ORIGINAL RESEARCH

PEER-REVIEWED

A qualitative inquiry into the practice experiences of community pharmacy managers

Jason Perepelkin, BA, BComm, MSc, PhD; Roy T. Dobson, BScPhm, MBA, PhD

J. Perepelkin

This study was done to better understand the unique experiences of community pharmacy managers.

Cette étude avait pour but de mieux comprendre les expériences uniques des gestionnaires de pharmacies communautaires.

Abstract

Background: The connection between community pharmacists' dual role as professionals and businesspeople is most profound for community pharmacy managers. A greater understanding for and appreciation of the practice experiences of community pharmacy managers within a continually changing practice environment was the focus of this study.

Methods: Semi-structured, one-on-one telephone interviews with self-identified community pharmacy managers were conducted.

Results: Seven interviews were conducted, with a total of 9 themes emerging from the interviews: autonomy, pharmacist behaviour, environment, future, human resources, image, incentives, professional standards and role as manager.

Discussion: Despite their common bond as pharmacists and pharmacy managers, interviewees showcased the dynamic nature of community pharmacy practice. Some shared similar thoughts and feelings about the profession and other stakeholders, while others presented opposing views.

Conclusions: Community pharmacy managers are the link between pharmacy organizations and employees, including staff pharmacists and others. The dynamic perspective shared by each of these unique professionals highlights the fact that many models and cultures exist in practice today. However, a common vision of putting patients first united all interviewees, a vision that must be relayed to all stakeholders, including patients and employing organizations. ***Can Pharm J*** **2009;142:89-95.**

Introduction

Among health professions, pharmacy is unique, as the large majority of community pharmacists practice within an overtly commercial environment. Traditionally, the community pharmacy has been viewed much like a general store, providing a range of sundry items, along with prescription and nonprescription medicines and related professional services. Today, many community pharmacies have become one-stop-shopping destinations, where everything from groceries to cosmetics to consumer electronics are available for purchase.[1] While pharmacists have generally been successful in balancing the sometimes competing objectives of business and their profession, the effects of the current transformation of community pharmacy away from practitioner entrepreneurs and small-scale providers toward corporate, nonpharmacy-owned and -directed operations[2] are still unclear.

The dual role of professional and businessperson is most explicit for the pharmacy manager. Added to the pressure of conflicting demands is the

www.manaraa.com

Key points

- The large majority of behavioural and managerial practice literature comes from quantitative studies. The richness of qualitative inquiry should not be thought of as less valuable because it does not provide statistical significance and generalizability.
- What theory may view as negative for professionals — such as a loss of autonomy — may not always be the case. Protocols and division of work may allow managers to concentrate on the more professional aspects of their practice.

moral complexity and moral conflict that may result when considering demands from superiors and subordinates.[1] When questions about who controls the work environment are brought forth, they lead to questions about the professional legitimacy of the pharmacy manager.[2]

Pharmacy managers in corporate-owned pharmacies are agents of the principal (company and its shareholders), not the principal themselves, as is the case with independent pharmacy owners. The obligation of health care professionals, including pharmacists and pharmacy managers, is to the needs and welfare of patients, not to the health care system, to the organization or to management.[5] However, making a commitment to the patient may not be in line with the corporation's managerial philosophy.[3]

Research has shown that pharmacists employed in larger organizations perceive themselves to have less autonomy and less job satisfaction than those in smaller organizations.[4] The stronger the organizational setting, the more likely it is that there will be inherent situational pressures for employees to behave in a particular manner.[2] As a result, employees may adopt the attitudes and behaviours encouraged by the organization, regardless of their professional code of ethics or personal attitudes.[5]

This paper is meant to provide a more intimate, qualitative understanding of the practice experiences of community pharmacy managers in relation to their dual role as professionals and businesspeople as pharmacy practice takes place in an increasingly corporate environment.

