

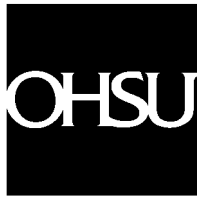
Pharmacist Workforce 2002: A Sourcebook

Support for the Oregon Health Workforce Project was provided by

Northwest Health
FOUNDATION

OHSU

Area Health Education Centers Program
Oregon Health Workforce Project



OREGON
HEALTH
& SCIENCE
UNIVERSITY

Oregon Health Workforce Project
Oregon Area Health Education Centers Program
Oregon Health & Science University
3181 S.W. Sam Jackson Park Road, L-612
Portland, OR 97239
ahec@ohsu.edu
<http://www.ohsu.edu/ahec>
(503) 494-4896

OHSU is an equal opportunity, affirmative action institution. 1102(250)

Contents

Acknowledgements.....	i
Introduction.....	1
Methods and Definitions.....	3
Findings.....	5
Demographic Characteristics of Oregon’s Active Pharmacists.....	5
Supply and Distribution Estimates.....	6
Educational Background.....	8
Geographic Location of Worksite.....	9
Work Setting.....	11
Years Employed as a Pharmacist.....	12
Work Activities.....	13
Career Satisfaction.....	17
Career Plans.....	19
Summary.....	21
Data Tables.....	23
Table 1. Demographic Profile of Oregon’s Active Pharmacists.....	23
Table 2. Languages Spoken for Clinical Purposes.....	23
Table 3. Location of Basic Pharmacist Education.....	24
Table 4. Year Basic Pharmacist Education Completed.....	24
Table 5. Specialty Area Certifications.....	24
Table 6. Distribution by Geographic Location of Primary Worksite.....	24
Table 7. Distribution by Primary Work Setting.....	25
Table 8. Number of Years Employed at Worksite by Primary Work Setting.....	25
Table 9. Work Status.....	25
Table 10. Number of Hours Worked During a Typical Week.....	25
Table 11. Proportion of Active Pharmacists Engaged in various Professional Activities.....	26
Table 12. Mean Career Satisfaction Ratings.....	26
Table 13. Distribution by Level of Career Satisfaction.....	27
Table 14. Career Plans within the Next Two Years.....	27
Table 15. Number of Pharmacists per 100,000 population: Urban/Rural Comparison.....	28
Table 16. Number of Pharmacists per 100,000 population: Geographic Region Comparison.....	28
Table 17. Number of Pharmacists per 100,000 population: Comparison of Estimates.....	28

Acknowledgements

We gratefully acknowledge the financial support of the Northwest Health Foundation in making this sourcebook a reality. We also acknowledge the technical and logistical support provided by the Oregon Board of Dentistry, the Oregon Board of Medical Examiners, the Oregon Board of Pharmacy, and the Oregon State Board of Nursing.

We would also like to thank the many individuals who contributed time and expertise to the Oregon Health Workforce Project. Special thanks to:

Becki Anderson, David Asaro, John Benson, JoAnn Bones, Joan Bouchard, David Buckley, Deborah Burton, Nancy Campbell, Lynn Caton, Andrew Charter, Sue Cullinan, Bev Currier, Diana Dolstra, Tina Edlund, Alberta Fry, Kathleen Haley, Laura Hanks, Patricia Kenney-Moore, Tracy Klein, Wayne Kradjan, Pamela Louie, Jill Mason, Karen MacLean, Pat Miles, Melinda Newell, Richard Ohvall, Linda Pesanti, Ted Ruback, Rick Sahli, Lani Scarrett, Gary Schnabel, Louise Shores, John Stull, Beverly Taylor, and Lynda Tucker.

Introduction

This report contains results of the Oregon Health Workforce Project. Funded by the Northwest Health Foundation and conducted by the Area Health Education Center (AHEC) Program at Oregon Health & Science University, the project aims to collect, manage, analyze and report data that describes Oregon's health workforce. Between May and October of 2002, AHEC conducted a survey of more than 13,000 health professionals licensed to practice in the state of Oregon. Licensees were sent a mail survey that asked questions about employment status, demographics, educational background, worksite location, specialty, professional time allocation, career satisfaction, and future career plans. The survey targeted seven health professions:

- Dental Hygienists
- Dentists
- Nurse Practitioners
- Pharmacists
- Physician Assistants
- Physicians
- Registered Nurses

Data on the supply of health professionals currently working in the state provides decision makers with information needed for appropriate and effective health policy planning. Results of the pharmacist survey are presented here and are intended for use by health professionals, policy makers, health planners and health care advocates engaged in such efforts. Baseline data collected from the 2002 pharmacist workforce survey represent a first step in the identification of trends in the demographic makeup, practice characteristics, work patterns, and career plans of Oregon's pharmacist workforce. The primary focus of this report is Oregon's **active** pharmacist workforce. While this report includes data that describes Oregon's licensed pharmacists, the findings presented here focus on pharmacists currently working in the profession in Oregon.

Additional reports in the Sourcebook Series will focus on the other professional groups listed above. These reports will be published throughout the first half of 2003.

Methods and Definitions

Methods

In May 2002, AHEC conducted a survey of pharmacists licensed by the Oregon Board of Pharmacy to learn more about the state's pharmacist workforce. The Oregon Board of Pharmacy mailed all licensees a workforce survey as part of the re-licensure process. Participation was voluntary. No follow-up mailing was conducted. A total of 4,127 pharmacists were surveyed. The response rate was 58 percent (2,404 returned surveys). Thirty-one surveys were excluded from the analysis because they were incomplete or otherwise unusable. The remaining 2,373 surveys were used for this analysis. All surveys were audited prior to data entry by optical scanner. Item response rates were 96 percent or better for all items except for the question pertaining to overall career satisfaction. The response rate for this item was 91 percent.

Definitions

Licensed pharmacist: An individual holding a pharmacist license issued by the Oregon Board of Pharmacy.

Active pharmacist: A pharmacist licensed by the Oregon State Board of Pharmacy who is currently working in the profession in Oregon.

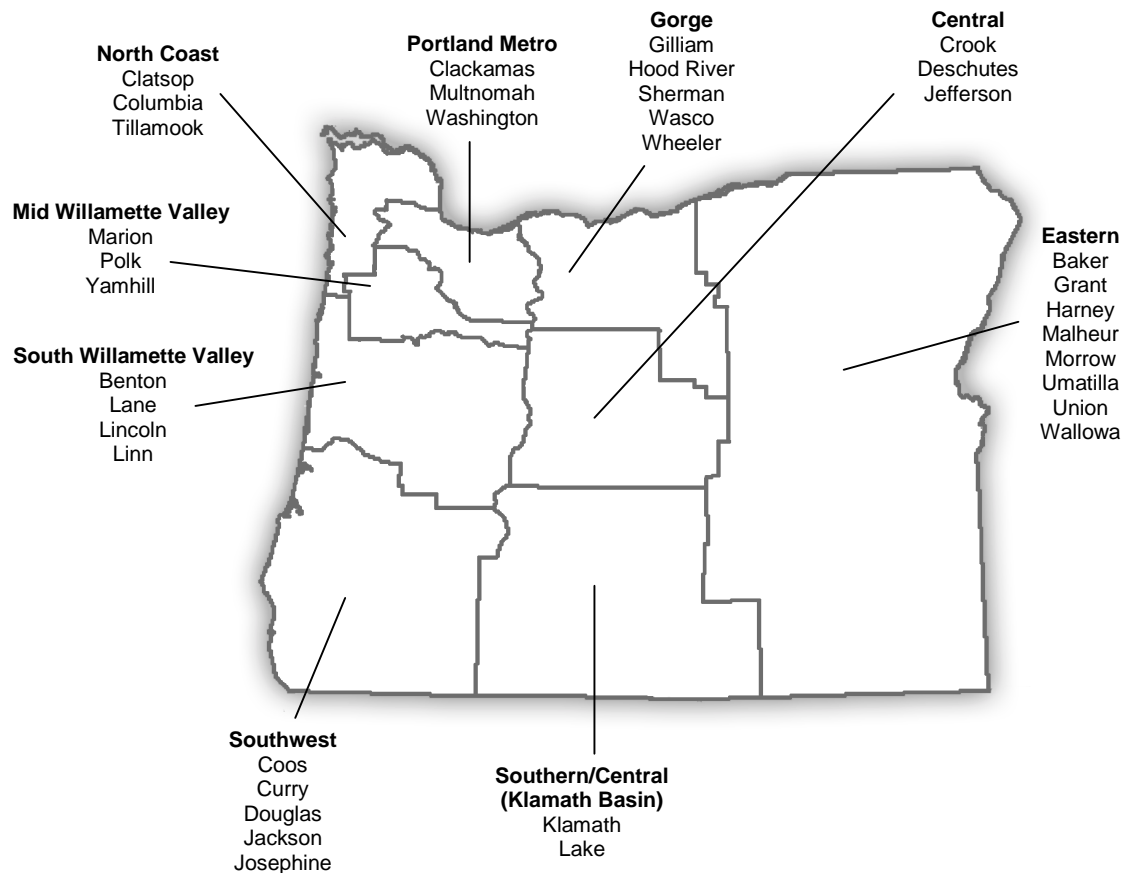
Urban/Rural: Based on respondents' self-reports of location of primary place of work. Definitions were developed by the Office of Rural Health, Oregon Health & Science University, and are as follows:

Rural: Includes "Rural" (a geographic area (county) 10 or more miles from a population center of 30,000 or more) and "Frontier" (a geographic area (county) that has a population density of six people per square mile or less) counties.

