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Toward a Recognition of Key Role players in Community Pharmacy

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Abstract:

Although private community pharmacies are identified as health care facilities, they are highly affected by business management issues. As an example of public-private partnership in the health sector, private community pharmacies have multiple key stakeholders. This study is a comprehensive stakeholder analysis which aims to identify, classify, and analyze multiple key stakeholders involved in the community pharmacy business and their interests, relationship, and behavior. This understanding of the context and evaluation of the above factors will help community pharmacy managers develop suitable strategies to properly manage the stakeholders in order to better achieve organizational goals. A focus group was conducted with key informants. The first phase of the focus group identified stakeholders through brainstorming techniques. In the second phase, stakeholder analysis and classification were performed using a three-dimensional matrix. Identified stakeholders were differentiated by levels of relationship with community pharmacies. They were analyzed regarding three attributes of power, legitimacy, and urgency, and were grouped into eight classes including definitive, dormant, dominant, discretionary, dependent, demanding, and dangerous stakeholders and non-stakeholders. The results of the focus group were converted to a structured questionnaire and confirmed in several face-to-face interviews until reaching a consensus. Four main levels of relationship and eight categories of stakeholders were identified by qualitative analysis through conducting a focus group with key informants. The core stakeholders include pharmacy licensee, licensee-owner, responsible pharmacist, customer, prescriber, health insurance, regulatory body, and staff. The core stakeholders possess three saliences of power, legitimacy, and urgency. Therefore, they are directly involved in decision making. Further deliberations are necessary to analyze the behavior of stakeholders and investigate the communication model.

Keywords: Community pharmacy; Focus groups; Stakeholder matrix; Health policy; Pharmacy administration.

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1. Introduction

Ensuring affordable, accessible, and rational use of safe and effective medicines is a main objective of the health systems. Community pharmacies are considered essential, convenient and highly accessible health care locations which provide direct patient care and a wide range of services from medication dispensing to patient counseling. They are often the first point of care for many patients, and moreover, their scope of practice is expanding in many health systems. These factors, make community-based pharmacy practitioners a cornerstone of primary health care and enable them to significantly impact patient care and societal health.

In most countries, community pharmacies are usually privately owned and operated. Nevertheless, they are identified as health care facilities that deliver professional practice services. Independent private pharmacies are highly influenced by management issues and business pressures. In this sense, community pharmacies are an example of private provision of public services [1]. Privatization of public services offers potentially significant efficiency benefits and cost containment. However, privately-owned community pharmacies – as an example of public-private partnership (PPP) - face two major challenges: (i) healthcare issues and (ii) business management concerns. As health care facilities, they must aim to prioritize societal health, and as private business enterprises, their main objective is to maximize profitability. In such situations, building an effective partnership requires the alignment of interests and incentives to include both business and societal benefits [2–4].

Multiple groups of stakeholders with various perspectives and sometimes conflicting interests are usually involved in any PPP. Developing effective relations with these stakeholders could bring major benefits for the organizations. Stakeholder participation enhances the quality and acceptability of policy-making. Moreover, organizations are rarely capable of responding to the pressures from all the stakeholders at the same time. Therefore, considering the importance of adopting a stakeholder-oriented approach to ensure achieving organizational objectives, a careful identification of key groups of stakeholders and analyzing their salience, are essential [5]. Stakeholder analysis is a common approach to understand the relevant actors and get a rich picture of their power, interests, relationships, and behavior. The results of stakeholder analysis are useful to obtain a deep understanding of the operational context, evaluate the activity environment, recognize key role players, and develop suitable management strategies [6].

This study aims to systematically identify and analyze the salience of the key role players involved in the management of community pharmacies as both health care locations and private businesses, through the stakeholder salience analysis framework. The study was carried out in Iran. Although the operational environment of community pharmacies might vary across different countries, the results of this study might serve as an example for other countries with a similar context.

2. Materials & Methods

This research was a qualitative case study with an interpretative approach. We used the theoretical framework of stakeholder identification by Mitchell *et al.*, to inform the design and analysis of the study [7]. The data collection process consisted of a focus group discussion and multiple in-depth interview sessions with the key informants. The study was conducted in Iran in 2019.

