

A Focus on Leadership: CSHP's 2007 National Leadership Survey

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INTRODUCTION

Today's hospital pharmacists face a choice among numerous career paths, of which pharmacy management is only one. Effective leadership of an institution's pharmacy department has been identified as crucial to staff development and the maintenance of high patient-care standards.¹ However, there are many barriers to attracting interested and qualified candidates to this realm of management.

As with many professional curricula, undergraduate pharmacy programs focus on the development of clinical competency, with only minimal exposure to management-specific tasks. Although hospital pharmacy residency programs include an administration rotation, these tend to be shorter than the clinical rotations, which further downplays management as a potential career option. Once clinicians enter the field of hospital pharmacy, they are faced with a health care environment that has undergone a flattening of organizational structure and elimination of many entry-level management positions. Consequently, it is challenging for front-line clinicians to obtain meaningful exposure to leadership tasks that allow for development of the necessary skills, networking base, and confidence to pursue a management career path.

The results of these barriers to the preparation and support of individuals interested in pursuing hospital pharmacy management are becoming obvious. Organizations are having great difficulty in attracting and retaining pharmacists in practice management and leadership roles. In some cases, this has led to the appointment of nonpharmacists to these leadership positions. As well, surveys of hospital pharmacy managers in both the United States² and Canada³ have shown gaps in self-perceived competency in managerial skills. The environment within hospital pharmacy reflects the bigger picture within health care, where there are similar concerns. A study of management

competencies conducted in collaboration with the Canadian College of Health Service Executives revealed a self-identified skill deficit among Canadian health care managers.⁴ Finally, both hospital pharmacy departments and departments outside pharmacy are identifying concerns about the number of current leaders nearing retirement age and the limited number successors in sight.

A first step to correcting the current deficit in candidates interested in pursuing a career in hospital pharmacy management is to identify positive factors that would support such an interest. We developed a survey to solicit the insights and perspectives of current hospital pharmacy leaders in the hope of gaining an understanding of the career paths, education and training, external influences, and motivating factors that led these leaders to accept their current management positions.

METHODS

A pilot survey was developed by the executive director of pharmacy at a major academic hospital in Toronto (E.L.S.M.) and 3 pharmacy residents (L.J., J.L., C.S.) during their pharmacy administration rotation. An initial set of survey questions created by this group was supplemented by feedback from the Working Group on Identification of Positive Aspects of Hospital Pharmacy Management, which is part of CSHP's Hospital Pharmacy Management Task Force. The original survey was converted into an electronic survey using online software (<http://www.surveymonkey.com>).

The pilot survey was sent to 6 individuals currently in management positions within the authors' hospital, with a request to identify questions or terminology that needed clarification and any problems with the survey format. The survey questions and format were revised on the basis of feedback from those who took the pilot survey. The 5 people (out of 6) who provided input



during the pilot stage strongly suggested that a consistent response key be used throughout the survey to minimize confusion and to make the survey easier to fill out. In addition, they identified certain questions as needing rewording to ensure clarity. All major recommendations arising from the pilot survey were implemented.

The final survey consisted of 25 questions: 13 multiple-choice questions, 4 questions requiring ranking of options, 8 questions requiring a written response, and space for any additional comments. The survey addressed a variety of topics related to respondents' background and positions as hospital pharmacy managers:

- positions held before management position
- relevance of education and training undertaken before and after acceptance of the management position
- positive external influences and motivating factors to accepting the management position
- barriers to accepting the management position
- perceived benefits of entering hospital pharmacy management
- current eligibility for retirement and existence of a succession plan

The following demographic data were also requested: region of Canada where the respondent was working, years in practice, years in pharmacy management, current title, single-site versus multiple site responsibilities, and full-time versus part-time status.

On November 17, 2006, the survey was distributed by e-mail through CSHP's national office to directors and managers of pharmacy across Canada. Although there was at the time no complete list or directory of pharmacists in leadership positions in Canadian health care institutions, an effort was made to reach as many potential respondents as possible. The CSHP e-mail list used for the survey included all hospital pharmacy department leaders (both CSHP members and nonmembers) that were known to CSHP at the time and for whom the Society had e-mail addresses. These department leaders were asked to forward the electronic survey to others in pharmacy practice management positions within their respective organizations (e.g., supervisors, coordinators, managers). The original recipients were asked to report to CSHP the number of individuals to whom they had forwarded the survey.

