วารสารวิชาการสาธารณสุข
ปีที่ 30 ฉบับที่ 2 มีนาคม - เมษายน 2564

Journal of Health Science
Vol. 30 No. 2, March - April 2021

นิพนธ์ต้นฉบับ *Original article*

A Role of the Professional Competency Perception as a Significant Predicting Factor for Self-Perceived Person-Job Fit and Misfit of Doctor of Pharmacy Graduates in Thailand

Nichnawee Kamchaithep, B.Pharm.
Montaya Sunanthiwat, Ph.D.
Pagamas Maitreemit, Ph.D.
Luerat Anuratpanich, Ph.D.
Social and Administrative Pharmacy Excellence Research (SAPER) Unit, Division of Social and Administrative Pharmacy, Department of Pharmacy, Faculty of Pharmacy, Mahidol University, Bangkok, Thailand

Date received: 6 Aug 2019
Date revised: 22 Jan 2020
Date accepted: 10 Feb 2020

Abstract The six-year Doctor of Pharmacy program (Pharm D) was mandated in Thailand with the expectation to produce specialty pharmacists who were advance in pharmacy competency and meet the demands of the current job market. However, the Doctor of Pharmacy graduates' suitability to the job has never been evaluated in the big picture. This study aimed to investigate person-job fit and misfit among Pharm D graduates and identify factors affecting person-job fit and misfit. The cross-sectional survey was conducted using an internet-based self-administrated questionnaire for data collection. There were 163 responses included in the study. The person-job fits were determined in two dimensions, the expected person-job fit and the self-perceived person-job fit. The data analysis showed that over two-thirds (79%) of pharmacy graduates were female. Age ranged from 24 to 44 years, with the age median at 26 years. The majority of the Pharm D graduates were graduated in the pharmaceutical care program from the government university. Among this, about 80% of respondents were working in pharmaceutical care positions, and 20% in the industrial pharmacy position. The graduates perceived their professional competency as competent (74% in both pharmaceutical care and industrial pharmacy) and a very competent level (17% in pharmaceutical care and 15% in the industrial pharmacy). There were 58% of Pharm D graduates perceived they had a person-job fit. The distribution of self-perceived person-job fit and misfit was not different across the programs. This study directly represented the graduates' viewpoint on their compatibility in real-world practice. The high percentage of a self-perceived person-job misfit should not be overlooked. The graduates from both programs expressed the same level of the feeling that they were not fit to the job even though their perception toward pharmacy

professional competency is competent. Future research should be conducted to obtain more information regarding the misfit phenomenal as well as to understand how the perceived fit and misfit occurred.

Keywords: **person-job fits; pharmacist; Pharm D graduate; pharmacy program**

Introduction

The Pharmacy Council Thailand made the 6-year program a compulsory education requirement for pharmacy licensure starting from 2014 onward[1]. The council believed the 6-year program would help move pharmacy competencies from generalist to specialist, solve the curriculum, and provide the same standards within the pharmacy profession throughout Thailand. Regarding licensure requirements, in 2009, all 19 pharmacy schools in Thailand changed their curriculum to the 6-year Pharm D programs[2,3]. Since, the previous Pharm D program through 2013 was the traditional patient-focused Pharm D only[4], it was also an expectation that the reconstructed curriculum of the Pharm D program would produce graduates who meet the requirements of the job market and could perform competently in the health care system[5].