Methods

Qualitative research

Unlike quantitative research, which seeks to obtain an objective understanding of the subject of interest, the purpose of qualitative research is to obtain a more in-depth understanding of the topic. By taking a contextual focus for the interviews, interviewees are able to describe the subject matter in their own terms — how they view it, and not how others may view it.[6]

Sampling procedures

Participants were chosen using purposeful sampling to deliberately select a range of people based on practice type (independent, franchise or corporate) and geographic location.

Data collection procedures and participant interviews

Interview participants were contacted via telephone at a mutually agreeable time. For this study, telephone interviews were conducted until saturation occurred, a point at which no new data emerged.[7] All interviews were conducted by the lead author (JP), and each interview was recorded. Once all interviews were completed, they were transcribed by an experienced transcriber at the University of Calgary.

All voice recordings were transcribed verbatim, and each transcript was de-identified for participant names and anything that would identify place of employment, other individuals and organizations. Once the interviews were transcribed, a copy of the transcript was sent electronically to the participant to ensure that it accurately captured his/her intended response. Participants were given the opportunity to remove portions of the transcript they did not want to have included, as well as to clarify what they meant to say if they felt it had not "come out right" during the interview. After participants had approved the transcripts, data analysis commenced.

Interview protocol and question type

The protocol for the interview portion of the research was based on the design of the questionnaire used in the initial phase of a larger study (copies are available from the corresponding author).[8] While developing the protocol, literature specific to qualitative research and interviewing was consulted to ensure the protocol was developed in a manner that would adequately capture the required data.[9-20]

Study design and interview process

The interviews followed a semi-structured format "in which the same general questions or topics are brought up to each of the subjects involved"[21]; this type of interviewing allows for conversational, two-way communication in a focused but open structure.

An ethics application was approved by the University of Saskatchewan's Behavioural Research Ethics Board.

Analytical process

NVivo7 software (QSR International, Cambridge, MA) was used to conduct the analysis of the interview transcripts. Interview transcripts were coded according to theme; when appropriate, some refer-

www.manaraa.com

ences were coded for more than one category.

Trustworthiness

An audit of interview transcript coding was done to determine whether another reviewer, not connected to the project, would come to the same general conclusions.[17] The auditor was an experienced qualitative researcher as well as a practising community pharmacist, and agreed with the coding and themes developed.

Results

Respondents

A total of 7 interviews, lasting 60 minutes on average, were conducted. Those interviewed were from Ontario (1), Saskatchewan (2), Alberta (3) and British Columbia (1). With regard to practice type, those interviewed practiced in Independent (2), Franchise (1) and Corporate (4) pharmacies.

Themes

While reviewing the interview transcripts and coding the interviews, themes were added as they presented themselves. Once all interviews were coded, a total of 9 themes emerged, with a total of 406 references to all 9 themes (Table 1).

TABLE 1 Interview themes

Theme	Source	References
Autonomy	4	17
Pharmacist behaviour	7	78
Environment	7	81
Future	7	48
Human resources	7	33
Image	7	30
Incentives	5	41
Professional standards	4	22
Role as manager	7	56
Total		**406**

Autonomy

The first theme, *autonomy,* referred to interviewees' ability to make decisions in their pharmacy. One manager reflected what participants spoke about regarding autonomy and the ability to implement a new professional service: "…there are probably some hoops, but it's something that this organization supports."

Another interviewee talked about making decisions within the pharmacy without having to pass ideas to outside management first: "Certainly, yes, [we have autonomy] professionally and with running the dispensary and deciding on how we're going to do things. Absolutely. They don't interfere, and my boss or the person to whom I report, the pharmacy director, doesn't want to micromanage. He doesn't want to be involved in day-to-day operations."

Pharmacist behaviour

The second theme, *pharmacist behaviour,* centred on how interviewees performed as pharmacists. When discussing pharmacist behaviour with managers, many spoke of their employer's policies and procedures: "The company has their standard operating procedures, and there's a binder that states, here's how you behave as a [national chain] pharmacist."