The electronic survey was anonymous and was restricted to one reply per e-mail address, to prevent multiple responses by a single person. Respondents were asked to complete their survey within 3 weeks

(by December 8, 2006); a reminder e-mail was sent out after 2 weeks (on December 1, 2006) to encourage participation.

Statistical analysis of the results was descriptive. Where respondents were asked to rank their top 5 choices from a list of influences, the results were tabulated and an overall ranking was determined. The overall ranking was based on the total number of responses per influence and the average score of those responses.

RESULTS

The final survey was distributed to 105 pharmacy directors, who forwarded the survey to another 75 individuals in leadership positions in hospitals across Canada. A total of 134 responses were received, for a response rate of 74.4% (134/180).

Demographic Characteristics

The demographic characteristics of the respondents and their current areas of practice are presented in Table 1. We did not ask if the respondent's pharmacy practice experience was primarily in an institutional, community, or industrial setting. There was a fairly even spread among respondents in terms of number of years in management positions (Table 1).

More than half of the respondents had duties at more than one site. For a majority of respondents, the pharmacy management position was a full-time position, whereas just over a quarter of respondents carried out these duties on a part-time basis, often supplemented with time spent in distribution and/or clinical practice. As this is the first time this type of survey has been conducted in Canada, there are no past data for comparison, to determine if this finding represents a significant trend. Future surveys may be able to determine changes in the status of part-time management positions in departments of pharmacy across Canada.

Career Path and Training

A majority of survey respondents had come to their management positions from a direct patient-care role (e.g., staff pharmacist or clinical specialist) (Figure 1).

Although most respondents had formal training in pharmacy and felt that such training was valuable to their current management positions (Table 2), a small number reported undergraduate training outside of pharmacy; this reflects a recent trend of appointing non-pharmacists to hospital pharmacy leadership positions.



Table 1. Demographic Characteristics of 134 Respondents to a Survey of Hospital Pharmacy Directors and Managers

Characteristic	No. (and %) of respondents (n = 134)	
Province		
British Columbia	32	(23.9)
Alberta	11	(8.2)
Saskatchewan	8	(6.0)
Manitoba	8	(6.0)
Ontario	52	(38.8)
Quebec	8	(6.0)
Nova Scotia	8	(6.0)
New Brunswick	2	(1.5)
Newfoundland and Labrador	1	(0.7)
Prince Edward Island	3	(2.2)
No response	1	(0.7)
Experience in pharmacy practice (years)		
< 5	1	(0.7)
5–10	6	(4.5)
11–15	19	(14.2)
16–20	26	(19.4)
> 20	81	(60.4)
No response	1	(0.7)
Experience in pharmacy management (years)		
< 5	36	(26.9)
5–10	30	(22.4)
11–15	19	(14.2)
16–20	25	(18.7)
> 20	23	(17.2)
No response	1	(0.7)
Current title		
Supervisor	6	(4.5)
Coordinator	29	(21.6)
Manager	52	(38.8)
Director	45	(33.6)
Other	0	(0)
No response	2	(1.5)
No. of sites of practice		
1 site	59	(44.0)
> 1 site	74	(55.2)
No response	1	(0.7)
Full-time vs. part-time		
Part-time hours only dedicated to management role	3	(2.2)
Part-time hours for management role, rest of time in distribution and/or clinical role	34	(25.4)
Full time	96	(71.6)
No response	1	(0.7)

