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Practice change continues to be a difficult issue for pharmacists, managers and owners. Applying Kotter's well-known change management model to the study of pharmacy highlights for us the issue that "allowing is not implementing": to make change actually happen, we need to do more than simply change regulations.

L'évolution de la profession représente toujours un problème difficile chez les pharmaciens, les gérants et les propriétaires. L'application à l'étude des pharmacies du modèle bien connu de gestion du changement de Kotter a fait ressortir pour nous la problématique selon laquelle « permettre ne signifie pas réaliser ». Si nous voulons vraiment réaliser un changement, nous devons faire plus que modifier simplement nos règlements.

How are pharmacists in Ontario adapting to practice change? Results of a qualitative analysis using Kotter's change management model

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ABSTRACT

Background: The pace of practice change in community pharmacy over the past decade has been significant, yet there is little evidence documenting implementation of change in the profession.

Methods: Kotter's change management model was selected as a theoretical framework for this exploratory qualitative study. Community pharmacists were interviewed using a semistructured protocol based on Kotter's model. Data were analyzed and coded using a constant-comparative iterative method aligned with the stages of change management outlined by Kotter.

Results: Twelve community pharmacists were interviewed. Three key themes emerged: 1) the

profession has successfully established the urgency to, and created a climate conducive for, change; 2) the profession has been less successful in engaging and enabling the profession to actually implement change; and 3) legislative changes (for example, expansion of pharmacists' scope of practice) may have occurred prematurely, prior to other earlier stages of the change process being consolidated.

Interpretation: As noted by most participants, allowing change is not implementing change: pharmacists reported feeling underprepared and lacking confidence to actually make change in their practices and believe that more emphasis on practical, specific implementation tactics is needed.

Conclusions: Change management is complex and time and resource intensive. There is a need to provide personalized, detailed, context-specific implementation strategies to pharmacists to allow them to take full advantage of expanded scope of practice. *Can Pharm J (Ott)* 2017;150:198-205.

Background

In 2008, Tsuyuki and Schindel¹ published an influential article examining practice change, leadership and the profession of pharmacy's collective response to internal and external factors forcing pharmacists to reexamine their raison d'être. They highlighted the importance of a system-based, organized approach to changing pharmacy practice, referencing the work of Kotter,²⁻⁴ and outlined a process by which Kotter's

change management model should be applied to the pharmacy profession (see Table 1).

In 2008, as Tsuyuki and Schindel noted, the profession was on the cusp of a significant evolution. Not only were the traditional perceptions and expectations of the general public changing, pharmacists' own self-identity was being challenged as never before. Regulatory reform enabling expanded scope of practice, the emergence of a new regulated group within

TABLE 1 Kotter change management model (1996)²

Phase 1: Creating the Climate for Change
1. Establish a sense of urgency: a “burning platform” where all recognize the importance and exigency of change
2. Form a powerful guiding coalition: leaders and implementers who represent their constituencies, are trustworthy and credible and who inspire others
3. Create a vision: a collaborative process of engaging all in shaping a future they will share
Phase 2: Engaging and Enabling the Profession
4. Communicate the vision: within and outside the profession to create anticipation, manage expectations and produce enthusiasm about the future
5. Empower the implementers to act on the vision: learn how to make the vision a reality at the local level and despite context-specific hurdles and obstacles
6. Plan for and create short-term wins: allow immediate successes with change to become the fuel that fosters future, more difficult changes and provides a signpost for how to build capacity and reach of the change across different local contexts
Phase 3: Implementing and Sustaining the Change
7. Consolidate improvements producing more change: learn the lessons from phase 2 to identify the best and promising practices that can be spread across the profession
8. Institutionalize new approaches: make the change “stick” by changing policies, procedures, regulations, legislations to ensure the change will endure

the profession (technicians), massive changes in the traditional remuneration/compensation formula that supported community pharmacy as a business and rising societal expectations of pharmacists to step up and provide care in a manner commensurate with their training were converging trends producing opportunity—and challenges—for individual pharmacists.

