

Original Research Article

Work-life integration among Gen-Z community pharmacists in Lagos, Nigeria: Impact of gender roles and societal expectations

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Abstract

Purpose: To examine how work-life integration (WLI) among Gen-Z community pharmacists and its organizational implications are influenced by gender roles and cultural expectations.

Methods: An interpretivist qualitative design was employed. Data was collected by semi-structured interviews of 54 Gen-Z community pharmacists. The data was analyzed using thematic process and was interpreted through the lens of Conversation of Resources, Boundary, and Generational theories.

Results: The WLI experience was shaped by the gender expectations of the participants. The women were faced with a domestic "second shift", sexual harassment, professional erasure and restricted safety-related shifts. The men, on the other hand, were under greater financial pressure as breadwinners and were allotted more physical "manpower" demands. Compared to their female colleagues, the men in low-income brackets experienced greater subjective stress attributed to a provider status. Being Gen-Zs who place priority on mental health, many of the participants were considering "Japa" (migration).

Conclusion: To retain these new entrants into the pharmaceutical workforce, urgent attention needs to be paid to the deeply gendered experience of WLI. The pharmaceutical reforms would have to be tempered by gender-responsive scheduling. The generational peculiarities and their value system have made mental health support a necessary component of organizational policy.

Keywords: Gender roles, Work-life integration, Generation Z, Lagos, Nigeria

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INTRODUCTION

Community pharmacists are vital members of the healthcare system. They are well known for being very accessible in the face of physician shortages and hospital congestion [1]. Their practice comprises professional clinical and commercial aspects. These demands take their toll on the work-life integration of these pharmacists. Long working hours, staff

shortages, and multiple roles have led to stress and burnout in Community pharmacists [2,3].

Work-life integration (WLI), which seeks a synergistic relationship between the community pharmacists' professional and personal lives, is met with significant challenges in a megacity like Lagos. These challenges range from the high cost of living to long commutes, traffic and insufficient time to recover from the stress

induced. However, these stressors are experienced differently by men and women due to their varying roles and societal expectations. Women are known to face more domestic roles and men are faced with the pressure of being providers [4,5]. Furthermore, this gender inequity also manifests in safety concerns, professional and hiring bias, as well as sexual harassment [6].

Conservation of Resources theory espouses how pharmacists navigate the utilization of personal resources of time and energy, as well as social networks, to mitigate the stressors from professional practice [2]. The permeability between the two domains of personal life and professional life is examined by the Boundary Theory [7]. Studies on Generation Z have captured specific values such as prioritisation of work-life integration, workplace flexibility, and mental health through the lens of Generational theory [8,9]. The Nigerian pharmaceutical sector is currently facing a loss of personnel to migration [11]. Global trends have indicated that workload is a major cause of dissatisfaction among community pharmacists [1]. The intersection of the urban multipliers in Lagos and the Generation Z expectations creates a unique structural burden. The pressure of pharmacists to meet daily aggressive sales targets with disregard for clinical ethics has led to a high rate of "moral injury" and physical exhaustion among early-career pharmacists [1,8]. The lack of a gender responsive framework is not addressed by the traditional workload metrics [2,5]. Pharmacy owners would require evidence-based frameworks on which to design the retention strategies to ensure the continued accessibility of medication safety for the Nigerian populace [9]. Thus, the goal of this study is to investigate how WLI among Gen-Z community pharmacists and its organizational implications are influenced by gender roles and cultural expectations.

METHODS

Study design and philosophical approach

This study used a qualitative exploratory methodology based on an interpretivist approach. This is appropriate for investigating how people perceive experiences like work-life integration and social expectations [10,11]. When collecting contextual influences and lived experiences that are difficult to quantify, qualitative approaches are especially suitable [8].