Urban: Includes "Mixed Urban/Rural" (a geographic area (county) having communities that meet the criteria for frontier or rural designation and communities that do not meet these criteria) and "Urban" (a geographic area (county) that does not meet the criteria for either frontier or rural designation) counties.



Geographic Region: Based on respondents' self-reports of location of primary place of work.



Race/ethnicity: The health workforce survey used the U.S. Census Bureau's model of separating ethnicity (specifically, Hispanic or Latino origin) from race as race and ethnicity are different measures of a population's diversity. There were six race categories (American Indian or Alaska native, Asian, Black or African, Native Hawaiian or Other Pacific Islander, Other and White). For some analyses, respondents were grouped into two race categories: "non-white" (the first five categories were combined into a single category) or "white." A separate question was used to determine ethnicity ("Are you of Hispanic or Latino origin or decent?").

Estimated number of licensees currently working in the profession in Oregon: This estimate was calculated as follows:

(# of Oregon licensees) X (% of Oregon licensees who are active pharmacists) X (% of active pharmacists currently working in positions that involve performing production and/or clinical activities)

Estimated number of pharmacists per 100,000 Oregon residents: This estimate was calculated as follows:

(estimated # of active Oregon pharmacists) ÷ (2001 Oregon population estimate ÷ 100,000)

Basic pharmacist degree: The initial pharmacist degree earned by the respondent (either baccalaureate or Doctor of Pharmacy degree).

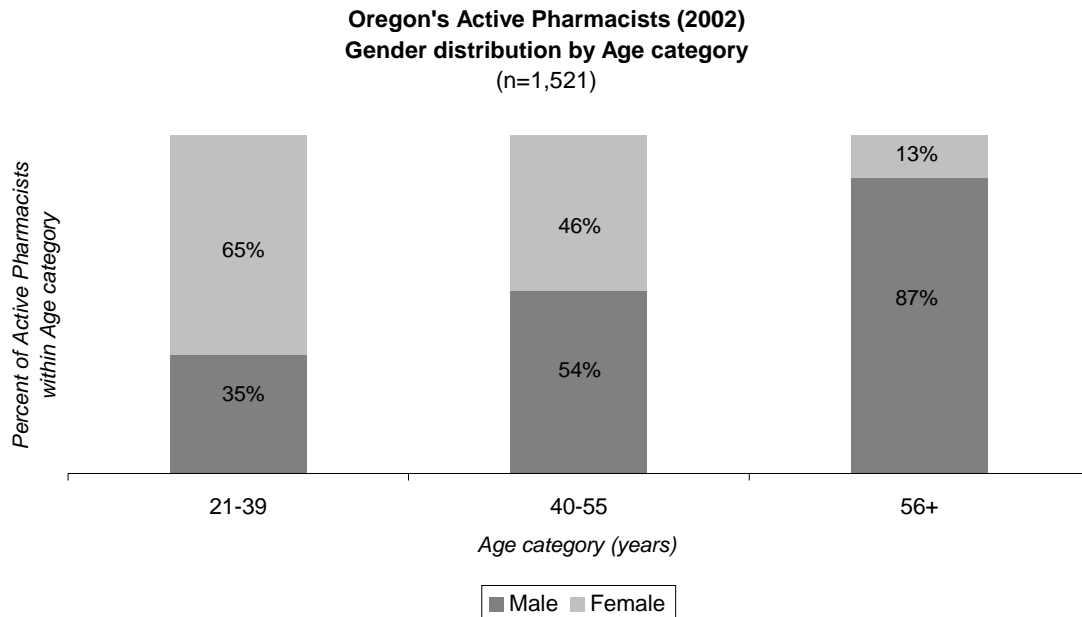
Production activities: Includes filling and labeling prescriptions, data entry, reimbursement activities, and inventory management.

Clinical activities: Includes patient counseling, consulting with prescribers, disease state management, and drug regimen review.

Findings

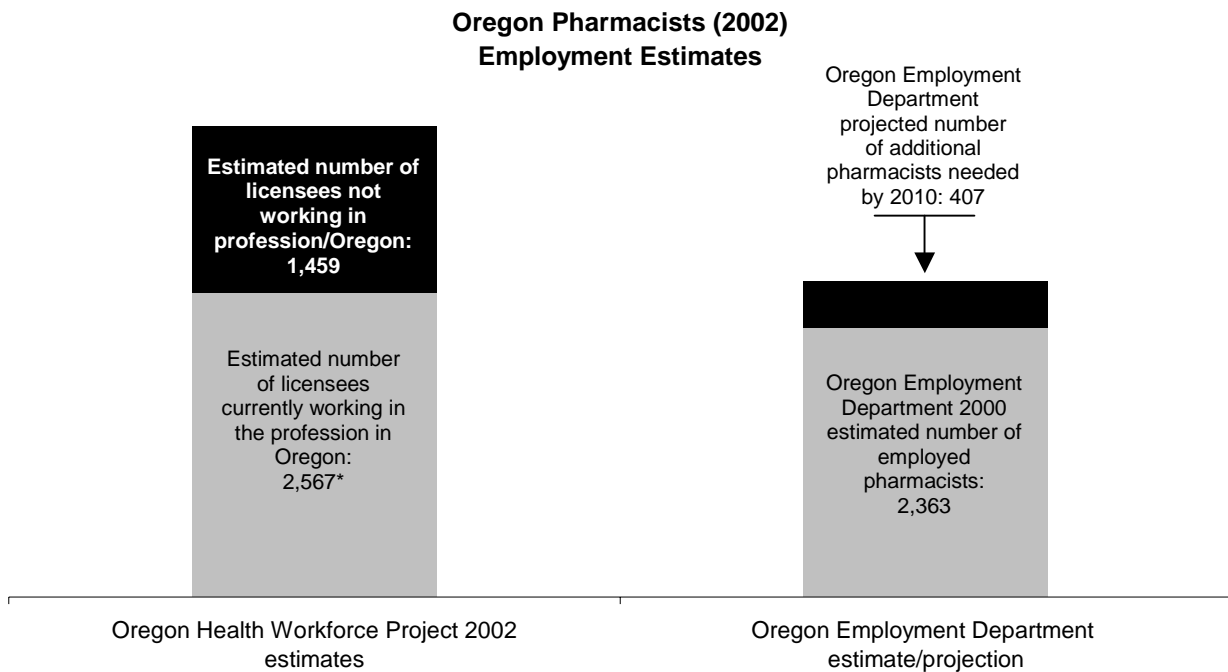
Demographic Characteristics of Oregon's Active Pharmacists

- Pharmacists who are non-white: 13%
- Pharmacists who are of Hispanic or Latino decent: 1%
- Pharmacists who are female: 46%
- Average age: 45.5 years
- Pharmacists who are 55 years of age or older: 34%
- Average age by gender: Females – 40 years / Males – 50 years
(statistically significant difference, $p < .001$)
- Of pharmacists who are below the age of 40, those who are female: 65%



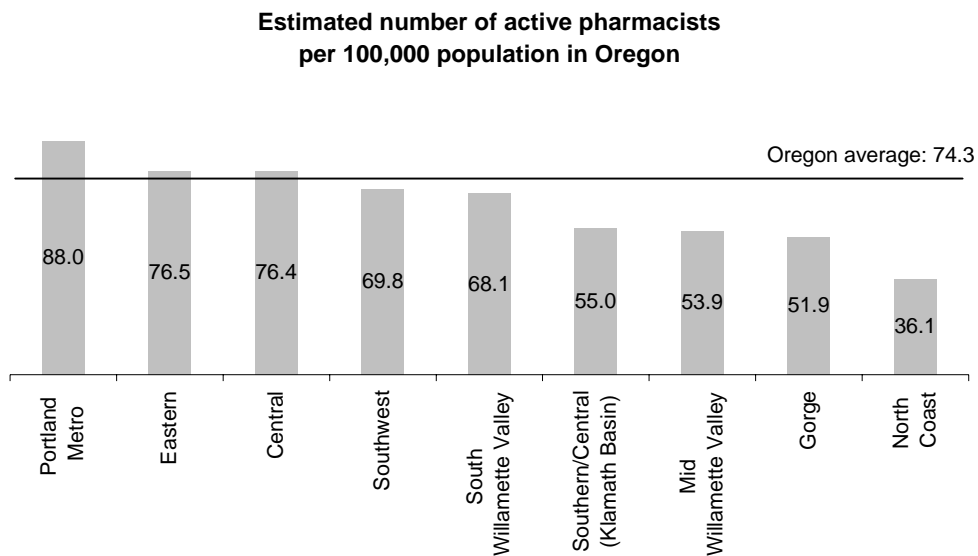
Supply and Distribution Estimates

- Pharmacists licensed by the Oregon State Board of Pharmacy who are currently working in the profession in Oregon: 65%
- Licensees who are currently employed in the profession outside of Oregon: 25%
- Estimated number of licensees who currently work in the profession in Oregon: 2,567
- Estimated number of licensees who work in the profession outside of Oregon or do not currently work in the profession: 1,459



*Estimate excludes pharmacists currently working in positions that do not involve performing production and/or clinical activities (4% of active pharmacist workforce).

