

Psychosocial Hazards and Strategies for Employee Well-Being in Schools of Pharmacy: Focus on Job Demands, Recognition, and Autonomy

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Abstract

Elevated employee turnover in higher education—including faculty, administrators, and staff—driven by occupational stress and burnout, presents serious institutional challenges. This first narrative review in a 2-part series examines psychosocial risks affecting employees and outlines approaches for cultivating a supportive organizational climate. Analysis of administrator focus groups identified several major themes: trust and psychological safety, coping strategies and support networks, communication effectiveness, individualized well-being approaches, leadership practices and resource distribution, and professional growth and acknowledgment.

Drawing from these themes, 6 psychosocial hazards are examined in depth using evidence-based definitions, evaluation methods, intervention strategies, monitoring approaches, and supplementary resources and recommendations. Each part of this 2-part series addresses 3 hazards. Across the 3 core focus areas, we present evidence-informed recommendations for schools and colleges of pharmacy to enhance employee support. For Job Demands/Task Stressors, institutions should implement transparent workload guidelines, clarify roles, and adopt strategies to mitigate work–family conflict. For Rewards/Recognition, organizations are encouraged to ensure fair compensation, develop systems for individualized recognition, and conduct continuous evaluation. For Autonomy/Flexibility, employers should explore flexible work options, job crafting initiatives, and provide institutional backing for employee autonomy. Adopting a comprehensive and proactive strategy across individual, departmental, and institutional levels can help mitigate psychosocial hazards, strengthen workplace health, enhance employee well-being, and lower turnover.

Keywords: Well-being, Psychosocial hazards, Pharmacy faculty, Academia

Introduction

Substantial turnover among employees—defined here as faculty, administrators, and staff—arising from occupational stress and burnout poses major challenges for institutions of higher education and threatens the sustainability of a skilled workforce in the United States

[1, 2]. Recent survey data indicate that 65% of faculty have considered leaving their current institution, while nearly 45% have contemplated exiting academia altogether [1, 2]. These patterns have intensified following the COVID-19 pandemic. The pandemic heightened recognition of work as a social determinant of health and underscored how job-related hazards can significantly affect mental well-being [3, 4]. Such conditions can disrupt academic programs, diminish morale, and amplify stress among remaining personnel. Prolonged stress is associated with multiple adverse outcomes, including higher rates of workplace incidents, compromised physical and psychological health, and increased bullying. It may also impair productivity and

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raise absenteeism, thereby undermining institutional educational and service objectives [4].

Exposure to psychosocial hazards in the workplace is expected to emerge as a critical occupational health and safety concern, with far-reaching consequences for workers, organizations, and the broader economy. By 2030, these risks could affect a substantial portion of the 169.6 million workers in the United States, leading to a higher prevalence of mental and physical illness, morbidity, mortality, and disability [5]. Given the growing body of evidence connecting work environments to health outcomes, there is an urgent imperative to identify, address, and prevent work-related psychosocial hazards and their cognitive, emotional, behavioral, physiological, and economic effects. Such hazards arise from elements of job design, managerial practices, and the social and organizational context of work that have the potential to cause psychological or physical harm [5].

Countries including Australia, Canada, the United Kingdom, the Nordic nations, and New Zealand have taken leading roles in developing policies, guidelines, and regulatory frameworks to identify and manage psychosocial risks in the workplace, with the goal of improving worker and organizational well-being.

Within academic pharmacy, employees encounter distinct stressors that may contribute to burnout and other psychosocial risks. These hazards can result in negative consequences such as emotional distress, reduced job satisfaction, and diminished performance. The expectation to excel simultaneously in teaching, research, and service, along with ongoing professional development demands, can be particularly burdensome for pharmacy faculty and staff. Effectively managing psychosocial hazards, therefore, requires an integrated and forward-looking approach at the individual, departmental, and institutional levels.

This 2-part series, developed by members of the American Association of Colleges of Pharmacy Council

of Faculties and Council of Deans Task Force, addresses these concerns by offering a conceptual framework to better understand these complex challenges and by recommending strategies to foster a culture of organizational well-being that supports employees' mental health and professional fulfillment. Over the course of a year-long effort, qualitative insights gathered from administrator focus groups provided detailed perspectives on specific psychosocial hazards—including stress, burnout, and interpersonal conflict—that may not be fully captured through quantitative research methods.