Study setting

The study was carried out in Lagos State, the main commercial center of Nigeria. Lagos

community pharmacies operate in a retail environment that is marked by long hours, inadequate staffing, and difficult urban infrastructure [1,12]. Lagos State is a prime location for pharmacy workforce study since it contains the greatest concentration of community pharmacists in Nigeria [1,13].

Participants and eligibility criteria

The participants comprised community pharmacists from Generation Z, who were between the ages of 22 and 28 at the time of data collection [11]. There were a total of 54 Gen-Z participants in the study. The requirements for participation include having at least six months of post-qualification experience, being either interns (n=27) or fully registered with the Pharmacy Council of Nigeria (n=27), and working full-time in a community pharmacy in Lagos. The geographical spread covered both the mainland and island areas of Lagos. Pharmacists working in academic, industrial, or hospital settings were not included. Interviews with participants continued until they reached thematic saturation, at which point further interviews produced no new codes or perspectives [14].

Ethical considerations

The Lagos Business School Research Ethics Committee gave its ethical approval (No. LBS-RSH-ETHAPP-07-24). Every participant gave their informed consent. Pseudonyms of ID1 1 through ID1 54 were used to maintain anonymity, and identifying information was eliminated. Data was kept in password-protected files.

Sampling and recruitment

Purposive sampling was used in the study to gather a variety of lived experiences [8]. Professional networks, such as the Pharmaceutical Society of Nigeria (PSN), direct pharmacy visits, and controlled snowballing were used to recruit the participants. Thematic saturation was reached when 72% (n=54) of the 115 potential volunteers who met the eligibility requirements were interviewed. Comprehensive information sheets outlining the study's voluntary nature and the strict confidentiality of their data were given to each participant.

Data collection and interview guide

Semi-structured interviews in English, either in-person or via digital platforms such as Zoom, were used to gather data between August 2024 and February 2025. A pilot study was used to

refine the interview guide, which was created based on literature [6,15]. With the specific question, "How do gender roles and expectations in Lagos society influence your experiences of work-life integration?" it examined topics like workload, boundary management, and gendered societal expectations. Subsequently, more in-depth questions were posed. Verbatim transcriptions of the interviews were made. The mean, median, and mode of session durations were 32:46, 29:40, and 21:00 minutes.

Trustworthiness and rigour

Established criteria were used to ensure rigor: confirmability by peer debriefing, dependability through an audit record of coding judgments, and credibility through extended participation. Rich contextual descriptions of the participants and the Lagos metropolitan environment facilitated transferability [8].

Data analysis

Using Braun and Clarke's six-phase framework, a thematic analysis was carried out [16]. Three

distinct lenses were used to examine the data to guarantee that the conclusions were based on accepted social science: A pharmacist's "reservoir" of time and energy is depleted by workplace stress, as measured by the Conservation of Resources theory; Boundary theory was used to analyze how people distinguish or blend their personal and professional lives, and generational theory was used to comprehend the distinctive workplace expectations and values of Generation Z [7,10]. NVivo 15 was used to organize the data. To reduce bias and record positionality, the researcher, a seasoned community pharmacist with training in qualitative interviews, kept reflexive memoranda.

RESULTS

Demography of participants

Table 1 provides a comprehensive demographic profile of the fifty-four (54) community pharmacists who belong to Generation Z.

Table 1: Demographic and Economic Profile of Participants (N=54)

Variable	Description	Frequency	Percentage (%)
Age	22	3	6
	23	3	6
	24	12	22
	25	5	9
	26	11	20
	27	5	9
	28	6	11
	Not provided	9	17
Gender	Female	34	63
	Male	20	37
Marital Status	Single	52	96
	Married	1	2
	Separated	1	2
Years of Experience in community pharmacy practice	1 – 6 months	11	20
	7 months – 1 year	4	7
	1 year	12	22
	2 years	6	11
	3 years	9	17
	4 years	3	6
	5 years	3	6
	Above 5 years	1	2
Monthly Income (₦)	Not provided	5	9
	No Salary	1	2.22
	100,000 – 149,999	20	44.44
	150,000 – 199,999	10	22.22
	200,000 – 249,999	3	6.67
	250,000 – 299,999	3	6.67
	300,000 – 399,999	5	11.11
	400,000 – 499,999	1	2.22
Has Dependents?	500,001 – 1,000,000+	2	4.44
	Yes	2	4
	Maybe	16	30
	No	36	67