- Estimated number of pharmacists per 100,000 Oregon residents: 74.3
- Estimated number of pharmacists per 100,000 U.S. residents: 71.2
- Estimated number of pharmacists per 100,000 Oregon residents living in urban areas: 79.9
- Estimated number of pharmacists per 100,000 Oregon residents living in rural areas: 58.2
- Geographic regions that have the highest pharmacist-to-population ratios: Portland metropolitan, Eastern, and Central
- Geographic regions that have the lowest pharmacist-to-population ratios: Southern/Central (Klamath Basin), Mid-Willamette Valley, Gorge, and North Coast



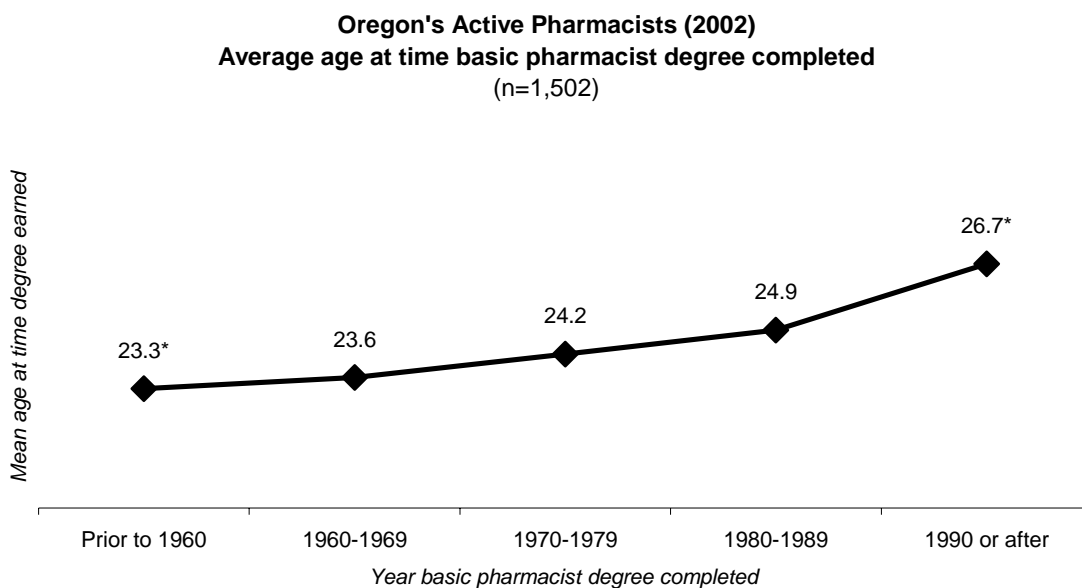
Educational Background

Oregon's Licensed Pharmacists

- Pharmacists licensed by the Oregon State Board of Pharmacy who earned their basic pharmacist degree in Oregon: 61%

Oregon's Active Pharmacists

- Pharmacists who earned their basic pharmacist degree in Oregon: 65%
- Pharmacists who earned their basic pharmacist degree in a border state: 12%
- Pharmacists who were trained in a bachelor's degree program and have received no additional pharmacy degrees: 86%
- Pharmacists who earned their basic pharmacist degree prior to 1980: 46%
- Average age at completion of basic pharmacist degree among those who graduated prior to 1960: 23.3 years
- Average age at completion of basic pharmacist degree among those who graduated in 1990 or after: 26.7 years

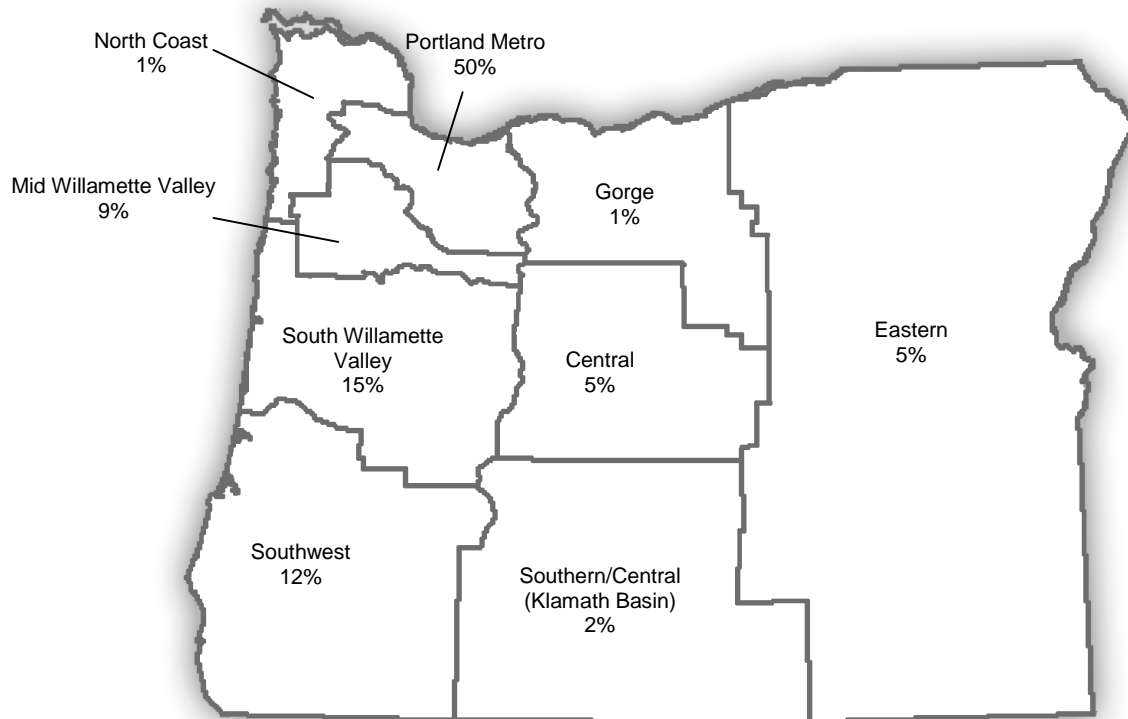


*Significant difference, $p < .001$

Geographic Location of Worksite

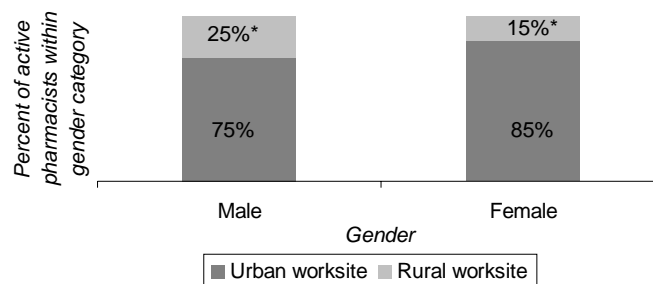
- Pharmacists who work in the Portland metropolitan area: 50%

Geographic Distribution of Active Pharmacists



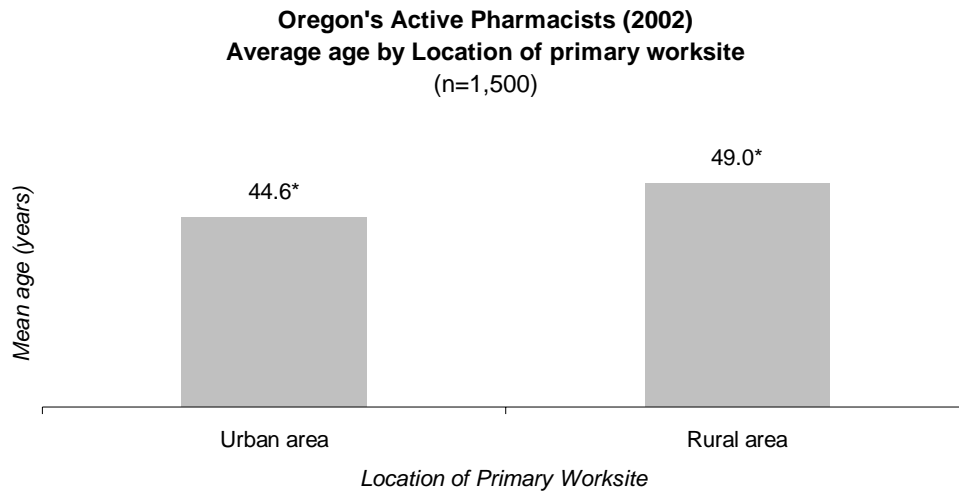
- Pharmacists who work in rural areas: 20%
- Oregon residents who live in rural areas: 26%
- Proportion of male pharmacists who work in rural or frontier counties: 25%
- Proportion of female pharmacists who work in rural or frontier counties: 15%