Compared to the other methods of qualitative data collection, focus groups facilitate a more natural situation as participants may influence each other through discussion and interactions in a more similar way to real-world. They allow deep probing into the specific social issue by maximizing the interactions between participants in an organized way [8]. We conducted a focus group consisting of eleven key informants, with an aim to penetrate into their perspectives, perceptions, and opinions regarding the issue under study.

Participants were selected using the list strategy to ensure their ability to provide relevant information [9]. Based on this strategy, an initial list of potential participants was prepared according to the following inclusion criteria: (i) academic background in community pharmacy practice or management, (ii) a minimum of five years of experience in the community pharmacy, (iii) a history of social activism related to pharmacy affairs, (iv) no financial relationship with other participants. Then, fourteen participants were randomly selected and invited via phone call or email. These invited informants represented public and private pharmacies, regulatory body, academia, and patient associations. The focus group structure is shown in Figure 1.

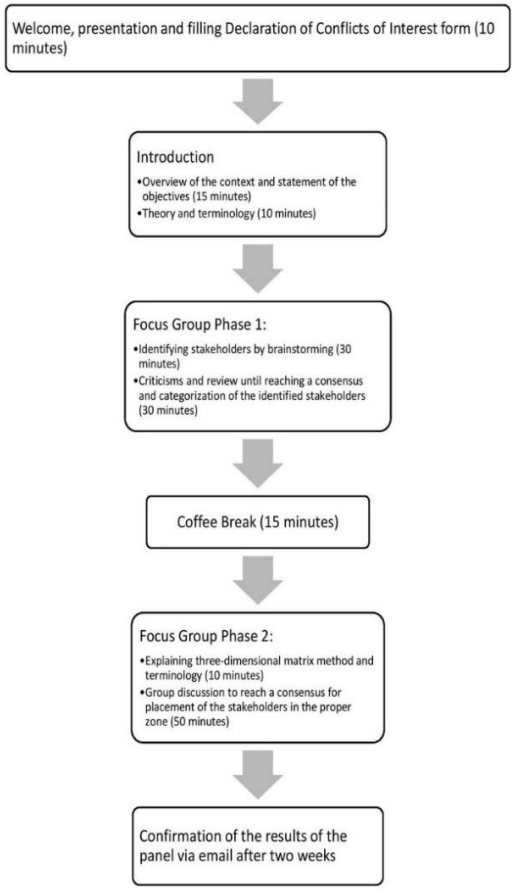

Figure 1. Structure of the focus group

To ensure that group discussion progresses smoothly and all necessary topics are covered, one moderator and one supervising professor facilitated the focus group. All opinions stated by the participants were written on a board and were continuously deleted or confirmed until reaching a consensus. The participants were encouraged to brainstorm to identify a primary list of stakeholders at first. After discussions to reach a consensus, the identified stakeholders were categorized into different levels according to their relationship with the pharmacy. After a short break, the three-dimensional matrix method was introduced to the participants and they were asked to place the identified stakeholders in the matrix based on their attributes of: power, legitimacy, and urgency. Discussions were further continued until reaching a consensus.

To ensure credibility of the findings, the resulting matrix was converted to a structured questionnaire to be further confirmed through individual interviews. The questionnaire is available as supplementary material. The structured interviews were conducted with the key informants from the initial list who were not invited to participate in the focus group. The interviewees were asked about the position of each stakeholder in the matrix. Three answer choices were available for each item, including "I accept the stakeholder and its position", "I reject the stakeholder", or "I accept the stakeholder but the position should change to zone number ..." At the end of each interview, the interviewees were asked if they wanted to introduce any new stakeholders to the matrix. After conducting five interviews, a consensus was achieved. Finally, to further increase the validity of the findings, feedback and confirmation were collected from all key informants participating in the focus group and individual interviews via email.

A written informed consent form and declaration of potential conflicts of interest statement were signed by all participants. All the procedures were reviewed and granted approval by the Ethics Committee at Tehran University of Medical Sciences.

2.1. Literature Review and Theoretical Framework

Edward Freeman, a pioneer in the field of stakeholders analysis, defined a stakeholder as "any group or individual who can affect or is affected by the achievement of an organization's objectives" [10]. The term, "organization", refers to any organized group of people with a particular purpose [11]. Accordingly, a private community pharmacy is considered as an organization with two major objectives: (i) profit maximization and (ii) improving societal health.