Person-Environment Fit (P-E fit) is defined as the degree to which individual and environmental characteristics match. Previous studies showed that P-E fit positively related to individuals' career involvement, job satisfaction, organizational commitment, and career success. P-E fit is also negatively related to intention to turnover and behaviors[6], in contrast to misfit could lead to negative consequences and outcomes such as low performance and employee turnover. P-E fit has been conceptualized into different dimensions of compatibility[7-9]. The first conceptual is supplementary and complementary fit. Supplementary fit occurs when a person possesses similar characteristics to the environment, the job in this case. The complementary fit occurs when a person can fulfill the need of the environment[10], such as job requirements. The second conceptual of P-E fit is described as the need-supplies versus demand-abilities distinction. This concept has been mentioned as the extends concept of complementary fit as the fit occurs when the individual's need meets the resources supplied by the environment. In the same way, the environment may demand contributions from individuals. The third conceptual of P-E fit has been conceptualized base on the way that fit has been measured, the perceived (subjective) versus actual/calculated (objective) distinction[6]. Perceived fit is conceptualized as the judgment of an individual on how well the person fits in the environment. The level of perceived fit is based upon the degree of belief it exists. Differently, the actual fit measured by comparing the characteristic of the individual and the environment. P-E misfit defines as the discrepancy between personal and environmental attributes, which can occur in two different dimensions. A positive discrepancy or deficiency occurs when personal attributes are higher than environmental features, whereas a negative discrepancy or excess occurs when personal attributes are less than environmental characteristics[11,12].

To the best of our knowledge, there was no evidence of the previous study on evaluating the compatibility between the personal characteristic Pharm D

graduates and the current job position in Thailand. Therefore, this study was aimed to explore the person-job fit of Pharm D graduates and to explore factors affecting on person-job fit among this population.

Material and methods

This study was conducted as a cross-sectional survey research. Data were collcted through online communication targeting pharmacists who graduated in the Pharm D program.

Questionnaire

A survey questionnaire had been developed to measure sociodemographic background, career placement, perception of professional competency, and the self-perceived job fits. The questionnaires consist of three parts:

Part 1 assessed participants' demographic background. The sociodemographic elements were selected in the relevant literature reviews.

Part 2 aimed to assess how the Pharm D graduates perceived their professional competency using sixteen items of pharmacy competency statement adopted from Suttajit S. et al. study[13].

Part 3 assessed self-perception of person-job fit using six items questionnaires modified from Vreugdenhil H's research[14].

Parts 2-3 of the questionnaire were assessed by a 5-point Likert-type scale, where score 2 = strongly agree, and -2 = strongly disagree for the positive statements; and the score -2 = strongly agree, and 2 = strongly disagree for the negative statements. The questionnaire was reviewed for content validity by two pharmacist lecturers from the Faculty of Pharmacy, Mahidol University. After the questionnaire was revised with respect to received recommendations, it was pretested by the 25 pharmacists who were graduated from a 5-year pharmacy program and currently work in various job areas. The overall internal consistency of the questionnaire was 0.879, assessed by Cronbach's alpha coefficient.

Data collection

The data collection was performed in January-April 2020. The procedure and questionnaire were submitted and approved by the Faculty of Dentistry/Faculty of Pharmacy, Mahidol University, Institutional Review Board prior to data collection. The first page of the questionnaire was an information sheet giving full details of the study. The participants were agreeing to participate in this study by submitting the answer to the questionnaire to the researcher. The invitations to participate in an anonymous web-based questionnaire were sent via a social network such as Facebook fanpages or line application's opened chat groups. Even though convenience sampling was used for data collection but, there was a possibility that the questionnaire could reach all Pharm D graduates so that each unit in the population had an equal chance to be included in the study.

The target response number was calculated using Cochran's formula for finite calculating a sample for proportions. There were 12,000 pharmacists who graduated in the Pharm D program, with a 95% confidence interval and 0.075 margins of error, 163 responses were needed. There were 173 responses in total, and ten incomplete/not eligible were excluded from the study. Finally, the data collection was completed with 100% of the target response.

Data analysis

Data were entered and analyzed by IBM SPSS

Statistics 26. Descriptive statistics were used to define the characteristics of the respondents. The perception regards 16-item professional competency statement were analyzed using mean and standard deviation — the Pharm D graduates who have overall rating scores higher than the mean considering self-perceived person-job fit. By the way, the Pharm D graduates who have overall rating scores lower than the mean were deemed to be self-perceived person-job misfits.

Chi-square was performed to compare the perceptions toward their competency, expected person-job fit, and self-perceived person-job fit between pharmaceutical care and industrial pharmacy PharmD graduates. Univariate linear regression analysis was used to identified factors affecting the person-job fit. Multivariable linear regression was later performed to identify the predicting equation of the self-perceived person-job fit. The statistical significance was set at a P-value of 0.05.