The cohort's age clusters are mostly concentrated at 24 (22%) and 26 (20%), with a significant majority (96%) being single. Economically, the majority of participants (67%) report having no dependents, and the largest group (44.4%) earns between N100,000 and N149,999. Additionally, 49% of the participants have been working at their current job for less than a year.

Psychographic and value-based drivers of participants

The psychographic domain, where values and personality traits serve as filters for work-life perception, is included in the examination of

individual differences. As indicated in Table 2, participants identified "Honesty," "Integrity," and "Responsibility" as basic values, although "Family" and "Personal Growth" were the most often mentioned goals.

The results of the qualitative research show a complicated interaction between deeply rooted societal norms, urban environmental stresses, and professional responsibilities. These lived experiences are categorized into six broad thematic areas in Table 3, which also describes the particular coping mechanisms and generational beliefs that affect how these young professionals deal with burnout and career goals.

Table 2: Order of priorities mentioned by participants

Priority rank	Category	Key characteristics in the data	Frequency (No of participants)
1	Family	Emotional support, providing for parents/siblings.	11
2	Personal Growth	Learning courses, efficiency, and non-stagnation.	10
3	Career	Seminars, continuing education, environment of learning.	9
4	Faith/God	Spirituality, putting things in God's hands.	9
5	Mental Health	Avoiding stress and being conscious of unhealthy minds.	7

Table 3: Thematic analysis of work-life integration (WLI) among Gen-Z Pharmacists

Main theme	Sub-themes & key findings	Representative quotations
Workplace Demands	Extended hours, understaffing, and multi-role strain (dispensing, counselling, and stock management). Sales targets create a continuous energy drain.	<i>"Sometimes I'm the only pharmacist on a 12-hour shift... no break, and you still have to meet targets."</i> (IDI 41) <i>"We are overworked and underpaid... you stand most of the day, you are counselling, you are dispensing, you are still doing stock."</i> (IDI 17)
Lagos Urban Stressors	Severe traffic congestion and safety concerns "steal" recovery time. High living costs drive the need for additional jobs or migration.	<i>"The traffic in Lagos is a killer—by the time I get home, I'm knackered; there's no time for anything else."</i> (IDI 22) <i>"The major challenge is commuting... you can close at 9 p.m. and still get home around 11 because of traffic."</i> (IDI 05)
Boundary Management	High permeability between domains. Pharmacists utilise phone "switch-offs" (segmentation) or personal tasks during lulls (integration).	<i>"I try to leave work at work—once I get home, I switch off from the pharmacy."</i> (IDI 18) <i>"Off-duty calls really piss me off—I'm not on shift; please respect my time."</i> (IDI 23)
Coping & Resource Recovery	Use of time-blocking, sleep, and faith. Moving closer to work and relying on extended family support (especially for women) are key buffers.	<i>"My family and friends are my biggest support; I talk to them when work gets tough."</i> (IDI 21) <i>"Sleep is my therapy—I protect my nights."</i> (IDI 47) <i>"I moved closer to the pharmacy—short commute changed everything."</i> (IDI 16)
WLI Outcomes	High risk of burnout, cynicism, and emotional withdrawal following periods of understaffing or back-to-back shifts.	<i>"After back-to-back 12-hour shifts with no support, you just feel empty."</i> (IDI 13) <i>"There are days you start detaching—you don't want calls, you don't want to talk to anyone."</i> (IDI 46)
Gen-Z Values & Aspirations	Strong priority on mental health and flexibility over high pay. High "Japa" (migration) intentions if WLI conditions do not improve.	<i>"I am very conscious of my mental health; if a place is toxic, I will leave."</i> (IDI 29) <i>"My long-term plan is to japa if things don't change."</i> (IDI 32) <i>"I want flexible schedules and time for family when I start one—not just money."</i> (IDI 24)