There are few studies in the literature that have discussed pharmacy stakeholders in particular programs: For instance, Vozikis *et al.* analyzed the policy environment by mapping the key stakeholders involved in pharmacy-related policy-making [12]. Franco-Trigo *et al.* studied the stakeholders of a cardiovascular prevention program implemented by community pharmacies. They used a descriptive approach to identify three main stakeholder classes: patients, health care professionals, and associated organizations [13]. Sabater-Hernández *et al.* used a stakeholder shared vision to develop a community pharmacy service for patients with atrial fibrillation. Service users and providers, general practitioners, cardiologists, nurses, and the local stroke foundation were identified as the key stakeholders [14]. Hossain *et al.* focused on publicly-funded pharmacy services to identify the executive determinants without further emphasis on stakeholder analysis. They found two categories of key role players: The ground-level including service providers and recipients, and the primary health network including health system decision-makers [15]. Another study by Franco-Trigo *et al.* analyzed the stakeholders involved in a preventive community pharmacy service for cardiovascular diseases. They used snowball sampling and a survey, and identified several groups of stakeholders including patients, health care professionals, regulatory bodies, scientific organizations, Non-Governmental Organizations (NGOs), governmental institutions, academics, private insurers, pharmaceutical or medical devices suppliers, associated software providers, and media [16]. No previous study has discussed the community pharmacy stakeholders with a societal perspective, considering them as private business enterprises, in addition to healthcare destinations.

The theoretical framework of the study is based on the stakeholder identification and salience framework by Mitchell *et al.* according to which the stakeholders' saliences are associated with their attributes of: power, legitimacy, and urgency in terms of managerial attention [7]. It is usually impractical for the managers to involve all the stakeholders' needs and desires and respond to their competing claims in organizational decision-making; since stakeholder engagement is usually expensive and time-consuming, and involves power imbalances. Therefore, understanding the nature of each stakeholder's relationship with the organization and their prioritization, is an essential step in stakeholder management [17]. Mitchell's model of stakeholder salience has been widely used as a tool to categorize the stakeholders and prioritize their involvement in decision-making processes. The model can inform policy making, operational practice and analysis of the dynamic environment by re-evaluating the stakeholders' attributes and hence, their salience, over time [18]. In this method, stakeholders are categorized by the assessment of three attributes of; power, legitimacy, and urgency, as illustrated in Figure 2. Generally speaking, the more attributes a stakeholder has, the more salient it is as perceived by the managers [7].

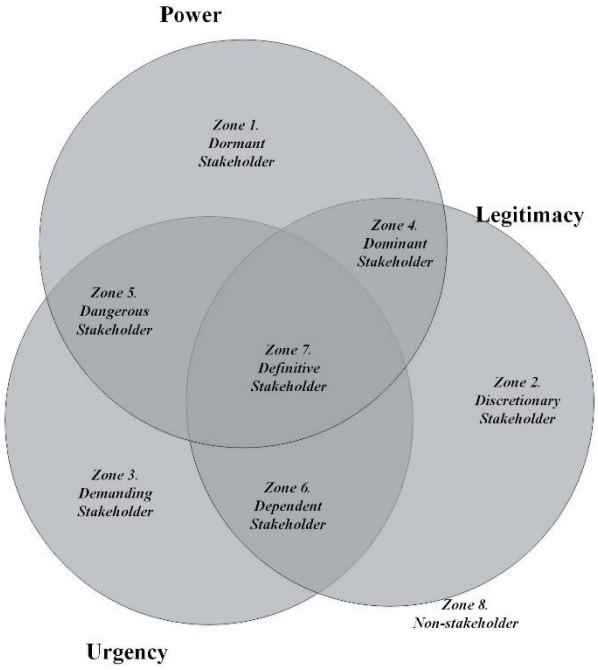

Figure 2. Three-dimensional matrix of stakeholders' saliences (Excerpted from Mitchell et al., [7])

The attribute of "power" refers to the potential ability of a stakeholder to exercise its influence through political, coercive, utilitarian, or normative means. "Legitimacy" is the attribute of stakeholders whose actions are considered desirable and proper within the context of the social system. "Urgency" is the extent to which a stakeholder's claims are considered critical or time-sensitive [7]. A three-dimensional analytical matrix results from various combinations of these attributes. The resulting categories of stakeholders and their attributes according to this framework are summarized in Table 1.

