

Original Research Article

Impact of work-life conflict on the well-being and career aspirations of Gen-Z community pharmacists: An interpretivist study

Charles E Aigbona^{1*}, Anthony W Udezi², Sylvester O Eraga³

¹Institute for Work and Family Integration, Lagos 101003, ²Department of Clinical Pharmacy, ³Department of Pharmaceutics and Pharmaceutical Technology, Faculty of Pharmacy, University of Benin, Benin City, 300001, Nigeria

*For correspondence: **Email:** charles.aigbona@iworkonline.org; **Tel:** 08033867663

Sent for review: 6 February 2026

Revised accepted: 18 April 2026

Abstract

Purpose: To determine the effect of work-life conflict (WLC) on the career paths and general well-being of Generation Z (Gen Z) community pharmacists in Lagos, Nigeria.

Methods: A total of 54 Gen Z community pharmacists in Lagos, ages 22 to 28, participated in semi-structured interviews using an interpretivist qualitative design. The Conservation of Resources (COR) and Boundary theories served as a guide for the inductive thematic analysis of data gathered between August 2024 and February 2025.

Results: The results show that structural WLC is caused by strong commercial sales targets, understaffing, and 12 – 14-hour shifts. Urban "multipliers," particularly crippling traffic and exorbitant living expenses, exacerbate these stressors in Lagos. Emotional burnout and visceral physical tiredness were the outcomes of chronic resource depletion. In order to recover professional autonomy and work-life balance, the majority of participants want overseas migration ("Japa") or pharmacy ownership. As a result, career aspirations have undergone a significant transformation.

Conclusion: Early-career pharmacists' career aspirations are redirected toward migration or entrepreneurship by WLC, which seriously compromises their well-being. To reduce talent attrition and protect the standard of pharmaceutical care in Nigeria, systemic interventions such as required staffing ratios, wage recalibration to reflect the "T-pain" economy, and infrastructure support are essential.

Keywords: well-being; work-life conflict; community pharmacy; burnout; career aspirations

This is an Open Access article that uses a funding model which does not charge readers or their institutions for access and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>) and the Budapest Open Access Initiative (<http://www.budapestopenaccessinitiative.org/read>), which permit unrestricted use, distribution, and reproduction in any medium, provided the original work is properly credited.

Tropical Journal of Pharmaceutical Research is indexed by Scopus, Chemical Abstracts, Embase, Index Copernicus, EBSCO, African Index Medicus, JournalSeek, Directory of Open Access Journals (DOAJ), African Journal Online, Bioline International, Open-J-Gate and Pharmacy Abstracts

INTRODUCTION

In the healthcare team, community pharmacists are among the most easily available medical professionals, offering essential medication services and patient counseling [1]. However, work-life conflict (WLC) is frequently fostered by the fundamental characteristics of community pharmacy practice, which include long hours, a high level of patient involvement, and rising

commercial performance expectations [2,3]. WLC results in severe strain and long-term resource depletion when the demands of work and non-work roles are incompatible [4]. WLC has been associated with severe burnout, low job satisfaction, and significant attrition among pharmacists worldwide [1,5,6]. These factors directly jeopardize patient safety and the long-term viability of the healthcare workforce. According to recent systematic evaluations,

excessive working hours, ongoing staff shortages, and increased responsibilities intensification are the main causes of pharmacists' high prevalence of burnout [1,7,8]. Early-career pharmacists (ECPs) seem to be especially susceptible to these demands as they negotiate the development of their professional identities in addition to major changes in their personal lives and the move from academic training to independent practice [2]. There is still little data from low- and middle-income contexts (LMICs), despite the fact that these tendencies are well-documented in high-income nations [6]. In these environments, particular urban stresses like crippling traffic jams, severe economic volatility, and inadequate infrastructure sometimes serve as "multipliers" that increase the severity of WLC [9].

