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Inviting Scholarship in Leadership in Pharmacy

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The organizations of the future will increasingly depend on the creativity of their members to survive. Great groups offer a new model in which the leader is an equal among titans. In a truly creative collaboration, work is pleasure, and the only rules and procedures are those that advance the common cause.

-Warren Bennis

Introduction

Leadership is a hot topic in pharmacy today. The frequency of dialogue has increased dramatically in recent years with the discourse being informed by multiple perspectives. The need for leaders and leadership in pharmacy has been addressed in white papers, editorials, presentations and papers describing curricular initiatives, residency training issues and staff development¹⁻⁷. Through these communications, several points of view have been described, ranging from the need for positional leaders in health systems¹, the preparation of new graduates to lead change from entry-level positions²⁻³ and the need for the profession as a whole to adopt a mentality that it must change and forge a new direction in order to stay relevant in an evolving health system.⁷

Outside of the profession, leadership – or at least the topic of envisioning and creating change - is a concept prominent in health policy discussions and the plans of health care delivery organizations. Increased scrutiny on the lack of performance of our care systems in generating quality outcomes has led to strategies to redefine the health system. At the federal level, a health care reform bill has been passed and its implementation will require leadership in all areas of the health system to achieve its intended outcome. New payment models that promote effective and efficient service delivery must be tested and ultimately adopted. Pay-for-performance, the patient centered medical home, and Medicare withholdings secondary to early readmissions are examples of models or tactics that are requiring increased

creativity on the part of health systems leaders, in order to adapt services and organizations to a health care landscape that is increasingly in flux.

While it can sometimes seem that the system in which we operate is in a state of chaos, times of turmoil provide great opportunity when strong leadership emerges. Those organizations that have leaders adept at mobilizing a vision and gathering teams to identify concrete strategies and action steps emerge from periods of upheaval stronger. Pharmacy is recognizing this opportunity, resulting in a growing urgency around the topic of leadership.

Defining Leadership

A lack of clarity around what exactly pharmacy needs with respect to leadership could limit our effectiveness as a profession. Therefore, as we launch *INNOVATIONS in Pharmacy* and devote a section of the journal to this topic, we would like to establish some definitions that will help define the type of articles we are seeking to include in this publication.

From our observation of pharmacy's dialogue, four distinct concepts have been commonly included in discussions of leadership. In some cases, the terms *professionalism*, *advocacy*, *management* and *leadership* have been used somewhat interchangeably. While there are certainly relationships between these concepts, it is important to recognize that one is not entirely inclusive of another. Here we provide definitions we will use for the purposes of the leadership section of *INNOVATIONS in Pharmacy*.

Leadership: Certainly there are many theories on leadership that have been defined, many styles of leadership that have been categorized, and many traits that have been recognized in effective leaders. As a result, a singular definition can be elusive. But as it concerns pharmacy and the profession's ability to establish itself as a key contributor in the evolving health care system, we believe the most critical outcome of leadership is **successfully creating positive change for the common good**. The core of leadership in pharmacy involves vision, specifically the capacity to envision practices and systems in which pharmacists are better able to serve the medication needs of society. Leaders in pharmacy then

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influence the allocation of resources (financial and human) in a manner that make the vision a reality. At its heart, leadership is about change. The work of a leader, then, as described by Roach and Behling (1984) is **the process of influencing an organized group toward accomplishing their goals.**

Professionalism: We have observed that professionalism has been commonly associated with leadership, particularly in discussions centering on the academic preparation of pharmacists. In some cases, coursework and extra-curricular activities that support the professional maturation of student pharmacists into competent professionals is referred to as “leadership development.”

The APhA Academy of Student Pharmacists/AACP Council of Deans Joint Task Force established the following definition of a professional and professionalism (Table 1). Reviewing these traits, it is recognized that leadership is but one of many components of professionalism. The Oath of a Pharmacist, which is the pharmacist’s stated commitment to the ideals of professionalism, elaborates on the purpose of leadership by stating, “I will embrace and advocate changes that improve patient care.”⁹ The Oath acknowledges that the concept of leadership most critical to pharmacy as a profession is the pursuit of change rooted in the welfare of the patients we serve.