The focus group analysis related to organizational well-being identified several central themes essential for cultivating a supportive workplace culture (**Figure 1**). Psychological safety and trust were identified as core elements, with participants emphasizing the importance of an environment in which employees feel safe expressing concerns without fear of negative consequences. Strategies for coping and the availability of support systems were also viewed as critical for mitigating stress. Clear communication and effective change management were highlighted as key contributors to maintaining morale, as poorly managed changes were associated with increased stress and uncertainty. Participants further emphasized the need for individualized well-being strategies, noting that tailored approaches to stress management and work-life balance are vital. Leadership practices and resource allocation were also recognized as major determinants of employee well-being, with calls for stronger leadership development to improve crisis management and more equitable distribution of resources (eg, ensuring employees have adequate tools to perform effectively). Finally, professional development and recognition were identified as important motivators, even in the context of financial constraints, prompting recommendations for innovative approaches to support career growth and acknowledge employee achievements (**Figure 1**).

Theme 1: Psychological Safety and Trust: Participants emphasized the critical importance of creating an environment where faculty and staff feel safe to express their opinions and thoughts without fear of negative consequences. This theme highlights the need for a culture of openness and mutual respect, fostering trust and validation.

Theme 2: Coping Mechanisms and Support Systems: Various coping strategies and support systems are essential in helping employees manage stress. This includes both formal programs like paid time off and mentor-mentee programs, as well as informal networks and opportunities for flexible work.

Theme 3: Effective Communication and Change Management: Effective communication and robust change management practices are critical to minimize stress and maintain morale. Poor communication and inadequate change management can lead to confusion, decreased morale, and increased stress.

Theme 4: Personalized Approaches to Stress and Well-being: Recognizing individual differences in coping with stress and tailoring support accordingly is crucial. This includes empowering faculty to manage their stressors and prioritizing wellness and work-life balance, as well as understanding the challenges individuals face in seeking support.

Theme 5: Leadership and Resource Allocation: Leadership effectiveness and the allocation of resources significantly impact faculty and staff well-being. Participants expressed the need for better leadership training, clear pathways for crisis management, and systematic resource allocation.

Theme 6: Professional Development and Recognition: Providing tailored professional development opportunities and recognizing faculty achievements can motivate participation and enhance the work environment. Financial constraints are a barrier, but creative and accessible solutions are necessary.

Figure 1. Conceptual themes identified from pharmacy administrator focus groups related to organizational well-being.

Recognizing the dominant stressors and the organizational conditions that give rise to psychosocial risk allows institutions to develop precise and intentional intervention strategies. This process is foundational to organizational well-being and centers on building workplaces in which employees experience appreciation, institutional support, and the ability to function at their highest capacity.

Figure 2 depicts the linkage between the Leiter and Maslach Areas of Worklife framework [6] and the 4 overarching psychosocial hazard domains. The Areas of Worklife model outlines 6 critical dimensions—workload, control, reward, community, fairness, and values—that collectively shape employees' perceived alignment with their work setting. Psychosocial hazards emerge when aspects of job structure, organizational systems, leadership practices, or the social environment of work are likely to negatively influence an employee's psychological, emotional, or physical health. The figure further illustrates how task force subgroups from the

Council of Faculties and Council of Deans were mapped to both the Areas of Worklife and specific psychosocial risks. Two dominant intervention design pathways were identified: (1) expanding employee autonomy and participatory involvement, and (2) strengthening organizational communication and coherence of workplace practices within the institutional framework [7, 8]. Interventions designed to enhance control and participation may involve flexible scheduling options, restructuring of job tasks, initiatives to improve team functioning, and inclusive decision-making processes. Strategies focused on communication and alignment of workplace practices may include work-life integration efforts, professional development opportunities, occupational health and safety initiatives, employee recognition, and engagement mechanisms [7, 8]. A core element supporting all approaches is the prioritization of both physical and psychological safety. **Table 1** summarizes commonly used instruments for assessing psychosocial hazards [9–15].