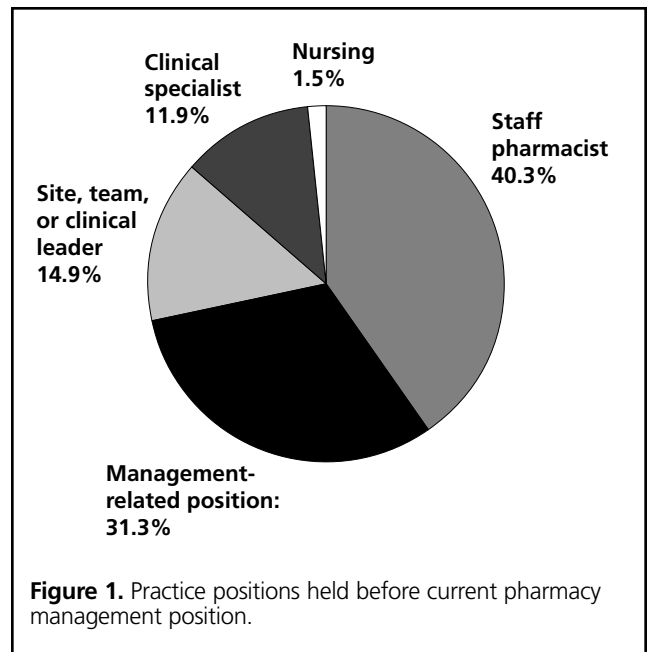


Figure 1. Practice positions held before current pharmacy management position.

Also of interest was the small group of respondents who had received certification or in-house training before accepting their pharmacy management positions or had been exposed to leadership roles through temporary administrative rotations, projects, or contracts (Table 2).

Many respondents had undertaken additional training after accepting their current management positions (Table 3). Of note, nondegree training and in-house leadership and management training were identified by a majority of respondents as relevant and useful for their current pharmacy management positions.

Positive Factors Supporting Involvement in Management

The external influences that respondents identified as contributing to their motivation to pursue a pharmacy management position were grouped by the research team into 32 categories of influence. In accord with recommendations from a biostatistician (Greg Pond, Princess Margaret Hospital, Toronto, Ontario; personal communication, February 1, 2007), a point ranking system was used to rank the influences; the system was based on the total number of responses per category, the respondents' ranking of each influence, and an average of these rankings. With this method, the top 5 external influences were as follows:

1. managers or directors in the person's department or hospital (i.e., his or her superiors)
2. previous management experience



Table 2. Education and Training Undertaken by Pharmacists before Acceptance of Current Pharmacy Management Position and Beliefs about Utility of Training

Program	No. (%) of Respondents			
	Training (n = 134)	Belief that Training was Relevant and Helpful*		
		Yes	No	No response
BScPhm (or equivalent)	123 (91.8)	101/123 (82)	20/123 (16)	2/123 (2)
Hospital pharmacy residency	64 (47.8)	58/64 (91)	6/64 (9)	0/64 (0)
PharmD	18 (13.4)	15/18 (83)	3/18 (17)	0/18 (0)
BSc	16 (11.9)	5/16 (31)	9/16 (56)	2/16 (12)
BA	2 (1.5)	1/2 (50)	1/2 (50)	0/2 (0)
BComm or BAdmin	1 (0.7)	1/1 (100)	0/1 (0)	0/1 (0)
MSc	19 (14.2)	15/19 (79)	3/19 (16)	1/19 (5)
PhD	1 (0.7)	0/1 (0)	1/1 (100)	0/1 (0)
MBA	6 (4.5)	6/6 (100)	0/6 (0)	0/6 (0)
MHSc	3 (2.2)	3/3 (100)	0/3 (0)	0/3 (0)
Temporary administrative rotation, project, or contract	12 (9.0)	11/12 (92)	1/12 (8)	0/12 (0)
Other†	25 (18.7)	20/25 (80)	2/25 (8)	3/25 (12)

*Percentages based on number of respondents who had completed each program or degree.

†Includes registered nurse qualification, certification of various kinds, and in-house training.

Table 3. Education and Training Undertaken by Pharmacists after Acceptance of Current Pharmacy Management Position and Beliefs about Utility of Training

Program	No. (%) of Respondents			
	Training (n = 134)	Belief that Training was Relevant and Helpful*		
		Yes	No	No response
PharmD	2 (1.5)	1/2 (50)	1/2 (50)	0/2 (0)
MScPhm	1 (0.7)	1/1 (100)	0/1 (0)	0/1 (0)
MBA	6 (4.5)	5/6 (83)	0/6 (0)	1/6 (17)
MHSc	5 (3.7)	1/5 (20)	0/5 (0)	4/5 (80)
Leadership or management training (nondegree)	82 (61.2)	71/82 (87)	2/82 (2)	9/82 (11)
In-house leadership or management training	103 (76.9)	96/103 (93)	3/103 (3)	4/103 (4)
None	17 (12.7)	NA	NA	NA

*Percentages based on number of respondents who had completed each program or degree.