Advocacy: Webster’s defines advocacy as “the act or process of supporting a cause or proposal.” Because success in achieving a vision for change is often dependent on the ability to advocate for ideas and resources, a connection exists between leadership and advocacy. In particular, as government policy increasingly shapes the health care environment, there has been an enhanced recognition of the need for the profession to increase its engagement in political advocacy. As a result, programs that seek to enhance the advocacy skills of pharmacists have been developed. As with programs focused on enhancing professionalism, educational initiatives addressing advocacy skills have frequently been categorized under the “leadership development” banner.

Those who successfully lead change must understand the importance of advocacy in generating support for the change they envision, but this is only one of many skills possessed by effective leaders.

Management: The debate attempting to distinguish the differences between leadership and management is long standing. Most individuals who have given this issue some degree of consideration acknowledge that while there is

overlap, there is a discernable difference between the common work of “leaders” and that of “managers.”

The Harvard Business Review has devoted many pages to this discussion, helping to articulate this differentiation. In his classic article “What Leaders Really Do,” Kotter frames the differences around three complementary but distinct approaches to key activities: 1) planning and budgeting vs. setting direction; 2) organizing and staffing vs. aligning people; 3) controlling activities and solving problems vs. motivating and inspiring.¹⁰ In each of these contrasting approaches, the latter is reflective of leadership. These approaches also represent the skill and knowledge required to achieve the core outcome of leadership described previously – creating meaningful change in the systems that effect how the profession meets the medication needs of patients and society.

In summary, these four concepts are all related and professionalism, advocacy and management have clear connections to leadership. Figure 1 represents our concept of the relative scope and inter-relationships between these four concepts. As we focus on leadership in pharmacy, this figure should serve as a guide to potential contributors as they consider whether their work is aligned with this section of *INNOVATIONS in Pharmacy*.

Positional and Non-positional Leadership

Considering the outcomes and heart of leadership presented above, additional truths are evident that should shape the breadth of submissions to this publication. In today’s reality, envisioning and ultimately, creating practices and systems in which pharmacists are better able to serve the medication needs of society is **a duty of all through collaboration and teamwork.** Gone are the days of solely depending on the appointed or elected to pass a charge and specific directions on to followers who execute that single person’s vision. Creating change requires a combined effort across all levels of and positions in the profession.

The popular literature, as well as pharmacy specific literature, has recently spoken to leadership regardless of position or title. This does not infer that the leadership section of *INNOVATIONS in Pharmacy* seeks to exclude those submissions focused on the work, development or issues of elected or appointed pharmacy leaders. These submissions are strongly encouraged; however, the more traditional view of leaders holding formal titles of authority overwhelms the non-positional view of leadership, and the latter often requires more encouragement. White spoke to this balance articulating her belief that all pharmacists are leaders, separated into “big L” and “little L” leaders. “Big L” leaders

are those in formal leadership positions, such as directors of pharmacy. All pharmacists have the opportunity to be “little L” leaders through the actions they take to influence their immediate practice environment.¹

Kouzes and Posner best articulated the new scope of leadership. From their classic book, *The Leadership Challenge*, they state, “What we have discovered and rediscovered, is that leadership is not the private reserve of a few charismatic men and women. It is a process ordinary people use when they are bringing forth the best from themselves and others. When the leader in everyone is liberated extraordinary things happen.”¹¹ This broader scope opens the opportunity to explore multiple interests for submission to this journal.

A Scholarly Approach

The issues in health care create an environment where pharmacy must continue to venture into the unknown. We face these issues in administrative environments where financial and organizational decisions are made, practice environments where individual patient outcomes are realized and educational environments where we prepare pharmacists for evolving and new roles.