Oregon's Active Pharmacists (2002)
Urban/Rural distribution by Gender
 (n=1,497)



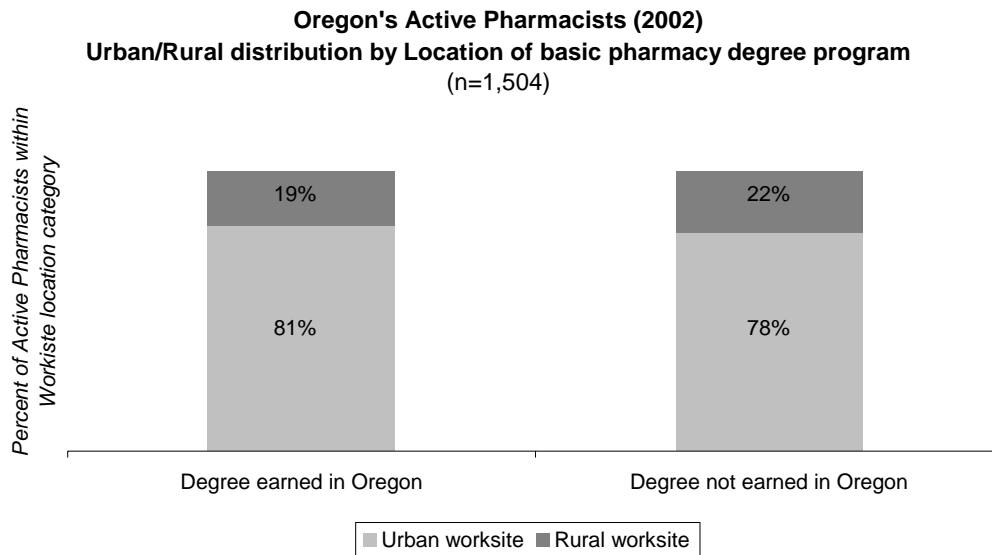
*Significant difference, $p < .001$

- Average age by urban/rural worksite location: Urban – 44.6 years / Rural – 49.0 years



*Significant difference, $p < .001$

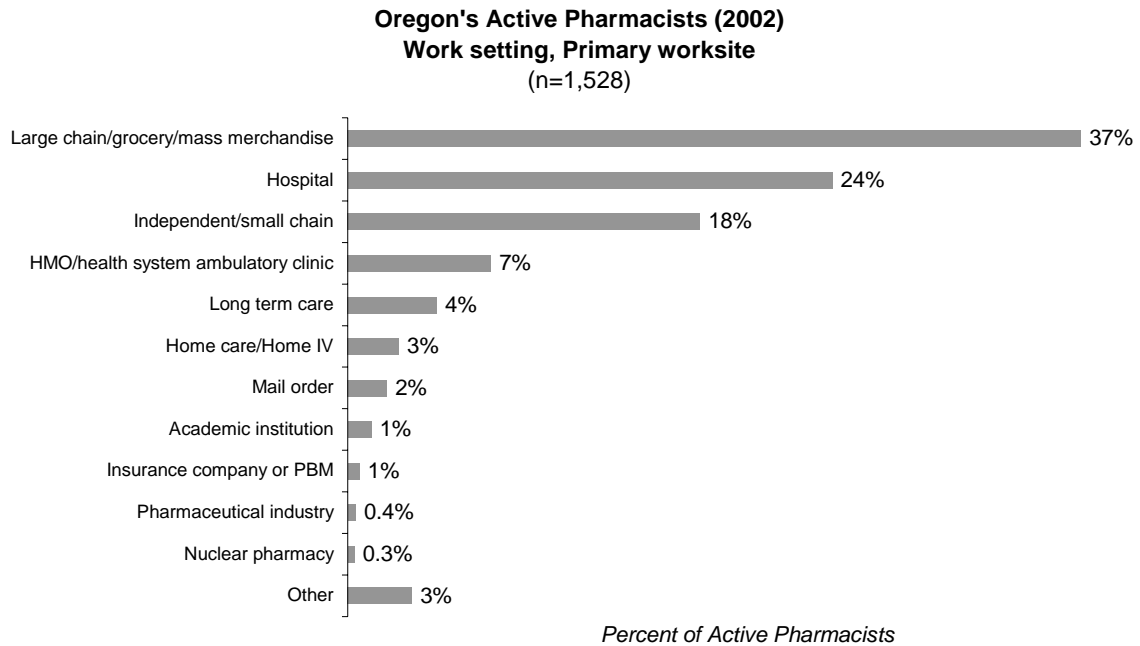
- Pharmacists who work in a rural or frontier county by location of basic pharmacy degree program: Degree earned in Oregon – 19% / Degree not earned in Oregon – 22%



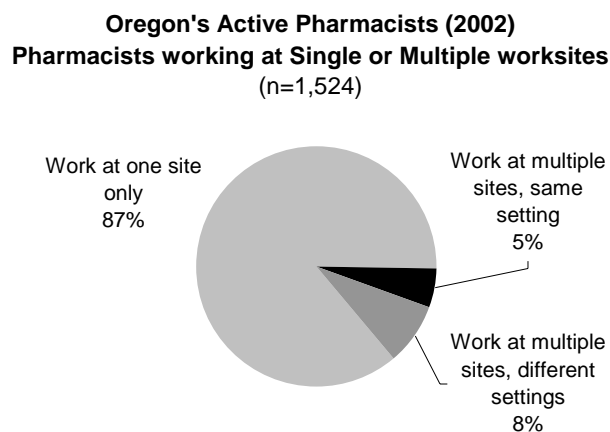
No significant differences

Work Setting

- Pharmacists who work in a large chain, grocery or mass merchandise setting: 37%
- Pharmacists who work in a hospital setting: 24%
- Pharmacists who work in an independent or small chain setting: 18%

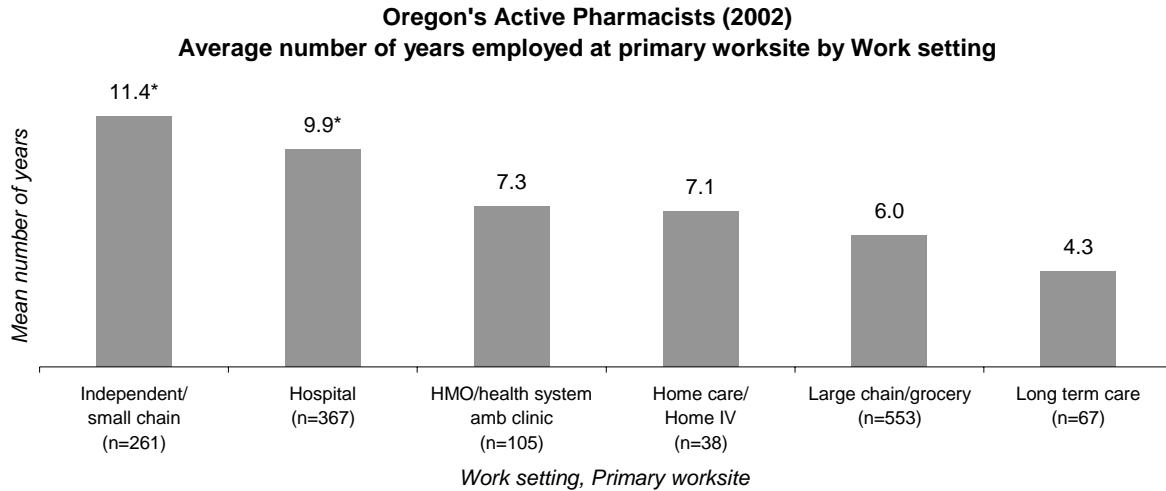


- Pharmacists who work at a single worksite: 87%
- Pharmacists who work at more than one worksite: 13%
- Of pharmacists working at more than one worksite, those who currently work in more than one type of work setting: 8%