Discussions on pharmacist behaviour also surrounded the personal interactions managers had with patients: "There's no one there watching over me, so the only way the company would find out that I was practising outside of their guidelines — and by that I mean I was counselling for 15 minutes, or if I was counselling for 30 seconds — is if the individual left and said either, thank you for counselling me for 15 minutes or I cannot believe you counselled for 30 seconds, and e-mailed head office."

Environment

The next theme, *environment,* referred to the general setting in which interviewees practised. For many, the environment was not restricted solely to the dispensary or store, but spread to the surrounding community: "My pharmacist just started here last week, and will spend 50% of her time at the medical clinic on my nickel, providing pharmacy services to patients and the physicians, because my belief is that we are part of the primary care team and if my pharmacist is at the medical clinic, most of my problems are circumvented before they ever come across my dispensary counter."

Conversations with managers about the practice environment also included the reality of the dual professional and business setting of community pharmacy: "I mean you have a little bit of both — you know it's about the business and such, but it's about taking care of patients, so I guess you're going to have to balance that. I'm not the owner, so that sometimes makes a little bit of a difference, but sure, you know you want your numbers and such, but it's all about the patient."

Future

The fourth theme, *future*, dealt with interviewees' views on the future of community pharmacy practice. Many managers were passionate when discussing what they envision community pharmacy

www.manaraa.com

Points clés

- *La documentation sur les comportements et les pratiques de gestion repose en grande partie sur des études quantitatives. Cependant, il ne faudrait pas juger les études qualitatives moins importantes, du fait qu'elles n'offrent ni signification statistique, ni généralisabilité.*
- *Ainsi, un facteur jugé théoriquement négatif pour les professionnels — comme la perte d'autonomie — ne l'est pas nécessairement dans la pratique. À titre d'exemple, l'élaboration de protocoles et la répartition des tâches pourraient permettre aux gestionnaires de se concentrer davantage sur les aspects professionnels de leur travail.*

practice will be: "I would like to say that in time pharmacy will be very different in that, yes, pharmacists will prescribe, yes, pharmacists will finally be compensated for counselling and medication reviews and such. But you know what, 15 years ago that was the prediction as well, and it hasn't occurred, and I think we are to blame. Pharmacists have traditionally not promoted themselves, and they're all happy."

However, there were a few who did not have much to say about the future of community pharmacy practice, and had a narrow focus on the future: "I don't think about it on a daily basis … the future to me is kind of what's going to happen tomorrow."

Human resources

Human resources was the fifth theme and centred on issues around staffing, both professional and nonprofessional. Managers spoke of the difficulty of maintaining adequate staffing levels: "My hiring needs are determined by a budget that is not set by me … It's all based on script volumes, and it's all very clearly laid out in a labour model … I have little input, because there's always a bigger picture."

Some managers expressed a sense of frustration that they were completing tasks that should be done by others: "If you [district manager] want to pay me $45 an hour to check your accountant's work, when you pay him $16 an hour, then you go right ahead, but I think you're out of your mind."

Image

The sixth theme was *image*, and dealt with the perception that others have of pharmacists and pharmacy practice. Several managers spoke of conflicting images of pharmacy on the part of patients and other health care professionals: "I've hounded my colleagues for years over $0.99 Coke: you know you're working with the doctors during the day, they go home at night and the nurses go home at night and in the paper, there you are, advertising Coke for $0.99. What is their impression of you as a professional?"

The problem of dual professional and business roles also came out during the interviews: "We're in a real conflict of interest, because we're supposed to be offering advice and care in a preventative-medicine fashion, yet we make our money from selling the drugs, so when you think of it, we're supposed to promote good health and preventative care, but then if that's what we're doing, how are we supposed to be paid?"