Table 4: Impact of gender roles and societal expectations on WLI

Gender category	Key findings and expectations	Representative quotations
Female Pharmacists	Domestic "Second Shift": Significant burden of unpaid care and household labour.	"I wake up by 3 a.m. to cook for my siblings before I set out - if I don't, who will do it?" (IDI 50)
	Safety & Shift Restrictions: Restricted from night shifts (limiting flexibility).	"They don't allow ladies to do night shifts here... it means you miss some hours and flexibility that guys get." (IDI 01)
	Interpersonal Pressures: Expectations for "appeal" and "niceness," vulnerability to harassment, and age-based disrespect.	"As a lady, you're expected to look appealing and be 'nice'... sometimes it crosses the line." (IDI 07) "Some customers don't respect young female pharmacists; they want an 'older person' to talk to." (IDI 35)
Male Pharmacists	Harassment: subject to customer harassment while expected to maintain a "smiling" professional facade.	"Customers can harass you or make comments; you still have to smile and manage the situation." (IDI 20)
	Gendered Preferences: Preferred by patients for reproductive/sexual health queries.	"When it comes to reproductive health, women prefer to speak to women - so they bring those questions to me." (IDI 42)
	Professional Erasure: Frequently mistaken for nurses or subordinates regardless of seniority;	"Trust me, most people want to call me a nurse... they'll want to refer to the male as your boss even when you are a senior colleague" (IDI 54)
Comparative Gender Perspectives	Breadwinner Pressure: Intense societal and family pressure to achieve financial success.	"There's pressure to make money—from family, friends, society—life is not fair to the male gender sometimes." (IDI 31)
	Extended Labor: Expectations to take on longer hours or multiple jobs to meet financial obligations.	"...there is no way I'll just sit and wait, I have to outsource money from any other place." (IDI 37)
	Emotional Strain: Perception of societal unfairness regarding male financial responsibility.	"...women receive gifts, a woman can just wake up one morning and somebody will send her ten thousand, twenty thousand, but me as a man, I know that nothing like that will ever happen... I know that nobody's coming to save me, man" (IDI 30)
Comparative Gender Perspectives	Physical Labour ("Manpower"): Gendered expectations to perform heavy lifting or manual tasks beyond clinical duties based on physical stature.	"Pharm John, come and help me carry so-so... they use me for my power... they use me for many things".
	Recovery vs. Financial Labor: A perception that while women may focus on recovery or leisure post-shift, men are driven by a need to immediately engage in secondary employment ("moonlighting").	"Like me when I wake up... my own is to just go to work... and come back and enjoy myself, but I have male counterparts who... once they come back from work, they want to go... to another work." (IDI 54)

Table 5: Summary of gendered stressors in community pharmacy

Theme	Female Pharmacists	Male Pharmacists
Primary stressor	Domestic "Double Shift" (Cooking/Cleaning)	Economic "Breadwinner" Pressure
Safety/Policy	Restricted from night shifts for safety	Expected to take night shifts
Professional Perception	Often mistaken for nurses; sexualized	Seen as authority; used for "manpower."
Boundary Management	Defensive (Blocking harassing clients)	Aggressive (Taking 2-3 jobs for "hustle")

Table 4 highlights the specific ways gendered societal norms and expectations create distinct pressures for Gen-Z community pharmacists in Lagos, impacting their work-life integration. While the gendered stressors in community pharmacy are summarised in Table 5.