Results

Respondent characteristics

Over two-thirds (79%) of pharmacy graduates were female. Age ranged from 24 to 44 years, with the age median at 26 years. The majority of the Pharm D graduates were graduated in the pharmaceutical care program from the government university. Approximately 27% of graduates lived in the northern regions, 24% in Bangkok metropolitan, 13% in East region, 12% in the South region, 11% in the North-eastern area, and 10% in the central region accordingly. There were no statistically significant differences in gender, self-geolocation, university ownership, employment status work-geolocation, and monthly income among the two groups of Pharm D graduates. However, the age distribution in the pharmaceutical care program showed a broader range of 24-44 years, compared with those of 24-30 years in the industrial pharmacy program and, year of graduation of pharmaceutical care graduates was more extensive than those who graduated from industrial pharmacy program were significantly different among the pharmacy programs ($p<0.05$). Most of Pharm D graduates were working in Bangkok metropolitan, 38% for pharmaceutical care graduates, and 52% for industrial pharmacy graduates. The results revealed a large number of industrial pharmacy graduates were employed in the pharmaceutical care position. In contrast, only a few pharmaceutical care graduates were employed in a industrial pharmacy career.

Professional competency perception of Pharm D graduates

The distribution of pharmacy competency scores was different across the Pharmacy Program. The industrial pharmacy program graduates held a significantly higher overall competency score than the pharmaceutical care program ($p<0.05$). A comparison of competency scores of each aspect was presented in Table 1.

Self-perceived person-job fit and misfit

There were no differences in perception rating on person-job fit between pharmacy programs. Fifty-eight percent of Pharm D graduates perceived they were fit to the job by the way forty-two percent perceived that they were not fit with their current position. The number of graduates who have self-perceived person-job fits and misfits across pharmacy programs is shown in Table 2.

The majority of Pharm D graduates expressed their self-perceived person-job fit. Seventy two percent of

Table 1 Comparison of professional competency scores across Pharm D programs

Pharmacy competency aspects	Pharm D Program		p-value
	Pharmaceutical care (n=114) Mean score±SD)	Industrial pharmacy (n=49) Mean score±SD	
Pharmaceutical care			
Provision of pharmacy services with quality and safety concerns	0.99±0.66	1.04±0.71	0.591
Drug and health policy, drug system, health service and the country's health system	0.22±0.90	0.370±0.93	0.327
Linkage between the drug systems and other components in healthcare system	0.25±0.88	0.27±0.97	0.865
Risk management system	0.41±0.81	0.33±0.85	0.603
Drugs and healthcare information	0.99±0.71	0.92±0.64	0.456
Knowledge in diseases, pharmacotherapy, and non-pharmacotherapy	1.04±0.71	0.82±0.70	0.061
Industrial Pharmacy			
Components of drug formulations	0.46±0.84	0.90±0.68	0.002*
Differences between drug dosage forms and their effectiveness	0.70±0.77	1.08±0.71	0.004*
Drug manufacturing process of the different dosage forms	-0.02±0.79	0.96±0.69	<0.001*
Quality control process of varying dosage forms	-0.09±0.74	0.98±0.93	<0.001*
Alternative medicine and herbal treatments	0.04±0.86	0.27±0.88	0.220
Expertise in medicinal chemistry for the selection of herbal drugs and supplies	-0.14±0.84	0.22±1.01	0.052
Administrative pharmacy			
Law and regulation regarding the pharmaceutical and health products	0.10±0.84	0.41±0.86	0.024*
Consumer behaviors and social factors that affect those behaviors	0.39±0.85	0.63±0.81	0.117
Others			
Value of a pharmacist's career	1.09±0.76	1.10±0.71	0.937
Research conduct and implementation	0.12±0.81	0.20±0.91	0.579
Overall pharmacy competency score (Total score)	6.54±8.43	10.39±9.20	0.019*

Note: * statistically difference between Pharm D programs

pharmaceutical care graduates, and 68% of industrial pharmacy graduates clearly showed their perceived person-job fit. The comparison of self-perceived person-job fit scores for each question indicated that there were no differences in perception rating on person-job fit between pharmacy programs even though the graduates had rated themselves differently in competency perception.