Incentives

The seventh theme, *incentives,* centred on how managers are remunerated and how pharmacists are paid. Some managers were frustrated with the incentives provided by some organizations and the ability to retain pharmacists: "There doesn't have to be a [pharmacy] in every food store in this country. And if there weren't that many drugstores, you wouldn't have the terrible shortage [of pharmacists] that there is now … people are going from place to place on incentives of starting bonuses and such, and jumping around because Joe Blow needs a pharmacist and then oh, this other guy needs one even more."

There was also discussion about the expanded role of pharmacists and the remuneration that accompanies that expanded role: "They've [employers] said to us, if the government pays you $50 per MedsCheck [in Ontario], the company is paying you $25; the other $25, it goes toward the bottom line of your store. And then they said, you know your labour charge, you're not supposed to do those MedsChecks on your labour charge. You know what that means? That means on my day off, I go into the store and I do a MedsCheck."

Professional standards

In the eighth theme, *professional standards,* discussion centred on how interviewees conducted themselves professionally. Most managers spoke of how employers, unless pharmacists themselves, should not be setting professional standards: "Employers shouldn't be able to guide that [practice standards], and yet you see that's happening right now in [national chain], where they're laying off pharmacists and hiring more techs."

As well, many managers highlighted the fact that there were set standards and expectations for some aspects of practice in their pharmacy, while other aspects were discretionary: "There are certain decisions that are mine, and there are certain decisions that are not mine, and those are clearly laid out."

With some managers there was talk of how rewards programs should not be provided for prescriptions, as it affected where and when patients had their prescriptions filled: "It's one thing if I came for my prescription and paid for it and got my Air Miles or [national chain points] or whatever, but people who have the government paying

www.manaraa.com

There appear to be mixed messages about the dual role of pharmacists as professionals and business people, many times to the detriment of the professional role and image of pharmacy as a whole

or their drug plan paying, it just seems crazy. How can we be doing that? People are going to those places [certain pharmacies for the points/miles] instead of choosing a pharmacy based on what kind of care they should be getting."

Role as manager

The last theme centred on the *role as manager*. Corporate managers alluded to the fact that they did not possess any real ownership of their pharmacy, and this affected how they acted as the pharmacy manager: "I haven't been as aggressive and maybe belt-tightening as I might be if I were an owner."

As well, most managers spoke of the challenges of the dual role of manager and pharmacist, and how other staff do not always understand and appreciate those challenges: "I would be the only pharmacist [on an evening shift], the only person in the dispensary, so there's no one that I feel accountable to, and so if I want to spend time doing scheduling or whatever, I feel like I can do that. During the day, when we're very busy and there are other pharmacists and a tech there, I kind of get the feeling from them that they think I'm not pulling my load."

Discussion

Within a community pharmacy there has long been a contradiction between the professional mandate of practice and the reality that the profession practises in a commercial environment. As well, the success of many pharmacies has centred on how well commercial, nonprofessional objectives are met.[22] The commercial component of pharmacy practice was discussed by all interviewees, with the "bottom line" and sales targets being discussed more with corporate managers than with franchise or independent managers.

For some, the fact that community pharmacies provided more than medications and associated health care services brought into question the legitimacy of the profession. "This calls into question whether business behaviour can be associated with professional conduct, since typically, professionals are expected to bestow a certain extent of public interest ahead of private gain. If business behaviour is motivated out of private interest, can a pharmacist be a true professional?"[23]

With respect to the image of the profession, one interviewee felt the profession was sending a mixed message by claiming to be health care professionals, while at the same time advertising consumer goods. In this way, attempts to increase the pharmacy's scope of practice may be hindered by the conflicting image this gives of the profession, whether intended or not.