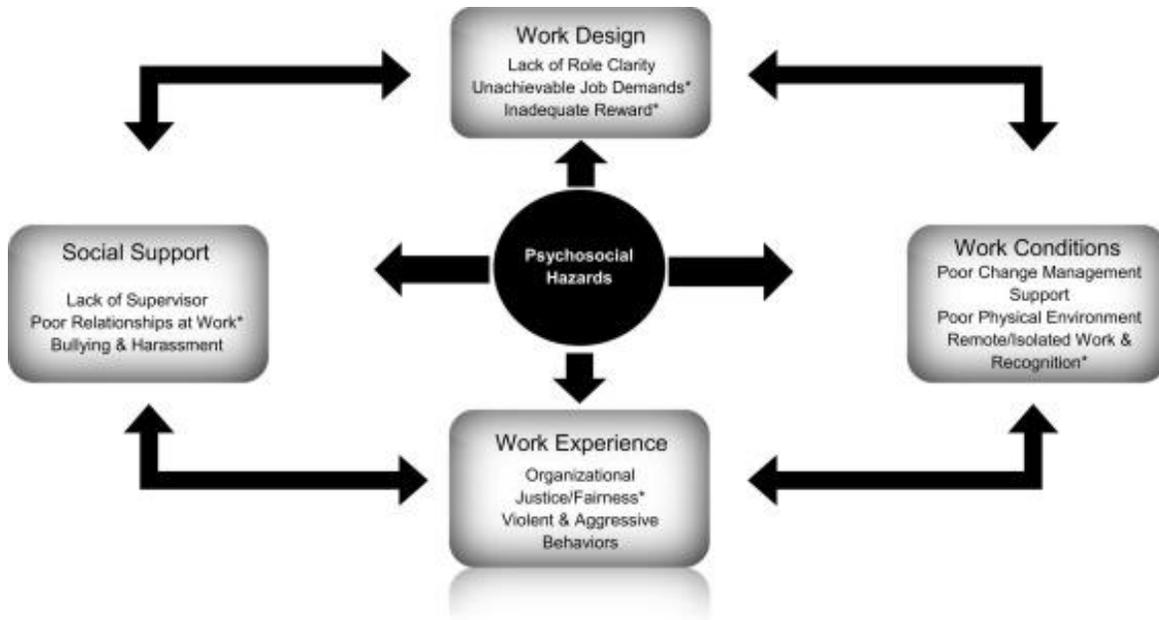


Figure 2. Evidence-informed approaches for mitigating psychosocial hazards. leiter and maslach areas of worklife [6, 16].

Table 1. Summary of broad assessment instruments used to evaluate psychosocial hazards.

Assessment Instrument	Key Features and Measurement Focus
Areas of Worklife Survey [6, 16]	This established questionnaire determines the extent of congruence or incongruence between employees and their roles in six domains: manageable workload, sense of control, adequate reward, supportive community, perceived fairness, and alignment with personal values. Features 28 questions and typically requires around 15 minutes for completion. Suitable for pairing with the Maslach Burnout Toolkit to explore links between work-life congruence and burnout levels.
Healthy Work Survey [9]	Evaluates sources of workplace stress (referred to as psychosocial hazards) across various levels, including individuals, entire organizations, specific worker groups, particular sites, or union populations. Created by the Center for Social Epidemiology. Completion time is approximately 20 minutes, with complimentary private feedback reports for participants or summarized data for groups/organizations.
NIOSH Quality of Worklife (QWL) Questionnaire [10]	Examines connections between workplace factors/organizational features and employee health/safety outcomes to highlight opportunities for preventive measures. Available at no cost for download. Job-related aspects: 41 questions Organizational culture and climate: 14 questions Health-related results: 20 questions Additional results: 10 questions Work hours details: 22 questions
NIOSH Worker Well-Being Questionnaire (WellBQ) [11]	Structured around five core domains of employee well-being; offered as a free download in both English and Spanish. Evaluation of work experiences: 16 questions Policies and organizational culture: 14 questions Physical environment and safety perceptions: 10 questions Personal health indicators: 23 questions Influences from home, community, and broader society: 5 questions
People at Work [12]	An Australian-validated tool specifically developed to identify and evaluate potential workplace psychosocial risks and hazards.
PERMA Profiler [13]	Draws from the PERMA model of well-being, encompassing Positive Emotion, Engagement, Relationships, Meaning, and Accomplishment. Available at no charge for academic or non-commercial applications, with versions in several languages. This 23-question measure covers the five core elements plus negative emotions and overall health.
Psychological Well-Being Assessment [9]	Incorporated within the NIH Toolbox for evaluating neurological and behavioral functions. A participant-reported instrument that gauges Positive Affect, Satisfaction with Life, and Sense of Meaning and Purpose.

Well-Being Index [17]	Originated from the Mayo Clinic for monitoring occupational well-being. Includes eight specialized editions, such as those tailored for advanced practice providers and pharmacists. Screens for distress across six areas and enables rapid well-being evaluation in under 1 minute.
WHO-5 [14]	Assesses overall subjective well-being during the preceding 2 weeks. Contains 5 questions yielding a raw score between 0 and 25 (where 0 represents the lowest imaginable well-being and 25 the highest).

Abbreviations: NIH, National Institutes of Health; NIOSH, National Institute for Occupational Safety and Health; WHO, World Health Organization.

