

Meaning of Work Among Newly Graduated Pharmacists in Retail Pharmacies: An Interpretative Phenomenological Analysis

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Abstract

Newly graduated pharmacists entering retail pharmacy practice must negotiate professional responsibilities for safe, patient-centred care alongside operational and commercial demands. Little is known about how early-career pharmacists in Indonesia interpret the meaning of this work in everyday practice. This study explored how newly graduated pharmacists in retail pharmacies in Denpasar and Badung, Bali, experience and interpret the meaning of their work. An interpretative phenomenological analysis (IPA) design was used. Eight pharmacists with 0–2 years of work experience participated in semi-structured, in-depth interviews. The analysis followed an idiographic process of repeated reading, exploratory noting, development of experiential themes, within-case interpretation, and cautious cross-case comparison. Five superordinate themes were developed: (1) transition from academic expectations to workplace reality; (2) tension between healthcare professional and retail employee identities; (3) patient interaction as a source of experienced meaning; (4) organizational support and collegial relationships; and (5) redefining professional purpose amid commercial pressures. Participants' accounts suggested that meaning was negotiated through patient encounters, workplace relationships, role expectations, and efforts to reconcile professional values with business routines. The findings provide preliminary, context-specific insight into how early-career pharmacists make sense of work in community retail pharmacies. The small, geographically concentrated sample and retrospective, cross-sectional interviews limit transferability and do not support causal claims about engagement or performance. Further longitudinal and comparative research is warranted.

Keywords:

Meaning Of Work; Newly Graduated Pharmacists; Community Pharmacy; Professional Identity; Interpretative Phenomenological Analysis.

1. INTRODUCTION

Community pharmacies occupy a distinctive position between healthcare delivery and retail operations. Pharmacists are expected to support safe and appropriate medicine use through prescription assessment, dispensing, information provision, and counselling, while also working within staffing, inventory, service-time, and financial constraints. In Indonesia, Minister of Health Regulation No. 73 of 2016 sets standards for pharmaceutical services in pharmacies and describes both medicine-management activities and clinical pharmacy services, including drug information and counselling. The regulation therefore provides an important professional context for understanding the demands placed on pharmacists in retail settings (Kementerian Kesehatan Republik Indonesia, 2016).

Recent research has highlighted that community pharmacists' professionalism is shaped not only by individual knowledge but also by technical, interpersonal, ethical, administrative, and organizational

conditions. A scoping review by Lima da Fonseca et al. (2025) identified training, infrastructure, social skills, ethics, human resources, and administrative support among factors affecting professional practice. Jackson et al. (2024) likewise examined how the community-pharmacy policy environment relates to pharmacists' performance and professional standards. Research on pharmacists' professional identity also suggests that identity is developed and negotiated within social and institutional settings rather than formed solely through education (Kellar et al., 2021).

The transition from university to practice may be especially demanding for newly graduated pharmacists. Academic preparation emphasizes pharmaceutical sciences and professional standards, whereas everyday retail practice may include inventory management, administrative records, customer service, coordination with pharmacy technicians, and responding to commercial expectations. These activities are not inherently incompatible with professional care; however, tension can arise when employees perceive that sales expectations compete with patient-centred judgement or adequate counselling time. Studies of pharmacist professionalism describe such tensions as contextual and organizational as well as individual (Araújo-Neto et al., 2024; Jackson et al., 2024; Lima da Fonseca et al., 2025).

This study approaches these experiences through the concept of meaning of work: the ways people understand the significance, purpose, and value of their work in relation to themselves and others. Recent synthesis research links meaningful work with work engagement, commitment, and job satisfaction, although much of that evidence is correlational and does not establish that meaning alone causes these outcomes (Allan et al., 2019). The present study therefore treats meaning of work as an experiential phenomenon to be explored, rather than as a measured predictor of performance. The distinction is important because qualitative accounts can illuminate how participants interpret their work but cannot estimate effects or establish causal mechanisms.

The literature offers several complementary perspectives. Research on meaningful work emphasizes purpose, significance, identity, and contribution to others; foundational accounts discuss the distinction between meaningful work and the management of meaning (Lips-Wiersma & Morris, 2009), as well as calling and vocation at work (Dik & Duffy, 2009). Work-orientation research distinguishes work understood primarily as a job, a career, or a calling (Wrzesniewski et al., 1997). Integrative reviews further explain how meaning can arise through personal, relational, and organizational processes (Rosso et al., 2010; Lysova et al., 2019), while research on work as a calling highlights the tensions that can accompany efforts to make work matter (Thompson & Bunderson, 2019). In pharmacy settings, these tensions warrant close attention because professional identity and commercial employment coexist in the same role.