3. mentors
4. serendipity
5. temporary administration rotation, project, or contract

When asked to identify the 5 most important motivating factors leading to their involvement in pharmacy management, respondents provided responses that fell into a total of 21 different categories. The same point ranking system was used to rank these motivating factors, and the top factors were as follows:

1. opportunity to influence pharmacy practice
2. opportunity to advance career; opportunity to be a part of decision-making (tie)
3. opportunity for innovation and problem-solving
4. opportunity for personal growth
5. opportunity for a variety of work

Forty-one (30.6%) of the 134 respondents had discovered other positive aspects of working in management, of which they had initially been unaware, only after starting the position and gaining experience. These positive aspects were also evaluated using the point ranking system and included, in order:

1. working with other people and departments
2. professional and personal growth and reward
3. ability to influence decision-making and strategic planning; development of communications and negotiating skills (tie)
4. challenge and diversity of work; provision of leadership and mentorship to others (tie)
5. opportunity to develop skills related to human resources, management, and finance



Overall, according to the point ranking system, survey respondents identified the following factors as the 5 most positive aspects of being in a pharmacy management position:

1. opportunity to influence pharmacy practice
2. opportunity to be a part of decision-making
3. opportunity for innovation and problem-solving
4. opportunity to help other people with their professional development
5. opportunity for a variety of work

Barriers to Accepting a Pharmacy Management Position

Respondents identified a total of 22 different factors that had concerned them about accepting a management position. The same point ranking system was used to identify the 5 factors of most concern:

1. lack of experience in such a position
2. reluctance to leave current position
3. time commitment
4. family commitments
5. lack of confidence in leadership abilities

These issues might prevent pharmacists from considering and pursuing leadership positions and should be addressed when developing strategies to promote pharmacy management positions or pharmacy leadership in general.

Finally, survey respondents were asked what 3 aspects of pharmacy management (from their own experience) they would highlight to a colleague considering application to a pharmacy management position. The 335 responses fell into 10 different categories, of which the top-ranked categories were:

1. highlight the opportunities available to influence and to participate in decision-making and strategic planning (71 responses)
2. highlight the need for human resource, general management, and financial training (54 responses)
3. highlight the rewards in terms of professional and personal growth (45 responses)

Succession Planning

The final section of the survey focused on succession planning. There was a fairly even spread among respondents in terms of number of years until retirement (Table 4). Most respondents (100/134 or 74.6%) reported that there was no succession plan in place, which indicates the vulnerability of many pharmacy departments in this respect. Only 24 (17.9%) respondents stated that a succession plan was in place

Table 4. Time to Retirement

Time to Retirement (years)	No. (and %) of Respondents (n = 134)
< 5	21 (15.7)
5–10	30 (22.4)
11–15	31 (23.1)
16–20	28 (20.9)
> 20	15 (11.2)
No response	9 (6.7)

or at least in development, and 10 respondents (7.5%) neglected to answer this question.

DISCUSSION

The excellent response rate for the survey suggests that current hospital pharmacy leaders are interested in this topic. The active support of the project from CSHP probably encouraged recipients to respond, since the Society is seen by hospital pharmacists as an advocate of and influential voice for the profession. Respondents represented all provinces of Canada and generally reflected the distribution of hospital pharmacy management positions within Canada (with the exceptions of Quebec and Prince Edward Island). The variation in position titles illustrates the diverse organizational structures and management positions within Canadian health care organizations. Although the title “chief pharmacy officer” has been proposed by a US author,⁵ the results of the current survey indicate that this designation has not yet been adopted in Canada. The multisite responsibilities identified by the survey are probably due to the regionalization that has taken place within Canada over the past 15 years, whereby many hospital pharmacy departments have been merged under a single departmental leader.

