends reflect genuine patterns rather than artifacts of differential participation. Data collection was conducted at three time points over a six-month period to assess changes in psychological safety and burnout. Prior to study initiation, ethical approval was obtained from the institutional ethics committee, ensuring compliance with ethical research standards (Approval 12/2022, issued in December 2022).

Stress management training

Participants underwent standardized stress management training aimed at increasing awareness of occupational stressors and developing adaptive coping strategies. The training covered evidence-based techniques, including cognitive-behavioral strategies for stress regulation, methods for enhancing emotional resilience, and structured approaches for maintaining well-being in high-demand work environments. Training sessions were conducted in a controlled format, ensuring uniform exposure to the content across all participants. It was conducted in a controlled format to minimize variability, and no distinctions were made between pharmacists and pharmacy technicians in the training approach. Individual engagement and adherence to the acquired techniques were self-reported, which is acknowledged as a study limitation.

However, individual engagement and adherence to the acquired techniques were self-reported and not externally monitored.

The standardized stress management training was conducted by a licensed psychologist with 15 years of experience and formal training in Cognitive-Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Transactional Analysis. All 651 participants received the same structured training program, ensuring consistency in content delivery.

Measures

Psychological safety was assessed using a 15-item self-report questionnaire developed for this study. Participants rated each statement on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree), with higher scores indicating greater perceived psychological safety. The scale demonstrated high internal consistency (Cronbach's $\alpha = 0.92$). The validity of the scale was confirmed through content and face validity assessments, ensuring it effectively captured core aspects of psychological safety. The psychological

safety scale was developed through multiple iterations to ensure its validity and reliability. The initial version (32 items) underwent refinement based on content and face validity assessments, resulting in a 15-item version with high internal consistency (Cronbach's $\alpha = 0.92$). Based on total scores, psychological safety was categorized as Low (15–30), Moderate (31–45), or High (46–75). The detailed validation of the questionnaire was conducted as part of a separate study, which is currently in preparation for publication.

Burnout was measured using the Shirom-Melamed Burnout Questionnaire (SMBQ), a 22-item instrument designed to assess job-related burnout across five dimensions: Emotional Exhaustion, Physical Fatigue, Cognitive Weariness, Tension, and Listlessness. Participants rated each item on a 7-point Likert scale (1 = Never or almost never, 7 = Always or almost always), with higher scores indicating greater burnout severity. The total score was computed as the average of all subdomains, with burnout categorized as No risk (0–3.0), Normal stress (3.1–3.6), or High burnout risk (3.7–4.0). The questionnaire, translated into Serbian and transculturally adapted, was validated for use among pharmacists. The adaptation process included forward and backward translation, expert review, and psychometric evaluation. The Serbian version demonstrated high internal consistency (Cronbach's $\alpha = 0.91$) and a stable one-factor structure (17).

Data collection was conducted at three predefined time points over a six-month period to systematically assess changes in psychological safety and burnout levels. The first measurement (T1) was conducted at baseline, before participants engaged in stress management training. The second measurement (T2) occurred three months after the initial assessment, and the final measurement (T3) was conducted at the six-month mark. The time intervals between assessments

were equal for all participants, ensuring consistency in data collection. Each participant completed the assessments at the same respective time points within the study timeline, minimizing variability due to differing exposure durations.

Data analysis

Data analysis was conducted using descriptive statistics, correlation analyses, and multiple regression modeling. Pearson correlation coefficients were calculated to examine relationships between psychological safety and burnout across the three time points. A multiple linear regression model was applied to determine the predictive value of psychological safety on burnout at the final time point (T3). The ANOVA test was used to evaluate model significance. Statistical significance was set at $p < 0.05$. To assess potential differences in the relationship between psychological safety and burnout among pharmacists and pharmacy technicians, separate correlation and multiple regression analyses were conducted for each group, followed by Fisher's r -to- z transformation to compare the correlation coefficients between them.

Statistical analyses were performed using the SPSS software package, version 29.0.1.

RESULTS

The socio-demographic characteristics of the study participants are presented in Table 1. The sample included pharmacists and pharmacy technicians, with variations in age, gender distribution, years of experience, and workload. These characteristics provide essential context for interpreting further findings.