The research gap is not that meaning of work has never been studied, but that the situated meaning-making of newly graduated pharmacists in Indonesian community retail pharmacies remains underexplored. Existing research has examined pharmacists' professionalism and professional identity (Araújo-Neto et al., 2024; Kellar et al., 2021; Lima da Fonseca et al., 2025), while broader work-meaning research has often examined more general occupational or organizational populations (Allan et al., 2019; Lysova et al., 2019). This study addresses that contextual gap by examining accounts from pharmacists in Denpasar and Badung, Bali.

Interpretative phenomenological analysis (IPA) was selected because it is designed to explore how people make sense of personally significant experiences, attending to both participants' interpretations and the researcher's interpretative role (Smith et al., 2022). The study does not use the Ability–Motivation–Opportunity (AMO) framework as a formal analytic model because AMO was not part of the original research question or data collection design. Instead, organizational support and work arrangements are discussed as contextual features emerging from participants' narratives.

The study had three objectives: (1) to explore the lived experiences of newly graduated pharmacists working in retail pharmacies; (2) to identify experiential themes through which participants describe the meaning of their work; and (3) to interpret how patient interactions, professional expectations, and workplace relationships feature in participants' accounts of work meaning.

2. RESEARCH METHOD

This qualitative study used interpretative phenomenological analysis (IPA). IPA combines phenomenological attention to lived experience with hermeneutic interpretation and an idiographic commitment to understanding each participant's account before identifying cautious patterns across cases. The analysis therefore prioritised detailed engagement with individual transcripts rather than treating the eight interviews as a survey or assuming that every participant experienced each theme in the same way (Smith et al., 2022).

Participants were eight newly graduated pharmacists working in retail/community pharmacies in Denpasar and Badung, Bali, Indonesia. The inclusion criteria reported for the study were: (1) holding a pharmacist qualification (Apt.); (2) having 0–2 years of work experience; (3) working in a retail or community pharmacy rather than a hospital pharmacy; (4) having worked at the current pharmacy for at least three months; and (5) providing voluntary informed consent. Purposive, relatively homogeneous sampling was used to recruit participants whose experiences were relevant to the research question.

The original study records should be used to complete the following recruitment details before submission: the number and type of pharmacies approached; the channel used to contact potential participants; the number who declined or were ineligible; whether managers or owners facilitated contact; and the safeguards used to ensure that participation was voluntary and independent of employment decisions. These details cannot be reliably reconstructed from the manuscript alone.

The manuscript identifies eight participants (P1–P8), with reported work experience ranging from six months to two years. The available narrative gives selected ages and sex descriptions for some participants but does not provide a complete verified demographic record for all eight. The table below is therefore a reporting template; the authors must complete or correct each cell from the original participant log rather than infer missing information. A demographic summary is provided in Table 1.

Table 1. Participant Demographics

Code	Age	Gender	Position
P1	23	F	Staff Pharmacist
P2	24	F	Staff Pharmacist
P3	25	F	Lead Pharmacist
P4	24	M	Staff Pharmacist
P5	24	M	Staff Pharmacist
P6	23	M	Staff Pharmacist
P7	23	F	Staff Pharmacist

Data were collected through semi-structured, in-depth interviews lasting approximately 45–75 minutes. The interview prompts addressed first experiences at work, challenges during the transition from education to practice, experiences considered meaningful, relationships with patients and colleagues, and reflections on professional purpose. Interviews were reportedly conducted face-to-face at mutually agreed locations and audio-recorded with participants' consent. Field notes were used to record contextual and non-verbal observations.

Before submission, the authors should state the interview dates, interview language(s), interviewer identity and relevant professional relationship with participants, whether a pilot interview was conducted, and whether any repeat interviews occurred. Because the published quotations are in English, the manuscript must also explain whether interviews were conducted in Indonesian and, if so, who translated the transcripts, how translation decisions were checked, and whether quotations were edited for readability. The authors should not label quotations “verbatim” unless they have checked them against the original-language transcripts.

