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# **The Future of Professionalised Work in Britain and Germany** **Pharmacists**

**Christel Lane, Frank Wilkinson, Wolfgang Littek, Ulrich Heisig, Jude Browne, Brendan Burchell,  
Roy Mankelow, Margaret Potton and Roland Tutschner**

2004

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## **Pharmacists**

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## THE FUTURE OF PROFESSIONALISED WORK IN BRITAIN AND GERMANY

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## Executive summary

Over the past two decades or so the established professions have come under challenge from a number of new developments which simultaneously have given rise to new occupations, the members of which aspire to professional status.

The acceleration of knowledge creation, increased specialisation and more rapid diffusion of information and knowledge are threatening professional exclusivity and have engendered increasing intra- and inter-professional competition. Technological change, EU regulation and internationalisation of business have further intensified competition and have created more demanding clients and new forms of service provision. Concurrently government cost-cutting and deregulation of markets for professional services are undermining the security of many professions.

These developments have had different effects in Britain and in Germany because the two countries are mediated by different institutional environments and processes of professional regulation.

The comparative study of these developments in professionalised work reported here was carried out in 2000 and 2001. It covered four professions: well-established legal and pharmacy professions and emerging professions in psychological and business services. The research involved in-depth interviews with relevant British and German professional associations and other interested parties, followed by a postal survey of 9,242 professional workers, with an average response rate of 20 per cent.

This report concentrates on the findings among pharmacists in Britain and Germany. The research focused on how the developments identified above have affected professionalised work and have brought about changes in the market, work and status of professional workers, as well as in their well-being and the nature of service provision. Attention has been centred both on cross-national differences in these aspects of professionalised work and on divergences between professions within each society.

The research revealed extensive change, the pace and scope of which has been greater in Britain than in Germany. The main drivers of change in both countries were, in order of importance, increased demands from consumers, technological change, government policy, regulation, and competition within and between professions. The effect of European policy has been small.

These changes have required improved skill, knowledge and service provision, but they also have intensified work, undermined the financial viability especially of smaller businesses, and reduced the morale, satisfaction and motivation of professional workers.

Overall the level of disaffection was higher in Britain than in Germany, and significantly higher in the established than in the emerging professions. The report concludes that, in both societies, extensive pressures from clients, technology, markets and the state have left the socially privileged professional workers feeling besieged on many fronts. The increased importance of knowledge and skills in contemporary society has in no way

strengthened the position of the occupations providing them. Moreover, the increased demands placed on them have lowered their sense of socio-psychological well-being.

However, the report also exposes significant differences between practitioners in the two countries – differences which are likely to be the result of the distinctive patterns of change in the two societies. On the whole, German pharmacists had reacted less frequently to increasing costs by increasing prices, and in a significant proportion of cases this had adversely affected the viability of the organisation they worked in. As the German pharmacists surveyed worked predominantly in very small businesses and in close relation with clients, they were more constrained in raising prices and consequently felt less certain about the future prosperity of the organisation they worked in and about their future career prospects. But working in smaller professional practices and being closer to clients also had advantages. It may well have helped provide German professionals with a significantly higher level of individual morale than was found among their British counterparts.

Reduction of public expenditure and increasing market competition have added to the pressures on professional workers. But the nature and extent of these effects depend on the regulatory framework within which they operate:

- The British system of granting professional status to private interest groups can be described as a regulated monopoly.
- The more legally based occupational jurisdiction, education and training requirements and conditions for practising in Germany are better defined as regulated competition.

The rationale for each is grounded in a different political economy, and each results in a divergent clustering of interests and social and economic outcomes:

- In Britain deregulation and cost cutting have been to the relative advantage of larger firms while the smaller firms have borne much of the cost.
- In Germany the structure of service provision has remained relatively unchanged, and the cost of policy change has been more evenly distributed between providers.

The research therefore raises important questions for the future of professional work. In both countries, but particularly in Britain, more account needs to be taken of the extent to which recent economic, technological and political changes have negatively affected the well-being of this key social group in modern society. The costs of change need to be more equally distributed between different organisational forms of professional practice. The strong concern, in both societies, with improved service delivery has to be more informed by how different organisational forms affect professionals' relations with clients, and a better balance has to be achieved between considerations of cost, quality of service on the one hand and the well-being and economic security of professional service providers on the other.

This report is derived from a larger study which surveyed the four professionalised occupations – the law and pharmacy, and psychology and business services – in both Britain and Germany. This longer study can be downloaded from the Anglo-German Foundation's website at <http://www.agf.org.uk/pubs/publications.shtml>.

# 1 Introduction

This report offers an examination of the professionalised work of pharmacists in contemporary Britain and Germany. Its findings are derived from a larger study, which surveyed four professionalised occupations in Britain and Germany in the legal, pharmacy, human resource management and psychology services fields. The relatively large and internally diverse sample has yielded rich and comprehensive results, which may be considered unique in the contemporary literature on professions in both scale and scope of findings. The results provide an unprecedented insight into the development of the pharmacy profession, and of professionalised occupations more generally during the decade of the 1990s, going far beyond what has been provided by the established literature on professionalised work in either country, let alone in a comparison of the situation in Britain and Germany.

Professionalised work is highly skilled and knowledge-intensive. The educational and training process, the nature of the skill and knowledge acquired and developed, and the legal and organisational framework within which it is carried out define to an important extent the jurisdictions different professional groups are able to establish and protect from competition. The purpose of this 'market sheltering' is variously explained. It is justified as a guarantor of quality and as providing the necessary reward to encourage excellence of service, but it is also criticised as creating opportunities for monopolisation and raising the cost of provision.

In recent decades a number of developments with pervasive effects have significantly affected professionalised work in general, including that of pharmacists. Technological change, organisational development, internationalisation of business and new forms of service provision are undermining existing professions, and at the same time are creating new occupational specialisations, the practitioners of which aspire to professional status. The process of knowledge creation, specialisation and more rapid diffusion is threatening professional exclusivity and has engendered increasing intra- and inter-professional competition. Concurrently government cost-cutting and deregulation of markets for professional services are undermining the security of many professions. At the same time the single European market and other pressures for internationalisation are leading to greater cross-border co-operation between professional groups and to increased international competition. These progressive trends threaten the market shelters of the professions, which have been increasingly interpreted by governments as constituting obstacles to free trade in services.

These developments have engulfed British and German societies at different times and to varying degrees. The professionalised occupations experienced a very different historical evolution in each society, and – despite some convergent developments during recent decades – these differences endure. They are due to the fact that similar pressures on professionals from markets, technology and their clients are mediated by the different institutional environments and the differing processes of professional regulation.

The cross-national study on which this report is based was carried out in 2000 and 2001. It has been concerned with examining the impact of the above developments on the

work, employment and the socio-psychological well-being of professionalised occupations, paying attention particularly to changes during the 1990s. The research has focused on the following aspects:

1. How different modes of controlling professional occupations in the two countries have mediated the impact on professional work of changes in technology, regulatory policy, the organisation of public services, competition and the system of education and training
2. The effects of such changes on the market, work and status of professional workers
3. The implications of these changes for performance in the knowledge-intensive sectors of the service economy
4. The policy implications of these developments and the effects of different processes of professionalisation in the two countries.

Although this report concentrates on pharmacists, we nevertheless provide the tabulated research findings for all four professions in both countries so as to enable readers to view the pharmacy profession in a richer and wider context. The report is organised into three parts. Part I provides the context for the discussion of empirical findings, which are set out in Part II, and then conclusions are drawn in Part III. These are followed by Appendix 1, which offers a detailed discussion of our research methods, and Appendix 2, which provides additional data on demographic details, hours worked and earnings of professionals we surveyed.

## **PART I: CONTEXT AND OVERVIEW**

### **2 The historical evolution of professions in Britain and Germany**

#### **2.1 The historical evolution of professionalised occupations**

The following overview provides a brief historical perspective on the divergent evolution of knowledge occupations in the two societies. It also points to more recent changes in national trajectories, which have created some convergence. The latter, it is argued, make the broad concept of 'profession' applicable to both societies and render plausible a comparison of professional work between them.

Britain and Germany have had radically different historical trajectories of the evolution of professionalised occupations (Siegrist, 1988), particularly in their interaction with the state and in their own organisation as professional societies and chambers respectively. While in Britain professionalisation of knowledge occupations began several centuries ago, in Germany the professionalised occupations gained their independence from the state only at the end of the 19th century, when they were declared free occupations (*freie Berufe*). Although the German professionalised occupations acquired a significant degree of self-regulation, legal regulation by the state (particularly of professional education) remained much more important than in Britain, where professionalised occupations achieved a high degree of self-regulation and developed a pronounced consciousness of their status as professions.

Historically, therefore, a marked difference exists between what has been termed 'professionalisation from below' in Britain and 'professionalisation from above' in Germany. This difference in the organisation and regulation of comparable knowledge occupations had consequences for social stratification and subjective awareness of social status and group membership, as well as for the development of knowledge and education. Whereas German professionalised occupations were integrated into, and perceived themselves to be members of, the broader stratum of the *Bildungsbürgertum* (educated middle classes), the absence of the latter in Britain increased the social distinctiveness and separateness of professionalised occupations.

The peculiarity of the historical evolution of professionalised occupations in the Anglo-American social context has led some authors (e.g. Larson, 1977; Freidson, 1994) to claim that the concept of profession is only applicable in these societies. But most social scientists now view this stance as too restrictive (Johnson, 1982; Abbott, 1988; Siegrist, 1990; Burrage and Torstendahl, 1990; Light, 1995). In their view relations between state and professions, and the consequent mode of regulation, have changed over time.

Contrasts between societies in the manner of regulation, although significant, are better viewed as dynamically evolving differences of degree, rather than as static and absolute divergences of kind (Johnson, 1993). This is particularly evident in the contrast between British and German knowledge occupations over the past two decades, which show considerable convergence, due mainly to changes in the British model of professions. Additionally, the broader acceptance in Britain of a university education as a necessary foundation for performance in a modern economy, and the creation of a much broader stratum of university-educated citizens from the 1960s onwards, paved the way for changes to the model of professions in the later period.

Despite some remaining differences between the organisation and regulation of professions in the two societies and the continuing low subjective identification with aspects of the concept of profession in Germany, there now exist sufficient similarities to justify the use of the concept of profession in both Britain and Germany. Hence this will be the practice adopted in this report.