The most populous country in Africa, Nigeria, is dealing with a growing need for pharmaceutical care due to severe labor shortages and an increasing tendency of professional migration [10]. Lagos, its commercial center, is a prime example of the stresses of life in a megacity; the difficulties of retail pharmacy practice are greatly exacerbated by long commutes (averaging 1-2.5 hours per leg), high living expenses, and safety issues at night [8]. Designing organizational and policy interventions that retain vital talent and guarantee the provision of high-quality pharmaceutical treatment requires an understanding of how WLC impacts well-being and career goals in this context [1].

This study is important because it helps close the geographic and demographic gaps for Generation-Z professionals in non-Western emerging economies. The study provides a contextualised validation and improvement of well-known work-life integration theories, such as the Conservation of Resources (COR) and Boundary theories, by placing this study within Lagos' hyperurbanized setting [4,11]. Additionally, it offers distinctive empirical insights on the "Japa" syndrome, a socio-generational phenomenon in which early-career professionals migrate abroad as a survival strategy due to resource depletion and economic difficulties [10]. In the end, the results offer useful information for policymakers and pharmaceutical employers to create plans that promote long-term work-life balance and stop the talent drain that is currently endangering Nigeria's healthcare industry.

The goal of the study is to ascertain how work-life conflict (WLC) affects the physical and mental health of Gen-Z community pharmacists in Lagos and how these experiences affect their long-term professional paths.

METHODS

Study design and philosophical approach

The lived experiences of Generation Z community pharmacists in Lagos were investigated in this study using an interpretivist qualitative methodology [12]. An interpretivist paradigm served as the foundation for the qualitative exploratory framework used in this study. This method was chosen to provide a thorough examination of how individuals acquire personal meaning from their social and professional situations, particularly in relation to work-life integration. The most appropriate method for capturing the complex lived experiences and environmental elements that quantitative indicators frequently miss was found to be qualitative inquiry.

Study setting

Lagos State, Nigeria's commercial hub, was the site of data collection. The area is well-known for its high-intensity retail pharmacy industry, which is marked by demanding urban infrastructure, long shifts, and a staffing shortage. With 1741 community pharmacists in 2024 and 1914 in 2025, Lagos has the highest concentration of community pharmacists in the country, making it the ideal location for workforce analysis [13].

Participants and eligibility criteria

Community pharmacists from Generation Z, specifically those between the ages of 22 and 28 at the time of the survey, were the focus of the investigation. The Pharmacy Council of Nigeria's complete license, a full-time job in a retail establishment in Lagos, and at least six months of post-qualification experience were prerequisites for candidacy. This included 27 interns and 27 qualified pharmacists. Professionals employed by hospitals, businesses, or academic institutions were not included. The process of gathering data proceeded until thematic saturation was reached, which is the point at which fresh insights or codes could no longer be obtained from additional interviews. As a result, 54 Gen-Z participants made up the final sample size.

Ethical considerations

This study was approved by the Lagos Business School Research Ethics Committee (LBS-RSH-ETHAPP-07-24). Every respondent provided informed consent, and participation was completely voluntary. Pseudonyms (varying from IDI 1 to IDI 54) were assigned, and all identifying

¹The term "T-Pain economy" in Nigeria is a satirical nickname coined by citizens to describe the economic hardship experienced under President Bola Ahmed Tinubu's administration. It's a play on words: "T" stands for Tinubu, and "Pain" reflects the widespread suffering caused by his economic policies. This phrase gained traction on social media following two major policy shifts introduced shortly after Tinubu took office in May 2023

information was removed to safeguard participant privacy. Every digital document was stored in password-protected, encrypted storage.

Sampling and recruitment

To guarantee a wide range of perspectives on gender, pharmacy ownership arrangements, and daily travel needs, a combination of purposive and maximum-variation sampling was used. Snowball sampling, direct outreach to pharmacies, and professional bodies such as the Pharmaceutical Society of Nigeria (PSN) were used to recruit participants. Seventy-five of the 115 people who initially indicated interest satisfied the inclusion requirements. 54 (72 %) of these individuals were interviewed before reaching saturation. Each volunteer was given comprehensive information sheets that emphasized the study's voluntary and confidential nature.