The Majority View: Gender Ideology and Expectations

Out of the total cohort, approximately 69% (37 out of 54) of participants explicitly identified

gender as a significant moderator of their WLI experience in the "Gender and Social Roles" thematic coding. Conversely, a significant minority - roughly 31% (17 out of 54) - held the view that gender has "No Impact" on their work-life experience. Those who argued for the "No Impact" view believe that the stressors of the profession (long hours and the Lagos environment) are universal. One of them emphasises, "Irrespective of male or female, you undergo the same stress"(IDI 02).

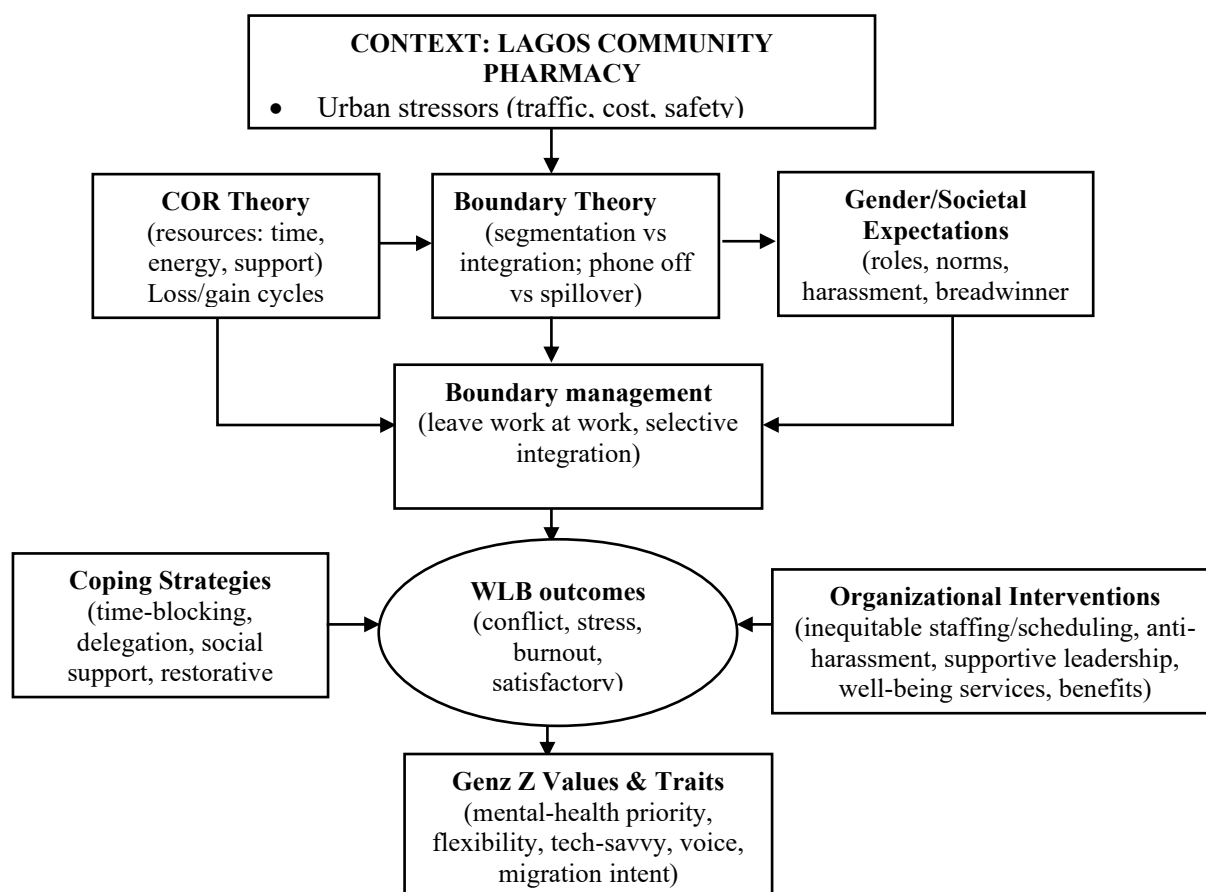


Figure 1: A theoretically sensitized framework of work-life integration among Generation Z community pharmacists in Lagos

Another one reinforces this by stating, "in community pharmacy they don't do gender... they expect everybody to bring the same results" (IDI 27).