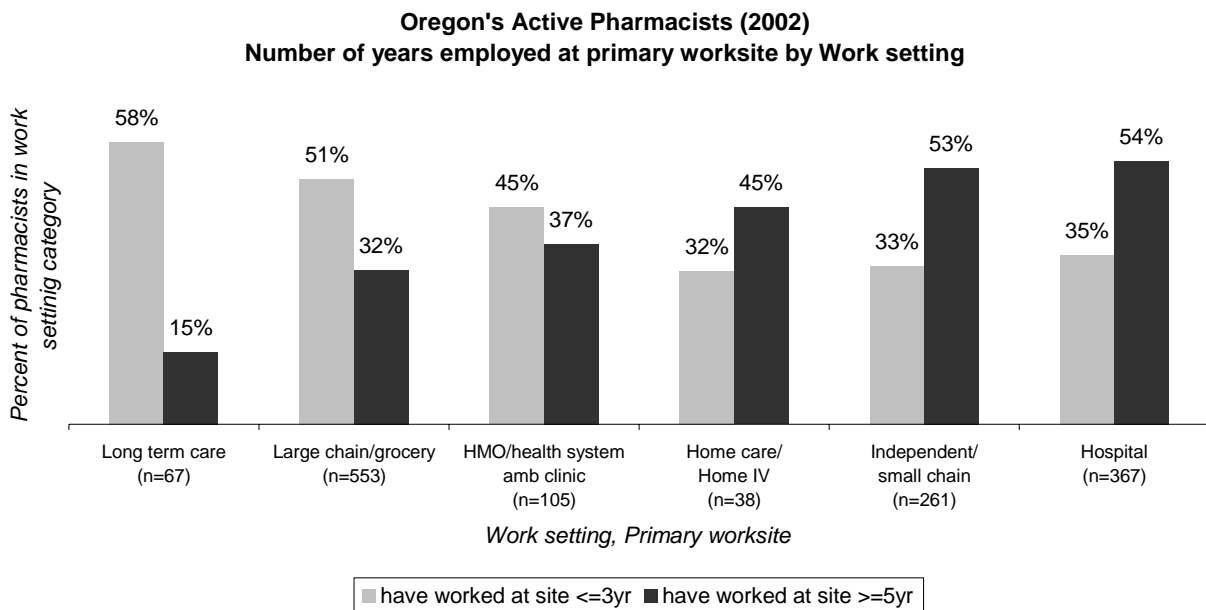
Years Employed as a Pharmacist

- Average number of years an Oregon pharmacist has worked in a position requiring a pharmacist license: 19.7
- Average number of years an Oregon pharmacist has worked at his/her current primary worksite: 7.9



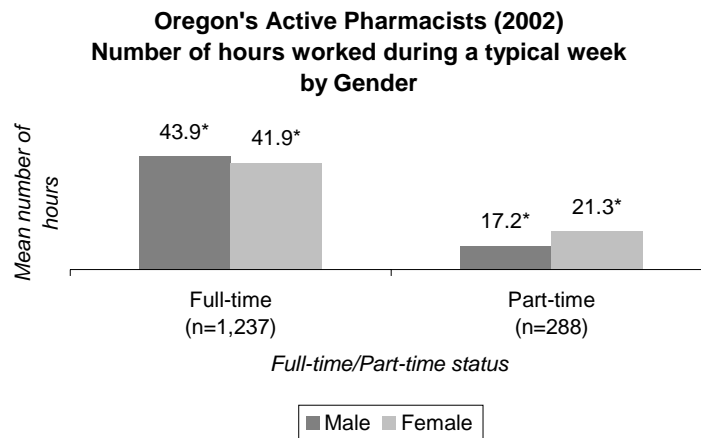
*Significantly different than large chain/grocery and long term care settings, $p < .001$

- Pharmacists who have worked at their current primary worksite for 3 years or less: 43%
- Pharmacists who have worked at their current primary worksite for 5 years or more: 41%

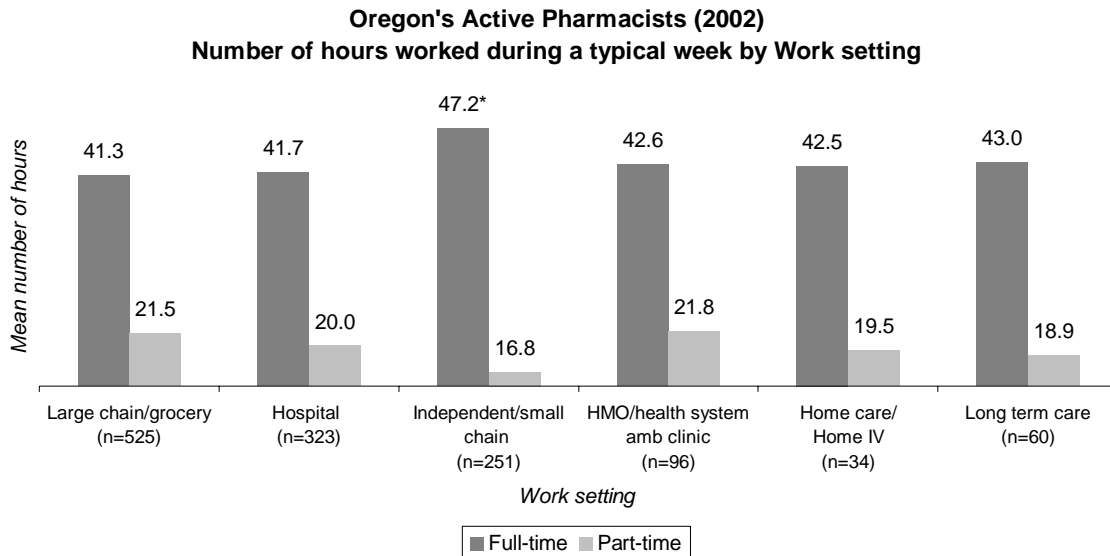


Work Activities

- Pharmacists who work full-time (32 hours or more per week): 81%
- Pharmacists who work part-time (less than 32 hours per week): 19%
- Average number of hours worked by a full-time pharmacist during a typical week: 43
- Average number of hours worked by a part-time pharmacist during a typical week: 20
- Average number of hours worked during a typical week by gender:
 - Full-time: Male – 43.9 / Female – 41.9
 - Part-time: Male – 17.2 / Female – 21.3

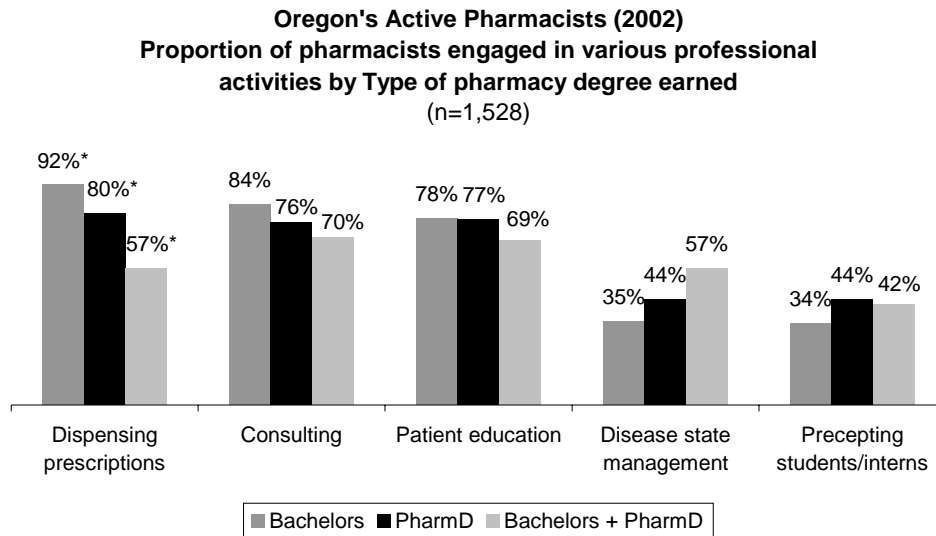


*Significant difference, $p < .001$



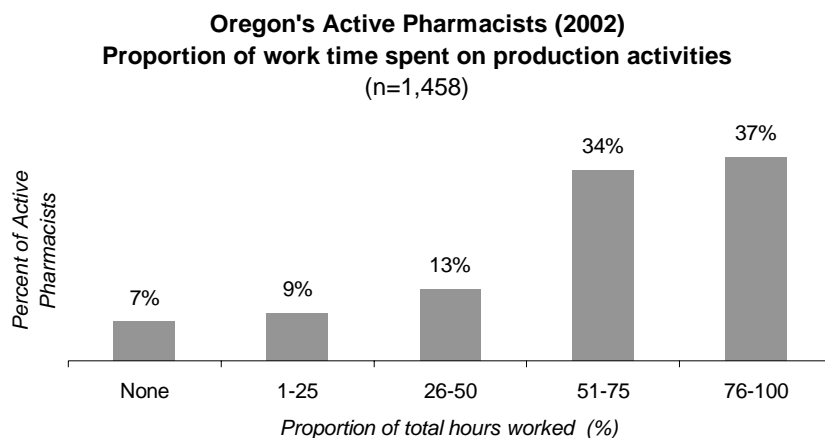
*Significantly different than large chain/grocery, hospital and HMO/health system ambulatory clinic settings, $p < .001$

