

It's all about the bike

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It's all about the bike

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WHY DO SO FEW PHARMACIES MANAGE TO REPOSITION THEMSELVES AS HEALTHCARE SERVICE PROVIDERS?

Around the world the move by community pharmacists toward implementation of professional pharmacy services is disappointing. In Australia, the significant proportion of Fourth Community Pharmacy Agreement money remaining unspent at the end of that agreement bears testament to our own poor uptake and implementation of new programs and services. The Fifth Agreement seems to have noted this with funds shrinking in several key areas.

Apparently, many pharmacy business and organisational problems are under-laid by the rigidities, habits and the poor managerial capabilities of their human agents.

In my September column, I discussed the advances being made by researchers both here and in New Zealand who are looking into the deficits of pharmacy organisational capacity and shared thinking-belief patterns (organisational culture). These studies are moving the searchlights into managerial and attitudinal capabilities.

SYSTEM INTERACTIONS

Not surprisingly these studies are pointing not to individual or isolated deficits or attitudes as the single causes of intransigence, but to systematic issues preventing the development of new capabilities for effective business-building and innovation. Systems operate not only through the workings of their component parts, but also

through the interactions between and among their component parts.

Take bike-riding for example. If you had never ridden a bike, but had studied an encyclopaedia on 'How to Ride a Bike', it's unlikely that your first solo ride will be successful. Bike riding, like most human integrated systems is a complex process. Parts of the bike interact with physical parts of the person. Both of these interact with the explicit and tacit mental functioning of the person and their attitude about wanting to ride the bike in a certain way.

Another characteristic about human integrated systems is that much of the systematic dynamics are below the level of consciousness. They are also very difficult to 'unlearn'.

The management of business organisations is another example of a human integrated system. It involves interactions among physical things, our bodies, our mental functions

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both explicit and tacit, and, vitally, our overall attitude, including our desires and beliefs. Conscious fragmentation of these systems into individual component parts can bring some helpful clarity. Individual adjustments of components can permit better or different management. However changes wrought this way often don't last.

ELASTIC MEMORY

Human integrated systems seem to have an 'elastic memory', snapping back to old interactive dynamics after a short while. For example, when we counsel patients about weight loss, we suggest 'lifestyle changes' in addition to simple calorie reduction. We know we need to adjust their habitual system. We also know that this is very difficult to accomplish.

Researchers in Europe have begun asking why so few pharmacies manage to successfully reposition as healthcare service providers.

Their findings demonstrate the wide range of effects which develop from non-systematic implementation methods. For example, implementation of individual components of the new service process can quickly reveal weaknesses in other areas of the system, such as mismatches between the existing skills of support staff and the skills needed to give the new service process momentum.

Their modelling also reveals a range of positive and negative feedback loops. For example, if

support staff are well prepared, trained and resourced, they can create a substantial 'employee pull' effect which produces an embedded and organic positive momentum and will for problem-solving. If staff are not well prepared, a potent counter effect can be generated and defeat becomes a self-fulfilling prophecy. Many other interactions are revealed including

the effects of over ambitious initial goals, and the effects of responding to problems with first-order (work-around) solutions rather than second-order (cause-fixing) solutions.

CHANGING SYSTEMS

Pharmacists are more capable than most in understanding that changing systems requires a high input of motivation, thought, preparation, time and support. Pharmacists apply this knowing when counselling patients about systematic changes to their lifestyles. However, when it comes to changing the operating system of a whole pharmacy, pharmacists seem to forget their knowledge of system dynamics and try to achieve complex ends with simplistic techniques.

Changing systems requires a will and a capacity to see and work with a flowing and dynamic whole. This prerequisite is the foundation to true learning. It is more about approach and attitude than specific management or clinical skills. The profession has been generous in providing programs, training and tools to up-skill pharmacists in the clinical how-to's of new service delivery. However, the profession is forgetting an earlier essential step: that of pausing to understand the current existing system, its anatomy and the interactions between component parts. When this is made conscious, a systems-based implementation process can be taught and managed. Discussion about how to address this educational deficit is now critically overdue given the experiences of underperformance by the profession in the Fourth Agreement, and the consequences that have brought through the offerings in the Fifth. ■