Heifetz and Linsky articulated the dangers of leadership in *Leadership on the Line*.¹² While we have the opportunities to make a difference every day, pharmacists may not pursue these opportunities because the work of leadership often involves challenging long-standing beliefs, possibly invoking conflict or facing the risk of losing something that a group perceives as comfortable (e.g. longstanding processes). Additionally, Heifetz and Linsky state that the “work” of leadership moves beyond applying current know-how by someone in a position to make the change. The adaptive work of leadership is to learn new ways of solving problems completed by people with the problem (i.e. personnel on the front lines of practice). The dangers of leadership and the need to learn new ways to find success can be assisted through the dissemination of scholarship in leadership. Publications allow readers to learn from others, and how they’ve created urgency, developed visions, taken risks, confronted challenges, achieved short term and long term “wins,” and celebrated success.

Regardless of pharmacy setting, the nature of problems being addressed and the inherent risks of venturing into the unknown necessitate a scholarly approach. A fund of knowledge and learning related to leadership must be developed so that pharmacy can draw on it to positively influence medication use systems. Popovich and Abel reminded pharmacy educators of the need to re-focus what

constitutes scholarship from a narrow, traditional view to an expanded view as embraced by Boyer.¹³ Table 2 summarizes four expanded definitions of scholarship.

Pharmacy needs new knowledge related to leadership, but it also needs new perspectives from the integration of leadership concepts. It needs application of leadership models and strategies in an effort to develop new insights. Teachers of leadership must use creativity, current findings and be open to evaluation. The scholarship of discovery, integration, application and teaching are welcome submissions to the Leadership section of *INNOVATIONS in Pharmacy*.

Submission Types

INNOVATIONS in Pharmacy aims to attract a wide audience of authors and readers through a flexible approach to manuscript structure. Creative submissions to this section are encouraged, mirroring the creative thinking and pursuit of innovation that is frequently associated with outstanding leaders.

Submissions are invited that address any aspect of leadership that seeks to support innovation within the profession of pharmacy. Submissions may focus on how leadership is being practiced in pharmacy or how it is developed within our profession. Article types that will be considered include, but are not limited to:

- Editorials on areas where leadership is needed in the profession and issues impacting leadership.
- Review papers that consolidate and describe techniques or tools that support the work of leaders in the profession
- Concept papers that present a vision of the manner in which pharmacists can further meet the needs of patients and other health care practitioners in defined practice settings.
- Case studies describing and analyzing the application of models of leadership or leadership strategies.
- Research evaluating programs to develop leadership skills and a commitment to leading change in students, residents, staff and/or practitioners.

Non-traditional, Creative Formats

The above examples cover an array of formats that could be used by authors, but they also suggest a traditional written narrative format. Unfortunately, this promotes traditional thinking about the manner in which leadership can be presented via this journal. In contrast, Kouzes and Posner have found that one of the key practices of effective leaders

is that they “challenge the process,” not allowing themselves or their organizations to impose unnecessary boundaries around their thinking.¹¹ In fact, effective leaders promote creativity and are open to new ideas or strategies that have the potential to help them achieve the vision of those they lead.

In the spirit of leadership, as *INNOVATIONS in pharmacy* is launched, one of the goals is to challenge the process of the dissemination of scholarly work. Authors are encouraged to consider unique ways to share their ideas, discoveries and experiences around leadership. With *INNOVATIONS* being entirely web-based, contributors should consider how this medium can be effectively leveraged to best convey their work to a global community. Certainly there will be limits around what will be feasible, but as *INNOVATIONS* grows and matures, these limits can be tested through an open process that embraces trial and error. Rather than set boundaries that may inadvertently dismiss effective dissemination strategies that could not be anticipated, contributors are encouraged to challenge traditional publication processes with their imagination, collaboratively seeking new ways to explore scholarship in the discipline of leadership.

Review Criteria

All manuscripts will be reviewed for quality and for value and fit for the readership. The following criteria will be assessed by peer reviewers.

Value/Fit

- *Applicability* – To what degree does the work apply to leadership in pharmacy?
- *Originality* – To what degree is the work novel or fresh as an idea, method, adaptation or argument?
- *Utility* – To what degree will the information be utilized by readers in a meaningful way?

Quality

- *Extension* – How well does the work connect to and build off the work of others OR allow itself to be continued and extended by others?
- *Evidence or Experience* - What is the quality of the individual (or collective) observations OR the quality of the study (or studies) being reported?
- *Interpretation* – Does the work offer an appropriate analysis, drawing appropriate conclusions?