- Primary work activities of pharmacists: dispensing prescriptions, consulting and patient education
- Pharmacists who hold a Doctor of Pharmacy (PharmD) degree are less likely to dispense prescriptions than pharmacists who hold only a baccalaureate degree

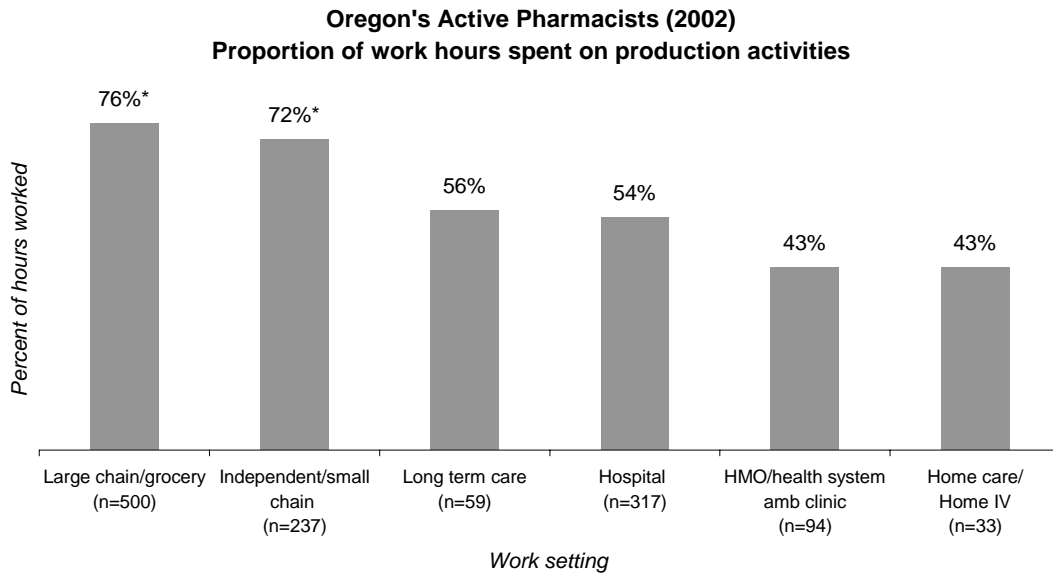


*Significant differences across all groups, p<.002

- Pharmacists who currently work in positions that do not involve performing production or clinical activities: 4%
- Pharmacists who spend more than half of their work hours performing production activities: 71%

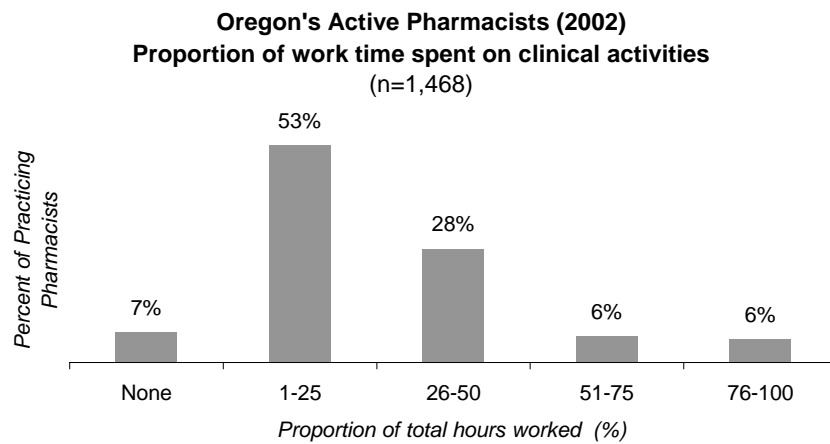


- Pharmacists who work in large chain/grocery or independent/small chain settings spend more time on production activities than pharmacists who work in hospital, HMO/health system ambulatory clinic or home care/home IV settings



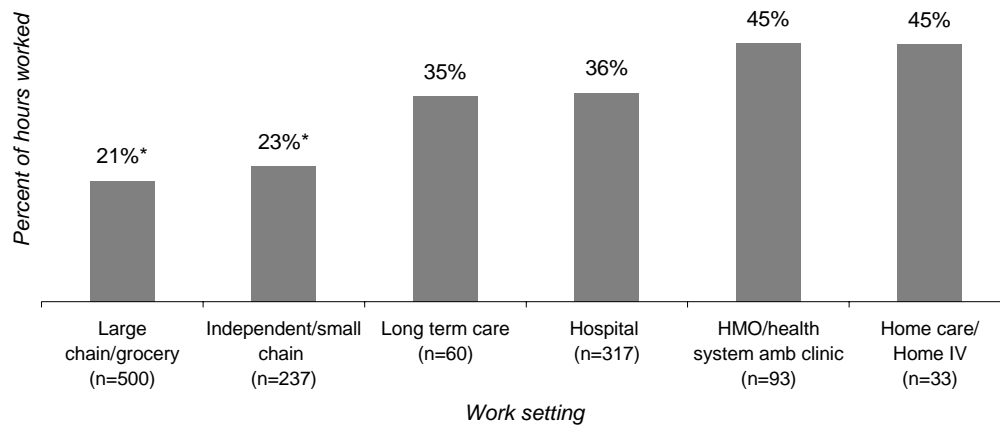
*Significantly different than hospital, HMO/health system ambulatory clinic and Home care/Home IV settings, $p < .002$

- Pharmacists who spend 50% or less of their work week performing clinical activities: 88%



- Pharmacists who work in large chain/grocery or independent/small chain settings spend less time on clinical activities than pharmacists working in hospital or HMO/health system ambulatory clinic settings

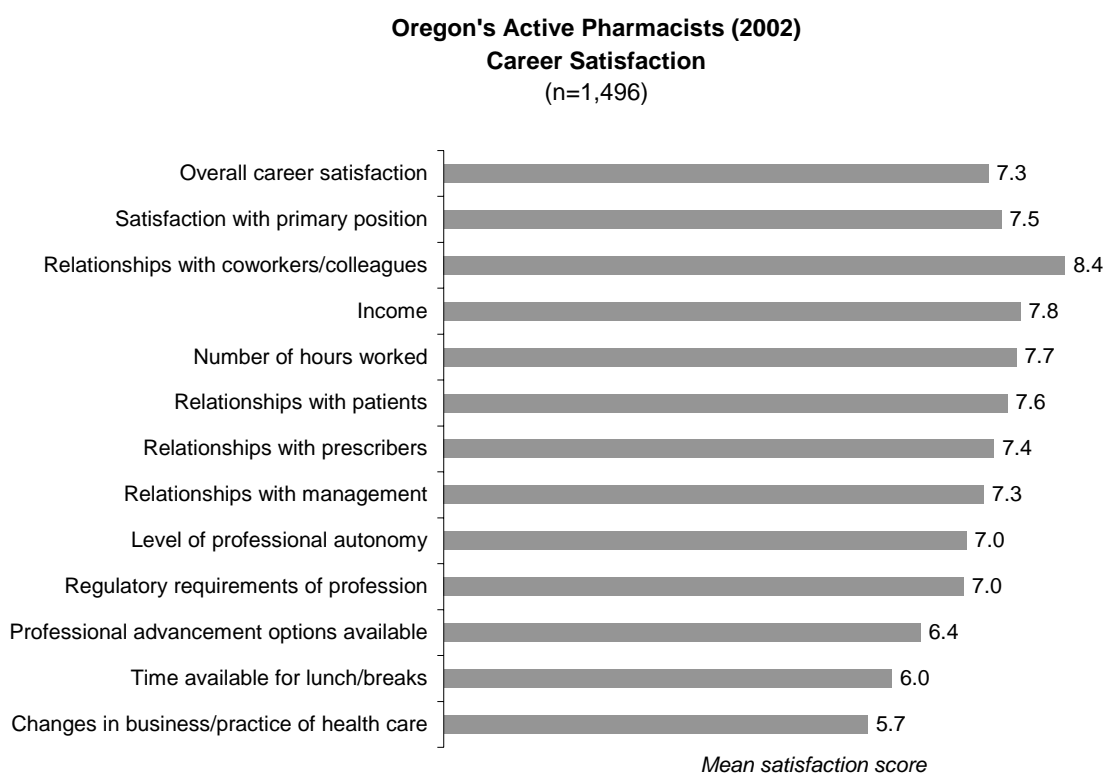
Oregon's Active Pharmacists (2002)
Proportion of work hours spent on clinical activities



*Significantly different than hospital and HMO/health system ambulatory clinic settings, $p < .001$