The survey highlighted some interesting information about hospital pharmacy management in Canada. First, rather than entering hospital pharmacy management through a single career path, individuals came from diverse previous positions, with varied formal and informal education and training backgrounds. A majority of the respondents held a bachelor's degree in pharmacy and felt that this qualification was important to being a pharmacy manager. This finding supports CSHP's 2006 position statement that the head of a pharmacy department should be a licensed pharmacist.⁶ Hospital pharmacy residency programs appeared to be another common path to leadership positions, which seems to substantiate the intention of such programs to develop future



leaders in the institutional setting. More than half of the pharmacists currently in management came directly from a clinical or drug distribution position. One interpretation of this result might be that some hospitals have not implemented a management career ladder, as is often in place for clinical leadership. Such structures are useful for supporting a stepwise approach to building skills, knowledge, and confidence before a person takes on larger and more complex tasks. For example, promotion to a supervisor or coordinator role would be a good lead to a future manager or director position. The loss of many middle-management positions may be a barrier to implementing this type of progressive development program. One alternative might be to expose individuals to leadership through projects, administrative rotations, or temporary assignments (such as maternity back-filling for a management position). This would address some of the perceived barriers to accepting a pharmacy management position, namely lack of leadership experience and lack of confidence in one's own leadership abilities. In fact, when asked about education and training obtained before entering management, some respondents indicated that they had received such exposure or other in-house training and found it relevant and helpful to their current management responsibilities.

Respondents had also undertaken a wide variety of in-house and external nondegree education and training programs once they accepted their management positions, and this training was relevant and helpful to their management positions. A greater proportion of respondents had completed these types of continuing education than had completed postgraduate degree programs, probably because the latter are more expensive and time-consuming, requiring a certain level of support from the employer. Respondents felt that human resource and financial training were especially pertinent to management and indicated that they would highlight this need to colleagues considering application to a pharmacy management position.

Mentorship and support from current pharmacy leaders, as well as previous exposure to leadership activities, were strong external influences to pursuing a hospital pharmacy management position. As such, current leaders are in a great position to identify, develop, and support potential successors. Organizations that encourage succession development and train staff accordingly are likely to be successful in filling future management openings.

Individuals also indicated that they were motivated not only by an interest in personal growth, varied work,

and career advancement, but also by the opportunity to have an impact on their profession beyond what is possible as a clinician, through decision-making, innovation, and problem-solving. Respondents conveyed the importance of ensuring that individuals are made aware of opportunities in management early in their careers to stimulate interest in future leadership.

It is also interesting to note that the positive aspects of pharmacy management identified by respondents were consistent with their initial motivations to pursue a management career. This seems to indicate that the current pharmacy management positions of these respondents have met their initial expectations.

A major barrier to accepting a pharmacy management position relates to the commitment of time required. Today's pharmacy manager is often faced with a broad range of control and increasing responsibilities that consume more than a regular 8-h work day. Current leaders must find a way to ensure a balance between their work and home life. This is important not only for their own physical health but also as good role modelling to staff; otherwise, staff will perceive management positions as stressful roles to be avoided rather than coveted.

The lack of succession planning revealed by this survey is concerning. According to these results, the next 10 years of hospital pharmacy practice in Canada will be defined by a 38.1% turnover in leadership across the country. These results parallel US data showing that 80% of pharmacy directors and 77% of middle managers anticipate leaving their positions within the next decade.⁷ This impending change coupled with the lack a succession plan in more than 70% of pharmacy departments may create a vacuum in pharmacy leadership. Current managers and organizations have the opportunity to prevent this outcome by actively identifying and supporting future pharmacy leaders from within their current staff.

The limitations of this type of study include the method of data collection, which relies heavily on the accuracy of the initial mailing list.⁸ Because a comprehensive list of all current Canadian hospital pharmacy directors and managers does not exist, this study used CSHP's most up-to-date e-mail list of hospital pharmacy leaders. The list included both CSHP members and nonmembers, but because of the membership and structure of CSHP, it may not have fully captured managers in Quebec, Prince Edward Island, or the territories, where there are no branches of the organization. As well, this study relied on recipients of the initial mailing to forward the survey to other