The qualitative findings are synthesized into a comprehensive theoretical framework that illustrates the pathways between the Lagos community pharmacy environment and work-life outcomes, as shown in Figure 1.

DISCUSSION

The majority of participants are in their early twenties (ages 24 to 26), indicating a workforce at a pivotal point where personal independence and professional identity converge. The qualitative results indicate that "single" does not mean "encumbrance-free" for Gen Z in Nigeria, despite the fact that their predominantly single status (96 %) could typically imply a lack of household duties. Rather, these young professionals are frequently caught up in a web of "black tax" or filial responsibilities to parents and siblings, which continuously deplete their meager emotional and financial reserves. Nearly half of the group makes less than ₦150,000 per

month, which practically mandates "time poverty" in a hyperinflationary climate like Lagos, adding to the strain. These pharmacists are trapped in a loop of long commutes and domestic chores since their income is insufficient to pay for accommodation close to commercial hubs or to outsource household responsibilities, leaving them with a depleted "resource reservoir" for professional participation.

The gendered gap in perceived poverty between one hundred and one hundred and forty-nine naira (₦100,000 - ₦149,000) shows how conventional patriarchal stereotypes still shape Gen Z's economic realities. The perceived danger to the "provider" role is the source of male pharmacists' grief about low income; "peanuts" are not just a financial hardship but also a symbolic obstacle to the social milestone of "starting a family." This explains why, at the same salary level, men in the research reported feeling more pressure than women. On the other hand, the idea that female colleagues are only utilizing the position as a "stop-gap" before getting married implies that, even in a progressive generation, women's professional work is still frequently seen through the prism of

home transition rather than career permanence. Even when the data indicates that women are reaching great financial seniority, this cultural framing probably permits a wider tolerance of low pay among women since society believes they are protected by parental or prospective marital support.

The results, however, show a paradox: both of the sample's highest earnings (N500,000+) were female (IDI 18, 39). Despite ongoing "professional erasure" and sexualization at work, some female Gen-Z pharmacists are transcending professional barriers and attaining financial seniority, according to this report, which defies conventional expectations for breadwinners.

The workload in community pharmacies, which is characterized by long hours, multitasking, and commercial targets, impairs WLI and increases stress, in line with global research [15,17]. The pharmacist-to-population ratio in Nigeria is still well below World Health Organization (WHO) standards, which exacerbates these pressures [1,18]. Due to understaffing and aggressive sales targets, this shortfall generates a "pressure cooker" environment that limits recuperation time, mirroring patterns linked to burnout and a higher risk of turnover [19,20].

Stressors unique to Lagos, especially the "killer" traffic, are a significant "resource thief." Participants explained how commuting takes up time that could be spent on restorative activities. This congruence with COR theory proposes a "resource loss spiral" in which a three-hour commute further depletes the energy used during a 12-hour shift, leaving no "reservoir" for personal development or family bonding [15,21].

The gendered asymmetry of stress is one of the study's key findings. The "double shift" (domestic work), appearance standards, and "Professional Erasure" (being confused for nurses or subordinates regardless of seniority) were all noted by female pharmacists. These results are consistent with previous research showing how sexual harassment and gender inequality affect well-being and performance [6,22].

On the other hand, male pharmacists were under tremendous "breadwinner" pressure, which resulted in "aggressive" boundary management by working numerous jobs. Men felt culturally forced to exchange recovery time for more money, whereas female participants said they were better able to "enjoy" life after their shift. This validates the idea of boundary theory, which holds that the permeability of work-life

boundaries is determined by societal roles; men integrate various professional positions to meet financial demands, while women segment work to safeguard family tasks [7,23].