Table 1. Socio-demographic characteristics of study participants

Characteristic	Pharmacists (n=412)	Pharmacy Technicians (n=239)	Total (N=651)
Age (Mean $\pm$ SD)	37.4 $\pm$ 8.2	35.1 $\pm$ 7.6	36.5 $\pm$ 8.0
Gender			
- Male (%)	112 (27.2%)	48 (20.1%)	160 (24.6%)
- Female (%)	300 (72.8%)	191 (79.9%)	491 (75.4%)
Years of Experience (Mean $\pm$ SD)	12.8 $\pm$ 7.3	10.5 $\pm$ 6.8	11.9 $\pm$ 7.1
Workload (Hours/Week, Mean $\pm$ SD)	42.1 $\pm$ 5.6	40.7 $\pm$ 5.2	41.5 $\pm$ 5.5

As presented in Table 2, burnout levels remained relatively stable across the three measurement points, with a slight decrease in the proportion of participants classified as being at high risk for burnout. This trend suggests a potential effect of the applied interventions, including relaxation techniques, in mitigating burnout severity over time. Similarly, psychological safety scores showed a gradual increase, indicating an improvement in perceived psychological safety among both pharmacists and pharmacy technicians. Despite these changes, differences between the two professional groups remained minimal and were not statistically significant, suggesting that both pharmacists and pharmacy technicians experienced similar trends in burnout and psychological safety throughout the study period.

Table 2. Burnout and Psychological Safety across three time points

Measure	Pharmacists T1 (Mean ± SD)	Pharmacy Technicians T1 (Mean ± SD)	Pharmacists T2 (Mean ± SD)	Pharmacy Technicians T2 (Mean ± SD)	Pharmacists T3 (Mean ± SD)	Pharmacy Technicians T3 (Mean ± SD)
Burnout (Total Score)	3.5 ± 0.8	3.4 ± 0.8	3.4 ± 0.7	3.3 ± 0.7	3.3 ± 0.7	3.3 ± 0.7
Burnout Categories (%)						
No Risk (0–3.0)	28.5%	30.1%	30.8%	32.0%	32.2%	33.5%
Normal Stress (3.1–3.6)	42.1%	41.8%	43.4%	43.1%	44.0%	44.2%
High Burnout Risk (3.7–4.0)	29.4%	28.1%	25.8%	24.9%	23.8%	22.3%
Psychological Safety (Total Score)	42.9 ± 6.4	42.6 ± 6.7	44.3 ± 6.6	44.1 ± 6.8	45.2 ± 6.8	45.0 ± 7.0
Psychological Safety Categories (%)						
Low (15–30)	18.3%	18.7%	16.0%	16.4%	14.6%	15.0%
Moderate (31–45)	52.5%	52.1%	50.3%	50.0%	48.8%	48.6%
High (46–75)	29.2%	29.2%	33.7%	33.6%	36.6%	36.4%

Table 3 presents Pearson correlation coefficients between psychological safety and burnout across three time points. A significant positive correlation was observed between psychological safety at T1 and burnout at T2 ($r = .101$, $p = .010$). However, no significant correlations were found between psychological safety at other time points and burnout levels.

Table 3. Correlations between Psychological safety and Burnout for Pharmacists and Pharmacy Technicians

Variable	Psychologi- cal Safety T1	Psychologi- cal Safety T2	Psychologi- cal Safety T3	Burnout T1	Burnout T2	Burnout T3
Pharmacists (n=412)						
Psychological Safety T1	1	-0.004	0.061	-0.029	0.120	-0.015
Psychological Safety T2	-0.004	1	-0.007	-0.045	-0.042	0.015
Psychological Safety T3	0.061	-0.007	1	-0.010	-0.040	-0.068
Burnout T1	-0.029	-0.045	-0.010	1	0.048	-0.070
Burnout T2	0.120	-0.042	-0.040	0.048	1	-0.018
Burnout T3	-0.015	0.015	-0.068	-0.070	-0.018	1
Pharmacy Technicians (n=239)						
Psychological Safety T1	1	-0.003	0.057	-0.035	0.080	-0.019
Psychological Safety T2	-0.003	1	-0.005	-0.048	-0.045	0.012
Psychological Safety T3	0.057	-0.005	1	-0.015	-0.038	-0.075
Burnout T1	-0.035	-0.048	-0.015	1	0.045	-0.076
Burnout T2	0.080	-0.045	-0.038	0.045	1	-0.025
Burnout T3	-0.019	0.012	-0.075	-0.076	-0.025	1

To examine potential differences in the relationship between psychological safety and burnout among pharmacists and pharmacy technicians, separate correlation analyses were conducted for each group. Fisher's r -to- z transformation was

then applied to compare the correlation coefficients between the groups.