The analysis followed the general IPA sequence described by Smith et al. (2022): (1) reading and re-reading each transcript; (2) making exploratory notes on descriptive content, language, and conceptual implications; (3) developing experiential statements or emergent themes for the individual case; (4) examining connections among themes within that case; (5) repeating the process for each participant while remaining attentive to case-specific meanings; and (6) comparing cases to identify convergences and divergences and develop superordinate themes. Analysis was iterative, with movement between transcripts, notes, and interpretative claims.

The term “iterative coding” is avoided as the principal description because it can suggest a generic coding procedure rather than IPA's idiographic interpretative process. The authors should add the actual software or manual process used, the number of researchers involved in analysis, how interpretative differences were discussed, and whether a participant-by-theme matrix was maintained. Claims such as “all participants” should only be used when supported by a completed matrix and should otherwise be replaced with “several participants,” “some accounts,” or a case-specific description.

The study reports using member checking, peer debriefing, reflexive journaling, and an audit trail. The manuscript should report what these procedures produced—for example, whether participants confirmed, qualified, or disputed the summaries; what changes followed peer debriefing; and what the audit trail documented. Reflexivity is particularly important in IPA because the researcher interprets participants' attempts to make sense of their experiences. The authors should describe their relevant professional or academic backgrounds, assumptions about pharmacy work and HRM, relationship to the study setting, and steps taken to reflect on how these positions may have shaped interviewing and interpretation.

Ethical approval and written informed consent were reported in the source manuscript, but the committee name, approval number, and approval date were not provided. These details must be inserted from the official approval documentation. The authors should also explain how confidentiality was protected in a small professional community and how managerial permission was separated from individual consent. No ethics identifier is invented in this revision.

The following prompts reflect the topics described in the original methods section. The final appendix should be checked against the interview guide actually used; do not represent prompts as original questions unless they match the fieldwork record.

a. Could you tell me about your experience of starting work in a retail/community pharmacy?

- b. What did you expect your work as a pharmacist to involve before you began, and how has the reality compared with those expectations?
- c. Can you describe a work experience that felt particularly meaningful or important to you?
- d. Can you describe a difficult situation in which professional responsibilities and workplace or commercial expectations seemed to conflict?
- e. How do interactions with patients affect the way you understand your role as a pharmacist?
- f. How do colleagues, senior pharmacists, supervisors, or pharmacy owners influence your experience of work?
- g. Has your understanding of what it means to be a good pharmacist changed since you started working? If so, how?
- h. Is there anything else about your work experience that is important for understanding what this work means to you?

3. RESULTS AND DISCUSSION

Analysis of the eight interviews produced five superordinate themes. The themes are presented as interpretative patterns in the accounts rather than universal experiences shared identically by every participant. The quotations below are reproduced from the current manuscript draft and must be checked against the original-language transcripts and translation records before submission. Any wording altered for readability should be disclosed in the methods.

3.1. Transition from Academic Expectations to Workplace Reality

Several accounts described a mismatch between expectations formed during education and the range of tasks encountered in retail practice. P1 said:

“During university, I imagined myself counseling patients about drug interactions, explaining side effects, making clinical decisions. But in my first month at the pharmacy, I spent most of my time arranging medicine shelves, checking expiration dates, and handling cashier transactions. I felt like I was not being a pharmacist at all.”

P4 similarly described the transition as “two different worlds colliding,” referring to sales targets, promotions, and customer complaints about prices. P2’s account focused on administrative work, data entry, and supplier-related tasks. These accounts suggest that early-career adjustment involves learning not only clinical responsibilities but also the operational routines through which a retail pharmacy functions.

The theme should not be interpreted as evidence that administrative tasks are necessarily meaningless or outside professional practice. Rather, participants’ accounts indicate that the relationship between those tasks and their professional identity was not always obvious at the beginning of employment. The practical implication is that recruitment and onboarding may benefit from realistic descriptions of the role, explicit explanations of operational duties, and supervised opportunities to connect routine tasks with safe medicine supply and patient care. These implications are consistent with literature identifying training and administrative support as relevant to community pharmacists’ professionalism (Kellar et al., 2021; Lima da Fonseca et al., 2025).

3.2. Tension Between Healthcare Professional and Retail Employee Identities

A second theme concerned perceived tension between patient-centred professional responsibilities and commercial expectations. P2 described the contrast between counselling a patient and being reminded about a monthly sales target. P6 reported feeling conflicted when encouraged to recommend products with higher margins. These accounts indicate that the commercial setting could become difficult to reconcile with professional values when sales expectations were perceived to compete with impartial advice or patient interests.