Table 1. Stakeholder Categories (Excerpted from Mitchell et al., 1997)

Stakeholder Category	Attribute(s)	Saliency
Definitive	Power, Legitimacy, Urgency	High
Dominant	Power, Legitimacy	Moderate
Dangerous	Power, Urgency	Moderate
Dependent	Legitimacy, Urgency	Moderate
Demanding	Urgency	Low
Discretionary	Legitimacy	Low
Dormant	Power	Low

3. Results

The primary list of key informants, invitations and attendance rates are presented in Table 2.

Table 2. Number of participants

Description	Number
People replaced in the primary list based on the inclusion criteria and expert suggestions	31
Invited participants after the list randomization	14
Participants who attended the focus group	11

Background characteristics of the participants are presented in Table 3.

Table 3. Demographic characteristics of the participants.

	Focus group (n=11)	Structured interview (n=5)
Gender		
Male	8	3
Female	3	2
Age (mean)	49.63	42.8
Academic degree		
PharmD	4	2
PhD	7	3
Organization (some participants belonged to more than one organization.)		
Academia	6	3
Food and Drug Administration	2	2
Public pharmacy	3	1
Private pharmacy	3	2
Patient association	1	0

The participants identified 49 stakeholders during the brainstorm phase that were later categorized through focus group discussion and then confirmed through five individual in-depth interviews. Finally, there was a consensus on 34 stakeholders. A detailed stakeholder map is presented in Figure 3, where the following four main levels of relationship can be distinguished:

Level 1: internal stakeholders: including the responsible pharmacists, licensee owners, non-licensee owners, pharmacy licensees, investors, pharmacist deputies, staff and trainees.

Level 2: consumers and suppliers, including customers, health insurances, distributers, pharmaceutical manufacturers, prescriber physicians, injection centers, adulterants and contrabandists.

Level 3: observers of pharmacy activities, including public pharmacies, private pharmacies, regulatory bodies, National Pharmacists Association, Medical Council, patient associations, charities, patients' families, health insurance companies, illegal enterprises, and pharmacy students.

Level 4: non-specific stakeholders including the judiciary, municipality, suspending organizations, tax administration, bank, media, and civil society.

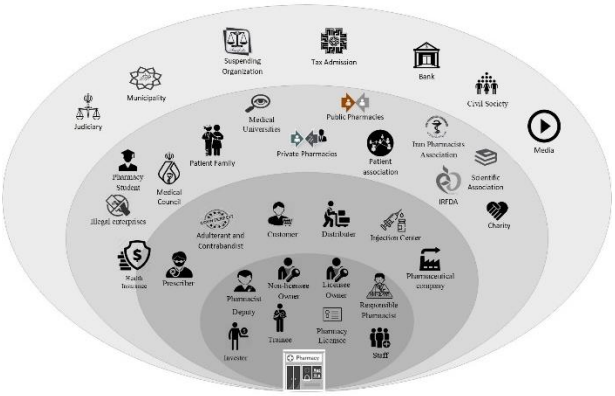

Figure 3. Multilevel stakeholders of private community pharmacy Identified after brainstorming, focus group discussion and expert consensus (From inner to outer layer: internal stakeholders, consumers and suppliers, observers, and non-specific stakeholders)

The three-dimensional matrix was used to analyze the stakeholders' salience. After conducting the focus group, one stakeholder was removed, eleven were added, and four were relocated in the matrix during the individual interviews. Figure 4 shows the final matrix of the stakeholders' salience based. As described earlier, the stakeholders of community pharmacy were categorized as presented in Table 4.

4. Discussion

Over the past two decades, researchers have paid increasing attention to the efficiency of health care organizations. Multidisciplinary studies have discussed health care management issues from the perspectives of social sciences including economics, business, and operations research. McKenzie *et al.* introduced stakeholder identification as the first step in health planning process, where a comprehensive stakeholder identification leads to their initial commitment and facilitates efficient access to the resources [19]. Stakeholder analysis is a valuable tool in health policy and management, especially in situations that involve many relevant actors or players [6,20–23].