Data collection and interview guide

Semi-structured interviews were carried out in English, either in person or by Zoom, between August 2024 and February 2025. The interview instrument examined topics of career objectives and professional pressures and was verified through pilot testing. The experience of being overburdened by competing responsibilities, the psychological and physical costs of the work, and future aspirations for career length and balance were the main topics of inquiry. "What specific aspects of your work pose the greatest challenges in terms of time, energy, or emotional well-being?" and "Do you ever feel overwhelmed by competing demands?" were among the questions in the interview guide. "If so, how does this impact your general well-being?" and "What are your long-term career goals and how do you envision managing work-life balance in the future?" The average duration of these sessions, which were recorded and verbatim transcribed, was approximately 33 minutes (mean: 32:46; median: 29:40; mode: 21:00).

Trustworthiness and rigour

The study followed established qualitative norms to ensure academic integrity: confirmability was attained by peer review, dependability was maintained through an open audit trail of the coding process, and credibility was established through prolonged participation. To improve the findings' transferability, detailed, contextual descriptions of the Lagos setting were also provided.

Data analysis

Braun and Clarke's six-step framework was used to carry out the thematic analysis [14]. Three theoretical frameworks served as a guide for the data interpretation: NVivo 15 software was utilized for data management. Conservation of Resources (COR) theory was used to assess the depletion of personal energy; Boundary Theory was used to examine the boundary between work and personal life; and Generational Theory was used to contextualize the particular motivations of Gen Z. Reflexive journaling was used by the primary researcher, a qualified qualitative interviewer and seasoned pharmacist, to address any biases and make their professional positionality clear.

RESULTS

Demographic profile of the participants

The demographic profile of the fifty-four (54) Generation Z community pharmacists reveals that 96% of the cohort is single, with the age groups of 24 (22%) and 26 (20%) being the most concentrated. 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. Typical work schedules included regular weekend and evening shifts and ten to thirteen hours each day. Commutes often took between one and two and a half hours per leg. Table 1 provides specifics on the practice and residence areas. The areas of practice and residence are detailed in Table 1. The data indicates that while nearly sixty-six per cent of the pharmacy workforce resides on the mainland, the professional practice is nearly equally divided between the two zones. A significant portion of the workforce must cross the lagoon daily to reach their places of employment.

There is a geographical distance between low-income or middle-income residential areas (Mainland) and the locations of employment opportunities (Island). In the context of Lagos pharmacists, this mismatch is most pronounced among those living on the mainland but practicing on the island. Table 2 shows the participant who live within their area of practice versus those who do not.

Table 1: Integrated quantitative assessment of residence and practice areas

Geographical Variable	Mainland frequency (n)	Mainland percentage (%)	Island frequency (n)	Island percentage (%)	Total (N)
Area of residence	31	65.96	16	34.04	47 ²
Area of Pharmacy Practice	22	52.38	20	47.62	42 ³

Note: The practice data is calculated based on the forty-two participants whose professional locations were identified in the primary study material

Table 2: Analysis of residential-workplace mismatch and commuting flows

Commuting Category	Frequency (n)	Percentage (%)
Residents Living and Practicing in the Same Area	34	80.95
Residents Living and Practicing in Different Areas	8	19.05
Total Analyzed Population	42	100.00

Intersectionality: Geography and tenure

Island vs. Mainland: Pharmacists living on the mainland but working on the island report the highest resource depletion due to crossing the Third Mainland Bridge daily. IDI 44 noted that these patterns are so grueling that residents should ideally "*remain on their side of Lagos*" to sustain well-being.

Experience levels: A total of 59 % of participants had 0 - 2 years of experience and reported the highest "reality shock". Those with ≥ 3 years practice experience were more likely to view the current struggle as a "stepping stone" toward managerial roles, which they perceive as having the "*perfect work-life balance*" (IDI 48) because managers delegate the physical "floor work."

Themes

Table 3 summarizes the primary themes, drivers, and illustrative evidence from the 54 in-depth interviews.