## **2.2 Regulation of the professions in Britain and Germany**

Most definitions of the term 'professions' see regulation of professional expertise and hence of professional jurisdiction, as well as of technical and ethical standards of performance, as integral to professionalism (Abbott, 1988). But the form regulation takes and its degree and scope differ significantly between Britain and Germany.

Professions are regulated by the state – usually by laws, statutes and court decisions – and by the binding rules of professional societies in Britain and chambers in Germany. Such regulation covers a variety of professional activities, but the most basic forms are those that recognise and protect a profession's claims to expertise in a given area of knowledge and skills and lay down basic rules for practice. Imposition of technical and ethical standards mainly occurs through professional self-regulation. British professional societies, through the prescription of entry qualifications, may secure a limited monopoly by bestowing chartered status on their members. However, only state regulation – by giving legal protection to a professional title or an area of expertise in exchange for professional self-control over standards of practice – can establish a professional jurisdiction and hence secure full professional status (Abbott, 1988).

It is therefore possible to distinguish between *established professions*, with legally protected titles or areas of expertise, and *emerging professions*, where a degree of exclusivity of expertise short of full market closure has been achieved or is being aspired to. Pharmacists in Britain fall into the former category, with detailed codes of practice that are subject to an extensive range of performance standards as well as stringent monitoring and enforcement mechanisms. Indeed, the surveillance and control exercised by the inspectors of the Royal Pharmaceutical Society of Great Britain (RPSGB) are seen by many members as the Society's central activity (Holloway, 1991: 427).

In Germany state regulation is almost exclusively legal regulation, whereas in Britain statutory regulation is most common. In Germany the legislative as well as ministerial bureaucracies and courts, mostly at the level of the federal states (*Länder*), are involved in different ways. While legislative bodies define both professional tasks and their

distribution between different professions, ministries monitor the application of the law. But it is important to note that chambers have administrative independence and that professions are monitored only in relation to their adherence to due legal process and not to the substance of their activities. Professional freedom is cherished and recognised by both sides. Furthermore legislative bodies engage in extensive consultation with chambers and other organised professional interest groups before formulating and passing laws.

In summary, there are still fundamental differences between the two societies both in the way in which regulation is distributed between state and professional associations and in the manner of state regulation. Despite recent changes the higher degree of self-regulation in Britain endures. The most notable difference is that professional education in Germany remains fully under the aegis of the state, whereas in Britain professional societies influence the content of relevant degree courses and retain full control over specialised education and training. Professional control over training in Germany would constitute a radical departure from established practice, requiring a contractual partnership between state and profession.

### **2.3 British pharmacists: a general profile**

British pharmacists work predominantly in community pharmacies. Hence the focus of this profile is on this group although the British survey also covered a small proportion of pharmacists working in hospitals. They are health care professionals whose dispensing fees are paid by the National Health Service and whose contracts are with local health authorities. They are principally engaged in supplying, advising on and managing medicines, whether prescribed, pharmacy-only or over-the-counter. As in Germany, compounding of medicines has become a rarity, and computerised drug information, coupled with patient medication records, have routinised the dispensing process. Pharmacists have a legal monopoly on the supply of prescribed drugs, although in certain exceptional situations drugs may be dispensed in doctors' surgeries. Dispensing of prescribed drugs is restricted to pharmacists, although assistants without pharmacy training handle other drugs under the supervision of pharmacists.

In recent decades pharmacists' roles have expanded to include health screening, provision of advice on minor ailments, management of chronic conditions, promoting healthier lifestyles and providing advice to residential and nursing homes (RPSGB, 1992; 1996). In contrast to German pharmacies there is no strict regulation of what other goods may be offered, and in this respect British pharmacies are more like a German *Drogerie* (drugstore) than a German *Apotheke* (pharmacy).

Apart from restrictions on who supplies drugs, British community pharmacists have traditionally been subject to light regulation only, and recent legislation has almost completed the process of deregulation. Without restriction on how many pharmacy outlets an individual may own or on the setting in which dispensing occurs, pharmacy multiples have become highly developed, single proprietorships have greatly declined, and dispensing of prescription drugs and sales of over-the-counter drugs in supermarkets have become commonplace. The abolition of resale price maintenance in 2000 will further hasten the demise of sole-proprietor pharmacies and the concentration of

provision in large chains and in supermarkets. Between 1990/91 and 1999/2000 the number of independent pharmacies declined by 20 per cent, and in the latter year the proportion of pharmacies in chains of five or more was 46 per cent (Department of Health (DoH), 2001: 1, 6, Chart 1). Polarisation is visible in turnover figures from 1996, with the combined turnover of 6,139 single proprietors being only slightly higher than that of the five largest chains (Office for National Statistics (ONS), 1996).

The only remaining restrictive regulation is the operation of geographically based quotas for the opening of new pharmacies, designed to counter undue competition. In 2000 there was one pharmacy per 5,025 inhabitants (DoH, 2001: 1) – a significantly lower density of pharmacies than in Germany. This is coupled with a very uneven geographical provision, with wide differentials between different geographical regions (DoH, 2001: Table 1a). Pharmacists' dispensing fees are fixed by the state, and in recent years various new clauses have reduced pharmacists' income from prescribing.

The education and training of pharmacists consists of a four-year university degree, followed by one year of pre-registration training. The content of the degree syllabus is approved by the professional society, the Royal Pharmaceutical Society of Great Britain (RPSGB), and that of the pre-registration training is both laid down and examined by the RPSGB. On completion of this examination pharmacists become members of the Society. Furthermore all pharmacies have to be registered with the Society, which carries out inspections on a regular basis and has the power to fine and even to close those with unsatisfactory performance.

### **2.4 German pharmacists: a general profile**

German pharmacists work in various settings, but the vast majority (around 86 per cent) are community pharmacies (*öffentliche Apotheken*) – hence the main focus of this profile is on this group.<sup>1</sup> Pharmacy is part of the German health service, which is financed through contributory funds and administered by insurance companies (*Krankenkassen*) rather than by the state. Nevertheless, the state is very concerned about and actively involved in containing the escalating cost of health in general, and of dispensing medicines in particular.

The core of pharmacists' activity is the dispensing of medicines – both prescribed and over-the-counter – and giving advice on the risks and effects of individual medicines and their interaction. Additionally, they provide minor medical services, such as blood testing, as well as giving advice on minor ailments. Only pharmacists and doctors are entitled to issue prescription and non-prescription medicines, other than those labelled 'freely to be sold medicines'. The dispensing of medicines yields the overwhelming part of pharmacists' turnover and income. Medicines are bought ready-made from wholesalers, and their compounding in pharmacies is now negligible. Pharmacists make use of computerised drug information and labelling, but German law prohibits the capturing of patient

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<sup>1</sup> Unless otherwise stated all facts and figures quoted in this section are taken from ABDA (1999) *Die Apotheke: Zahlen, Daten, Fakten*. Eschborn: ABDA, and from Uni-Magazin (2002) 'Arbeitsmarkt Apotheker'. 1: 11–12.

medication information. Since February 2002 legislation designed to reduce expenditure on drugs authorises pharmacists to substitute cheaper generic drugs, if they have comparable effects, for those prescribed by doctors, thus enhancing their role in relation to that of doctors.

The German pharmacist profession is highly regulated. Most notably owning more than one pharmacy or dispensing in a non-pharmacy setting is prohibited (*Fremd- und Mehrbesitzverbot*), preventing the formation of chains and the dispensing in supermarkets or department stores. Confining the dispensing of prescription drugs to suitably qualified pharmacists whose attention is entirely concentrated on dispensing is intended as a safeguard. Mail-order selling of drugs and internet pharmacies are still outlawed at the time of writing, and resale price maintenance remains in operation.

State regulation of prices extends to the imposition of regressive profit margins. These are lowest on the most expensive drugs as an inducement for pharmacists to dispense cheaper generic drugs in order to control the drugs budget. In contrast to Britain there are no quotas for new pharmacies, but entry is restricted by the regulated admission to the study of pharmacy. This regulatory framework has shaped the structure of community pharmacy in Germany, making it very different from its British equivalent. Small pharmacies with less than ten employees are dominant, and 44 per cent of all pharmacists are self-employed. Due to the absence of quotas the density of pharmacy provision is very high, particularly in urban areas. There are 21,600 pharmacies for 82 million inhabitants, i.e. 3,796 inhabitants per pharmacy.

German pharmacists are required to complete a university degree of at least four years' duration, followed by a year of practical experience in a pharmacy. Access to university is regulated by the imposition of a *numerus clausus* and is highly selective, with only one in four applicants accepted. The content of the degree, which is widely criticised by pharmacists for its overly natural scientific bias (interview results), is laid down by the state-run universities, with a common final examination (*Staatsexamen*). The final examination is conducted by the state. Following successful completion of the practice year, the title of pharmacist is bestowed (*Approbation*), and the newly qualified pharmacist is admitted to membership of a pharmacists' chamber.

## PART II: EMPIRICAL FINDINGS

### 3 Professional interests and loyalties

The debate amongst sociologists and economists focuses on whose interest professionals and their associations serve. An idea of a compact between highly qualified occupations and those they serve, mediated in varying degrees by licensed private associations and the state in Britain and Germany, rests on a model of direct service. One extreme view claims that they serve the general interest, which they should be allowed to protect by excluding the unqualified (e.g. Carr-Saunders and Wilson, 1933). A contrasting but also one-sided view contends that they serve their own special interests by exploiting any protection from competition they have been granted (e.g. Larson, 1977).

The compromise position recognises that the professions have the power to serve both their own and the public interest. However, many professional services are no longer provided by independent professional practices, but by organisations which mediate between professional workers and those they serve. Moreover, as organisations grow and become more hierarchical, additional interest groupings develop, including those of managers, employees and colleagues.

To explore the relative importance to our professional respondents of these different interest groupings we asked them where their greatest loyalties lie. The results are given in Tables 3.1a and b.