Although previous studies have suggested the key stakeholders involved in specific community pharmacy programs [12–16], this study is the first attempt to look at private community pharmacies as independent business enterprises and from a societal perspective, identify the involved stakeholders, and assess their salience.

The theoretical framework of Mitchell *et al.*, using three attributes of; power, legitimacy, and urgency, proved to be relevant and applicable to a community pharmacy context [7]. The results of this study support the idea that multiple stakeholders with different attributes influence private community pharmacies at various levels.

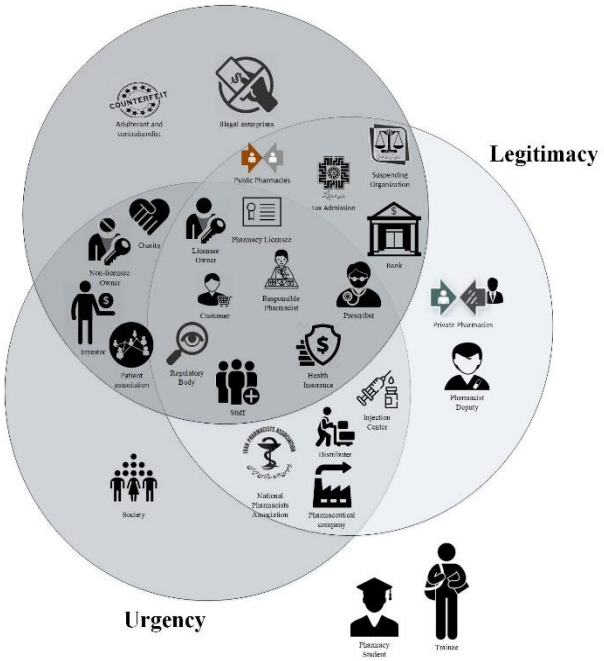

Figure 4. Three-dimensional matrix An analysis of private community pharmacy stakeholders according to three attributes of power, legitimacy and urgency.

Table 4. Community Pharmacy Stakeholder classification

Stakeholder Category	Identified Members
Definitive	Pharmacy licensee, Licensee owner, Responsible pharmacist, Customer, Prescriber, Health insurance, Regulatory body, Staff
Dormant	Adulterants and contrabandists, Illegal enterprises
Dominant	Public pharmacies, Tax admission, Suspending organization, Banks
Discretionary	Private pharmacies, Pharmacist deputy
Dependent	Injection centers, National Pharmacists Association, Distributer, Supplier
Demanding	Society
Dangerous	Non-licensee owner, Charities, Patients association, Investor
Non-stakeholders	Pharmacy Students, Trainees

According to our findings, pharmacy licensee, licensee owner, responsible pharmacist, customers, prescribers, health insurance organizations, regulatory bodies, and staff are identified as "definitive stakeholders". This group of stakeholders is powerful and has legal and urgent claims (Figure 4). Therefore, they require prioritized managerial attention.

According to the regulations in Iran and many other countries, private community pharmacies belong to individual pharmacists who are licensed under district regulations. In some pharmacies, the license owner, the investor and the responsible pharmacist might be one person. This type of pharmacies are managed under full supervision and control of a pharmacist and hence, are introduced as "ideal" by the local healthcare system [24]. A responsible pharmacist is appointed by the pharmacy owner and has a legal responsibility for the safe and effective operation of the pharmacy by supervising the service delivery. The responsible pharmacists are the foremost decision-makers during regular practice and might introduce another pharmacist as a deputy in their absence. The pharmacist deputies are considered temporary staff, so they are not considered as definitive stakeholders. Whereas other staff are permanent human resources and play a critical role in the quality of delivered services [25], and therefore have a direct operational impact and should receive prioritized managerial attention.

From a business perspective, survival of a private community pharmacy depends on customer satisfaction. Since many customers are referred to the pharmacy by a prescription, some local prescribers have direct power to refer their own prescriptions to a particular pharmacy and are therefore considered implicit "definitive stakeholders". Moreover, since customers are not the only payers to the community pharmacies, health insurance organizations also play a key role, since they areat the same time considered as supervisors of pharmacies beside the regulatory body. To represent this in Figure 3, health insurance is placed on the border of level 2 and 3.