Physical health deterioration

Table 4 enumerates the physical toll of community pharmacy practice in Lagos. Prolonged standing is the primary physical stressor mentioned across almost all interviews (23 mentions; 43%). IDI 38 noted that standing for well over 10 hours is "quite a lot," while IDI 07 observed that pharmacists must use both "physical energy and intellectual energy" simultaneously, leading to comprehensive exhaustion. Commuter fatigue and nutritional neglect had 18 mentions (33%) and 9 mentions (17%), respectively.

The physical exhaustion experienced on the job is rarely recovered at home due to the "Lagos

Factor," where long, uncomfortable bus rides further strain the body. IDI 26 reported feeling "exhausted because... I'm already hungry and I'm even tired because I've been in the pharmacy since morning".

Economic hardship and the "T-Pain" economy

Table 5 provides a qualitative breakdown of the economic stressors currently impacting the participants. It categorises the specific financial pressures that drive workplace dissatisfaction and lifestyle changes.

DISCUSSION

The results show that WLC among Gen-Z pharmacists in Lagos is chronic and structural, resulting in a "spiral of resource loss" that is in line with the Conservation of Resources (COR) Theory [11]. In contrast to episodic stress, these pharmacists deal with a daily exhaustion of time and energy that starts with long journeys and lasts through 12- to 14-hour shifts. This is consistent with a previous study showing that workload and burnout are responsible for about 24 % of pharmacy job unhappiness [1].

International studies of early-career pharmacists who experience "reality shock" and "workload intensification" are consistent with the observed "erosion of well-being" and burnout characteristics (feeling "robotic" or "knackered") [2,5]. However, this study is the first to identify "Lagos urban multipliers"—that is, traffic and safety issues—as unique stresses that deplete internal resources prior to the start of the career transition to become a pharmacy manager [8]. Traditional personal coping mechanisms like sleep and hobbies are inadequate for long-term resource replenishment due to this environmental drain [9].

^{2,3} Not all the participants provided their areas of residence and areas of pharmacy practice during the interview

Table 3a: Themes, key drivers and illustrative evidence of the participants

Theme	Key drivers & description	Illustrative quotes/evidence
1. Structural drivers of work-life conflict	Temporal rigidity: 12-hour shifts extending to 14 hours due to handovers. A personal schedule is difficult unless you have a reliable calendar.	"Six o'clock you're at home, tired and stressed out... your whole day is wasted... it's another shift altogether" (IDI 50); "Sometimes you don't even have time for yourself. By the time you get home, you are done—just sleep and repeat." (IDI 40).
	Operational intensity and understaffing: There is no opportunity for restorative breaks due to this work intensity. Pharmacists frequently work as managers, inventory controllers, clinicians, and occasionally even cleaners at the same time.	"Short-staffed, (where) you're only one person attending to like 4 people"(IDI 48); "you barely have time to look at your phone... you're talking to this person... moving to the next person"(IDI 12).
	Commercial pressure: When retail objectives take precedence above therapeutic ethics, "moral injury" results from the "sales target culture" (e.g., N500k/day).	"You end up selling a drug which is not even necessary... they want to see numbers." (IDI 02); "The constant sales target and the pressure from the boss... it's overwhelming." (IDI 45)
2. Erosion of well-being & burnout	Physical toll: Visceral tiredness brought on by extended standing (>10 hours) and malnutrition.	"Burnout is real—sometimes I feel like a robot." (IDI 12)
	Psychological distress: Emotional exhaustion and depersonalization driven by "people management" and aggressive customers.	"I'm very, very exhausted most days; even my feet are hurting by the close of work." (IDI 40)
3. Lagos-specific urban peculiarities	Commuting ordeal: As a "resource multiplier," traffic depletes energy prior to the start of the shift.	"Lagos traffic drains my energy before work even starts." (IDI 05)
	"T-Pain" economy: Pharmacists are forced into "financial WLC," requiring multiple jobs to survive due to high inflation and stagnant pay (N100k–N150k).	"I need to work in two places to make enough money for saving." (IDI 02)
4. Boundary Work & Segmentation	Permeability: Despite attempts to "switch off," boundaries are breached by digital connectivity (WhatsApp) and management requests during off-hours.	"I try to leave work at work—once I'm off, I switch off my phone for my sanity." (IDI 23); "Patients message on WhatsApp even at night; sometimes you just have to respond." (IDI 18)

This cohort's vulnerability to boundary management supports boundary theory by demonstrating how digital connectivity—such as WhatsApp—allows work to infiltrate personal lives. Additionally, the "moral injury" resulting from commercial sales targets implies that Lagos' retail model "crowds out" professional judgment, which contributes to a diminished sense of personal accomplishment—a fundamental aspect of burnout [1]. As a result, the prevalent career goal for international migration (also known as "Japa") is a logical, self-reliant reaction to a system that is marked by high demands and poor professional rewards [10].