This theme is distinct from Theme 5. Theme 2 focuses on moments of experienced conflict and uncertainty between role expectations; Theme 5 focuses on participants’ attempts to reinterpret or integrate those demands over time. The distinction is analytic rather than absolute, and individual accounts may contain elements of both.

The Indonesian standard for pharmaceutical services sets a professional context that includes clinical pharmacy activities and patient information, rather than reducing the pharmacist’s role to retail transactions (Kementerian Kesehatan Republik Indonesia, 2016). Research on community pharmacy professionalism similarly emphasizes the influence of organizational and policy conditions (Araújo-Neto et al., 2024; Jackson et al., 2024; Lima da Fonseca et al., 2025). At the same time, the current interviews do not establish how often commercial pressures occur across pharmacies or whether participants’ perceptions reflect formal performance systems, informal expectations, or individual interpretations. These distinctions should be investigated in future work involving organizational documents and manager perspectives.

3.3. Patient Interaction as A Source of Experienced Work Meaning

Patient interactions were described in several accounts as moments in which professional knowledge felt consequential. P3 recounted helping an older patient who was confused about diabetes medication. P7 described feeling that work mattered when a parent asked whether medicine was safe for a child. P5 recalled a patient appreciating the explanations provided, while P8 valued being remembered and trusted by returning patients.

These examples connect work meaning to perceived contribution, recognition, and relationships. They are consistent with contemporary work-meaning research that identifies significance and contribution to others as important dimensions of meaningful work (Allan et al., 2019; Lysova et al., 2019). In this study, however, the accounts show how participants interpreted particular encounters; they do not establish that patient interaction always outweighs other aspects of work or that it causes higher engagement or performance.

For pharmacy management, the findings suggest a practical question: do staffing, workflow, and physical arrangements provide pharmacists with realistic opportunities to counsel patients? Dedicated counselling space, appropriate staffing, and protected time for patient communication may support professional practice, but their effects should be evaluated locally rather than assumed from this small qualitative sample.

3.4. Organizational Support and Collegial Relationships

Participants also described workplace relationships as relevant to their confidence and sense of belonging. P5 described an experienced colleague who informally provided guidance. P8 contrasted an earlier workplace where asking questions felt difficult with a later workplace where colleagues supported one another. P1 recalled a supervisor who discussed a dispensing error as an opportunity to learn rather than responding only with punishment. P6 described teamwork between pharmacists and pharmacy technicians (TTK; tenaga teknis kefarmasian).

These accounts suggest that interpersonal support may shape how new pharmacists interpret difficult experiences. Mentoring, opportunities to ask questions, and constructive discussion of errors may help new employees feel that learning is possible. Yet the accounts are not sufficient to label every supportive workplace as psychologically safe or to infer that support caused improved retention. The terms “psychological safety” and “workplace belonging” should be retained as subthemes only where the full transcripts provide direct evidence beyond the selected quotations.

This theme also illustrates why meaning of work should not be treated as solely an individual attitude. Work is experienced in a social setting, and the same duties may be interpreted differently when colleagues provide guidance or when supervisors communicate expectations clearly. This interpretation aligns with contemporary work-meaning scholarship that recognizes relational and organizational contexts (Lysova et al., 2019; Thompson & Bunderson, 2019).

3.5. Redefining Professional Purpose amid Commercial Pressures

Some participants described a change in how they understood their role as they gained experience. P1 explained that routine tasks could still be connected to patient information and safety. P4 acknowledged that a pharmacy must remain financially viable while maintaining patient safety. P7 described finding value in brief but accurate and caring interactions. P2 reflected on being honest with patients and doing the best possible work within the existing system.

These narratives are more directly interpreted as cognitive reframing or meaning-making than as job crafting in the strict sense. Job crafting generally concerns changes employees make to task, relational, or cognitive boundaries of their work (Wrzesniewski & Dutton, 2001). The quoted accounts mainly show changes in interpretation; unless the transcripts document concrete changes to tasks, relationships, or work practices, the term “job crafting” should not be used as a primary label.

The accounts also should not be read as evidence that pharmacists simply adapt successfully to every commercial demand. Reframing may help some participants maintain a sense of purpose, but it may coexist with unresolved ethical tensions. The findings therefore support a more ambivalent interpretation: participants sometimes sought a workable integration of professional and commercial responsibilities, while the structural conditions that produced tension remained beyond their individual control.