Modeling analysis of self-perceived person-job fits/misfits among Pharm D graduates in Thailand

Multiple regression was conducted to develop a model for predicting the self-perceived person-job fit

Table 2 Self-perceived person-job fit/misfit among Pharm D graduates

Self-perceived person-job fit/misfit	Pharmacy programs					
	Pharmaceutical Care (n=104)		Industrial Pharmacy (n=44)		Total (n=148*)	
	Number	Percent	Number	Percent	Number	Percent
Self-perceived person-job fit	65	72	30	68	95	58
Self-perceived person-job misfit	49	28	19	32	68	42

** The missing numbers occurred due to unanswered item by participants

score of a Pharm D graduate. All variables from both personal characteristics and job characteristics were tested together using the stepwise method. The analysis results indicated that there are two candidate regression models for predicting self-perceived person-job fit scores were identified. Regarding the R2, a multiple regression with pharmacy competency score and university ownership as predicting variables ($F(1,142)= 6.055$ $p=0.003$) with an R2 of 0.079 (adjusted R2= 0.066) was selected as a predicting model.

Self-perceived person-job fit score = 3.855+ 0.104*Pharmacy competency score − 1.730*University ownership

This model could explain 7.9% of the self-perceived person-job fit score of Pharm D graduates. The pharmacy competency score was a predicting factor that positively influences the self-perceived person-job fit score. Simultaneously, the university ownership had a negative effect on the self-perceived person-job fit score.

Discussion

Age distribution of graduates from pharmaceutical care program showed a broader range, compared to those from industrial pharmacy program because some of the pharmaceutical care graduates had already graduated in Bachelor of Pharmacy (five-year program) before attending the Pharm D program in pharmaceutical care. However, the age of respondents did not show any relationship to the professional competency perception. This finding was in contrast with the previous studies which presumed that the amount of knowledge and life-experience increase by age[15].

The study revealed that the pharmacy graduates in both programs perceived their professional competency at a competent and very competent level. This finding was in line with the previous study[12] of self-reported professional competency across pharmacy education programs in 2013. It showed that pharmacy graduates in both programs perceived their professional competency to be between a moderate to a high level. The high competency perception rating could be an effect of study design, the self-reported study. People often responded in such a way that presented them more enthusiastically, even if these responses did not reflect how they thought or behaved in reality[16]. The study for evaluating the accuracy of pharmacy students' self-assessment skills also found the differences between self-assessment and external assessments across all performance aspects[17-20]. Thus, the self-assessment of nursing competency among final year

nursing students in Thailand showed that majority of respondents reported being confident or very confident in all competencies[17].

The total pharmacy competency score of industrial pharmacy graduates was significantly higher than the pharmaceutical care program because the pharmaceutical care graduates reported a positive competency in eleven out of sixteen aspects while the industrial pharmacy graduates demonstrated positive perceptions in all competency aspects. Thus, the competency statements such as drug formulation, the differences between drug dosage forms and their effectiveness, manufacturing process, and drug quality control process were included in order to propose the industrial pharmacy competency clearly in this study. The differences in competency perception between the two pharmacy programs were similar to the results from the study in 2015[12]. The pharmaceutical care graduates had significantly higher perceived competency in the domains of pharmaceutical care per their patient-oriented nature. On the other hand, the graduates in the industrial pharmacy program had significantly higher perceived competency in industrial pharmacy activities, which in line with the product-oriented nature of their training program.