**Table 3.1a**  
**Greatest loyalties: Britain (%)**

<b>Most loyal to:</b>	<b>Pharmacists</b>	<b>HR managers</b>	<b>Lawyers</b>	<b>Counselling psychologists</b>	<b>Total</b>
My clients	<b>30.2</b>	22.1	41.5	56.4	37.6
Myself	<b>24.8</b>	31.0	18.0	26.9	24.6
My colleagues	<b>12.6</b>	8.3	16.4	2.6	10.0
The people who work for me	<b>9.4</b>	12.4	9.3	1.0	8.0
My profession	<b>11.9</b>	7.2	3.8	7.2	7.2
My employer	<b>6.8</b>	13.1	7.1	1.3	7.7
My supervisor	<b>1.4</b>	4.5	0.5	3.0	2.3
The organisation which uses my services	<b>2.5</b>	1.4	2.7	0.3	1.3
Others	<b>0.4</b>	0.0	0.5	1.3	1.7

**Table 3.1b**  
**Greatest loyalties: Germany (%)**

<b>Most loyal to:</b>	<b>Pharmacists</b>	<b>Business and HRM consultants</b>	<b>Lawyers</b>	<b>Psychological psychotherapists</b>	<b>Total</b>
My clients	<b>47.3</b>	69.6	80.0	75.4	66.7
Myself	<b>16.8</b>	12.5	9.4	19.2	17.6
My colleagues	<b>1.8</b>	0.0	3.5	0.4	1.4
My profession	<b>1.8</b>	1.8	1.2	1.2	1.4
The people who work for me	<b>3.0</b>	8.9	1.2	0.0	2.7
My employer	<b>23.4</b>	3.6	1.2	0.4	8.3
My supervisor	<b>1.2</b>	0.0	0.0	0.0	0.3
The organisation which uses my services	<b>1.8</b>	0.0	0.0	0.8	0.8
Others	<b>2.0</b>	3.6	3.5	2.7	0.8

The most important category for the pharmacy professionals in both countries were clients, with 30 per cent in Britain and 47 per cent in Germany. Very few German pharmacists indicated a primary loyalty to colleagues, the people who worked for them, supervisors and organisations which used their services. In Britain some of these loyalties were more prominent. In Germany, however, the pharmacists were far more likely to prioritise their loyalties to their clients (and their employer) over themselves; in fact, only 16.8 per cent of German pharmacists were likely to prioritise themselves compared with nearly a quarter of their British counterparts.

## 4 Professions and the size of employing organisation

These inter-country differences in the pattern of loyalties can to some degree be related to the differences in the size of organisations employing them and to differing employment status. Table 4.1 shows stark differences in the overall patterns of firm size at the national level. In Germany 65.3 per cent of pharmacists worked in organisations with ten or fewer employees, compared with 21.4 per cent in Britain, a figure reflected in the general trend. At the other end of the scale 58.1 per cent of British pharmacists worked in organisations employing 500 or more, compared with only 12.3 per cent in Germany.

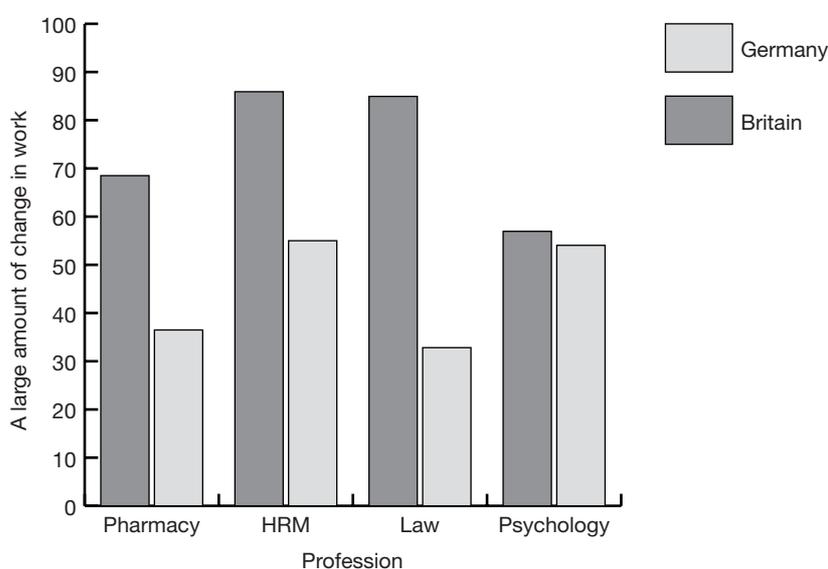
**Table 4.1**  
**Size of employing organisation (%)**

Numbers in employment	Pharma- cists		Management services		Lawyers		Psychologists		All	
	B	G	B	G	B	G	B	G	B	G
Less than 10	<b>21.4</b>	<b>65.3</b>	14.1	76.9	37.2	88.4	37.0	93.5	27.3	81.0
10–99	<b>12.7</b>	<b>19.2</b>	5.0	17.5	47.3	8.9	9.4	0.8	18.8	11.6
100–499	<b>7.7</b>	<b>3.2</b>	13.1	1.6	12.2	2.8	3.7	1.5	9.3	2.4
More than 500	<b>58.1</b>	<b>12.3</b>	68.0	4.0	3.2	0.0	49.8	4.3	44.5	5.1

## 5 Changes in professional work

### 5.1 The degree of change

In most professions the degree of change perceived to have taken place in professional work differed significantly between the two societies. Of the British professionals, 75 per cent judged the preceding ten years (the 1990s) to have been a time when they had experienced a large amount of change in their work, whereas among their German counterparts a more moderate 45 per cent reported this degree of change. This difference was also pronounced among pharmacists, with 64 per cent in Britain and 35 per cent in Germany reporting a large amount of change in work.



**Figure 5.1**  
**Changes in professional work**

### 5.2 The drivers of change

To identify the sources for the perceived levels of change, we asked questions about the impact on their work of possible causal factors (Tables 5.1a and b). Pharmacists in Britain considered the following four, in descending order, to have had a large impact on work: increased demands from consumers, technological change, government policy and increasing competition within the pharmacy professions indicating problematic market crowding. A similar pattern emerges for German pharmacists, but with government regulation and intervention at the forefront. Qualitative data suggests that this is a reaction to government policy on lowering the drugs budget and hence the professions' dispensing fees.

**Table 5.1a**  
**Impact on professional work of drivers of change: Britain (%)**

	All	Pharmacists	HR managers	Lawyers	Counselling psychologists
<b>Large impact<sup>a</sup> from:</b>					
Increased demands from consumers	63.7	<b>71.2</b>	76.2	71.3	35.4
Technological change	57.2	<b>57.4</b>	73.8	70.3	26.1
<b>Changes targeted at profession in:</b>					
Government policy	48.7	<b>50.0</b>	59.2	60.3	21.7
Regulation	32.3	<b>26.6</b>	35.4	48.2	18.1
European policy	30.7	<b>32.8</b>	58.2	15.4	8.7
<b>Increasing competition from:</b>					
Within your profession	42.3	<b>46.2</b>	28.5	66.0	28.0
Other professions	27.4	<b>36.5</b>	14.5	23.6	35.3
Non-professionals	19.6	<b>25.7</b>	11.0	23.4	18.1

Note: <sup>a</sup> Measured on a scale of 1 (no impact) to 5 (huge impact). Percentages given are responses of 4 and 5.

**Table 5.1b**  
**Impact on professional work of drivers of change: Germany (%)**

	All	Pharmacists	HRM and business consultants	Lawyers	Psychological psychotherapists
<b>Large impact<sup>a</sup> from:</b>					
Increased demands from consumers	44.0	<b>48.4</b>	67.4	43.8	16.1
Technological change	36.3	<b>40.1</b>	54.7	39.5	7.2
<b>Changes targeted at profession by:</b>					
Government policy	36.0	<b>55.7</b>	13.1	16.2	58.0
Regulation	42.1	<b>39.0</b>	25.6	30.1	73.3
European policy	17.1	<b>38.7</b>	7.2	14.6	5.3
<b>Increasing competition from:</b>					
Within your profession	33.5	<b>40.3</b>	35.5	46.2	14.4
Other professions	26.1	<b>17.5</b>	27.1	28.8	31.0
Non-professionals	19.9	<b>32.8</b>	15.4	17.5	4.1

Note:<sup>a</sup> Measured on a scale of 1 (no impact) to 5 (huge impact). Percentages given are responses of 4 and 5.

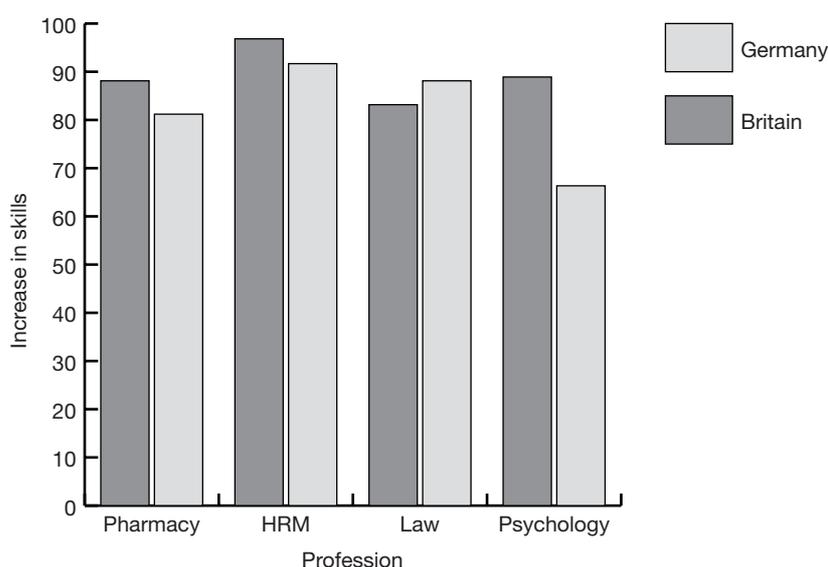
## 6 Impact of change on professional work

The professionals were further asked to identify the impact of the important drivers of change on important features of their work. We enquired about the impact of change on the skills and knowledge required, quality and efficiency of the services provided, discretion exercised, costs and prices and viability of services, and how they related to the demands made of respondents in their work.