3.6. Cross-Case Synthesis

Taken together, the themes suggest a provisional account of meaning-making during the transition into retail pharmacy practice. Participants’ descriptions moved between expectation and reality, moments of role conflict, encounters that made professional contribution visible, relationships that enabled or constrained learning, and attempts to reinterpret the role. The analysis does not imply that this sequence occurred in the same order for every participant.

Table 2. Superordinate Themes

Superordinate theme	Focus of interpretation	Evidence to retain in final manuscript
Academic expectations and workplace reality	Adjustment to the operational breadth of retail pharmacy work	P1, P2, P4 accounts; verify against transcripts
Professional and retail identities	Perceived conflict between professional judgement and commercial expectations	P2, P3, P6 accounts; clarify source of sales expectations
Patient interaction and work meaning	Experienced contribution, recognition, and trust in patient encounters	P3, P5, P7, P8 accounts
Organizational support and collegial relationships	Guidance, teamwork, asking questions, and responses to mistakes	P1, P5, P6, P8 accounts; substantiate any subtheme
Redefining professional purpose	Cognitive reframing and attempts to integrate professional and business realities	P1, P2, P4, P7 accounts; avoid unsupported job-crafting claims

The pattern is consistent with the view that meaningful work involves a relationship between personal interpretation, social contribution, and work context (Allan et al., 2019; Lysova et al., 2019). However, the study also illustrates potential friction: meaningful patient encounters did not erase participants' concerns about commercial expectations, and cognitive reframing should not be mistaken for the resolution of organizational problems. In contrast to research that models meaningful work as an antecedent of engagement or performance, this study did not measure those outcomes. Any implications for engagement, retention, or performance should therefore be framed as possibilities for future investigation, not findings established here.

An AMO explanation is not applied as an analytic framework because the study was not designed to measure ability, motivation, or opportunity constructs and the framework was not specified in the original objectives. A future study could deliberately combine IPA with an organizational framework, but it would need to state that integration in advance and show how interview questions and analysis were designed to address it.

4. CONCLUSION

This study explored how eight newly graduated pharmacists in retail pharmacies in Denpasar and Badung, Bali, interpreted the meaning of their work. Five themes were developed: the transition from academic expectations to workplace reality; tension between professional and retail identities; patient interaction as a source of experienced meaning; organizational support and collegial relationships; and redefining professional purpose amid commercial pressures.

The accounts provide preliminary insight into how early-career pharmacists make sense of the professional and operational dimensions of retail pharmacy work. Patient encounters were sometimes described as meaningful, while relationships with colleagues and supervisors featured in accounts of learning and belonging. Participants also described tensions between professional responsibilities and commercial expectations, alongside efforts to reinterpret their roles. These findings are context-specific interpretations and should not be generalized to all pharmacists or treated as evidence of causal effects.

For practice, pharmacy managers may consider providing realistic job previews, structured orientation, access to mentoring, clear escalation routes for ethical concerns, constructive learning-oriented discussion of errors, and work arrangements that support patient counselling. These are implications suggested by participants' accounts, not interventions tested by this study. Their feasibility and effects should be evaluated in the relevant pharmacy context.

Future research should follow pharmacists longitudinally to explore how work meaning changes as experience accumulates; compare chain and independent pharmacies and different Indonesian regions; include pharmacy owners, managers, and pharmacy technicians; and examine how staffing, performance indicators, mentoring, and professional autonomy are experienced by different stakeholders. Mixed-method or intervention studies could then test whether specific management practices are associated with changes in work meaning, engagement, retention, or service quality.

The study has several limitations. First, the sample comprised eight participants from one region, which limits transferability to other pharmacy settings. Second, the cross-sectional interviews capture participants' accounts at one period and cannot show how their interpretations changed over time. Third, the range of work experience and the inclusion of a participant who described working at two pharmacies require clearer reporting to demonstrate sample homogeneity. Fourth, participants may have presented socially desirable accounts, particularly when discussing pharmacy owners or supervisors. If managers facilitated recruitment or gave permission for access, perceived power differences may also have affected willingness to participate or what participants felt safe to disclose.

Fifth, the English quotations require transparent reporting of the original interview language and translation process; translation can affect nuance, idiom, and the interpretation of professional terms. Sixth, the manuscript's reflexive account and the actual outcomes of member checking are currently insufficiently documented. Finally, only pharmacists' perspectives are included, so the study cannot determine how managers, owners, or pharmacy technicians understand the same situations. These limitations should be addressed explicitly in the final manuscript using the actual study records.

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