The factors that influence pharmacists' self-perceived person-job fit were pharmacy competency score and university ownership. Since the person-job fit is a dynamic interaction between individual characteristics and job characteristics, which could be changed over time, re-assessments of person-job fit, as well as the professional competency, were suggested in order to understand the degree of fitness and the need for improvement[21]. According to previous research, knowledge had been mentioned as the dominant discourse of competency[22], so that lifelong learning had been suggested[23-26] as a process that supports the improvement of knowledge, skills, and personal competencies. Alsop A.[25] revealed in "Continuing professional development in health and social care: strategies for lifelong learning" that lifelong learning did not only help the pharmacists to maintain competence to practice in the professional role, but it also supported career development and other significant life changes. In Thailand, pharmacy education continues after graduation as the Pharmacy Council of Thailand has required that all pharmacists should participate in continuing pharmaceutical education to ensure that the knowledge and competency of practicing pharmacists are standardized and continually updated in the dynamic context of the health system in which they work[27]. Pharmacists should acquire at least 100 continuing pharmacy education credits within five years and not less than ten credits in any given year. The continuing pharmaceutical education credits can be earned through several activities, such as attending an academic conference and e-learning. This continuing pharmaceutical education activities could help improve the self-perceived person-job fit of the graduates in a long run.

In this study, the type of university ownership, such as the private university, showed a negative effect on self-perceived person-job fit. This might be expressed because of the differences in the elective subjects available in each university. As all six-year pharmacy courses were complied with the core pharmacy course structure guidelines and the program curriculums had been approved by the Pharmacy Council of Thailand. But, while most of the government universities provide at least two training

programs, there were only three out of five private universities offer training in both pharmaceutical care and industrial pharmacy. This finding was conforming to the result from the study of final year students at 14 British pharmacy schools in 2009[28]; Pharmacy school attended had significant effect on students' perceptions of their competency as the learning outcomes. The study in final-year nursing students in five Asian countries in 2012-2013[29] demonstrated that their perceived competencies were significantly related to the educational background. The self-assessment of nursing competency among final year nursing students in Thailand[17] also reported that private nursing students reported significant higher competency level in public health aspects than public nursing students. In the same way, the study of preparedness for hospital work of junior doctors in Australia[30] revealed that the junior doctors who attended small university clinical schools felt more confident and better prepared at internship than those who attended the large universities. Bailey LC and friends[31] mentioned in their study that a lack of consistency across curricula and programs was found in healthcare education globally. The collaborative work between pharmacy schools to develop a standardized teaching model, materials, and tools had been suggested so that the gap between pharmacy curriculum and learning outcomes could be identified and fulfilled and the negative impact of university ownership would be reduced.

Conclusion

This study was the first survey of person-job fit among Thai pharmacy graduates as well as was the first study of professional competency perception after the graduated had entered the job market. The findings in this study revealed that almost one hundred percent of Pharm D graduates possess a pharmacy position. Among this, about 80% of Pharm D graduates were working in pharmaceutical care positions and 20% in industrial pharmacy. Nearly 100% of Pharmaceutical care graduates held the position similarly to their training program while the majority of industrial pharmacy graduate (75%) were employed in the position differed from their education attainment. The six-year Doctor of Pharmacy program was mandated with the expectation to produce the specialty pharmacists who were advance in pharmacy competency meet the demands of the current job market. But either the Pharmacy Education Consortium of Thailand or the Pharmacy Council of Thailand never revealed any measurable goal of the suitability. So, it was difficult to concluded whether this level of fits and misfits was within acceptable range or not. One of the reasons of expected person-job misfits was the flexibility of enrollment to the training programs and workplaces. In the situation that the vacancies in pharmaceutical industry were limited and the number of graduates in the program were double the available positions. All stakeholders especially the PECT, the PCT, the education providers and the employee might need to work in collaboration regards the need of the industry in term of number of position available and the enrollment into the industrial pharmacy program of the future students.

The high percentage of a self-perceived person-job misfit as 42% should not be overlooked. This finding directly represented the graduates' viewpoint on their compatibility in real-world practice. It was interesting that the graduates from both programs possess the same

level of feeling that they were not fit. Future research should be conducted in order to obtain more in-depth and comprehensive information regarding the misfit phenomena as well as the way to improve the self-perceived person-job could be identified.