The cohort's values, which prioritize flexibility and mental wellness over high compensation, are consistent with international Gen-Z research [8,11]. These pharmacists showed less tolerance for strict hierarchies and long-term imbalance than earlier generations. The recurrent subject of "Japa" (migration) functions as the ultimate boundary-setting technique; departure becomes the main coping strategy if the local environment does not permit a sustainable life. To stabilize the Nigerian pharmaceutical workforce, addressing these preferences is not just a Human Resources (HR) issue but also a strategic need [24].

Policy recommendation

Community pharmacies should implement useful strategies like minimal staffing ratios and protected breaks to enable resource replenishment to lessen the difficulties noted [15]. Additionally, protecting the early-career workforce requires the implementation of safety standards, such as anti-harassment training and secure transportation options for late-shift workers [6,25]. To address the unique metropolitan challenges of Lagos, these organizational efforts should be supplemented by family-sensitive solutions, such as flexible shift swaps and commute-friendly scheduling. To ensure the long-term sustainability of the profession, the Pharmacy Council of Nigeria (PCN) and professional associations such as the PSN should provide incentives for retention at the systemic level by incorporating work-life integration metrics into quality frameworks and encouraging gender-responsive policies [1,24].

Limitation

The main limitations of this study are its cross-sectional design and single-city emphasis (Lagos), which provide a temporal picture that might not accurately reflect long-term regulatory changes or rural dynamics. Because it is qualitative and self-reported, it may introduce recall or social desirability biases by prioritizing subjective depth above statistical generalizability. Additionally, the triangulation of data about organizational constraints and service quality is limited by the exclusion of employer and patient viewpoints. Despite these limitations, the theoretical foundation and large sample size (N = 54) provide strong transferability for high-pressure urban pharmacy environments.

CONCLUSION

Gen-Z pharmacists in Lagos must navigate challenging job expectations, metropolitan pressures, and deeply embedded gendered norms to achieve work-life integration (WLI). Although structural constraints such as understaffing and long hours are universal, they are filtered through societal expectations that reinforce the "breadwinner" and "manpower" duties on males while imposing a home "second shift" and safety hazards on women. Despite the use of individual boundary-setting techniques by pharmacists, these initiatives frequently fall short in the absence of systemic support. Implementing gender-responsive policies and equitable staffing is strategically necessary to ensure the future sustainability and retention of the Nigerian pharmaceutical workforce, given Gen-Z's emphasis on mental health and their low tolerance for chronic imbalance, exemplified by the "japa" migration intent.

DECLARATIONS

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Conflict of interest

No conflict of interest is associated with this work.

Ethical Approval

Ethical approval for this study was obtained from the Lagos Business School Research Ethics Committee (Approval No. LBS-RSH-ETHAPP-07-24).

Availability of Data and Materials

The datasets generated and/or analysed during the current study are not publicly available due to confidentiality considerations, but are available from the corresponding author upon reasonable request.

Use of Artificial Intelligence / Large Language Models

An artificial intelligence-based system (Microsoft M365 Copilot) was used in a limited and responsible manner to support editorial refinement of language, structuring of sections, and formatting in accordance with journal style requirements. The AI system was not used for data collection, data analysis, interpretation of findings, or the generation of empirical results. All intellectual content, interpretations, conclusions, and decisions regarding inclusion of material remain the sole responsibility of the authors.

Contribution of authors

We declare that this work was done by the author(s) named in this article, and all liabilities pertaining to claims relating to the content of this article will be borne by the authors. Charles Aigbona designed the study, recruited participants, conducted the interviews, performed the data analysis, and drafted the initial manuscript. Professor Eraga provided strategic guidance to ensure the manuscript aligned with the journal's aims and scope while contributing to the overall intellectual framing of the study. Professor Tony Waka Udezi provided domain expertise in community pharmacy practice, supported the interpretation of findings from a professional practice perspective, and performed a critical review and proofreading of the final text.

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