The opportunity to observe and document a profession's evolution at a crucial juncture is both unique and important in understanding the sociology and culture of professions in general and the psyche of individual professionals. While many professions have undergone change and evolution over the past decade, pharmacy has arguably experienced a most significant transformation that strikes to the core of its history, tradition and identity as a profession. From prescribing rights to immunization responsibilities and from new practice environments (such as family health teams) to new remuneration models, pharmacy in 2017 is significantly different than it was even a decade ago. Questions related to the success—or failure—of change management in pharmacy and what opportunities for improvement in change management practices exist can be examined through Kotter's influential model to help better inform and support leaders, practitioners, decision-makers and other stakeholders about the current and future trajectory of the profession.

Objective

The objective of this exploratory study was to examine community pharmacists' responses to the rapid changes in the pharmacy profession and to characterize the strategies used by the profession collectively and professionals individually to adapt, lead or respond to an evolving practice environment.

Method

This study was exploratory in nature and used a qualitative method for data collection and analysis. The framework that guided this research was Kotter's change management model. This model was selected because of the influence of the Tsuyuki and Schindel article within Canadian pharmacy practice at the time of its publication.

The method focused on mapping elements of Kotter's model against lived experiences of community pharmacists who adapted to practice change over the past decade. Kotter's model provides an idealized and systematic depiction of a best-practice change management approach: a logical, systemwide, organized attempt to manage and lead change in a time- and resource-efficient manner. Historically, Kotter's model has been used in large organizational settings,³ where change management is aligned with strategic priorities and where central control (for example, through a chief executive officer or corporate

KNOWLEDGE INTO PRACTICE

- Allowing change is not the same as implementing change.
- Individual pharmacists will have different learning needs unique to their context.
- A focus on enabling regulation, without developing enabling tools, will produce frustration and not change.
- A more systematic approach to practice change in pharmacy should be used in the future.

president) is used.⁴ The application of Kotter's model to the more diffuse context of a profession, in which strategic priorities may be difficult to articulate or build consensus upon and where no powerful CEO figure exists, is unique.

For this research, we conducted in-depth semistructured interviews with practising community pharmacists in the province of Ontario. A purposeful and snowballing sampling method was used to recruit participants; initially, participants were recruited with flyers and e-mails aimed at community pharmacists involved in clinical education at the University of Toronto as preceptors. Those who responded with interest were then asked to inform other colleagues who they thought might be interested in this study. To participate in this study, individuals needed to be English speaking, part A-licensed pharmacists in the province of Ontario, who worked primarily in community practice. Participants could have multiple roles in their practice sites, for example, as both a front-line pharmacist and a designated manager or an owner/franchisee.

Interested participants were asked to complete an informed consent process in which details of the study were reviewed, including confidentiality and dropout provisions. This study was approved by the University of Toronto Ethics Review Board.

One-on-one interviews were scheduled with each participant, by phone or in person. All interviews were audiotaped, and verbatim transcripts were produced. A constant-comparative coding system was used in which preliminary coding and identification of themes from initial interviews was used to guide subsequent interviewing and analysis. Interviews were conducted until saturation of themes was reached. The semistructured interview guide was produced

to align with each phase and step of the Kotter model; specific probes were developed to elicit reflections and experiences from participants based on each step of the model. Data were then compared and analyzed to the idealized Kotter model to determine the effectiveness of change management initiatives within pharmacy, from the perspective of the participants.

Findings and Discussion

A total of 12 community pharmacists were recruited and participated in this study, prior to saturation of themes being attained (see Table 2). Several key themes emerged through these interviews:

1. Certain steps of the Kotter's change management process have been effective and well understood by pharmacists, specifically Creating a Climate for Change.
2. Most steps of the change management process have been incompletely or ineffectively implemented within the profession, especially those related to Engaging and Enabling the Profession.
3. Legislative changes to expand pharmacists' scope of practice, which in theory should be the final stage of this idealized process (Institutionalizing New Approaches for Successful Change), may have occurred prematurely, prior to other earlier stages of this process being consolidated.