Study limitation

The use of self-report technique while collecting data, with self-report measured, social desirability bias was unavoidable. Another concern regarding the questionnaires about personality was whether people knew enough about themselves to be able to accurately portray what the self-report was attempting to determine. This research was conducted based on the assumption that the participants were well aware of what the researcher wished to measure. However, there might be some variation in interpretations of the questions so that could become a cause of concern.

References

1. Chanakit T, Low BY, Wongpoowarak P, Moolasarn S, Anderson C. A survey of pharmacy education in Thailand. Am J Pharm Educ 2014;78(9):161.
2. Nawanopparatsakul S, Keokitichai S, Wiyakarn S, Chantaraskul C. Challenges of pharmacy education in Thailand. Silpakorn Univ Int J 2009-2010;9-10:19-39.
3. Chanakit T, Low BY, Wongpoowarak P, Moolasarn S, Anderson C. Does a transition in education equate to a transition in practice? Thai stakeholder's perceptions of the introduction of the Doctor of Pharmacy programme. BMC Medical Education 2015;15:Article 205.
4. Sumpradit N, Suttajit S, Hunnangkul S, Wisaijohn T, Putthasri W. Comparison of self-reported professional competency across pharmacy education programs: a survey of Thai pharmacy graduates enrolled in the public service program. Adv Med Educ Pract 2014;5:347-57.
5. Sub-committee in Pharmacy Education, the Pharmacy Education Consortium of Thailand. Past...present...future of pharmacy education in Thailand (Part III). Isan Journal of Pharmaceutical Sciences 2014;10(3):242-55. (Thai)
6. Lauver KJ and Kristof-Brown A. Distinguishing between employees' perceptions of person-job and person-organization fit. Journal of Vocational Behavior 2001;59(3):454-70.
7. Finegan JE. The impact of person and organizational values on organizational commitment. Journal of Occupational and Organizational Psychology 2000;73(2):149-69.
8. Van Vianen AEM. Person-environment fit: a review of its basic tenets. Annual Review of Organizational Psychology and Organization Behavior 2015;5(1):75-101.
9. Kristof AL. Person-organization fit: an integrative review of its conceptualizations, measurement, and implication. Personnel Psychology 1996;49(1):1-47.
10. Anuratpanich L. Trait profile and impact of specialty selection: A case of 5th year pharmacy students of Mahidol University academic year 2013. Journal of HR Intelligence 2014;9(2):64-7. (Thai)
11. Chanakit T, Low BY, Wongpoowarak P, Moolasarn S, Anderson C. Hospital pharmacists' perceptions of the suitability of doctor of pharmacy graduates in hospital settings in Thailand. BMC Med Educ 2015;15:181.
12. Burapadecha A, Thiankhanithikun K, Saenjum C. The link between curriculum and learning processes and graduate outcomes: Faculty of Pharmacy, Chiang Mai University, Thailand. Proceedings of the Universal

Academic Cluster International Spring Conferences, 2017 [Internet]. [cited 2020 Jun 10]. Available from: http://www.universal-conferences.org/proceedings/2017/spring/kannika2