Job demands/task stressors

Definition within pharmacy academia

Academic job demands refer to workloads and expectations that are appropriately matched to an individual's competencies, skills, and available resources and time, within a setting that supports a balance between professional responsibilities and personal life.

Analysis of job demands and task-related stressors in pharmacy education revealed 3 key variables: workload, role ambiguity, and work–family conflict. Assessing the academic workload of pharmacy personnel is inherently complex. Considerable efforts have been undertaken within the academy to develop mechanisms for documenting, evaluating, and defining workload expectations. Contemporary challenges—such as the COVID-19 pandemic, staffing shortages, and enrollment or budgetary pressures—have further heightened the importance of understanding workload dynamics. Responding to these pressures has often required individuals to assume duties beyond their customary responsibilities, contributing to uncertainty regarding roles and expectations and increasing the risk of interpersonal tension. Moreover, heavier workloads have blurred boundaries between professional and personal

life, driven by deadlines and heightened performance demands. While such adaptive responses were necessary during periods of instability, they are not sustainable for long-term employee growth and success.

Identified assessments to address psychosocial hazards

Recent survey data indicate that excessive workload is among the most influential factors driving pharmacy faculty to leave academic positions [18]. In a national survey of department chairs and administrators at schools and colleges of pharmacy, Lebovitz and colleagues [19] (2023) reported that only 48% of respondents indicated the presence of formal, written workload policies. Multiple instruments are available to evaluate job demands and task stressors (**Table 2**). The Quantitative Workload Inventory developed by Spector and Jex (1998) consists of 5 items assessing the volume of work associated with a position [20]. Higher scores correspond to greater workload demands. However, this measure does not capture aspects related to work quality, which may influence collaboration and collegial relationships and therefore warrants attention from leadership.

Table 2. Summary of assessment tools to measure distinct psychosocial hazards.

Psychosocial Hazard Category	Assessment Tool for Risk Identification	Recommended Strategies and Interventions	Monitoring and Progress Evaluation
Job Demands/Task Stressors			
Quantitative Workload Inventory [20]	A questionnaire designed to evaluate the volume of work linked to a specific role	Implement a structured process to regularly review and assess workload expectations for all staff; create transparent and well-defined workload policies and guidelines	Conduct evaluations annually and at additional intervals as employee needs and expectations evolve
Interprofessional Conflict at Work Scale [20]	An instrument to gauge interpersonal conflicts between colleagues	Administer to individuals or teams experiencing conflict issues	Perform baseline assessment and repeat periodically following conflict resolution training

Work-Family Conflict Scale [21]	A tool to examine the interplay between professional responsibilities and family obligations	Administer to staff facing challenges with work-family balance	Evaluate periodically after introducing relevant programs or interventions
Rewards and Recognition			
Stanford Professional Fulfillment Index [22, 23]	An instrument measuring professional fulfillment specifically for healthcare professionals	Develop institutional policies offering both intrinsic and extrinsic rewards; ensure compensation equity across genders and marginalized groups; acknowledge contributions in often overlooked areas (e.g., service, mentoring, diversity, equity, and inclusion efforts) [15]	Regularly survey staff to confirm that rewards and recognition practices are appreciated; routinely review salaries for equity; revise promotion and tenure criteria to value “hidden” contributions
Organizational Commitment Questionnaire [24, 25]	A questionnaire that profiles employees’ level of commitment to the organization	Utilize findings to guide retention initiatives and enhance employee engagement efforts	Assess periodically, particularly when concerns arise regarding turnover, retention, or engagement
Motivating by Appreciation (MBA) Inventory [26]	An inventory identifying preferred methods of appreciation among employees	Apply results to tailor personalized recognition approaches and build targeted recognition programs for greater satisfaction	Conduct surveys and annual reviews of employee satisfaction with recognition efforts
Copenhagen Psychosocial Questionnaire (COPSOQ) [27, 28]	Available in short, medium, and long formats; evaluates multiple aspects including recognition, work meaningfulness, and job satisfaction	Employ short or medium versions for initial risk evaluation and organizational improvement	Administer at baseline and again following policy updates or interventions
Autonomy and Flexibility			
Job Crafting Questionnaire [29]	Assesses how frequently employees modify their roles through task, relational, or cognitive job crafting	Adopt the Hasso Plattner Institute of Design framework [30, 31] to explore and implement job crafting opportunities	Schedule regular (e.g., monthly, quarterly, or semi-annual) discussions between managers and employees to review job crafting goals and outcomes, guided by the framework
Satisfaction With Work Schedule Flexibility scale [32]	Evaluates elements of schedule flexibility and their impact on overall job satisfaction and turnover intentions	Foster policies and an organizational culture that promote flexibility in daily work arrangements (i.e., timing, location, and methods of task completion)	Use this brief scale periodically to measure team or individual satisfaction with current flexibility levels
Areas of Worklife Survey (AWS) [6, 16] – Control subset	Measures employee perceptions across six worklife areas to assess person-job congruence; the control subsection specifically addresses autonomy	Use the control-related items to detect autonomy concerns and inform policies enhancing workplace flexibility	Suitable for baseline evaluation (note: licensing/copyright restrictions apply; the full scale must be administered, not just the control subset)