Systemic changes at the organizational and regulatory levels are required to reduce sustained talent flight and protect the standard of patient care. In order to address these issues, the Pharmacy Council of Nigeria (PCN) must impose more stringent staffing standards, such as substituting 8-hour blocks for the customary 12-hour shifts and setting minimum staffing ratios to guarantee patient safety and cognitive alertness. Additionally, a substantial wage recalibration is necessary to match salaries with Lagos' high cost of living; by offering competitive remuneration, organizations lessen the financial pressure on pharmacists to partake in numerous "side-hustles" that worsen work-life conflict.

Table 3b: Themes, key drivers and illustrative evidence of the participants (continued)

Theme	Key drivers & description	Illustrative quotes/evidence
5. Coping repertoires and resilience limits	Adaptive Restoration: emphasizing both cognitive "recharging" through hobbies like music, movies, and reading, as well as physiological recuperation through rest and exercise.	"I watch movies, listen to music, and try to sleep as much as I can." (IDI 06); "Getting adequate sleep... between 6 to 8 hours or more" (IDI 40); "I spend all my day sleeping, Sir" (IDI 47); "Exercise works for me... I'm playing music, I'm working out. It helps me think." (IDI 42).
	Proactive personal management: To lessen environmental pressure, logistical changes include time blocking, employing task lists, and deciding to reside closer to the location of employment.	"Having a routine is what has helped me. And it works for me like having a routine, knowing when to go to bed, knowing when to get up setting alarm." (IDI 29); "If it's finding your workplace that is much closer to where you stay so that you can deal with traffic stress, you should consider doing that" (IDI 24) and "where I work on the mainland it's just a stone's throw from my house" (IDI 16).
	Social and spiritual buffering: Utilising family and peer networks for emotional validation and seeking support networks through ceremonies related to religion.	"Most of my friends that I got, we work together, so we all understand the level of stress each person is at. So that is what even makes it easier. So when you're complaining that 'oh my feet hurt', they understand because their feet are also hurting." (IDI 13); "Family and friends are my biggest support when work gets too much." (IDI 21); "God first, God factor first" (IDI 47) and "my relationship with God" is "number one." (IDI 46)
	Cognitive boundary-setting: Employing strategic detachment or a mental "switch-off" to protect recovery time.	"I tend to mentally zone out when I'm not at work." (IDI 08); "I just have a general rule of not opening the.. our team's WhatsApp chats when I'm off work unless it's now urgent and they will now call" (IDI 24); "I don't take work calls once I'm not at work for my own sanity except it is an emergency." (IDI 23)
6. Career reorientation ("Japa" & Autonomy)	Migration: The desire to "escape" (Japa) to the UK/Canada is seen as the only way to find balance.	"My long-term plan is to japa; I want better balance and pay." (IDI 32); "A lot of us just want to leave the country - it's on everyone's mind." (IDI 32)
	Entrepreneurship: Ownership is viewed as a strategy to regain autonomy and schedule control.	"Owning my pharmacy is my dream for flexibility and better control." (IDI 24); "I want good work-life balance and still be a pharmacist—being my own boss may be the way." (IDI 20)

Organizations must prioritize the mental health of their employees by putting in place digital boundary policies that prevent regular after-hours communication on personal devices, thereby conserving critical recovery time, in addition to making structural and financial reforms. Lastly, certain urban accommodations are required due to the particular difficulties of a megacity. Proximity-based recruiting, transportation stipends, and staff housing for late shifts are examples of strategies that are essential interventions to stop the long commutes that

currently impair pharmacists' recuperation times and general health.