Call for Submissions

This section of *INNOVATIONS* values contributions addressing both positional and non-positional leadership. Authors of scholarly work in this arena are invited to contribute. While original research, designed to develop new leadership-related

knowledge is welcomed, the section also recognizes the scholarship of integration, application and teaching. While traditional, text based manuscripts are invited, authors are free to explore non-traditional formats for submission. Although topics may be broad and formats may be flexible, all work will be submitted to a peer review process focused on enhancing the value and quality of the published works for the readership.

Take advantage of the ambiguity in the world. Look at something and think what else it might be. -Roger von Oech

References

1. White SJ. Leadership: Successful alchemy. *Am J Health-Syst Pharm* 2006; 63:1497-503. DOI 10.2146/ajhp060263
2. Sheaffer S, Askew JP, Baggs J, et al. “Leadership as a professional obligation: Report from the student new practitioner leadership task force.” <http://www.ashpfoundation.org/MainMenuCategories/CenterforPharmacyLeadership/AbouttheCenter/StudentNewPractitionerLeadershipTaskForce/SNPTaskForceReport.asp> (accessed August 15, 2010).
3. Sorensen TD, Traynor AP, Janke KK. A Pharmacy Course on Leadership and Leading Change. *Am J Pharm Ed.* 2009; 73(2): Article 23.
4. Talley CR, ed. Summary of the proceedings of the 2006 ASHP conference for leaders in health-system pharmacy. *Am J Health-Syst Pharm* 2007; 64:2080-1. DOI 10.2146/ajhp070140
5. Talley CR, ed. 2004 ASHP national residency preceptors conference explores generational differences, leadership development. *Am J Health-Syst Pharm* 2005; 62:519-24.
6. Talley CR, ed. 2004 ASHP leadership conference on pharmacy practice management executive summary. *Am J Health-Syst Pharm* 2005; 62:1303-10.
7. Oliver W. Real change requires real change: A 21st century intelligent model to meet society's health care needs. *JAPhA.* 2007; 47(4):452-462.
8. APhA-ASP/AACP-COD Task Force. White Paper on Pharmacy Student Professionalism. *J Am Pharm Assn.* 2000; 40(1):96-102.
9. American Association of Colleges of Pharmacy. “Oath of a Pharmacist.” <http://www.aacp.org/resources/academicpolicies/studentaffairspolicies/Documents/OATHOFAPHARMACIST2008-09.pdf> (accessed August 15, 2010).
10. Kotter JP. What Leaders Really Do. *HBR On Point.* 2001, Product Number 3820.

11. Kouzes JM, Posner BZ. The Leadership Challenge, 4th edition. Copyright 2007, Jossey-Bass, San Francisco, CA.
12. Heifetz RA, Linsky M. Leadership on the Line. Copyright 2002, Harvard Business School Press, Boston, MA.
13. Popovich NG, Abel SR. The Need for a Broadened Definition of Faculty Scholarship and Creativity. *Am J Pharm Ed* 2002; 66:59-65.

Table 1: APhA-ASP/AACP-COD Task Force on Professionalism Definitions⁸

<p>Professionalism: Active demonstration of the traits of a professional.</p> <p>Traits of a Professional</p> <ol style="list-style-type: none"> 1. Knowledge and skills of a profession. 2. Commitment to self-improvement of skills and knowledge. 3. Service orientation. 4. Pride in the profession. 5. Covenantal relationship with the client. 6. Creativity and innovation. 7. Conscience and trustworthiness. 8. Accountability for his/her work. 9. Ethically sound decision making. 10. Leadership
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Table 2: Summaries of the Defined Forms of Scholarship¹³

Form of Scholarship	Summary
Scholarship of Discovery	Creates new knowledge
Scholarship of Integration	Brings together disparate concepts and principles and synthesizes them into a new perspective
Scholarship of Application	Applies discovered knowledge to problems creating new insights and understanding.
Scholarship of Teaching	Utilizes creativity and research in teaching to enhance student learning

Figure 1: Effective Relationship between Leadership, Professionalism, Advocacy and Management