To date, public and private insurers have been slow to remunerate the extended cognitive activities of the profession. There is progress in some regions, but in no way is this universal across the country. At the same time, lack of awareness of — or appreciation for — the services pharmacists are capable of providing may contribute to this trend. In the end, however, lack of awareness may be seen as the failure of the profession to promote itself rather than the failure of others in not seeking a larger role for the profession: "Pharmacists cannot look to the drug industry or government regulators to be their champions. They must be their own instruments of change."[24]

The traditional ties of pharmacists to the dispensing of medications may limit the expansion of pharmacy's scope of practice. One interviewee spoke of the challenges inherent in expanding pharmacy's scope of practice when current systems of remuneration are tied to the sale of medications, a tangible product, rather than to professional services. It has been suggested that pharmacists should distance themselves from the technical process of dispensing, which can be completed by technicians and dispensing technology, otherwise pharmacy's benefit to society may come into question.[25]

The profession may evolve in such a way that there may be a need for 2 streams of community pharmacy practice: one in which pharmacists are solely dispensing (or overseeing dispensing) in a commercial setting, and the other in which pharmacists are involved instead with medication-related care, which can be done within the pharmacy setting or elsewhere, such as the patient's

www.manaraa.com

home.[26,27] However, this could serve to further divide the profession — not an ideal outcome for those seeking to strengthen the voice, role and prominence of pharmacists.

While some interviewees perceived the increasing corporate ownership of pharmacies as negative to the profession, others provided a different perspective. For instance, while a reduction in autonomy and control in the practice environment may seem to be a negative development, some welcomed this reduction. For some, the corporate control over budgets and scheduling, or reduction in the "administrative" aspects of the position, allowed them more time to focus on the professional aspects of practice. As well, some interviewees became managers because they had no choice, so any reduction in the duties outside of those of a staff pharmacist was welcomed.

Limitations

Qualitative research allows for a greater understanding of a phenomenon that is specific to the study in question. For some, the findings may provide useful information and a different, or even complementary, perspective on the practice experiences of community pharmacy managers, yet the context in which the data were collected, as well as the purpose of the study, must be taken into account; caution should be taken when seeking to broadly generalize these findings. Also, the interviewees were the ones willing to take the time to discuss their practice experiences and may not accurately represent community pharmacy managers in the various ownership types. Moreover, interviewees had the option of editing their interview transcript before analysis commenced, which may be viewed as changing the original data, although ultimately none of the interviewees made any such changes.

Conclusion

The interviews conducted for this study provide a greater appreciation for the diversity and increasingly complex role of community pharmacy managers in an environment of profession- and non-profession-led practice change. However, more research is needed from both the qualitative and quantitative perspectives to better understand the influences of not only ownership, but also other potential variables, such as age, gender and geographic location on pharmacy manager roles. There is also the profound need to market the profession in a more consistent manner; there appear to be mixed messages about the dual role of pharmacists as professionals and business people, many times to the detriment of the professional role and image of pharmacy as a whole.

Finally, the impact of increasing nonpharmacist ownership must be acknowledged and taken into consideration when attempting to change pharmacy practice to better serve both the profession and patients. Nonpharmacist owners must understand the rationale for the proposed changes, and how their organizations will benefit from a stronger pharmacy profession. ■

From the Edwards School of Business (Perepelkin) and the College of Pharmacy and Nutrition (Dobson), University of Saskatchewan, Saskatoon, Saskatchewan. Contact perepelkin@edwards.usask.ca.

Acknowledgments: *The authors wish to thank the community pharmacy managers who took time out of their busy schedules to have conversations on their practice experiences and the provincial regulatory agencies for providing the contact information for community pharmacy managers in their respective provinces.*

References

1. Rizzo J, House R, Lirtzman S. Role conflict and ambiguity in complex organizations. *Admin Sci Quart* 1970;15(2):150-63.

2. Latif D. Ethical cognition and selection — socialization in retail pharmacy. *J Bus Ethics* 2000;25:343-57.

3. Ten Have H. Re-evaluating professional autonomy in health care. *Theor Med Bioeth* 2000;21:503-13.

4. Carroll N, Jowdy A. Professionals in bureaucracies: a study of the effect of employment in chain organizations on pharmacists' job satisfaction. *J Pharm Marketing Manage* 1986;1:27-39.