Work Environment Scale [33] (Mueller-Sheehan 1995)	Assesses social climates in various work settings; offered in three versions evaluating current perceptions, ideal preferences, and expected workplace values	Appropriate for initial assessment (note: licensing/copyright restrictions apply)
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Unclear role expectations can contribute to heightened stress and interpersonal difficulties. The Interpersonal Conflict at Work Scale, developed by Bowling and colleagues [34] (2017), assesses the quality of workplace relationships. This instrument includes 4 items rated on a 1-to-5 scale, with higher scores reflecting more frequent conflict among employees. Additional validated tools specifically targeting role ambiguity are also available [34].

The Work–Family Conflict Scale proposed by Netemeyer and colleagues [21] (1996) examines the bidirectional influence between professional and family roles. Conflicting expectations across these domains can interfere with performance in one or both roles, potentially leading to reduced job satisfaction, burnout, turnover intentions, psychological strain, and absenteeism. This scale consists of 5 items rated on a 7-point Likert scale, yielding scores ranging from 5 to 35, with higher scores indicating greater levels of work–family conflict.

Interventions to address psychosocial hazards

Workload

Academic programs should establish an annual, structured process to review and reassess workload expectations at both the individual and collective levels. Where absent, clearly defined workload policies and expectations may need to be developed. Programs are also encouraged to adopt transparent workload measurement tools that align with institutional priorities and promote fairness in workload distribution. Grice and colleagues [35] provide an example through their development and refinement of an employee workload estimation model that institutions may adapt when creating their own workload quantification systems.

Role ambiguity

Employees should actively seek clarification regarding their assigned roles and responsibilities, including expectations related to practice sites when applicable. Programs are advised to formally document these

expectations and revisit them on an annual basis to accommodate evolving responsibilities. Furthermore, evaluation mechanisms—such as annual performance reviews, promotion and tenure criteria, and other assessment tools—should clearly articulate expectations. According to Standard 5.2.g of the Accreditation Council for Pharmacy Education Standards 2025, institutions are required to provide employees with opportunities for career and professional development that strengthen the skills necessary to fulfill their roles effectively [36].

Work–family conflict

Institutions should explore and periodically review policies related to flexible scheduling and remote or hybrid work arrangements. Such policies should be reassessed annually or in response to unforeseen circumstances. Attention should also be given to managing perfectionistic behaviors and maintaining realistic expectations for productivity in both professional and personal domains. Establishing equitable workload practices and fostering strong social support networks are essential components of addressing work–family conflict.

Monitoring progress and outcomes of psychosocial hazards

Workload

At a minimum, workload expectations should be reviewed annually. Discussions regarding the effects of workload on employee well-being should be integrated into regular meetings with department leadership and incorporated into annual performance evaluations. Monitoring tools, such as the Quantitative Workload Inventory or institution-specific workload estimators described earlier, may be used to track progress. Adjustments to workload should take into account institutional guidelines, departmental norms, individual strengths and interests (when appropriate), and the goal of ensuring equitable workload distribution across employees.

Role ambiguity

Organizational culture should encourage open dialogue, allowing employees to raise questions or concerns when role expectations are unclear. Programs should conduct annual reviews of job descriptions to confirm that they accurately and clearly outline responsibilities. Within a collaborative and supportive environment, conversations aimed at minimizing ambiguity should focus on tasks and responsibilities rather than individuals. Performance concerns or interpersonal conflicts, when present, should be addressed separately from discussions about role clarification.

Work–family conflict

Supervisors should routinely address work–family conflict during annual evaluations. For employees experiencing significant inter-role strain, more frequent check-ins may be warranted, along with access to institutional support mechanisms such as childcare resources and leave policies. Supervisors should also encourage the development of strong support systems involving colleagues, family members, and friends. Employees facing inter-role conflict may demonstrate decreased job performance, elevated stress, depressive symptoms, and dissatisfaction with work, family life, or overall well-being.