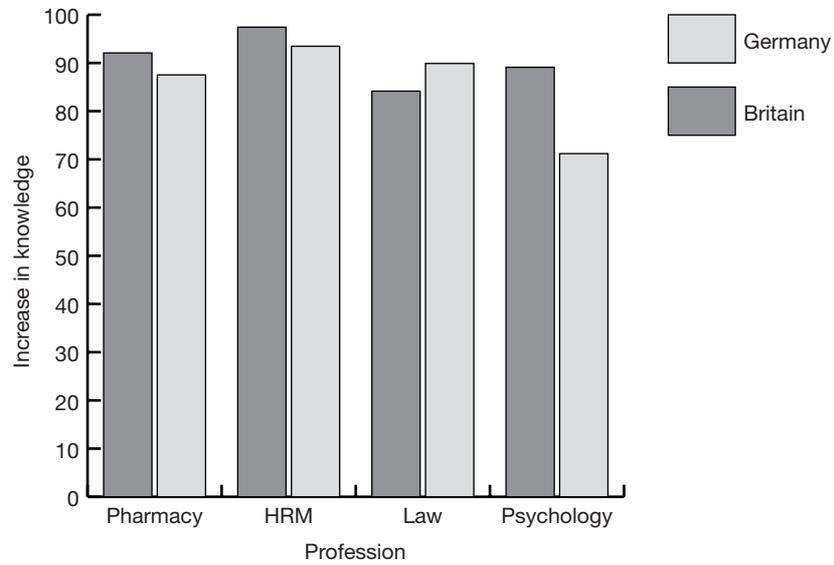
### 6.1 Skills and knowledge

There is an overwhelming perception among the British and the German professions that external drivers of change have led to increases in skills and knowledge required (Figures 6.1 and 6.2), with the proportion noting a decrease tiny in each profession.

It is notable that such a wide perception, in both countries, of increases in knowledge and skills required stands side by side with recognition that new technology has been an important driver for change at work. Thus, in the views of professional workers, technology is not associated with the routinisation and deskilling effect with which it is still widely coupled in the sociology of work. The professions view the importance of technology more in the way it transforms markets, changes the boundaries between professions and widens the area of competition (qualitative interview data).



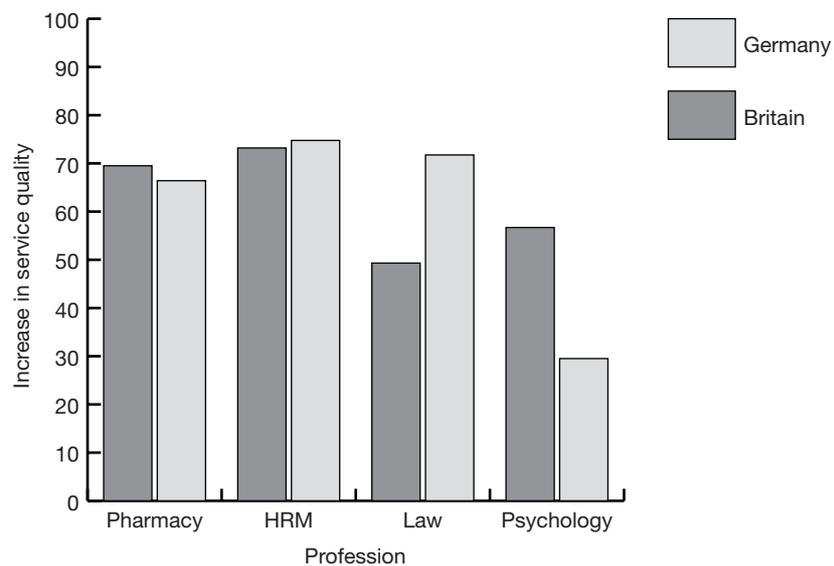
**Figure 6.1**  
Increase in skills



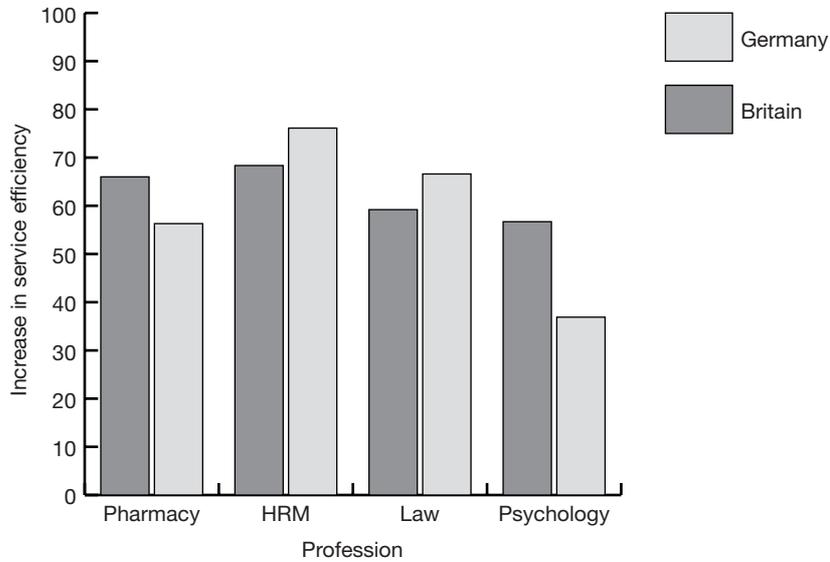
**Figure 6.2**  
**Increase in knowledge**

## 6.2 Quality and efficiency of services

Figures 6.3 and 6.4 reveal that the general perception of respondents in both countries was that quality and efficiency of their services had also increased, though with increases in efficiency of service receiving slightly less emphasis from German pharmacists.



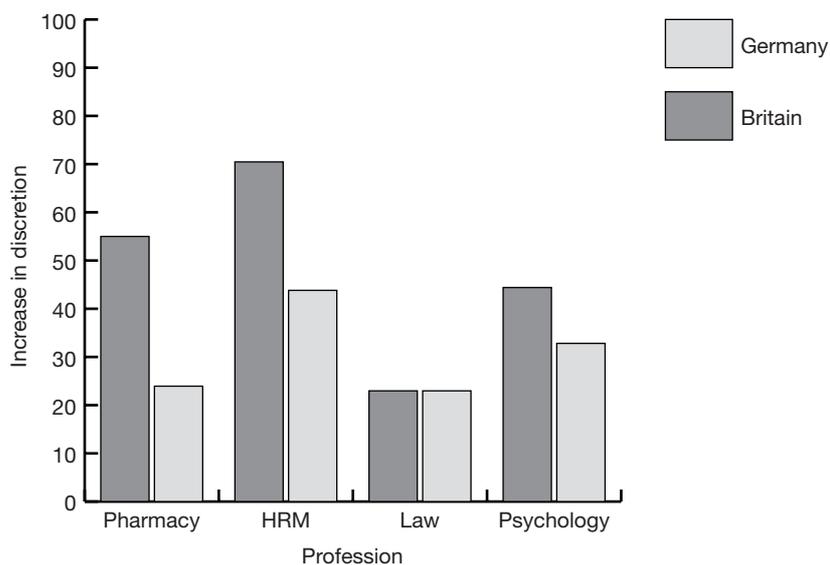
**Figure 6.3**  
**Increase in service quality**



**Figure 6.4**  
Increase in service efficiency

### 6.3 Discretion

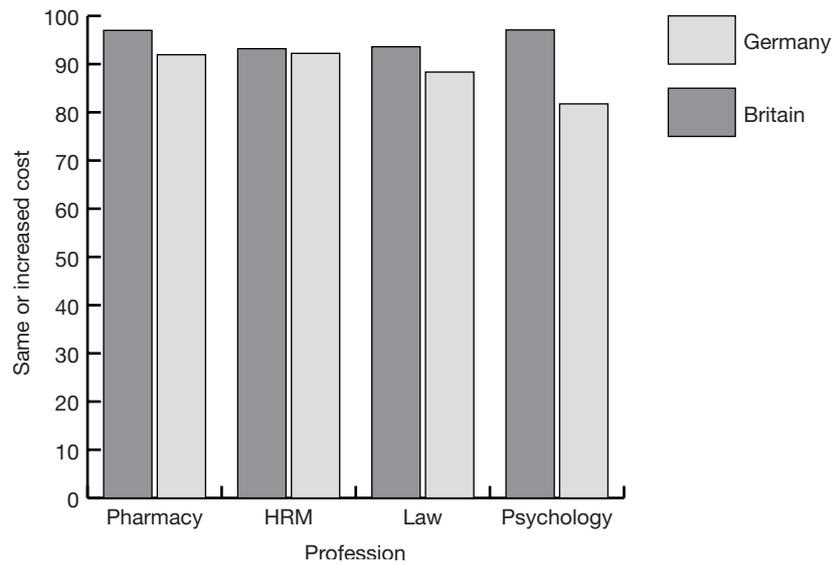
It might have been expected that the increase in skills and knowledge required would have been accompanied by a comparable increase in the discretion exercised – in particular that, given the absence of hierarchy and bureaucracy, more discretion would have been left in the hands of German pharmacists. However, as Figure 6.5 shows, this does not appear to be the case: only a small proportion of German pharmacists reported increases in discretion. It might be suggested that this pattern reflects differential national patterns of regulation and state-directed education and training.



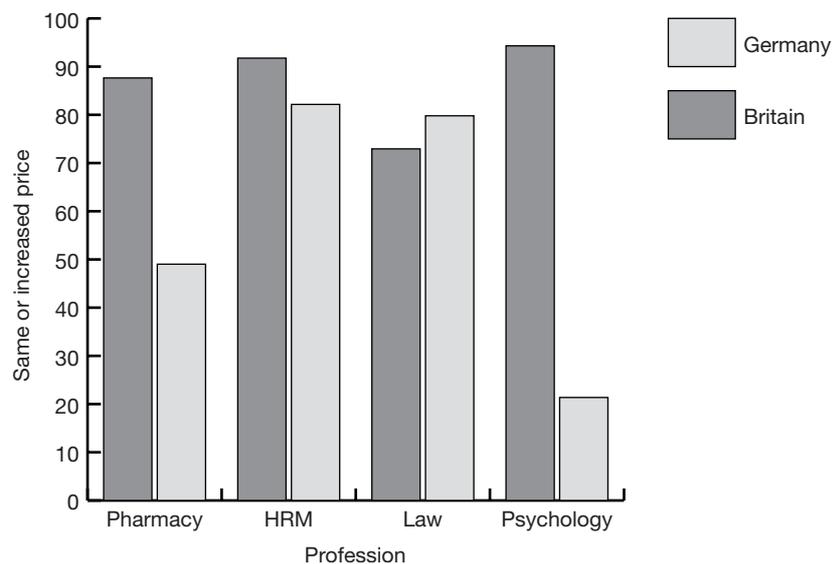
**Figure 6.5**  
Increase in discretion

## 6.4 Costs, prices and financial viability

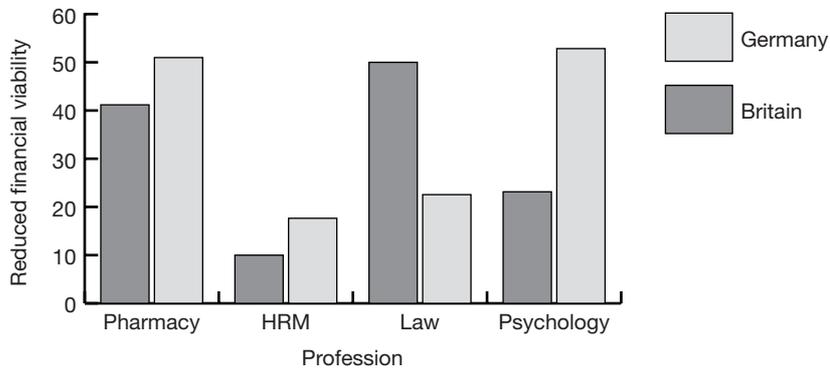
The respondents were also asked about the impact of change on costs, prices and the financial viability of the organisations in which they were employed. Figure 6.6 shows that the cost of providing services has either remained the same or increased for the vast majority interviewed in each profession, although the proportion is slightly lower in Germany. In Germany the disparity in costs and price movements was substantial for pharmacists: 51 per cent reported a fall in the prices of their services (Figure 6.7), despite the fact that for all but a tiny minority costs had remained stable or had increased (Figure 6.6). Cuts in the drugs budget and ensuing reductions in dispensing fees explain the fall in the price of services by German pharmacists.