13. Suttajit S, Suwannaprom P, Supapaan T, Eakanunkul S, Tangkiatkumjai M, Kongkaew C, Anderson C, Wongpoowarak P. Are we on the right track? answers from a national survey of Thai graduates' perceptions during the transition to the 6-year PharmD program. Adv Med Educ Pract 2018;9:713-22.
14. Vreugdenhil H. Do older employees use task crafting in order to reduce the perceived misfit with their job? [Master Degree]. Tilburg: Van Tilburg University; 2012.
15. Knäuper B, Carrière K, Chamandy M, Xu Z, Schwarz N, Rosen NO. How aging affects self-reports. Eur J Ageing 2016;13(2):185-93.
16. Mcdonald J. Measuring personality constructs: the advantages and disadvantages of self-reports, informant reports and behavioural assessments. Enquire 2008;1:75-94.
17. Sawaengdee K, Kantamaturapoj K, Seneerattanaprayul P, Putthasri W, Suphanchaimat R. Self-assessment of nursing competency among final year nursing students in Thailand: a comparison between public and private nursing institutions. Adv Med Educ Pract 2016;7:475-82.
18. Yorra ML. The development of self-efficacy and self-esteem in pharmacy students based on experiential education [dissertation]. Boston, MA: Northeastern University; 2012.
19. M Lee, N Fjortoft. Gender Differences in Attitudes and Practice Patterns of Pharmacists. American Journal of Pharmaceutical Education 1993;57(4):313-9.
20. Mills E, Laaksonen, Bates I, Davies G, Duggan C. Self-assessment of competence in a community pharmacy setting. Pharmacy Education 2005;5(03):1-11.
21. Paraidathathu T, Jamal JA, Azmi N. Preceptor Assessment of the competencies of pharmacy graduates. Procedia - Social and Behavioral Sciences 2011;8:134-7.
22. Bond CA, Pitterle ME, Raehl CL. An assessment of recent pharmacy graduates' knowledge and competency, professional practice functions, and involvement in pharmacy teaching programs. Pharmacotherapy 1994;14(6):712-23.
23. Austin Z. Competency and its many meanings. Pharmacy 2019;7(2):article 37.
24. Bajis D. Chaar B. Moles R. Rethinking competence: a nexus of educational models in the context of lifelong learning. Pharmacy 2020;8(2):article 81.
25. Alsop A. Continuing professional development in health and social care: strategies for lifelong learning; John Wiley & Sons, Incorporated: Chicester, UK, 2013.
26. Rouse MJ. Continuing professional development in pharmacy. Journal of the American Pharmacists Association 2004;44(4):517-20.
27. Ploylearmsang C, Kanjanasilp J, Kessomboon N, Suttajit S, Suwannaprom P, Sripa S, et al. Hospital pharmacy practice and the way forward for pharmacy education in Thailand. Can J Hosp Pharm 2019;72(1):34-41.
28. Motycka CA, Rose RL, Ried LD, Brazeau G. Self-assessment in pharmacy and health science education and professional practice. Am J Pharm Educ 2010;74(5):article 85.
29. Pudpong N, Suphanchaimat R, Batra B, Hou J, Vu LTH, Dipika P. A final-year nursing student survey: rural attitudes, perceived competencies and intention to work across five Asian countries. BMC Nurs 2017;16:article 13.
30. Eley DS. Postgraduates' perceptions of preparedness for work as a doctor and making future career decisions:

support for rural, non-traditional medical schools. Educ Health 2010;23(2):article 374.

31. Bailey LC, DiPietro Mager NA. Global health education in doctor of pharmacy programs. Am J Pharm Educ 2016;80(4):article 71.

บทคัดย่อ: บทบาทของความสามารถตามเกณฑ์สมรรถนะวิชาชีพในฐานะปัจจัยทำนายสำคัญ สำหรับความลงตัวระหว่างบุคลากรกับตำแหน่งงานตามความรู้สึกของบัณฑิตเภสัชศาสตร์ที่สำเร็จการศึกษาหลักสูตร 6 ปีในประเทศไทย

นิจนาวี คำไชยเทพ ภ.บ.; มนทยา สุนันทิวัฒน์ ปร.ด.; ผกามาศ ไมตรีมิตร ปร.ด.; ลือรัตน์ อนุรัตน์พานิช ภ.ด.
คณะเภสัชศาสตร์ มหาวิทยาลัยมหิดล
วารสารวิชาการสาธารณสุข 2564;30(2):378-88.