5. Davis-Blake A, Pfeffer J. Just a mirage: the search for dispositional effects in organizational research. *Acad Manage Rev* 1989;14:385-400.

6. Ritchie J, Lewis J, eds. *Qualitative research practice: a guide for social science students and researchers*. Thousand Oaks (CA): Sage Publications; 2006.

7. Safman R, Sobal J. Qualitative sample extensiveness in health education research. *Health Educ Behav* 2004;31:9-21.

8. Perepelkin J. *Relating ownership type to the organizational behaviour, role orientation and autonomy of community pharmacy managers in Canada*. Saskatoon (SK): University of Saskatchewan; 2008.

9. Smith F. Qualitative interviews. *Int J Pharm Pract* 1998;6:97-108.

المنارة للاستشارات
www.manaraa.com

10. Smith F. Triangulation. *Int J Pharm Pract* 1999;7:60-8.

11. Roberts A, Benrimoj S, Chen T, et al. *An investigation into business and professional facilitators for change for the pharmacy profession in light of the third guild/government agreement.* Sydney (Australia): University of Sydney; 2003.

12. Roberts A. *Practice change in community pharmacy: the implementation of cognitive services*. Sydney (Australia): Faculty of Pharmacy, University of Sydney; 2005.

13. Germov J. Managerialism in the Australian public health sector: towards the hyper-rationalisation of professional bureaucracies. *Sociol Health Illn* 2005;27:738-58.

14. Zelnio RN, Nelson AA Jr, Beno CE. Clinical pharmaceutical services in retail practice. I: Pharmacists' willingness and abilities to provide services. *Drug Intell Clin Pharm* 1984;18:917-22.

15. Nelson AA Jr, Zelnio RN, Beno CE. Clinical pharmaceutical services in retail practice. II: Pharmacists' willingness and abilities to provide services. *Drug Intell Clin Pharm* 1984;18:992-6.

16. Creswell J. *Research design: qualitative, quantitative, and mixed methods approaches*. Thousand Oaks (CA): Sage Publications; 2003.

17. Morse JM, Richards L. *Readme first for a user's guide to qualitative methods*. Thousand Oaks (CA): Sage Publications; 2002.

18. Kvale S. *InterViews: an introduction to qualitative research interviewing*. Thousand Oaks (CA): Sage Publications; 1996.

19. Taylor S, Bogdan R. *Introduction to qualitative methods: the search for meanings*. 2nd ed. Toronto (ON): John Wiley & Sons; 1984.

20. Silverman D. *Doing qualitative research*. 2nd ed. Thousand Oaks (CA): Sage Publications; 2005.

21. Bogdan R, Biklen S. *Qualitative research for education: an introduction to theory and methods*. 4th ed. Boston (MA): Allyn & Bacon; 2003.

22. Arbeit S. *The occupational identity of the retail pharmacist: an inquiry into its nature, correlates, and consequences* [dissertation]. Buffalo (NY): State University of New York at Buffalo; 1971.

23. Beales J, Austin Z. The pursuit of legitimacy and professionalism: the evolution of pharmacy in Ontario. *Pharm Hist (Lond)* 2006;36:22-7.

24. Zellmer WA. Unresolved issues in pharmacy. *Am J Health System Pharm* 2005;62:259-65.

25. Tsuyuki R, Schindel T. *Leading change in pharmacy practice: fully engaging pharmacists in patient-oriented healthcare.* Edmonton (AB): University of Alberta; 2004.

26. Sleath B, Campbell W. American pharmacy: a profession in the final stage of dividing? *J Pharm Marketing Manage* 2001;14:1-25.

27. Jorgenson D. The future of the profession in primary care. Paper presented at the Annual General Meeting of the Representative Board of Saskatchewan Pharmacists; 2006; Prince Albert, SK.

المنارة للاستشارات
www.manaraa.com

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.

المنارة للاستشارات

www.manaraa.com