**Figure 6.6**  
Changes in cost of services



**Figure 6.7**  
Changes in price of services

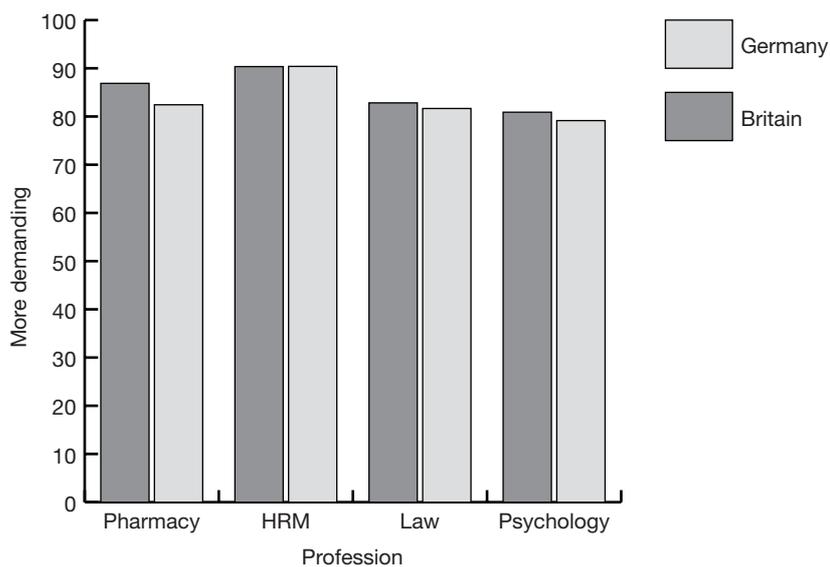


**Figure 6.8**  
**Reduced financial viability of employing organisations**

These divergent cost and price movements contributed, in varying proportions, to the reduction in the financial viability of organisations employing the pharmacists we surveyed (Figure 6.8). A higher proportion of organisations in which German pharmacists worked suffered reductions in their financial viability, which had declined for about half of respondents. Now that resale price maintenance has been abolished, the proportion can also be expected to grow among British pharmacists, especially among single-proprietor pharmacies.

## 6.5 Work demands

The decline in financial viability of a significant proportion of professional organisations in both countries has not in general been due to a reduction in work effort. On the contrary, in both countries a very large proportion of pharmacists found their work to have become far more demanding (Figure 6.9).

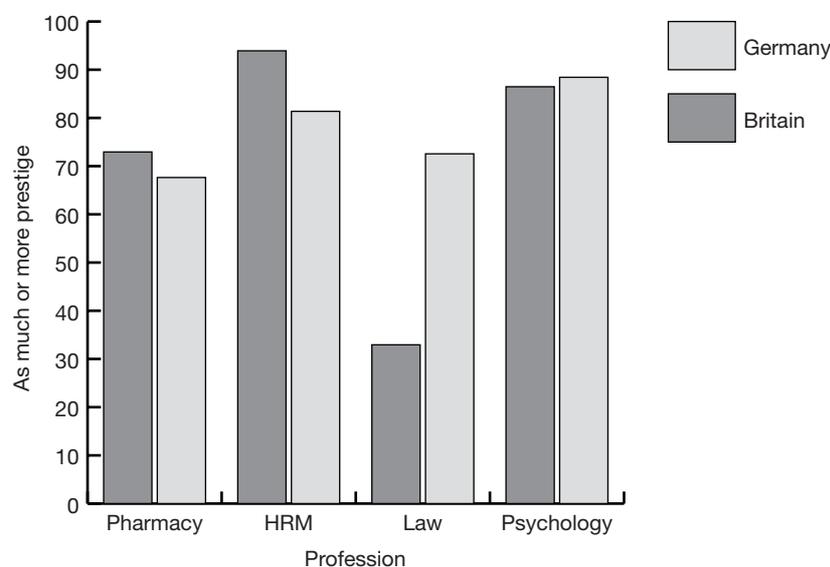


**Figure 6.9**  
**Changes in level of work demands**

## 7 The impact of change on socio-psychological well-being of the professional workers

### 7.1 Prestige and motivation

High prestige is recognised as an important social attribute of professionalised work. Figure 7.1 shows that perceptions of movement in levels of professional prestige were fairly similar among the British and German professionals surveyed, and around 65–70 per cent of pharmacists in both countries perceived it as having been maintained or increased.

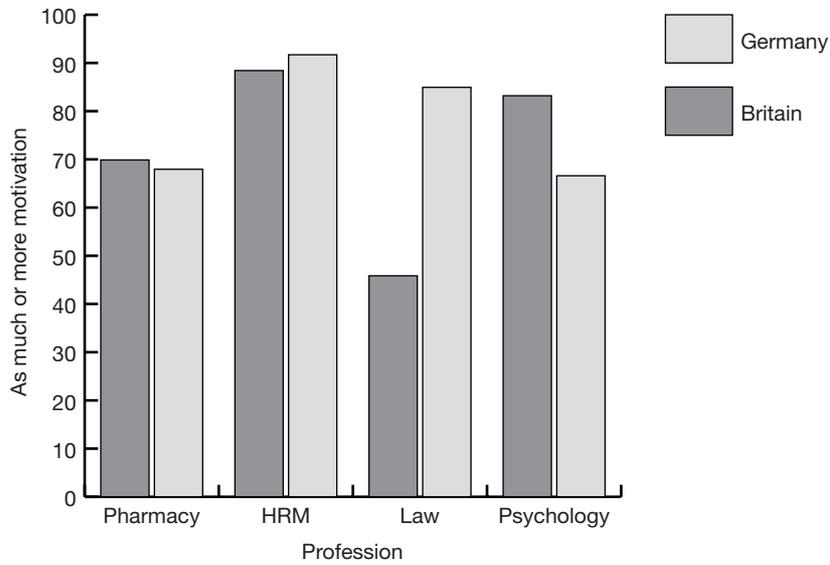


**Figure 7.1**  
**Change in prestige**

Questions were also asked about trends in motivation to explore the effects of the drivers of change and their impact on work and financial viability. Motivation, too, had been maintained or had increased for 65–70 per cent pharmacists in both countries (Figure 7.2).

### 7.2 Work satisfaction

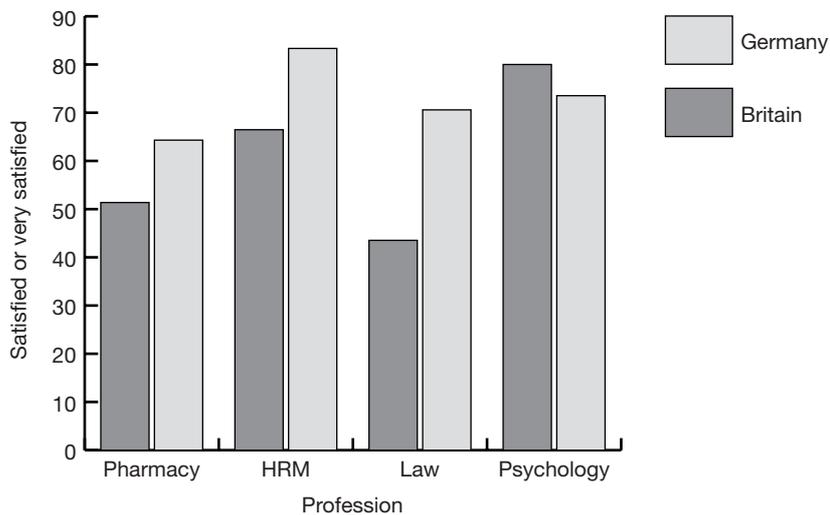
Levels of satisfaction are also important gauges of well-being in work, and we asked questions both about levels of satisfaction in work and about recent changes in levels of satisfaction in the professions. These data show a greater level of job satisfaction in



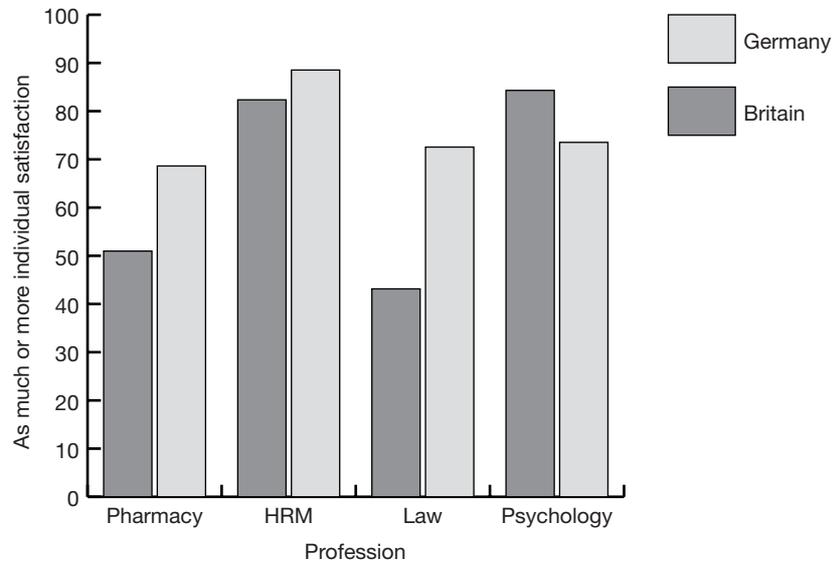
**Figure 7.2**  
**Change in motivation**

general among German than British professions, with 72 per cent and 61 per cent respectively stating that they were satisfied or very satisfied with their work. In pharmacy a similar level of satisfaction was being expressed, with 62 per cent in Germany and 50 per cent in Britain declaring themselves to be satisfied or very satisfied (Figure 7.3).