Creating a climate for change

The first phase of Kotter's model involves the need to create a climate conducive to change. This is an essential first step, as it provides the psychological motivation—and energy—necessary for individuals themselves to engage in a change process that may be difficult or require dedication and work. To Kotter, this first phase consists of 3 distinct components: creating a sense of urgency that something is wrong and consequently needs immediate attention (“create urgency” or “a burning platform”), formation of a guiding group of leaders and followers who can build consensus on difficult issues (“form a powerful coalition”) and translate this consensus flowing from the urgency to create and articulate a clear and powerful rationale for why change is important, to actually developing a perception of a new reality and the long-term benefits for the change process (“create a vision for change”).

All participants in this study indicated their support of the notion that, over the past decade, there has been both a need for pharmacy to change and a desire by pharmacists to actually enhance the impact of their profession. Participants in this study expressed their frustration with the prevailing view of the public and other health care professionals of the traditional, technical/business role of pharmacists:

We [were] perceived [at that] point in time as being just pill counters. That is dangerous and a very big injustice there. We went into a price war where we ended up being perceived as a bunch of merchants. . . . So the fact is that this prescription, instead of being health care-oriented is not perceived among the population from that angle at all.

What I really enjoy and I feel a great amount of pride in is the cognitive side of the business—the cognitive side of the profession. . . . I feel like there is so much more to pharmacy than just dispensing prescriptions so I particularly enjoy sitting down with the patient and creating goals, targets for helping them.

All participants in this study expressed concerns about the inherent conflict of working both as a health professional and for the business of pharmacy and applauded attempts to articulate a vision of the profession that more clearly aligned itself with the aspirations of a clinician role for community pharmacy:

I think that if the pharmacists don't get out from behind the counter and change the way they practise, they, you know, we are never really going to get the respect that we deserve from the other health care professionals. Physicians, nurses, etc. I mean, I think . . . the majority of health care professionals still see us as the pill dispensers and the pill counters, and for us to change that mentality, we need to really show them that we can do more than that.

I would love to see pharmacists getting out of the pharmacy and into the community and maybe do some educational seminars if there's like a nursing home nearby . . . for somebody to actually have that in their job

MISE EN PRATIQUE DES CONNAISSANCES

- Permettre un changement n'est pas la même chose que le réaliser.
- Chaque pharmacien aura besoin de différentes connaissances particulières au contexte dans lequel il pratique.
- Mettre l'accent sur des règlements d'habilitation, sans produire les outils correspondants, entraînera seulement de la frustration et n'apportera aucun changement.
- Une approche plus systématique de l'évolution de la profession de pharmacien serait préférable à l'avenir.

description, that is valued, that you actually can leave the pharmacy and go do that . . . well, I think definitely that [would be] going in the right direction.

Participants in this research, including those who were managers and owners/franchisees, agreed on the urgency of practice change and on a general vision for practice change that reoriented pharmacists away from technical and business priorities toward patient care opportunities. They also agreed that, as a profession, practitioners and their leaders had effectively communicated a clinical (rather than business) vision for the profession and motivated practitioners with the urgency for the need to change. Less clear to the participants in this study was the extent to which this vision and urgency were actually accepted across all tranches of the profession:

The real truth is that the giants and the corporations have to take their hands off you. As long as their hands are in, the pharmacy profession is handicapped. Bottom line . . . they will look at the dimes and nickels and that is what they are going to run after.

I think [professional associations] really need to step it up, and I think they need to be a little more, you know, firm and set a little more focus on what things they are going to do. [They] need to push the profession forward on a professional level [without] falling back to business owners' [interests] . . . they can't have it both ways.