Resources and recommendations

To mitigate job demands and task-related stressors, institutions can employ a range of assessment tools to evaluate workload, clarify role expectations, and identify work–family conflicts that may exacerbate stress. Instruments such as the Quantitative Workload Inventory or comparable workload assessment measures should be administered annually to inform review and adjustment processes. Open discussion of role ambiguity is essential for maintaining a cooperative and supportive organizational culture, and tools like the Interprofessional Conflict at Work Scale can assist in identifying areas of concern. While formal assessment of work–family conflict may not be necessary for every employee, the Work–Family Conflict Scale can provide valuable insights when used selectively. Department chairs, supervisors, and mentors may incorporate these tools into annual evaluations or meetings to support and guide employees effectively.

Rewards/recognition

Definition within pharmacy academia

Rewards and recognition within pharmacy academia refer to the alignment of extrinsic motivators (eg, salary and benefits) and intrinsic motivators (eg, pride in and belief in the value of one's academic contributions) with institutional expectations. Recognition also encompasses the visibility, appreciation, and acknowledgment of academic achievements by peers, administrators, and the broader pharmacy community.

The professional rewards associated with academic pharmacy careers are frequently described in terms of contributing to the public good through educating future pharmacists and advancing the profession. Concrete advantages often include flexible scheduling, location autonomy, and academic freedom to pursue scholarly interests—benefits that are often viewed as offsetting lower financial compensation relative to nonacademic pharmacy roles (eg, community or hospital practice). While extrinsic incentives such as pay are commonly cited as key determinants in career selection, intrinsic rewards may play a more influential role over time. A critical intrinsic factor is employees' perception that their work and accomplishments are genuinely valued by the institution, leadership, and colleagues, and that such contributions are appropriately recognized. When employees feel their efforts lack significance or acknowledgment, they may experience diminished self-efficacy, reduced engagement, and an increased likelihood of leaving the organization. Although fair and competitive compensation remains essential, evidence suggests that symbolic forms of recognition (eg, public acknowledgment, certificates of achievement) can substantially enhance intrinsic motivation, job performance, and employee retention [37].

Research further indicates that effective recognition initiatives should strike a balance between performance-based and values-based recognition and incorporate formal, informal, and routine expressions of appreciation [38–41].

Identified assessments to address psychosocial hazards

Insufficient rewards or recognition represent common psychosocial hazards, particularly among employees who perceive their extra efforts go unnoticed, receive minimal constructive feedback, lack opportunities for professional advancement, or view recognition practices as inequitable or biased. Such perceptions can contribute to burnout and emotional strain, potentially resulting in psychological and physical health concerns. Several

psychosocial assessment tools applicable to evaluating rewards and recognition in academic settings are summarized in **Table 2**.

The Stanford Professional Fulfillment Index, developed by Trockel and colleagues [23] (2018), is a validated 5-item measure designed to assess professional fulfillment among health care professionals [22]. The instrument evaluates the degree of intrinsic satisfaction derived from work and is freely available, with normative benchmarks based on data from the WellMD & WellPhD Center's National Physician Wellness Academic Consortium. In a study involving veterinary faculty at a large academic institution, professional fulfillment was reported to be low (20.4%) and showed no association with rank or gender [42]. Similarly, research among pediatric faculty demonstrated an inverse relationship between professional fulfillment and intentions to leave an organization within 3 years (odds ratio 3.83, 95% CI 1.58–9.29, $p = .003$) [43]. Assessing professional fulfillment among pharmacy faculty and staff may therefore provide insight into burnout levels and potential turnover risk.

The Organizational Commitment Questionnaire, initially developed by Mowday and colleagues [24] (1979), evaluates dimensions of employee commitment associated with organizational performance and productivity. This 15-item instrument uses a 5-point Likert scale to measure 3 components of commitment: willingness to exert effort, intent to remain with the organization, and alignment with organizational values. The tool demonstrates strong predictive, convergent, and discriminant validity, as well as high internal consistency. Meyer and Allen later expanded this framework into a 3-component model encompassing affective commitment (emotional attachment to organizational values), continuance commitment (commitment based on perceived costs of leaving), and normative commitment (commitment driven by a sense of obligation) [25].

The Motivating by Appreciation Inventory, introduced in *The 5 Languages of Appreciation in the Workplace* by Chapman and White (2011) [26], identifies individual preferences for workplace recognition. It categorizes appreciation into 5 modes: verbal affirmation, quality time, acts of service, tangible gifts, and physical touch. Access to the inventory requires the purchase of the book or an activation code.