Career Satisfaction

- Overall career satisfaction rating for Oregon pharmacists: 7.3*
- Pharmacists who are dissatisfied or very dissatisfied with their career: 11%
- Pharmacists are most satisfied with their relationships with coworkers and colleagues, income and the number of hours they work
- Pharmacists are least satisfied with changes in the business/practice of health care, time available for lunch/breaks and professional advancement options available to them



- Pharmacists who work in HMO/health care system ambulatory clinic settings scored highest on 10 of 13 satisfaction measures: income, number of hours worked, time available for lunch/breaks, relationships with prescribers, relationships with coworkers/colleagues, regulatory requirements of profession, changes in business/practice of health care, professional advancement options available, level of professional autonomy, and satisfaction with primary position
- Pharmacists who work in large chain/grocery settings scored lowest on 8 of 13 satisfaction measures: overall career satisfaction, time available for lunch/breaks, relationships with prescribers, relationships with management, relationships with coworkers/colleagues, professional advancement options available, level of professional autonomy, and satisfaction with primary position

*Rating scale for career satisfaction measures: 1=“very dissatisfied”; 10=“very satisfied”

- Pharmacists who spend more than one-fourth of their time performing clinical activities score higher on 9 of 13 satisfaction measures than pharmacists who spend less time performing clinical activities

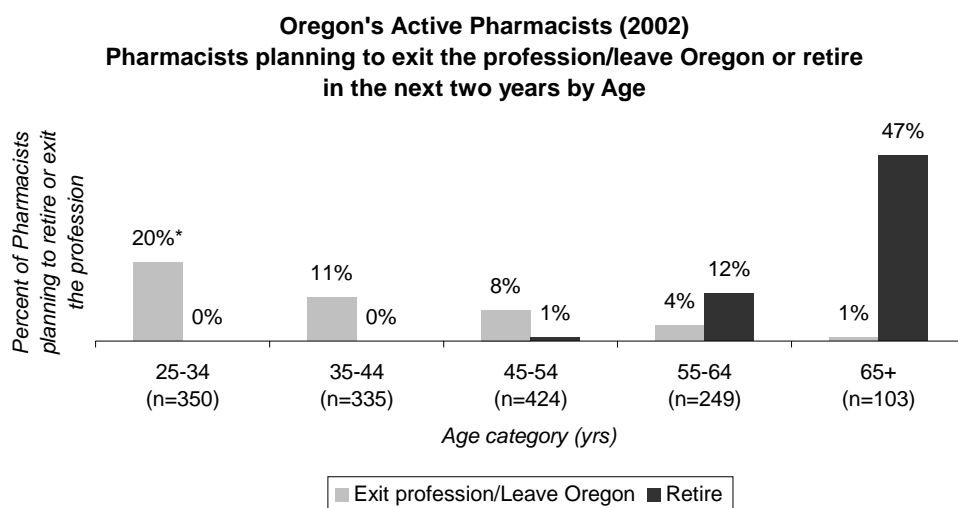
Oregon's Practicing Pharmacists (2002)
Career satisfaction by Time spent on clinical activities



*Significantly higher mean score, $p < .001$

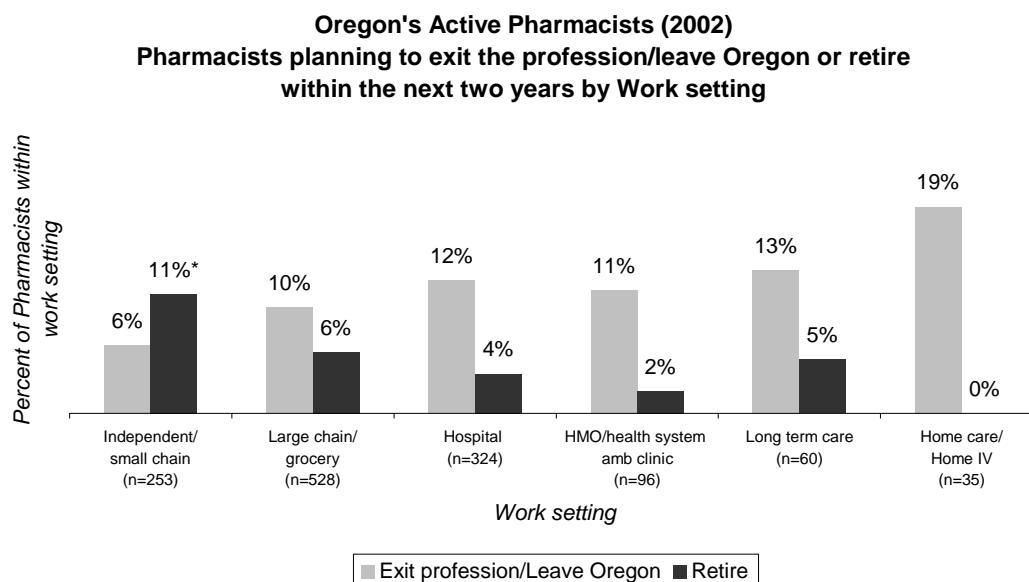
Career Plans

- Pharmacists who plan to retire, leave the state or exit the profession within the next two years: 16%
 - 6% plan to retire
 - 6% plan to leave Oregon
 - 2% plan to change careers
 - 2% plan to take a temporary leave of absence
- Pharmacists under the age of 35 who plan to leave Oregon or exit the profession (change careers or take a temporary leave of absence) within the next two years: 20%



*Significant difference compared to all other age groups, $p < .002$

- Pharmacists who work in independent/small chain settings are more likely to be planning to retire within the next two years than pharmacists who work in hospital settings



*Significant difference compared to Hospital setting, $p < .002$; no other significant differences

- Pharmacists who plan to leave the state or exit the profession within the next two years by urban/rural worksite location: Urban – 11% / Rural – 7%
- Pharmacists who plan to retire within the next two years by urban/rural worksite location: Urban – 5% / Rural – 8%



Summary

As stated in the introduction to this report, the aim of the Oregon Health Workforce Project is to collect, manage, analyze and report data that describes Oregon's health workforce. Determining whether the distribution of health professionals is appropriate, making recommendations regarding health policy action, and developing strategies to solve issues concerning Oregon's health workforce are not within the scope of this investigation. Rather, the focus of this inquiry is to provide information that is important to those in positions to set health policy, manage people and institutions charged with the delivery of health care, and champion systems change within the health care industry. Following is a summary of key points that may be of particular interest to these individuals and organizations.

- One in 4 of Oregon's licensed pharmacists currently works in the profession outside of the state. This pool of active pharmacists may prove to be an important resource as we look to meet the expected demand for pharmacists in Oregon over the next decade.
- The ethnic and racial diversity of the pharmacist workforce is limited. Only one percent of the pharmacist workforce is of Hispanic or Latino decent. Furthermore, while 13 percent of all active pharmacists are non-white, 3 in 4 non-white pharmacists are Asian.
- Like the general population, the pharmacist workforce is aging. One-half of Oregon's pharmacist workforce is over the age of 45. In addition, Oregon's pharmacists are "graduating older." Societal changes that have seen more people pursuing second careers later in life may be contributing to this trend.
- Oregon depends heavily on other states to train its pharmacist workforce. This holds true for both urban and rural areas of the state.
- There are imbalances in the supply of pharmacists in rural vs. urban areas. Imbalances are most pronounced in the Portland Metro, North Coast, Gorge, mid-Willamette Valley and Southern/Central (Klamath Basin) areas of the state.
- Female pharmacists are more likely to work part-time than male pharmacists. It is important to note that female pharmacists who work part-time work more hours each week than their male counterparts. The fact that the majority of younger pharmacists (those under the age of 40) are women has important implications because of gender differences in work patterns. As the workforce ages and the gender distribution shifts toward ever increasing numbers of female pharmacists, full-time equivalents can be expected to decrease. The impact of this trend may be more pronounced in rural areas because rural pharmacists are older and female pharmacists are less likely to work in rural areas.
- Pharmacists spend much of their time dispensing prescriptions. Currently, there is less demand for pharmacists to perform clinical activities. This may be a contributing factor to the somewhat lower levels of career satisfaction among pharmacists working in settings where high volume dispensing is the primary function. The transition to Doctor of Pharmacy (PharmD) degree programs may result in declining numbers of pharmacists seeking positions that focus on dispensing activities. However, should alternative modes of prescription processing and new methods of compensating

pharmacists for non-dispensing functions be implemented in the future, the number of positions offering clinical opportunities would be expected to increase.

- There is some evidence that large chain/grocery and long term care settings are less favorable work environments. Pharmacists who work in large chain/grocery or long term care settings report shorter tenures than those working in independent/small chain or hospital settings. In addition, pharmacists who work in large chain/grocery settings scored lowest on 8 of 13 satisfaction measures. These findings are of particular importance because the demand for pharmacists is greatest in the retail setting.
- Pharmacists who work in HMO/health care ambulatory clinic settings reported particularly high levels of satisfaction compared to their colleagues who work in other settings. HMO pharmacists scored highest on 10 of 13 satisfaction measures. Employers in other work settings desiring to improve the level of satisfaction among their employees may be able to learn important lessons from the HMO/health care ambulatory clinic setting.
- Many pharmacists plan to leave Oregon and work in the profession elsewhere within the next two years. While it is uncertain how many of those planning to leave will actually do so, it may be important to conduct a follow-up investigation to learn more about this finding.