Participants in this research indicated their belief that this foundation for change, in particular the creation of urgency and of a vision for change, had been successful but that a crucial component

TABLE 2 Demographic characteristics of research participants ($n = 12$)

Years in practice	<10 years: 2 10-20 years: 6 >20 years: 4
Sex (M:F)	7:5
Part-time:Full-time	2:10
Other roles beyond front-line pharmacist	Pharmacy owner/franchisee: 2 Pharmacy manager: 4

of this process—a powerful, guiding coalition—may not have been successful, with particular emphasis on mixed messages sent by large employers and professional associations. According to the Kotter model, if this foundation—the climate for change—is not well established and solid, subsequent stages in the change management process may be vulnerable to collapse.³

Engaging/enabling the profession

The second phase of Kotter's model involves building on the climate for change through "engaging and enabling the organization" to take the steps necessary to bring a vision to reality. Kotter highlights 3 crucial steps in this process: communicating the vision (within and outside the profession), empowering individuals within the profession to take action aligned with the vision and creating situations that allow these individuals to have "quick wins": to be recognized and compensated for their efforts to implement change within their practice.

Participants in this study highlighted significant challenges they encountered with all 3 of the steps in this phase of the process. First, there were concerns that the vision of practice change within the profession was not clearly articulated:

I work in a practice where there is a registered technician and he signs off prescriptions, but I sign on top of his signature. So, I look at myself at the end of the day and I am redoing what he has done. I don't believe that the new legislation meant to create a duplication of function and what is left to do is to clearly define the role of one behind that "counter." I need to hear this in a clean cut [way] . . . in black and white.

The fact is that I am doing it [extending chronic medications] and all of my colleagues, where I practise, are not doing it. In some practices, people are "iffy" about doing it, especially new grads—they are very reluctant.

Further, participants expressed concern that the vision for pharmacy practice change may make sense to pharmacists and within the profession but has not been adequately communicated to other health professionals, which provokes potential and counterproductive inter-professional tension:

The doctors do not like this [expanded scope of practice], do not understand this. Some of these doctors view it as if I'm giving prescription refills, then that patient is not going in to see them for a visit. . . . I can really upset that doctor because they are based on a quantity and fee-for-service model . . . so the first thing is just interactions with other health care providers.

This . . . immunization thing has been looked at as being a disaster for doctors and they hated us [for doing this] from day one, because their gut feeling was that we were invading their territory and taking away their business. . . . So, they are very iffy. They need to be reassured and [this communication] is not coming from the pharmacy community. . . . "Nobody is here to step on your toes, we are here to help out and we are here for the health and benefit of the patient at the end of the day."

Empowering individuals within an organization and profession to implement the vision for change in a local context is an important next stage in the

Kotter model. Study participants reacted strongly and negatively to suggestions related to pharmacist empowerment within the change process:

Scope of practice change is going to put more of a strain . . . it takes more time. So that is going to be an extra stress on the bottom line of the pharmacy as a whole.

My concern lies around the changes and the expanded scope and the workload that comes with it, with the documentation and follow-up with other health care professionals. . . . That does take time, but there is no added remuneration, there is no added time associated with that extra level of paperwork and stuff that we have to do so it gets challenging—I'll be honest, that limits what we have done for patients.

Pharmacists in this study highlighted personal challenges with actually “living” the vision without professional, organizational or managerial support/accommodation, particularly time, additional staff or remuneration. Simply “allowing” pharmacists to perform new activities through expanded scope was not interpreted as “empowering” them, and worse, some participants expressed active resentment that they were made to feel guilty or unprofessional for not enthusiastically embracing the additional workload.

The lack of managerial support to empower action meant conditions were not created that allowed for “quick wins.” Pharmacists expressed regret that the initial enthusiasm and optimism associated with the vision for practice change may have been scuppered by the reality of its implementation at the pharmacy level:

The biggest challenge . . . is just lack of pharmacy support in terms of personnel. . . . The pressure is to fill as many prescriptions as you can . . . so it doesn't leave you time to provide the type of professional services that pharmacists can provide. How do you make that happen?

I'm not so impressed with the way [pharmacy] has handled the change. I think that they have decreased our professionalism across the board by forcing people to do a 5-minute MedsCheck and you know forcing

them to do so many per day per week, you know. I think that makes for a very stressful work environment.

Kotter's model builds on a vision with clear tactics around implementation of change that focus on individuals within a profession. Participants in this study indicated that while the vision part of the change management process may have been appropriate, the implementation was weak, thereby compromising the overall change management process significantly. In particular, the absence of a “powerful coalition” across the pharmacy profession may have compromised the quality and extent of implementation in a significant way.