การจัดการเรียนการสอนเภสัชศาสตร์หลักสูตรเภสัชศาสตร์ 6 ปี ในประเทศไทยถือเป็นข้อบังคับ เพื่อผลิตเภสัชกรที่มีความรู้เฉพาะด้าน มีคุณลักษณะตามสมรรถนะทางวิชาชีพเภสัชกรรมในระดับสูง ตามความต้องการของตลาดแรงงานในปัจจุบัน อย่างไรก็ตามเนื่องจากยังไม่เคยมีการประเมินถึงความเหมาะสมระหว่างงานและบัณฑิตที่สำเร็จการศึกษาหลักสูตร 6 ปีในภาพรวมมาก่อน จึงได้ทำการวิจัยเพื่อศึกษาความลงตัวระหว่างบุคลากรและตำแหน่งงาน ของบัณฑิตเภสัชศาสตร์ที่สำเร็จการศึกษาหลักสูตร 6 ปี รวมทั้งปัจจัยที่มีผลกระทบต่อความลงตัวและไม่ลงตัวระหว่างบุคลากรและตำแหน่งงานที่ทำ โดยเป็นการวิจัยแบบตัดขวาง ใช้แบบสอบถามออนไลน์เพื่อเก็บข้อมูล มีการตอบกลับจำนวน 163 ชุดคำตอบที่ถูกรวบรวมมาในการศึกษาวิจัยนี้ ความลงตัวระหว่างบุคลากรกับตำแหน่งงานถูกประเมินแบบสองมิติคือ ความลงตัวที่คาดหวัง (expected person-job-fit) และความลงตัวตามความรู้สึก (self-perceived person-job fit) จากการวิเคราะห์ข้อมูลพบว่าบัณฑิตเภสัชศาสตร์ที่ตอบแบบสอบถามส่วนใหญ่เป็นเพศหญิง มีอายุระหว่าง 24-44 ปี อายุมัธยฐาน 26 ปี บัณฑิตเภสัชศาสตร์ส่วนใหญ่สำเร็จการศึกษาในสาขาบริบาลเภสัชกรรมจากมหาวิทยาลัยของรัฐ โดยร้อยละ 80 ของผู้ตอบแบบสอบถามทำงานทางด้านบริบาลเภสัชกรรม และอีกร้อยละ 20 ทำงานทางด้านเภสัชอุตสาหการ บัณฑิตส่วนใหญ่รู้สึกว่าตนเองมีความสามารถตามเกณฑ์สมรรถนะทางวิชาชีพ (ร้อยละ 74 ทั้งในสาขาบริบาลเภสัชกรรมและในสาขาเภสัชอุตสาหการ) และมีความสามารถตามเกณฑ์สมรรถนะทางวิชาชีพเป็นอย่างมาก (ร้อยละ 17 ในสาขาบริบาลเภสัชกรรมและร้อยละ 15 ในสาขาเภสัชอุตสาหการ) ร้อยละ 58 ของบัณฑิตเภสัชศาสตร์รู้สึกว่าตนเองเหมาะสมกับงานที่ทำ การกระจายตัวของความลงตัวตามความรู้สึกไม่มีความแตกต่างกันในระหว่างสาขาวิชา การศึกษาวิจัยนี้แสดงให้เห็นถึงทัศนคติโดยตรงของบัณฑิตเภสัชศาสตร์ถึงความเหมาะสมของตนเองในการปฏิบัติงานจริง อัตราส่วนของผู้ที่รู้สึกว่ามีความไม่ลงตัวกับงานที่ทำคือร้อยละ 42 ซึ่งถือว่าเป็นสัดส่วนที่สูงและไม่ควรถูกมองข้าม บัณฑิตเภสัชศาสตร์จากทั้งสองสาขาวิชาแสดงให้เห็นความรู้สึกว่าตนเองไม่เหมาะสมกับตำแหน่งงานในระดับที่ใกล้เคียงกัน ถึงแม้จะประเมินตนเองว่ามีความสามารถตามเกณฑ์สมรรถนะวิชาชีพ จึงควรมีการศึกษาเพิ่มเติมในอนาคต เพื่อให้ได้ข้อมูลเพิ่มเติมถึงปรากฏการณ์ความไม่ลงตัวนี้ รวมทั้งทำความเข้าใจถึงความลงตัวและความไม่ลงตัวที่เกิดขึ้นได้

คำสำคัญ: **ความลงตัวระหว่างบุคลากรกับตำแหน่งงาน; เภสัชกร; บัณฑิตเภสัชศาสตร์; หลักสูตรเภสัชศาสตร์**