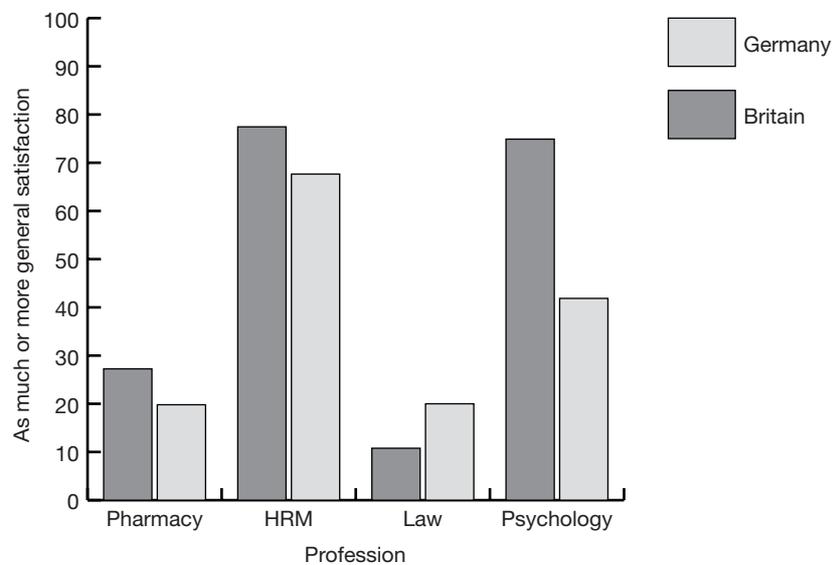
The question of changes in satisfaction within professions was addressed in two ways. The respondents were first asked how their own satisfaction as a professional had changed over the past ten years, and then about how the satisfaction of people in their profession in general had changed. The responses to these questions are summarised in Figures 7.4 and 7.5. Figure 7.4 mirrors Figure 7.3, with satisfaction being maintained or increased to a greater degree for German pharmacists than their British counterparts. In terms of



**Figure 7.3**  
**Levels of job satisfaction**



**Figure 7.4**  
**Change in individual satisfaction**

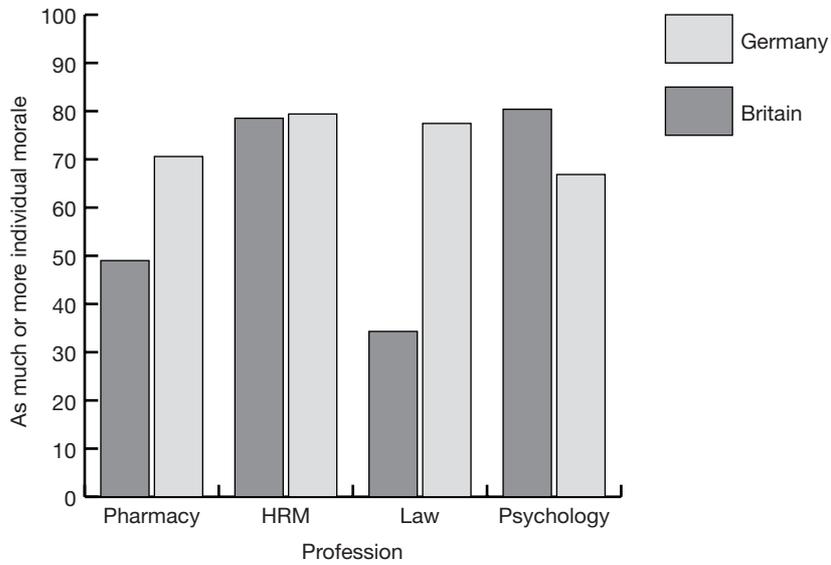


**Figure 7.5**  
**Change in general satisfaction within profession**

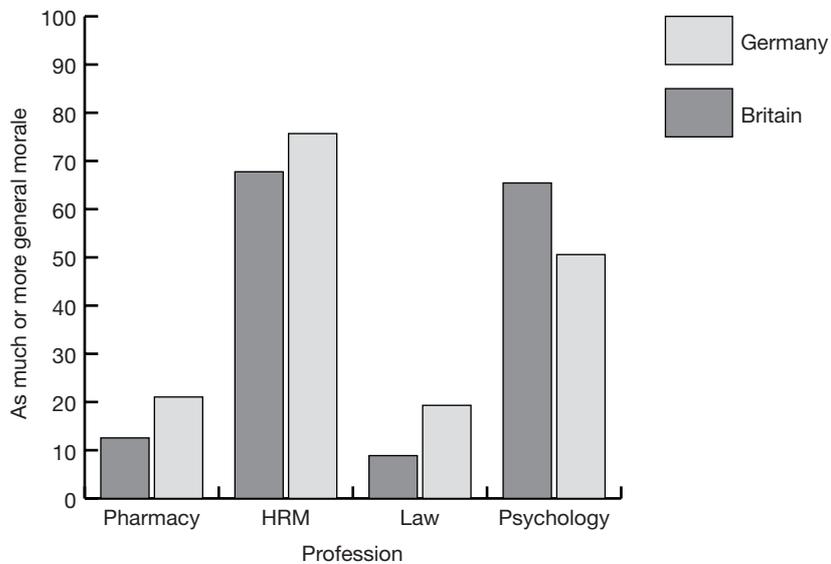
general satisfaction, however, the picture is reversed, although pharmacists in both countries report very low levels of general satisfaction (Figure 7.3).

### 7.3 Morale

The questions about changes in morale were also asked in relation to both the individual and the profession as a whole, and the pattern of responses was very similar to that for



**Figure 7.6**  
**Change in individual morale**

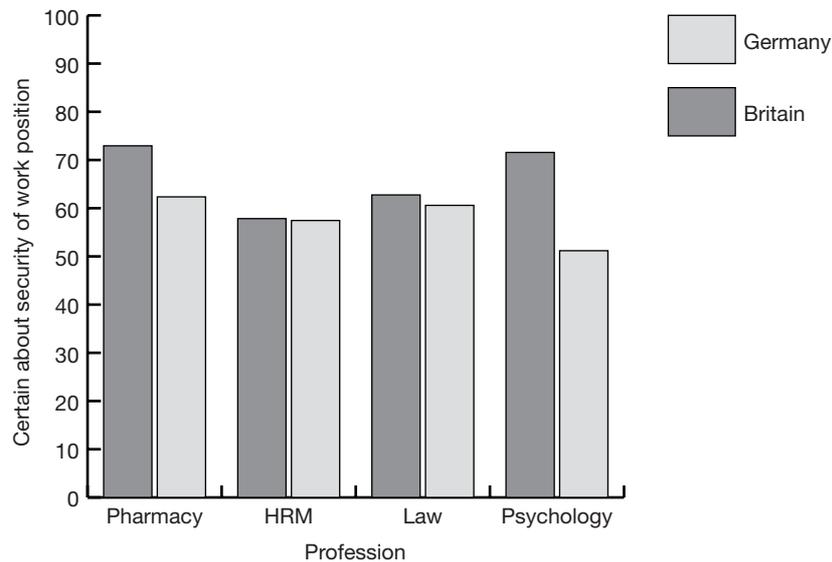


**Figure 7.7**  
**Change in general morale within profession**

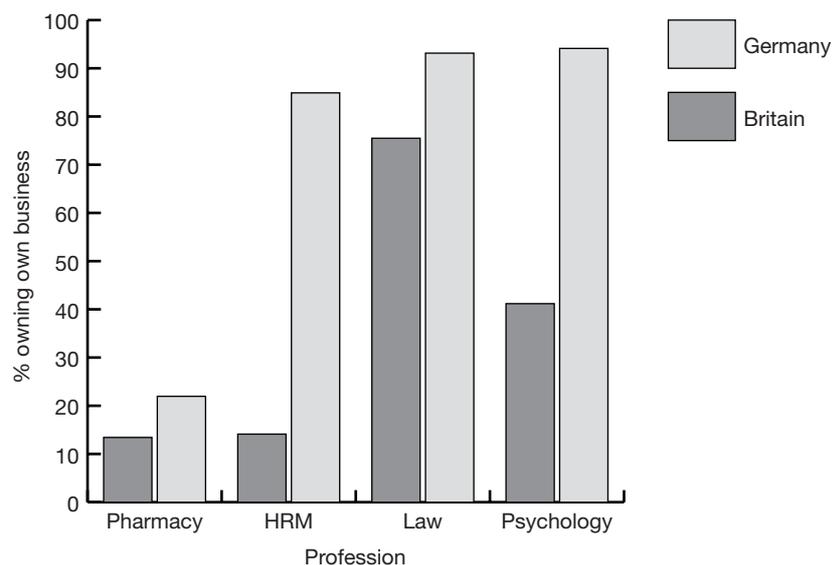
satisfaction. Figures 7.6 and 7.7 show that nearly 70 per cent of German pharmacists reported similar or increased morale, compared with just under 50 per cent in Britain. This relatively positive account plummeted dramatically, however, when respondents were asked to report on the change in morale within the profession as a whole. Here less than 20 per cent in both countries were positive.