The results indicate that the correlations between psychological safety and burnout are similar across both groups,

with no statistically significant differences. For instance, the correlation between psychological safety at T1 and burnout at T2 was $r = 0.12$ for pharmacists and $r = 0.08$ for pharmacy technicians. Fisher's test did not show a significant difference between these correlations ($z = 0.73$, $p = 0.46$). Similarly, correlations between psychological safety at later time points (T2 and T3) and burnout remained consistent across groups, with minimal deviations.

Additionally, multiple regression analyses were performed separately for pharmacists and pharmacy technicians, with burnout at T3 as the dependent variable and psychological safety at T1, T2, and T3 as predictors. The model was not statistically significant for either group (pharmacists: $F(3, 407) = 1.312$, $p = 0.270$; pharmacy technicians: $F(3, 235) = 1.014$, $p = 0.388$), indicating that psychological safety was not a significant predictor of burnout at a later time point in either subgroup.

These findings suggest that while there are minor variations in the correlation coefficients between the groups, they are not statistically significant. Therefore, it can be concluded that the relationship between psychological safety and burnout is comparable for both pharmacists and pharmacy technicians.

To further examine the relationship between psychological safety and burnout, a multiple regression analysis was conducted with burnout at T3 as the dependent variable and psychological safety at T1, T2, and T3 as predictors. The model was not statistically significant, $F(3, 647) = 1.218$, $p = .302$, explaining only 0.6% of the variance in burnout at T3.

Table 4 presents the regression coefficients. None of the psychological safety measures significantly predicted burnout at T3. Psychological safety at T3 approached significance ($\beta = -0.072$, $p = .066$), suggesting a potential negative association with burnout over time, but this result did not reach conventional significance levels.

Table 4. Regression coefficients for psychological safety predicting burnout at T3

Predictor	B	SE	β	t	p
Constant	2.148	0.156	—	13.798	<.001
Psychological Safety T1	-0.013	0.040	-0.013	-0.325	.745
Psychological Safety T2	0.010	0.040	0.010	0.261	.794
Psychological Safety T3	-0.074	0.040	-0.072	-1.842	.066

Overall, the results suggest that psychological safety levels remained relatively stable over time, showing no strong association with burnout progression. While relaxation techniques were implemented during the study period, their direct impact on psychological safety and burnout remains inconclusive based on the current findings.

A multiple regression analysis was conducted to examine the relationship between psychological safety (measured at three time points: T1, T2, and T3) and burnout (measured at T3). The overall model was not statistically significant, $F(3, 647) = 1.218$, $p = .302$, indicating that psychological safety

did not significantly predict burnout at T3. The model explained only 0.6% of the variance in burnout scores ($R^2 = 0.006$, Adjusted $R^2 = 0.001$), suggesting a very weak predictive relationship. Regarding individual predictors, none of the psychological safety variables (T1, T2, or T3) were significant. Psychological safety at T3 showed a marginal negative association with burnout ($B = -0.074$, $p = 0.066$), but this result was not statistically significant at the conventional $p < 0.05$ level. Psychological safety at T1 and T2 showed no meaningful relationship with burnout ($p > 0.7$ in both cases) (Table 5).

Table 5. Multiple regression analysis: Psychological safety and Burnout

Predictor Variable	B	Std. Error	Beta	t	Sig.
Constant	2.148	0.156	—	13.798	<.001
Psychological Safety T1	-0.013	0.040	-0.013	-0.325	0.745
Psychological Safety T2	0.010	0.040	0.010	0.261	0.794
Psychological Safety T3	-0.074	0.040	-0.072	-1.842	0.066

These findings suggest that variations in psychological safety across time did not significantly impact burnout levels at T3. Further research may be needed to explore other potential factors influencing burnout.

DISCUSSION

The findings of this study indicate that no significant changes in burnout levels were observed across the three measurement points. While mean burnout scores showed a

slight increase over time, statistical analyses did not reveal significant differences between individual time points (T1–T2, T2–T3, T1–T3), with low inter-timepoint correlations further supporting the absence of substantial changes. This pattern suggests a relative stability of burnout levels among

participants, which can be interpreted through several potential explanations. In contrast, a slight increase in psychological safety was observed over time. Although the changes were not pronounced, statistical analyses indicated a trend toward improved perceptions of psychological safety among participants, while the correlations between psychological safety and burnout remained low across all time points, suggesting that these two constructs did not exhibit a strong association within the observed timeframe.