Implementing and sustaining the change

The final phase of Kotter's model involves institutionalizing change through strategies that build capacity and extend the reach of initial quick wins and making change “stick” through policy, regulation or other means.

Participants in this study noted the somewhat illogical manner in which change management appeared within the profession: first as a vision framed in urgent terms, then with sweeping regulatory change at the highest level that enabled scope of practice change, without the intermediate engaging and enabling stage that would allow for profession-wide uptake. By moving directly from a vision for change to legislative frameworks and regulatory changes that institutionalized the change, there was little time for pharmacists to adapt to the change itself and determine optimal ways for implementing it in their local context. In particular, changes such as introduction of regulated technicians and expanded scope of practice for pharmacists were institutionalized (through legislation) before the profession actually had the capacity to cope with them:

The problem with the whole situation now I guess is that dispensing has always been the bread and butter so that's what really paid the bills. In terms of cognitive services, will that pay all the bills? The short-term answer is no. Therefore, the dispensing function is still an important function just for the viability of the profession, I think.

I have yet to see, everytime I'm in a conference and people talk about [financial viability of

pharmacy] the people giving the talks at these conferences never have an answer and almost shy away from comments—that's for the business to figure out. No one seems to be doing the implementation of it at the actual pharmacy level . . . figure it out. It's a little late to try to figure it out now.

The change management process within pharmacy was perceived by participants in this research as incoherent, producing stress and anxiety for participants and impeding progress toward the idealized objectives of scope of practice change. It may be metaphorically summarized and described as “putting the cart before the horse” or “a sandwich with no meat”—a slice of vision and a slice of regulation without any filling or thought to implementation.

The Kotter model presents a sequential, step-wise approach to change management that has been criticized for being overly simplistic and unrealistically linear. It has most commonly been used within a corporate context in which centralized control can be used to a greater degree than within a profession. Nonetheless, given its dominance as a change management model and the call by Tsuyuki and Schindel¹ to apply this model to pharmacy practice change, its continued application within pharmacy practice is relevant.

Findings from this study highlight the need to consider change management as a system, not simply as a vision without implementation. The unique context of a profession such as pharmacy meant that enabling regulatory changes was required to allow for implementation, but those regulatory changes by themselves were not experienced by pharmacists as engaging, enabling, or actual implementation—“allowing” change is

not synonymous with “implementing.” By moving directly and quickly from vision to legislative change, without the crucial intermediary stage of building internal capacity within the profession to implement anticipated change, it appears as though a crucial developmental stage was omitted. The result of this omission may be the delayed uptake of expanded scope activities that has currently been identified as an issue within the profession.⁵

The results of this study must be interpreted with caution: although saturation of themes was achieved, the relatively small number of participants and the geographically localized participant pool means that caution must be exercised if attempting to generalize these findings to other contexts.

The framing of data collection and analysis using Kotter's model was justified because of its prominence in early discussion around practice change in pharmacy—use of this model (with its inherent limitations) will also affect interpretation of data and limit generalizability.

Conclusions

Whether we plan it or not, change is inevitable. Change management theories such as Kotter's have been purported to be useful to help enhance effectiveness, efficiency and ease of change processes. As this case study examination of pharmacy in Ontario suggests, incomplete application of this model may produce suboptimal outcomes and tensions; in particular, moving directly from vision to legislation without intermediate implementation was experienced as problematic and stressful by participants. Importantly, simply allowing pharmacists to expand their scope of practice should not be interpreted as actually implementing scope of practice change. ■

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Author Contributions: B. Teixeira was responsible for development of the interview protocol, completion of the ethics protocol, primary data collection and analysis and initial conceptualization of the manuscript. P.A.M. Gregory was responsible for data collection and primary data analysis and drafted and edited the manuscript. Z. Austin initiated the project and was responsible for design/methodology, supervision of the project, secondary data analysis and review of the final draft.

Declaration of Conflicting Interests: The authors have no conflicts of interests to declare.

Funding: This research was supported in part through funding from the Ontario College of Pharmacists.

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