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Original Research

Building capacity to implement cognitive pharmaceutical services: Quantifying the needs of community pharmacies

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Abstract

Background: Community pharmacy is an industry undergoing a transformation, evolving from a traditional product supply orientation to a business capable of incorporating services. The theoretical framework of organizational flexibility is used to understand how pharmacies' capacity can be built to provide services and identify key areas needing improvement.

Objective: To determine the needs of pharmacies that were important and the elements requiring improvement when implementing and delivering services.

Methods: A mail survey of 2006 Australian community pharmacies was used to identify needs for service implementation. A 25-item scale was used to measure the level of importance (importance measure) of the items and the level of improvement (improvement measure) when implementing services. An exploratory factor analysis was conducted to assess the construct validity and reliability.

Results: Responses were received from a total of 395 community pharmacies, with 355 usable responses (17.7%). Factor analysis yielded 3 factors on the importance measure, explaining 42.6% of the variance: (1) planning and performance (item loading range 0.749-0.455; Cronbach's α 0.806), (2) people and processes (0.829-0.392; 0.713), and (3) service awareness and infrastructure (0.723-0.310; 0.705). For the improvement measure, 46.9% of the variance was explained by 3 factors: (1) planning, performance, and service awareness (0.827-0.447; 0.858), (2) infrastructure (0.900-0.637; 0.822), and (3) people and processes (0.903-0.311; 0.707).

Conclusions: The analyses showed that there are gaps in the capacity of community pharmacy that could be addressed through business and management programs. The theoretical framework of organizational flexibility was useful in highlighting the key areas for stimulating change. To effectively implement services and sustain service delivery, more sophisticated planning and performance monitoring systems are required, supported by changes to infrastructure and staff mix. The critical area for policy makers is the speed at which programs can be restructured to include these issues to encourage the widespread implementation of services.

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Introduction

The imperative for the implementation of cognitive pharmaceutical services ("services") in community pharmacy has been argued in the literature. 1-4 The key drivers to implement services include evidence of the significant burden imposed by medication related harm, 5,6 the unique capacity of pharmacists, and government policy. Community pharmacy is an industry undergoing a transformation, evolving from its traditional product supply orientation to that of a business capable of incorporating services. The industry faces challenges in delivering services effectively due to difficulties in integrating services with existing business models at current capacity.⁴ It requires changes in the way pharmacies operate and are managed. There are also significant financial imperatives in repositioning pharmacy to ensure its future viability, 4 particularly in the face of the reduction of the margins on medications.^{8,9}

The optimal implementation of services is an issue of international concern. Evidence of limited implementation and the lack of sustained service delivery suggest that existing programs, incentives, and resources are not meeting the needs of community pharmacy. 2,4,10,11 Previous research has focused on individual practitioners' needs, not on the community pharmacy as an organization. 12,13 However, research has identified both facilitators and barriers for service implementation, as well as associated business processes and structures to establish service-oriented pharmacies. 14-18 This study builds on previous work by establishing the needs of community pharmacies, critical in building the capacity to integrate services into daily practice.4,19

In this context, capacity appears to lie in the ability of a pharmacy and its employees firstly to have skills to change and, secondly, to apply them when differentiating their market offering and incorporating the long-term provision of services. The theoretical framework of organizational flexibility can be used to understand a pharmacy's capacity to provide services and identify the specific areas in which the capacity needs to be built. ²⁰ Research in pharmacy suggests that unless capacity is built, service implementation will remain a challenge in practice. ⁴ Organizational

flexibility is defined as "the degree to which an organization has a variety of managerial capabilities and the speed at which they can be activated, to increase the control capacity of management and improve the controllability of the organization."²⁰

This study was part of a large, mixed method project using qualitative and quantitative techniques. The overall objective of the project was to investigate and identify areas that would build the capacity of community pharmacy to increase service implementation, using an organizational flexibility framework. The specific aim of this study was to determine the needs of pharmacies that were important and the elements requiring improvement when implementing and delivering services.

Methods

Theoretical framework

The 2 determinants of organizational flexibility as defined by Volberda²⁰ are (1) managerial capabilities: the capabilities of all employees and their ability to integrate knowledge and learning into the organization, and (2) organizational design: the structure, technology, and culture of an organization. The framework of organizational flexibility is used as it builds on the step-by-step approach to change management previously used in pharmacy practice research to highlight how the overall capacity of pharmacy to manage change can be built.^{4,10,21}

Instrument design

A qualitative study (n = 57) was undertaken to contextualize the dimensions of organizational flexibility, identify business practices that support the delivery of services, and highlight the needs of pharmacies when implementing services. These data, along with findings from the literature, ^{13-18,22,23} were used to develop a 25-item scale based on 4 underlying constructs: marketing and management, infrastructure, staff management, and financial management for both importance and improvement measures (Appendix). This scale was designed as a needs assessment, a tool commonly used in relation to training and development, ²⁴ to identify key areas in which the capacity

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