Great minds discuss ideas

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LET’S TALK MORE ABOUT ‘HOW’ THAN ‘WHAT’ WHEN DESCRIBING CHARACTERISTICS OF SUCCESSFUL TRANSFORMATION AND THOSE WHO MANAGE IT.

Despite having researched the notion of ‘managerial capability’ in community pharmacy for the past few years, I cannot say that I have ‘solved it’ or reduced it to a ‘recipe’, nor will I ever. But my focus on studying capable pharmacy managers, separate from the business types that they run, has been a fascinating journey of illumination and insight; a deeper focus and reflection on anything will pretty quickly reveal what we take for granted about ‘how the world is’.

Take the use of language when community pharmacy is spoken or written about in the pharmacy press or at conferences. The taxonomies and typologies referred to are mostly based on macro characteristics such as price-position (eg. discount chemists), banner flag (eg. Amcal), or location (eg. strip pharmacy) and so on. While these taken-for-granted typologies are useful for communicating (and complaining) about pharmacies, they do little more than very generally express or describe differing combinations of resources and approaches used to compete.

Similarly, the typologies used to describe pharmacists are at the macro level which, beyond differences in gender and age, settle mostly on subjective judgements about ‘professionalism’ (eg. more professional versus more technical), or ‘knowledge-power’ (eg. ‘knows a lot’ versus ‘hasn’t kept up’), or managerial competence (eg. great manager versus not-so-great manager). Even strategic choices for the future are pretty simplistic and taken for granted (eg. supply focus versus service focus).

The problem with all these typologies is that while they allow us to talk and complain, they don’t ‘explain’ anything useful. These typologies are of limited use because they are all based on describing ‘what’, and not ‘how’. Given pharmacy’s dynamic and turbulent environment, there has never been a time more in need of ‘how’ discussions. But to do so there has to be clear and meaningful language that enables it, which is also embraced and used.

My ongoing study of why well-managed pharmacies succeed in turbulent environments is based upon the seemingly obvious notion that a major cause of the phenomenon of ‘success’ is the individuals within an enterprise and what they do. The literature bears this out and provides a wealth of useful explanatory language about community pharmacy managers.

The entrepreneurial literature is one source of useful ‘how’ language that describes managers and their effective actions. Sadly, at least in this country within non-academic circles, the word ‘entrepreneur’ comes with some serious saddlebags when connected to images of Bondy on a yacht, Skase in Spain and Peter Foster in gaol. But ‘entrepreneur’ can simply be described as a person who organises and manages any business enterprise, usually with considerable initiative and risk. Entrepreneurial orientation has been defined as having the following abilities and willingness dimensions:

1. To introduce something new—innovation;
2. To take action in anticipation of changes—proactivity;
3. To encourage independent activity by employees—autonomy;
4. To respond to manoeuvres of rivals—competitive action;
5. To take chances—risk taking;
6. To motivate employees to work hard and face challenges—motivating.1

These are indeed some of the concepts that I see being ‘lived’, albeit in differing combinations, in the daily worklives of many successful pharmacy managers. Importantly, the fact of these ‘dimensions’ or characteristics of managers are not determined by ‘what’ sort of pharmacy they run. Capable managers are capable managers wherever they turn up and they demonstrate innovation, proactivity, autonomy, competitive action, risk taking and motivation.

By bringing these helpful descriptors into pharmacy’s internal dialogue as a means of seeing what works and how, we move beyond the label-approach that dominates current dialogue about almost everything. Learning to ‘see’ via these concepts will also make critical research more accessible to ordinary pharmacist practitioner/managers.

Here, I refer specifically to the Guild–Government grant funded reports, Building organisational flexibility to promote the implementation of primary care services in community pharmacy and Change management and community pharmacy.2

These two highly valuable reports and their contained findings and implications have hardly seen the light of day at the practitioner/manager level. It’s not too late for pharmacy peak bodies to unpack them. But to engage the practitioner/manager, strong and strategic leadership is needed, beginning with the normalisation of a better and more meaningful language with which we can describe, reflect and learn.

Pharmacy discourse needs to favour ‘how’ over ‘what’, to encourage those many who are now ready and willing to shed defensiveness and actively seek transformation. As Eleanor Roosevelt reminded us: ‘Great minds discuss ideas’.2