Limitations of this study

Although this study provides valuable insights, there are several limitations to its conclusions. The findings of this exploratory qualitative study, which involved 54 participants in Lagos, may not accurately represent the realities of rural pharmacy practice and lack the statistical power for statewide generalization.

Table 4: Physical stressors of the participants

Physical stressor driver	Mechanism of impact	Derived illustrative quotes/evidence
Prolonged Standing	Shifts typically exceed 10-12 hours with minimal sitting opportunities.	"You find yourself standing for most of this 10-hour or 12-hour... and then when you come back, you are typically exhausted." (IDI 24); "You're standing for a very long time... well over like 10 hours. It's quite a lot." (IDI 38)
Musculoskeletal Pain	Visceral exhaustion manifests as foot pain, leg swelling, and aching.	"I'm very, very exhausted most days; even my feet are hurting by the close of work." (IDI 40); "Coming back, you are probably having a headache or your legs are aching... you can't cheat yourself." (IDI 25)
Nutritional Neglect	Forgetting to eat or being too busy to take breaks due to patient volume.	"Sometimes I'm so busy that I don't even realise I haven't eaten all day... it's a cycle of nutritional neglect." (IDI10); "I forget to eat because there is always one more patient or one more report." (IDI 28)
Irregular Meal Patterns	Inconsistent meal times are determined by store activity rather than biological need.	"My meal patterns are non-existent. I eat breakfast at 11 AM if I'm lucky, and lunch might happen at 5 PM." (IDI15); "The irregular hours mean irregular meals. You eat when you can, not when you should." (IDI 42)
Commuter Fatigue	Pre-shift and post-shift exhaustion due to Lagos traffic congestion.	"Lagos traffic drains my energy before work even starts." (IDI 05); "Before you leave the house, you're stuck in traffic... getting to work alone, you're already drained." (IDI 08)
Alertness Deficits	Struggle to maintain focus despite profound physical exhaustion.	"The smallest error in medication dispensing can have severe consequences... exhaustion makes it hard to stay alert. (IDI "

Table 5: Economic hardship and financial stressors of Gen-Z pharmacists

Economic stressor driver	Mechanism of impact	Derived illustrative quotes/evidence
Purchasing power erosion	Inflation is outpacing salary growth, making basic goods unaffordable.	"The state of the country is a mess. So before now, there are certain things you can actually live off on... that now it's literally not possible." (IDI 21); "Since the pay remains the same and then the prices of things keep skyrocketing... it's no longer the same." (IDI 44)
Stagnant remuneration	Salary figures remain fixed despite drastic changes in the economy.	"A hundred thousand cannot do anything for a pharmacist... if I were still on the old salary, probably paying house rent would have been a problem." (IDI 33); "His internship, they were paying 160,000 as then ... and they are paying me less (now)." (IDI 32)
Multiple job survivalism	The need for "locum" or side gigs to supplement an inadequate primary income.	"I need to work in two places to make enough money for saving." (IDI 02); "I still have to do extra work aside from the long periods I am putting in that I work just to make ends meet." (IDI 23)
Housing barriers	Inability to rent independently in Lagos hubs due to low pay.	"Current remuneration is insufficient to allow them to 'rent independently' in Lagos, often forcing them to live with parents." "Once the job cannot help me pay my rent... it's time to change the job." (IDI 32)
Transportation cost burden	A high percentage of income is spent on commuting through traffic.	"Paying ninety-six thousand, by the time, you remove transport and everything, you are literally left with nothing, that is very terrible." (IDI 01); "You see that really there is not enough (money) to do other things or settle other bills." (IDI 22)
The "Japa" impulse	Emigration is the ultimate economic and WLI survival strategy.	"Most of them are delving into tech because of the low pay in pharmacy... the bills, the economic situation... everybody is trying to move away." (IDI 31); "Everybody's major goal now is to leave the country... there's nothing that will work here in Nigeria." (IDI 45)

Recall and social desirability bias, which are prevalent in self-reported reflections, intrinsically limit data integrity. Additionally, the cross-sectional approach merely records a temporal snapshot rather than capturing longitudinal

changes in job ambitions. Finally, even though reflexivity protocols were used, the researcher's positionality as a senior pharmacist raises the possibility that participant responses may have been impacted.