## 7.4 Employment security and future prospects

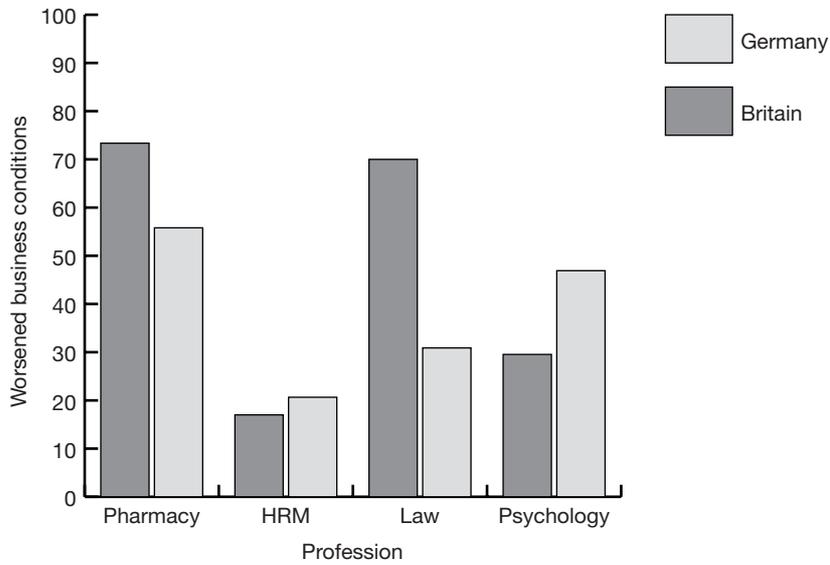
Employment insecurity during the 1990s was judged to have increased by a slightly larger proportion of the German than the British pharmacy profession. As Figure 7.8 shows, 72 per cent of pharmacists in Britain were certain that their current work positions were secure, compared with 62 per cent in Germany. This is likely to be due to the fact that large numbers of our sample from both countries are employed in community pharmacies, which are funded by the respective state health services. As Figure 7.9 indicates, there are very low numbers of business owners in our sample of pharmacists. However, despite such high levels of employment security many pharmacists from both



**Figure 7.8**  
**Certainty of security of current work position**



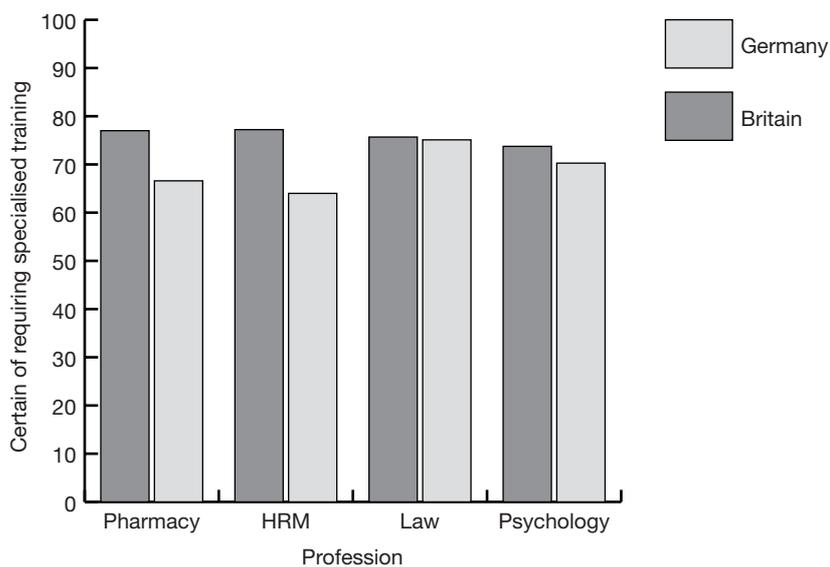
**Figure 7.9**  
**Business ownership**



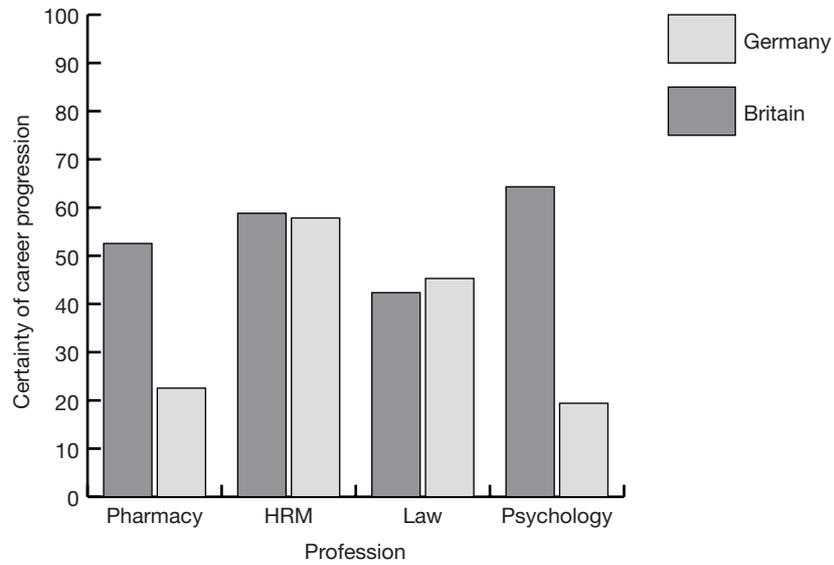
**Figure 7.10**  
**Worsened business conditions**

countries reported worsened business conditions, particularly in Britain (71 per cent compared with 57 per cent in Germany).

However optimistic or otherwise professionals were about their future employment security, more than two thirds of pharmacists in both countries believed that continued specialised training would be needed (Figure 7.11). Nevertheless, certainty about the need to upgrade skills and knowledge was not matched by certainty about future career progression (Figure 7.12). Here there was a great deal of disparity between the two countries: in Germany only 21 per cent of pharmacists felt certain about their future



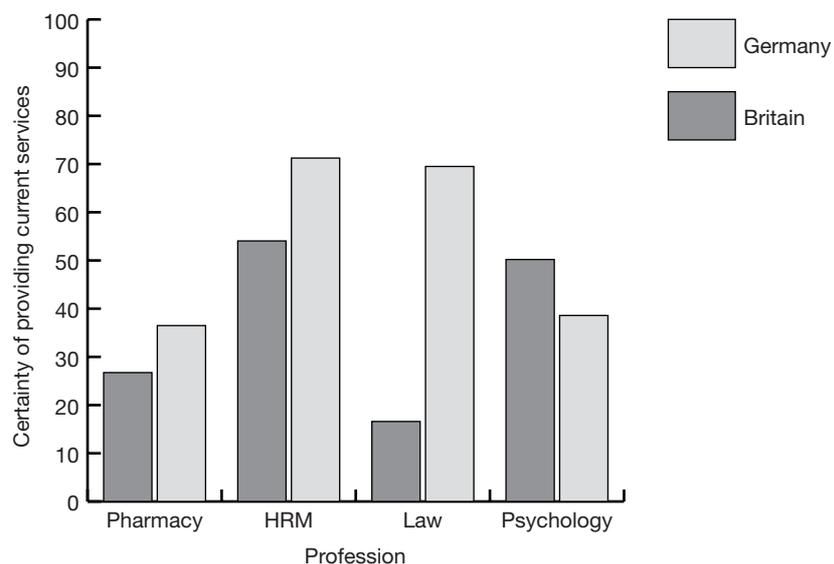
**Figure 7.11**  
**Certainty of needing continued specialised training**



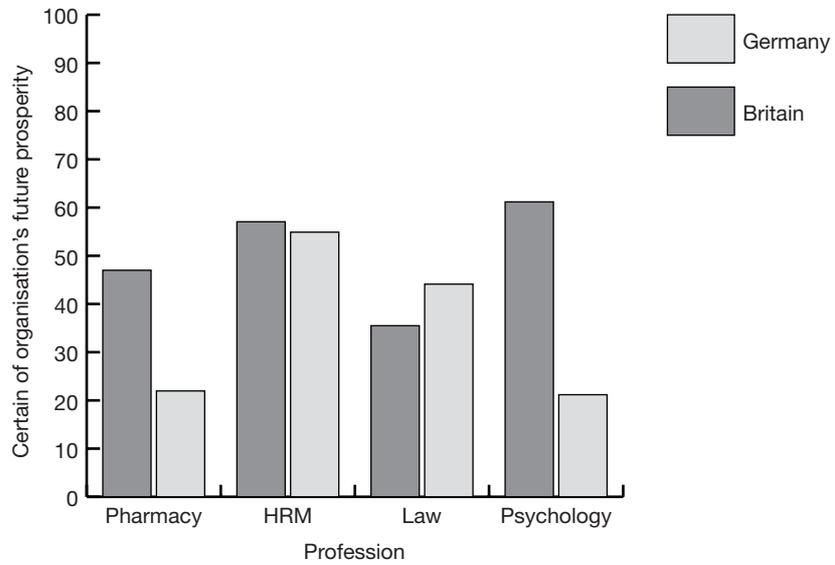
**Figure 7.12**  
**Certainty of career progression**

prospects. This was in significant contrast to the responses of their British counterparts, around 50 per cent of whom felt secure in the knowledge that their career prospects were healthy.

Only around 35 per cent of German pharmacists and around 25 per cent of British pharmacists were certain about being able to provide the current range of services in the future (Figure 7.13). Finally, concern about the future is further reflected in the low degree of certainty about the future prosperity of the organisations in which our respondents worked (Figure 7.14). Again a strong contrast between British and German



**Figure 7.13**  
**Certainty of providing all current services**



**Figure 7.14**  
**Certainty of future prosperity of employing organisation**

pharmacists emerged: whereas 48 per cent of the British pharmacists were confident about future prosperity, only 21 per cent or less of German pharmacists shared this confidence.

## **PART III: CONCLUSIONS AND POLICY IMPLICATIONS**

### **8 Conclusions**

This report has illustrated a picture of extensive change in the field of pharmacy professional work during the 1990s in both Germany and Britain. In both countries, despite an overwhelming recognition of the greater demand for professional skills and knowledge and general increases in work effort, service quality and service efficiency, the vast majority of respondents were pessimistic about the certainty of providing all current services in the future. This was reflected in the perception that the general morale of the profession was very low. This survey of changes in conditions of professional work and well-being in Britain and Germany demonstrates that – despite much variation within and between societies – some general conclusions can be drawn. Extensive pressures from states, markets, clients and technology have made members of this once very privileged social stratum feel besieged on all fronts, leading in a significant proportion of cases to economic anxieties and lowered general morale. The much-increased salience of knowledge and skills in contemporary society has done little in the way of strengthening the position of the pharmacy profession.