One possible explanation is that the stress management training received by participants during the study period had a protective effect, potentially preventing a significant increase in burnout levels. Research has consistently demonstrated that stress management interventions, such as cognitive-behavioral strategies, relaxation techniques, and resilience training, can effectively reduce perceived stress, improve emotional regulation, and enhance coping mechanisms in demanding work environments (12, 14, 18). Given the complex nature of workplace stressors, it is plausible that participants applied the acquired techniques to mitigate the psychological burden associated with their professional responsibilities.

Additionally, the role of psychological safety in this context should be considered. Psychological safety, defined as an individual's perception that they can freely express thoughts, concerns, and emotions without fear of negative consequences, has been linked to lower burnout levels and improved stress management capacity (8, 11). If participants worked in an environment that encouraged open communication and emotional security, they may have been more motivated and able to consistently implement stress management strategies, contributing to the stabilization of burnout levels.

However, given the low correlations between time points, the results may also suggest individual variations in the experience and response to stress. It is possible that some participants did not utilize stress management techniques to the same extent or that other factors, such as workload, interpersonal relationships, or personal traits, played a more significant role in shaping burnout trajectories. Studies have shown that occupational burnout is influenced by a complex interplay of organizational and individual factors, with job demands, perceived control, and social support serving as key determinants (1, 19).

One potential explanation is that participation in stress management training may have contributed to mitigating a more pronounced increase in burnout. Given that the participants underwent stress management training, the results of the multiple regression analysis may indicate that psychological safety was not a significant predictor of burnout because the participants had developed effective stress management skills. These skills could have mitigated the impact of psychological safety on burnout, leading to the observed non-significant relationship. Research has shown that psychological safety is associated with lower burnout levels, as it

fosters an environment where employees feel safe to express concerns and seek support (20). However, in this study, the participants' enhanced stress management abilities may have compensated for lower levels of psychological safety, resulting in no significant effect on burnout. These findings suggest that while psychological safety is important, effective stress management training can also play a crucial role in preventing burnout. Future research should explore the interplay between psychological safety and stress management skills to better understand their combined impact on employee well-being.

Prior research has demonstrated that structured interventions focused on stress reduction, emotional regulation, and resilience-building can play a protective role in preventing burnout and improving overall well-being (14, 16, 21). Additionally, the presence of psychological safety within the workplace may have supported employees in effectively applying stress management techniques, fostering a more resilient response to occupational stressors (8, 11). This environment not only enhances well-being but also facilitates the continuous development of professional competencies, enabling employees to refine their skills and adapt to evolving workplace demands (22, 23). Moreover, mentorship plays a crucial role in this process by providing guidance, knowledge transfer, and constructive feedback, further strengthening professional growth and overall job performance (22-25). Future research should consider additional analyses to assess individual differences in the application of stress management techniques, as well as the role of specific organizational factors in fostering psychological safety among employees. Furthermore, a longer-term longitudinal study could provide deeper insights into the sustained effects of stress management interventions on burnout prevention.

In conclusion, the results suggest that burnout levels remained stable throughout the study period, despite the cognitive and emotional demands of the profession, potentially indicating a protective effect of stress management training and psychological safety in the workplace. Additionally, the slight increase in psychological safety over time suggests that targeted interventions may contribute to fostering a more supportive work environment. These findings reinforce the importance of systematic support programs for employees, emphasizing stress prevention and mental health promotion as key components of workplace well-being initiatives.

CONCLUSION

The findings of this study indicate that burnout levels among community pharmacy professionals remained relatively stable over the observed period, despite slight increases in mean scores. No statistically significant differences were found between measurement points, nor were there strong correlations between them. These results suggest that burnout may be a persistent issue rather than one that fluctuates significantly over short periods.

However, the relatively low correlations between burnout measurements suggest that individual differences and external factors may have influenced the results. Variability in the extent to which participants engaged with stress management strategies, as well as other organizational and personal factors such as workload, team dynamics, and coping mechanisms, could have played a role in shaping burnout experiences over time.

Future research should explore these individual and organizational factors in more detail, incorporating a longer follow-up period to assess the factors contributing to burnout stability. Additionally, studies examining the role of workplace culture, leadership support, and specific psychological safety initiatives could provide valuable insights into effective burnout prevention strategies in pharmacy settings.

In conclusion, this study highlights that burnout levels remained stable despite professional demands, while psychological safety showed a slight increase over time. Although no direct link was established between psychological safety and burnout, these findings suggest the need for further research on its potential role in well-being. These findings reinforce the need for organizations to implement comprehensive stress prevention programs and foster supportive work environments that promote well-being and resilience in healthcare settings.

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CONFLICT OF INTEREST

The author has no conflict of interest to declare

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