The Copenhagen Psychosocial Questionnaire (COPSOQ) was developed through extensive research

dating back to 1858 involving Danish workers. It is available in 3 versions: a long form with 141 items across 30 dimensions, a medium version with 95 items across 26 dimensions, and a short form with 44 items across 8 dimensions [27]. The COPSOQ assesses psychosocial working conditions, stress, and employee well-being. Additional guidance and related publications are available through the COPSOQ website [28].

Interventions to address psychosocial hazards

Well-designed reward and recognition practices can strengthen motivation, improve performance, and enhance employees' sense of pride and connection to their work. Conversely, a lack of appreciation may erode confidence and weaken organizational commitment. Schools and colleges of pharmacy may benefit from collaboratively reviewing existing recognition programs with employees, identifying key areas for acknowledgment, and defining concrete behaviors that convey appreciation [44].

Such efforts may include incorporating recognition discussions into meeting agendas, developing recognition preference surveys to understand individual motivators, and providing leadership training focused on delivering meaningful and constructive feedback.

Monitoring progress and outcomes of psychosocial hazards

After gathering employee preferences and establishing feasible recognition strategies, institutions must engage in continuous monitoring to ensure sustained satisfaction. Preferences related to recognition and career development may evolve over time, making periodic reassessment essential. Intentional integration of reward and recognition evaluations into routine assessment processes is critical.

To ensure compensation equity, annual salary reviews should be conducted. Responsibility for equitable pay should not rest solely with employees through negotiation; instead, leadership should proactively ensure fairness in salaries, raises, and the consistent application of compensation criteria.

Ongoing evaluation of recognition systems is also necessary, as perceptions of feeling valued differ among individuals. Meeting diverse needs is essential for maintaining engagement and satisfaction. Collecting feedback on recognition practices through annual surveys and evaluations is recommended, and involving employees in shaping reward and recognition strategies

is key to promoting overall well-being. Effective recognition must be individualized, genuine, and meaningful.

Resources and recommendations

An initial action step for institutions is to review existing policies, procedures, and programs related to employee recognition. Instruments such as the Stanford Professional Fulfillment Index and the COPSOQ can be used to assess whether employees feel appreciated and valued for their contributions [22, 23, 27, 28]. In settings experiencing retention challenges, the Organizational Commitment Questionnaire may inform the development of targeted engagement and retention initiatives. Additionally, tools like the Motivating by Appreciation Inventory can support the design of tailored recognition programs and facilitate periodic evaluation of employee satisfaction [24–26].

Autonomy and flexibility

Definition within pharmacy academia

Autonomy and flexibility refer to the degree to which employees—particularly faculty—are empowered to exercise independent judgment and make decisions related to their teaching, scholarship, service, and practice responsibilities (when applicable), as well as their ability to influence conditions within their academic work setting (eg, determining when and/or where work is performed).

Identified assessments to address psychosocial hazards

Autonomy and flexibility play a central role in reducing psychosocial risks and supporting the well-being of academic personnel. When individuals are afforded control over their schedules, instructional approaches, and research priorities, they often experience enhanced agency and job satisfaction, which can meaningfully lessen stress, burnout, and mental health concerns. Flexible work arrangements further support the integration of professional and personal responsibilities, contributing to improved work–life balance and overall quality of life. By embedding autonomy and flexibility into institutional practices, organizations demonstrate respect for individual needs, promote innovation, and encourage long-term engagement—fostering a motivated, productive, and resilient academic workforce. Several established and widely validated instruments incorporate dimensions of autonomy and flexibility,

including the Maslach Burnout Inventory developed by Maslach and Leiter (2016), the Areas of Worklife Survey (AWS) by Leiter and Maslach (2004), and the Well-being Index by Dyrbye and Shanafelt (2010) (**Table 1**) [6, 16, 17, 45, 46].

More focused tools that specifically assess autonomy and flexibility include the Job Crafting Questionnaire by Slemp and Vella-Brodrick (2013), the Satisfaction With Work Schedule Flexibility scale by Rothausen (1994), the AWS-Control subscale by Leiter and Maslach (2004), and the Work Environment Scale by Moos and Insel (1974–1986) (**Table 2**) [6, 29, 32, 33].

Schools and colleges of pharmacy are encouraged to apply these assessments in ways that align with their institutional goals. To evaluate progress related to flexibility, programs may consider administering assessments prior to implementing initiatives and repeating them afterward to determine changes in perceived autonomy and flexibility.

Interventions to address psychosocial hazards

While much of the existing literature emphasizes measurement and assessment of burnout and well-being, several interventions aimed at improving autonomy and flexibility have been examined or recommended.