"Dangerous stakeholders" are defined as a class of role players with power and urgency, but without legitimacy. The most important identified group of this class is the non-licensee owners and investors. Since pharmacies can be perceived as attractive investment opportunities, there are often business partnership offers for pharmacists that hold a license. In some cases, the pharmacists may surrender their license to the investor [26]. In these cases, the pharmacy licensee might have little or no control over the operation and management of the firm. As a result, ensuring the quality of community pharmacy services under such circumstances needs to be addressed via appropriate mechanisms and policies.

We identified pharmaceutical companies and distributors as "dependent stakeholders". Since they depend on customers for the power. They usually use marketing strategies or offer discounts to influence the pharmacy decisions [27]. Sometimes pharmaceutical companies borrow the power from patient associations to persuade a prescriber or pharmacy to prescribe or sell a particular brand or medicine. Consistent with our findings, there are numerous instances of public complaints of the pharmaceutical companies' invisible sponsorships or invitations in the literature [28]. In these cases, patient associations are also considered dangerous stakeholders.

These stakeholders move to a dormant zone in the absence of urgency. The informants have deemed adulterants and contrabandists, as dormant stakeholders. They came to a consensus that since access to medicines in Iran has improved during the past decades, illegal sources or channels of distribution do not have the urgency [29]. In cases of drug shortage however, such illegitimate vendors can also become dangerous stakeholders and jeopardize patient safety [30–32].

There are two main competitors for private community pharmacies including public and other private pharmacies. Private pharmacies have neither power nor urgency, and have been considered as discretionary stakeholders. Our study informants believed that private pharmacies could have mutual cooperation. According to many national regulations, the geographical distribution of pharmacies is based on the population, and as a result, there is limited competition between them. The informants believed that in such a non-competitive environment, professional cooperation would form. This is in line with previous studies from the literature. For instance, Wertheimer *et al.* investigated the private community pharmacies' behavior and identified a colleague relationship that prioritizes patient satisfaction [33]. According to our study informants, private community pharmacies are not usually optimistic about public pharmacy competitors and they have been considered as dominant stakeholders. This is usually due to the fact that they possess a monopoly in distributing particular medicines which are only provided through governmental schemes. They also benefit from a significant decrease in administration costs. These factors could give them an unfair competitive advantage [34].

In general, private pharmacies have a strong relationship with non-specific stakeholders (Figure 3) including judiciary, municipality, suspending organization, tax administration, bank, media, and civil society. Society is one of the main stakeholders of any enterprise [35]. Society can demand policy-makers and governments to act on issues [36]. However, pharmacies in many countries are not sufficiently oriented toward the societal outcomes of their practices [37]. Further research is needed to investigate the impact of media on the pharmacies and explore their relationship.

This study demonstrated the utility of the stakeholder salience framework to identify the key role players involved in the management of private community pharmacies and provide a comprehensive analysis of their salience. The presented framework should help in guiding further research in similar contexts such as in other health care settings and systems.
We acknowledge a major limitation of the study, that most of the information discussed by the key informants in the focus group originated from gray literature, personal experiences, and oral history, which we tried to document. Moreover, similar to any qualitative inquiry, our findings are not necessarily generalizable to all contexts.

5. Conclusion

The authors aimed to provide a case study of stakeholder analysis within the context of private community pharmacies and analyze the relevant key role players from a societal perspective in order to move towards a more community-oriented approach in pharmacy management. Having a clear picture of the stakeholders and their characteristics and behavior can lead to a more strategic and evidence-based decision-making, and facilitate achieving the health system objectives. The results underlined the multilevel stakeholders, including pharmacy licensee, licensee-owner, responsible pharmacist, customer, prescriber, health insurance, regulatory body, and staff as “definitive stakeholders” of the private community pharmacies. However, further studies are recommended to analyze the behavior of these stakeholders and investigate their communication model.

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Conflict of Interest

The authors declare no conflicts of interest.

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Ethics

Participants signed a written informed consent form before the interviews. All procedures were reviewed and approved by Tehran University of Medical Sciences Ethics Committee (IR.TUMS.VCR.REC.1396.3807).

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