However, the report also exposes significant differences between practitioners in the two countries – differences which are likely to be the result of the distinctive patterns of change in the two societies. On the whole German pharmacists had reacted less frequently to increasing costs by increasing prices, and in a significant proportion of cases this had adversely affected the viability of the organisation they worked in. As the German pharmacists surveyed worked predominantly in very small businesses and in close relation with clients, they were more constrained in raising prices and consequently felt less certain about the future prosperity of the organisation they worked in and about their future career prospects. But working in smaller professional practices and being closer to clients also had advantages. It may well have helped provide German professionals with a significantly higher level of individual morale than was found among their British counterparts.

## 9 Policy implications

The responses of professions to the consequences of increased consumer demand and technical change, their jurisdictional conflicts and the emergence of new highly skilled and knowledge-intensive occupations aspiring for professional status have been mediated by governments' own policy agendas. In particular, preoccupation with reducing public expenditure and a greater reliance on market forces have had important implications for professional workers.

The form and extent of this policy effect has varied between the professions and countries. The role of pharmacists in dispensing medicine and as a safety check on drug prescribing has not been challenged in either country, although in both determined efforts have been made to reduce the cost of dispensing. In Britain this has taken the form of reductions in fee income, provided directly by the National Health Service.

In Germany pharmacists have been given the authority to substitute cheaper generic drugs for the branded varieties prescribed by doctors and have been given the incentive to put this policy into effect because cheaper drugs attract higher profit margins. This added responsibility has enhanced the professional status of German pharmacists. At the same time the continued prohibition of the ownership of pharmacies by non-pharmacists (*Fremd- und Mehrbesitzverbot*), together with the confinement of drug dispensing to pharmacy shops, have maintained the independence and competitiveness of German pharmacists. However, there is no legal restriction on German pharmacists setting up in business, whereas in Britain pharmacy quotas still exist. In Britain the quota system is the only legal restriction of competition, and even this restriction is likely to be removed in the foreseeable future. Pharmacy has become increasingly concentrated in large chains or has moved into supermarkets or other non-specialist outlets. The abandonment of resale price maintenance can only add to this trend towards large-scale provision and the relocation of pharmacies to town centres and into large stores.

It may be suggested that the British system of granting professional status by chartering private interest groups can best be described as regulated monopoly, while the more legally based verification of occupational jurisdiction, educational and training requirements and conditions for practising in Germany is better defined as regulated competition. The rationale for each is grounded in a different political economy, and each results in a divergent clustering of interests and social and economic outcomes.

As a result, although both the British and German system have been subject to similar policy pressures, the outcomes have differed significantly. In Britain deregulation and cost cutting have been to the relative advantage of larger employing organisations, while the smaller ones have borne much of the cost. In Germany the structure of service provision has remained relatively unchanged, and the cost of policy has been more evenly distributed between providers.

It is not possible to judge with any degree of certainty from our data what the effects of these changes have been on the quality and efficiency of service. There is a large measure of agreement among the professionals in both countries that both aspects have

improved. There is evidence that the German firms show a stronger client orientation and, because of their smaller size, have managed to stay closer to them. Also, there is a difference between the two countries in the perception of socio-psychological costs of change. In both countries socio-psychological well-being of professionals has faced difficulties, but significantly less so in Germany. This may suggest that greater organisational continuity and continuing proximity to clients go some way to compensate for material loss.

In terms of the comparative effectiveness of policies in the two economic systems our report shows that similar policies (i.e. cutting costs and increasing competition) can have quite different effects, depending on the way privileged occupational groups are regulated and how provision is consequently organised.

Our research suggests that structural differences of service provision are reflected in the interests and loyalties of professionals. In Germany, these are directed more exclusively towards clients, whereas in Britain loyalties to employers, managers and work groups play a more important part and thus are bound to dilute loyalty to clients. Depending then on what one considers the most important objectives in terms of service provision and the professional profile, these findings prompt some imperative considerations for the future of professional work.

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# Appendix 1: Research methodology

## A1.1 Research design

The empirical work project was conducted at two levels:

- Interviews were carried out with representatives of the professional associations: two to four interviews in each of the four professions in each country, lasting two to three hours. In some cases follow-up visits were made. This was supported by documentary analysis relating to the practices, history and regulation of the professions and a critical review of the relevant socio-economic literature.
- A postal survey of individual professionals was carried out, with 1,000 questionnaires sent out in each profession in each country.

With the advantage of national research teams in each country, including bilingual members on each side, comparable questionnaires for the postal survey of the professionals in each country were constructed. Similar aide-memoirs were also used in each country for the extensive interviewing of professional associations, and a member of each national team participated in some interviews in the other country.

## A1.2 The postal survey

A survey of individual professional workers formed the central part of the empirical research. The main research questions covering the various aspects of professionals' working lives had been developed with the research proposal, but results from our interviewing of professional associations were also used in the questionnaire design. Great care was taken to ensure that the German translation of the English questionnaire was as close as possible, but because of inter-country differences it was necessary to adapt some questions and include others.

Extensive piloting and pre-testing of the questionnaire was carried out in each profession in both countries before the questionnaire was finalised. It consisted of ten main sections:

- A. Job satisfaction and loyalty (including effort, work demands)
- B. Basic information on employment
- C. Qualifications (and continuing development)
- D. Levels of discretion (regulation in one's work)
- E. Impact of change (including work satisfaction, morale)
- F. Occupational relationships (including competition)
- G. Employment security
- H. Professional associations

- I. General (demographic) information
- J. Further comments.

Most of the questions were formulated to be relevant to all of the professions, but *each profession* had a customised version of the questionnaire which included a few questions relevant only to that occupation. The research design is *comparative* not only between countries, but also between professions in order to capture the wide variety of developments.

Most of the questions were 'closed', except for a few questions where more complex and less channelled responses were required. The final section consisted of open questions inviting more general comments on all aspects of the questionnaire. It was estimated that the questionnaire would take 30 minutes to complete.

### A1.3 Sample selection

1,000 questionnaires or more were sent out to pharmacists in both countries. In Britain pharmacists were selected from the databases of the Royal Pharmaceutical Society of Great Britain. Hence the British sample includes a small proportion of hospital pharmacists. The achieved samples are shown in Table A1.1. In Germany, due to data protection restrictions, databases of members in the professional associations were not made available (except for a small number of pharmacists). Instead, the German team used the nationwide Yellow Pages to randomly select addresses. Consequently the German pharmacists sampled had a bias towards self-employed professionals who list themselves in the Yellow Pages. Because they are not listed in the Yellow Pages, those employed in hospitals and other organisations could not be included in the survey.

**Table A1.1**  
**The British sample**

<b>UK professions</b>	<b>Population sampled</b>	<b>Sample size</b>	<b>Response</b>
Counselling psychologists	Members of the counselling psychology section of the British Psychological Society	1,242	317
Lawyers	Members of the Law Society under 60 years	2,000 <sup>2</sup>	121
Human resources managers	Members of the Chartered Institute of Personnel and Development	1,000	299
<b>Pharmacists</b>	<b>Members of the Royal Pharmaceutical Society of Great Britain</b>	<b>1,000</b>	<b>294</b>

<sup>2</sup> The British solicitors were surveyed twice because the first sample we received was for *over-60-year-olds* although we had asked for 60-year-olds and under. The response rate to the second survey was so low that we decided to include in the analysis those from the earlier survey who had reported their age as 60 or under.

**Table A1.2**  
**The German sample**

<b>German professions</b>	<b>Population sampled</b>	<b>Sample</b>	<b>Responses</b>
Psychological psychotherapists ( <i>psychologische Psychotherapeuten</i> )	Self-employed practitioners, from Yellow Pages Germany	1,000	302
Lawyers ( <i>Rechtsanwälte</i> )	Law offices ( <i>Anwaltskanzleien</i> – proprietors and employees), from Yellow Pages Germany	1,000	147
Business and human resources consultants ( <i>Unternehmensberater</i> )	Mostly self-employed, proprietors of small companies, from Yellow Pages Germany	1,000	128
<b>Pharmacists</b>	<b>500 pharmacies (proprietors, also employees), from Yellow Pages Germany, 300 members of <i>Apothekerkammer Niedersachsen</i>, 200 pharmacists (employees, members of the Federal Association of Employees in Pharmacies, BVA)</b>	<b>1,000</b>	<b>194</b>

However, the picture of professional work is nevertheless well represented. The overwhelming majority consists of small practices of proprietors. For pharmacists a twofold selection was administered to reach more employed pharmacists: 500 community pharmacies were selected from the national Yellow Pages, 200 from the Chamber of Pharmacists of Lower Saxony, and 300 from the Federal Association of Employees in Pharmacies (Bundesverband der Angestellten in Apotheken, BVA). The figures for the German sample are given in Table A1.2.

These response rates are relatively high for postal questionnaires (response rates for unsolicited postal questionnaires are often closer to 5 per cent). The often extensive responses to the final open-ended questions also suggested that the professionals had found the questionnaires to be interesting and relevant to their working lives.

## **A1.4 Data analysis**

The numerical data from the returned questionnaires were entered into Statistical Package for the Social Sciences (SPSS). The research teams in the UK and Germany coded the open-ended questions separately. Thereafter, comparative statistical analysis and qualitative interpretations were undertaken.

## **Appendix 2: Demographic details, education, earnings and working hours**

### **A2.1 Education, gender and age**

The respondents were highly educated. Almost all had first degrees, indicating the importance of vocational and other relevant experience as routes into this profession.

Slightly more of the British respondents were women: 51 per cent compared with 47 per cent of German respondents. However, in both countries more than 50 per cent of the pharmacists were women.

The age structure of the overall sample was similar in the two countries. In Britain 11 per cent were aged below 30, 61 per cent between 30 and 50, and 29 per cent were over 50. In Germany these proportions were 5 per cent, 66 per cent and 30 per cent respectively. The age structure in each profession broadly conformed to these patterns. However, on balance the German pharmacists were older than the British: 27 per cent were older than 50, and 12 per cent were younger than 30. In Britain these proportions were 11 per cent and 28 per cent respectively.

### **A2.2 Earnings and hours of work**

A third of both the British and the German professionals earned more than £40,000, although 27 per cent of Germans earned less than £20,000, compared with only 15 per cent of British. The lowest-paid professions were the German pharmacists and British psychologists, more than 30 per cent of whom earned less than £20,000.

The differences in earnings partly reflect differences in hours worked: 35 per cent of British and 28 per cent of German pharmacists worked 45 hours or more. It also should be remembered that a relatively high proportion pharmacists in both countries were women, which helps explain both their relatively short working weeks and low levels of pay.