CONCLUSION

The main cause of declining well-being and job attrition among Gen-Z pharmacists in Lagos is work-life conflict. Currently, structural demands outweigh individual coping strategies. To reduce professional migration and maintain the Nigerian healthcare workforce, immediate systemic changes in infrastructure, compensation, and staffing are necessary.

DECLARATIONS

Acknowledgement/Funding

The authors are grateful to Prof. Chantal Epie and Prof. Oluwasola Oni for supporting this research and to the 54 Gen-Z community pharmacists who participated in the study. This research received no specific grant from any funding agency in the commercial, or public, not-for-profit sectors.

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.

Conflict of interest

No conflict of interest is associated with this work.

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. All authors contributed substantially to this work and approved the final version of the manuscript. Charles E. Aigbona: Conceptualisation, data collection and analysis and drafted the initial manuscript. Sylvester O. Eraga: Data curation, critical review and proofreading. Anthony W. Udezi: Data interpretation, critical review and editing.

REFERENCES

1. Dee J, Dhuhaibawi N, Hayden JC. A systematic review and pooled prevalence of burnout in pharmacists. *Int J Clin Pharm* 2023; 45(5): 1027-1036.
2. Bradley F, Hammond M, Braund R. Stress, burnout, and the need for support: a survey of early career pharmacists. *Int J Pharm Pract* 2024; 32(1): 91-96. doi: 10.1093/ijpp/riad079.
3. Connelly D. Special report: the stressors burning out pharmacists. *Pharm J*. 2024 Aug 22. Available from: <https://pharmaceutical-journal.com/article/feature/special-report-the-stressors-burning-out-pharmacists> (Accessed on 20th March, 2026)
4. Ashforth BE, Kreiner GE, Fugate M. All in a day's work: Boundaries and micro role transitions. *Acad Manage Rev*. 2000; 25(3): 472-491.
5. Lam SJ, Lynd LD, Marra CA. Pharmacists' satisfaction with work and working conditions in New Zealand: An updated survey and a comparison to Canada. *Pharmacy (Basel)* 2023; 11(1): 21. doi: 10.3390/pharmacy11010021.
6. Barakat M, Sallam M. Pharmacy workforce: a systematic review of key drivers of pharmacists' satisfaction and retention. *J Pharm Policy Pract* 2025; 18(1). doi: 10.1080/20523211.2025.2470848.
7. Jong FJX, Yong ASJ, Kow CS, Teoh SL. Global prevalence of burnout among pharmacists: a systematic review and meta-analysis. Poster presented at: ISPOR Int Conference, Vienna, Austria 2022; 15-18.
8. Khobrani M, Alshahrani SM. Prevalence and risk factors of burnout among community pharmacists in the Aseer region, Saudi Arabia: a cross-sectional study. *Front Pharmacol* 2026; 17: 1737667.
9. Akpunne B. Interactions between work-life balance, work environment and psychological distress among selected medical facilities staff in Lagos, Nigeria. (Thesis). Heritage University Repository; 2025.
10. Pharmaceutical Society of Nigeria. Brain Drain: 5,208 pharmacists leave the country in 5 years. Lagos: PSN; 2022 (cited 2026 Jan 30). Available from: <https://psnnational.org/>

11. Hobfoll SE. Conservation of resources: a new attempt at conceptualizing stress. *Am Psychol* 1989; 44(3): 513-524.
12. Creswell JW, Poth CN. *Qualitative inquiry and research design: Choosing among five approaches*. 4th ed. Thousand Oaks (CA): SAGE Publications; 2018.
13. Pharmacy Council of Nigeria (PCN). *Registry of Licensed Pharmaceutical Premises: Lagos State Data (Internal Database)*. Abuja, Nigeria: PCN 2025.
14. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Res Psychol* 2006; 3(2): 77-101.