Data Tables

Table 1. Demographic Profile of Oregon's Active Pharmacists

Gender (%)	Pharmacist Workforce	Oregon Residents^a
Male	54	49
Female	46	51
Age (Yrs) (%) [Mean age: 45.5]		
<25	1	9
25-34	23	19
35-44	23	21
45-54	29	21
55-64	17	12
65+	7	18
Ethnicity (%)		
Not Hispanic or Latino	99	92
Hispanic or Latino (of any race)	1	8
Race (%)		
White	87	87
Asian	10	3
American Indian or Alaska Native	1	1
Multi-ethnic	0.6	3
Native Hawaiian or other Pacific Islander	0.4	0.2
Black or African American	0.3	2
Other	0.7	4

a) Source: U.S. Census Bureau estimates, April 2000; figures for gender and age include residents 21 years of age and older; figures for ethnicity and race include residents of all ages.

Table 2. Languages Spoken for Clinical Purposes (other than English)

Language Competency (%)	
None other than English	84
Spanish	8
Chinese	2
Vietnamese	2
Cambodian	0.5
Korean	0.2
Laotian	0.1
Russian	0.1

Table 3. Location of Basic Pharmacist Education

Location (%)	
Oregon	65
Washington	6
California	3
Idaho	3
Other state	22
Other country	1

Table 4. Year Basic Pharmacist Education Completed

Year Category (%)	
Prior to 1960	7
1960-1969	13
1970-1979	26
1980-1989	20
1990 or after	34

Table 5. Specialty Area Certifications

Certified in Specialty Area (%)	
No specialty certifications	78
Immunizations	8
Asthma	8
Diabetes	5
Cholesterol	4
Geriatrics	2
Pharmacotherapy	1
Nutrition support	1
Nuclear pharmacy	1
Psychotherapeutics	0.3

Table 6. Distribution by Geographic Location of Primary Worksite

Urban/Rural (%)	Pharmacist Workforce	Oregon Residents^b
Mixed Urban/Rural	51	55
Urban	29	19
Rural	17	23
Frontier	3	3
Geographic Region (%)		
Portland Metro	50	42
South Willamette Valley	15	16
Southwest	12	13
Mid Willamette Valley	9	13
Central	5	5
Eastern	5	5
Southern/Central (Klamath Basin)	2	2
Gorge	1	1
North Coast	1	3

b) Source: U.S. Census Bureau estimates, July 2001.

Table 7. Distribution by Primary Work Setting

Primary Work Setting (%)	
Large chain/grocery/mass merchandise	37
Hospital	24
Independent/small chain	18
HMO/health system ambulatory clinic	7
Long term care	4
Home care/Home IV	3
Mail order	2
Other	5

Table 8. Number of Years Employed at Worksite by Primary Work Setting

Years Employed at Current Site	Mean	95% CI
All settings	7.9	7.4-8.3
Independent/small chain	11.4	10.0-12.7
Hospital	9.9	9.0-10.8
HMO/health system ambulatory clinic	7.3	5.8-8.7
Home care/Home IV	7.1	5.2-9.0
Large chain/grocery/mass merchandise	6.0	5.4-6.5
Long term care	4.3	3.3-5.4

Table 9. Work Status

Work Status (%)	All	Males	Females
Work full-time (≥ 32 hours/week)	81	86	75
Work part-time (< 32 hours/week)	19	14	25

Table 10. Number of Hours Worked During a Typical Week

Full-time pharmacists (≥ 32 hours/week)	Mean	95% CI
All pharmacists	43.1	42.7-43.5
Male pharmacists	43.9	43.4-44.5
Female pharmacists	41.9	41.3-42.5
by Work Setting		
Independent/small chain	47.2	45.8-48.6
Long term care	43.0	41.1-44.9
HMO/health system ambulatory clinic	42.6	41.1-44.2
Home care/Home IV	42.5	39.9-45.1
Hospital	41.7	40.9-42.6
Large chain/grocery/mass merchandise	41.3	40.8-41.8
Part-time pharmacists (< 32 hours/week)		
All pharmacists	19.8	18.8-20.7
Male pharmacists	17.2	15.6-18.8
Female pharmacists	21.3	20.3-22.4
by Work Setting		
HMO/health system ambulatory clinic	21.8	19.2-24.3
Large chain/grocery/mass merchandise	21.5	20.1-23.0
Hospital	20.0	17.9-22.1
Home care/Home IV	19.5	15.1-23.9
Long term care	18.9	13.4-24.4
Independent/small chain	16.8	14.7-18.8

Table 11. Proportion of Active Pharmacists Engaged in various Professional Activities

Professional Activity (%)	
Dispensing prescriptions	89
Consulting	83
Patient education	78
Disease state management	36
Precepting students/interns	35
Administration/Management	33
Scientific research	4
Pharmaceutical sales	3

Table 12. Mean Career Satisfaction Ratings (1=“very dissatisfied”; 10=“very satisfied”)

	Independent/ small chain	Large chain/ grocery	Hospital	HMO/health system amb clinic	Long term care	Home care/ Home IV	All settings
Overall career satisfaction	7.4	6.8	7.5	8.0	7.6	8.1	7.3
Satisfaction with primary position	7.8	6.9	7.7	8.4	7.8	8.3	7.5
Income	7.8	7.9	7.5	8.7	8.0	7.9	7.8
Number of hours worked	7.4	7.6	7.8	8.3	7.5	7.7	7.7
Time available for lunch/breaks	5.3	5.0	6.7	8.1	7.1	7.0	6.0
Relationships with patients	8.2	7.2	7.6	8.2	7.0	8.5	7.6
Relationships with prescribers	7.7	6.8	7.8	8.4	7.0	8.1	7.4
Relationships with management	8.4	6.6	7.2	8.0	8.0	7.9	7.3
Relationships with coworkers	8.5	8.2	8.3	8.9	8.6	8.8	8.4
Regulatory requirements of profession	6.7	7.0	7.1	7.7	7.2	7.7	7.0
Changes in the business/practice of health care	5.0	5.5	6.1	6.9	5.8	5.8	5.7
Professional advancement options available	6.5	6.0	6.6	7.6	6.6	6.5	6.4
Level of professional autonomy	7.2	6.3	7.6	7.9	7.7	7.9	7.0

Table 13. Distribution by Level of Career Satisfaction

Overall Career Satisfaction (%)	
Very satisfied	28
Satisfied	48
Neither satisfied nor dissatisfied	13
Dissatisfied	9
Very dissatisfied	2

Table 14. Career Plans Within the Next Two Years

	Exit Profession*/ Leave Oregon	Retire
All pharmacists (%)	10	6
by Urban/Rural Location (%)		
Urban	11	5
Rural	7	8
by Work Setting (%)		
Independent/Small chain	6	11
Large chain/grocery	10	6
Hospital	12	4
HMO/Health system ambulatory clinic	11	2
Home care	14	0
Long term care	13	5
by Age (years) (%)		
25-34	20	0
35-44	11	0
45-54	8	1
55-64	4	12
65+	1	47
by Gender (%)		
Male	9	9
Female	12	2

*Excludes pharmacists planning to retire.

Table 15. Number of Pharmacists per 100,000 population: Urban/Rural Comparison

Urban/Rural Category	Pharmacists per 100,000 population
Urban and Mixed urban/rural counties	79.9
Rural and Frontier counties	58.2
All Oregon counties	74.3

NOTE: Includes only pharmacists currently working in positions that involve performing production and/or clinical activities.

Table 16. Number of Pharmacists per 100,000 population: Geographic Region Comparison

Geographic Region	Pharmacists per 100,000 population
Portland Metro	88.0
Eastern	76.5
Central	76.4
Southwest	69.8
South Willamette Valley	68.1
Southern/Central (Klamath Basin)	55.0
Mid Willamette Valley	53.9
Gorge	51.9
North Coast	36.1
Oregon	74.3

NOTE: Includes only pharmacists currently working in positions that involve performing production and/or clinical activities.

Table 17. Number of Pharmacists per 100,000 population: Comparison of Estimates

Data Source	Pharmacists per 100,000 population
Oregon Health Workforce Project (2002) (1)	74.3
HRSA estimate for U.S. (2000)	71.2
Oregon Employment Department (2000) (2)	69.1

(1)Includes only pharmacists currently working in positions that involve performing production and/or clinical activities.

(2)Estimate calculated by AHEC using Oregon Employment Department estimated number of employed pharmacists.