At the system level, interventions include providing resources and institutional support that enhance employee choice, autonomy, and flexibility [3, 4, 30, 47, 48]. Cultivating an organizational culture—supported by policies—that allows flexibility in daily work patterns (eg, when, where, and how tasks are completed) can positively influence employee well-being. One illustrative approach is a design-thinking framework proposed by Reed [30], adapted from Stanford University’s model and the Job Demands–Resources framework. This approach emphasizes 5 stages: empathize, define, ideate, prototype, and test [30].

With appropriate system-level support in place, individuals can also engage in evidence-based strategies. Examples described in the literature include job crafting or work redesign, participation in creative activities, and leveraging flexibility options provided by employers [4, 30, 47, 49, 50]. The National Institute for Occupational Safety and Health Future of Work Initiative has highlighted that innovative work arrangements may offer benefits to employees while also introducing challenges for organizations, such as considerations related to health benefits [51]. Job crafting is a self-directed process in which employees make incremental adjustments to better

align their work with personal strengths, needs, and goals. This approach encompasses 3 domains: task crafting, cognitive crafting, and relational crafting [29]. Engagement in nonwork creative activities has also been examined as a recovery strategy, alongside more commonly studied recovery experiences such as mastery, control, psychological detachment, and relaxation. Recovery experiences are essential for stress reduction and well-being enhancement. Taking advantage of employer-supported flexibility is another effective option, though institutional structures must exist to enable individuals to fully utilize these opportunities.

Monitoring progress and outcomes of psychosocial hazards

At the organizational level, leadership can employ the aforementioned assessment tools to establish baseline perceptions of autonomy and flexibility and to track changes over time. In addition to formal measurement, fostering a culture grounded in trust and open communication can facilitate the collection of informal, candid feedback from employees.

At the individual level, employees may use both general and targeted assessment tools to identify areas in which they are flourishing or experiencing difficulty. With respect to autonomy and flexibility, it is important for individuals to understand the freedoms available to them (eg, existing policies) and to advocate for themselves and others when perceived autonomy is insufficient. Open communication and trust within the organization can further support individual advocacy efforts.

Resources and recommendations

Although several instruments exist to characterize autonomy and flexibility in the workplace, evidence regarding effective interventions to enhance these dimensions within pharmacy academia remains limited. Improving autonomy and flexibility may be more feasible in academic pharmacy than in some other disciplines, as many responsibilities—such as scholarship and service—can be performed remotely. However, other core faculty roles, including teaching, clinical practice for clinical faculty, and mentoring, often require fixed locations and substantial time commitments. Pharmacy school leaders must therefore balance institutional responsibilities to students with employees' needs for autonomy in meeting job expectations and promotion or tenure requirements.

Employees likewise share responsibility for meeting these obligations.

Potential assessment tools to evaluate perceived autonomy and flexibility include the Job Crafting Questionnaire, the Satisfaction With Work Schedule Flexibility scale, the AWS-Control subscale, and the Work Environment Scale [16, 29, 32, 33]. Leaders are encouraged to use these instruments to establish baseline measures of employee perceptions and to apply structured models—such as the Hasso Plattner Institute of Design framework—to guide the development and implementation of strategies aimed at improving autonomy and flexibility [31].

Conclusion

Work-related psychosocial hazards have been shown to influence both the physical and emotional well-being of employees. The 3 domains examined in this narrative review—job demands/task stressors, rewards/recognition, and autonomy/flexibility—underscore key risks associated with Work Design and Work Conditions. While workload can often be more readily measured using instruments such as the Quantitative Workload Inventory, job demands and task-related stressors also encompass elements that extend beyond the sheer volume of work. Developing work environments that effectively recognize and reward employees, while also offering autonomy and flexibility, often necessitates innovative and tailored approaches at both the organizational and individual levels.

Most assessment tools used to evaluate these 3 psychosocial hazards can be administered at baseline and repeated periodically, particularly following the introduction of new initiatives or policy modifications. However, within academic pharmacy, there remains a limited body of evidence regarding interventions designed to mitigate these hazards, highlighting the need for further research to determine the suitability and effectiveness of such strategies for schools and colleges of pharmacy. Addressing psychosocial hazards is inherently complex and requires coordinated efforts and shared responsibility among the academic pharmacy community, including institutions, administrators, faculty, and staff. Despite these challenges, a collective dedication to cultivating a supportive and health-promoting academic culture should continue to guide efforts toward meaningful change that places employee mental health and overall well-being at the forefront.

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