

# A survey exploring the barriers and drivers to leader and leadership development of the pharmacy workforce

Xolani D. Gondongwe\*  and Yogini Jani 

University College London Hospitals NHS Foundation Trust, 235 Euston Road, London NW1 2BU, United Kingdom

\*Correspondence: University College London Hospitals NHS Foundation Trust, 235 Euston Road, London NW1 2BU, United Kingdom. E-mail: [dereck.gondongwe@nhs.net](mailto:dereck.gondongwe@nhs.net)

## Abstract

**Introduction:** Leadership is an essential but under-researched domain in advanced pharmacy practice.

**Aim:** To describe pharmacist leadership training experience and ascertain perceptions of barriers/drivers for leadership development.

**Methods:** Online survey at a UK tertiary-care organization. Questions related to leadership competencies, personal qualities, barriers, and drivers, with Likert scale responses options, were analysed using Microsoft Excel®.

**Results:** Thirty-nine pharmacists responded. Three quarters reported no formal leadership training. Many identified leadership development as essential for career progression. Main driver was a manager or peer support. Barriers included workload, being undervalued, and lack of strategic opportunities.

**Conclusion:** Our findings can inform educators and organizations in developing future strategies.

**Keywords:** Leader; leadership; pharmacist; pharmacy

## Introduction

Leadership in healthcare can maximize productivity and shape a positive culture. It is identified as an essential domain in advanced practice curricula for pharmacists by the International Pharmaceutical Federation (FIP) as well as national professional bodies such as the Royal Pharmaceutical Society (RPS). Several national pharmacy regulatory or professional organizations have identified leadership development as an essential component of foundational training years [1]. There is extensive literature on pharmacists' continuing development (including leadership development); however, recent technological advances, expanding professional roles, changes to education and training, and public expectations have highlighted the need to understand and develop pharmacist leadership. This study aims to describe leadership training experience together with perceived and actual barriers and drivers to leader and leadership development of pharmacists.

## Methods

This cross-sectional study was conducted at a single, tertiary care, acute hospital organization in England using an electronic survey (Qualtrics® XM 23, London, UK). Following a pilot by two pharmacists to assess face and content validity, a survey link and participant information leaflet were distributed to all pharmacists practicing at all stages of advanced practice via internal mail on 11 August 2020 [2]. The survey comprised three sections: demographic data; understanding leadership competencies and personal qualities; and perceived drivers

and barriers to leadership development [3–7]. All respondents were included in the analysis. Incomplete survey components were marked as 'no response' and included in the final analysis. Data were exported and analysed using Microsoft Excel®. Descriptive analyses were used for respondent characteristics. Responses to Likert items were analysed by calculating percentage agreement or disagreement with each statement. The study formed part of a local pharmacy service education and training service evaluation and review. Therefore, in accordance with the Health Research Authority toolkit NHS ethical approval was not required [8].

## Results

The survey was sent to 105 pharmacists, 39 responded yielding a 37.1% response rate. The mean number of years of pharmacist experience was 13.1 years (*standard deviation* = 6.77). Most respondents ( $n = 28$ , 71.8%) reported not undertaking any form of leadership training. Almost one third of respondents ( $n = 12$ , 30.7%) matched their level of practice to one of the levels as defined by RPS; however, only a minority ( $n = 5$ , 12.8%) had undergone the credentialing process with the RPS or UKCPA. All respondents had a postgraduate qualification of which 9 (23.1%) also had a research-based postgraduate qualification (Table 1).

## Pharmacy leadership drivers and barriers

Over half the pharmacists surveyed identified leadership development as essential for career progression

**Table 1.** Characteristics of respondents.

Characteristic	Respondents, <i>n</i> (%)
Experience (years)	
1–5	2 (5.1)
6–10	14 (35.9)
11–15	10 (25.6)
16–20	9 (23.1)
>20	4 (10.3)
Level of practice	
Foundation	1 (2.6)
Advanced Stage 1	5 (12.8)
Advanced Stage 2	2 (5.1)
Mastery	4 (10.3)
Not Sure	5 (12.8)
Do not know	6 (15.4)
No response	16 (41.0%)
Credentialing Organization	
RPS	1 (2.6)
UKCPA	2 (5.1)
NHS Leadership Academy	1 (2.6)
Other	1 (2.6)
No credentialing	33 (84.6)
Not response	1 (2.6)
Leadership training	
Local	3 (7.7)
Other NHS organization	5 (12.8)
NHS Leadership Academy	2 (5.1)
No training	29 (74.4)
Postgraduate qualifications <sup>a</sup>	
Postgraduate certificate/Diploma in Clinical/General Pharmacy Practice	36
Postgraduate Certificate in Independent prescribing or equivalent	20
Master of Science/Research/Philosophy	7
Doctor of Philosophy Ph.D./Professional Doctorate PharmD	3

<sup>a</sup>More than one choice was selected per respondent.

(*n* = 26, 66.6%) or that it would improve performance in their current role (*n* = 23, 59%). Leadership development was identified via the appraisal process or personal development plans. Another key driver was support from line managers or work colleagues as reported by over two thirds of respondents (71.8%, *n* = 28). Mixed views were reported about whether there were sufficient resources in the pharmacy department to support leadership development. Similarly, mixed views were reported on incentives from the pharmacy department or organization to develop their leadership skills, with 42% (*n* = 13) strongly or somewhat disagreeing that they had incentives, 38% (*n* = 12) neither agreed nor disagreed while only 19% (*n* = 6) somewhat or strongly agreed. Nine pharmacists (23.1%) did not respond to this question.

Pharmacists reported workload (*n* = 19, 48.7%), not being valued (*n* = 16, 41%), and lack of access or opportunity to work at strategic level (*n* = 14, 35.9%) as barriers to

pharmacy leadership development (Fig. 1). Notably, the latter was reported by those with less than 10 years' experience.

## Discussion

In this first survey of leadership development among pharmacists working in a UK hospital setting, almost three quarters of pharmacists surveyed did not have any formal leadership training and less than a third had accessed training offered nationally or locally. Improving performance in current role, career development and support from line managers and work colleagues were identified as key drivers for leadership development. Lack of time and access or opportunities to work at strategic levels were identified as key barriers.

This was a local survey of pharmacists in UK hospital practice, thus limiting generalizability. Further research nationally, internationally, and across different areas of pharmacy practice is necessary. An assessment of non-responders showed that most were senior pharmacists. This could suggest that they perceived that leadership development may not be applicable to them as they are already in leadership roles; however, further study is required to confirm. This study does not include an evaluation of leadership schemes or training with respect to their effectiveness.

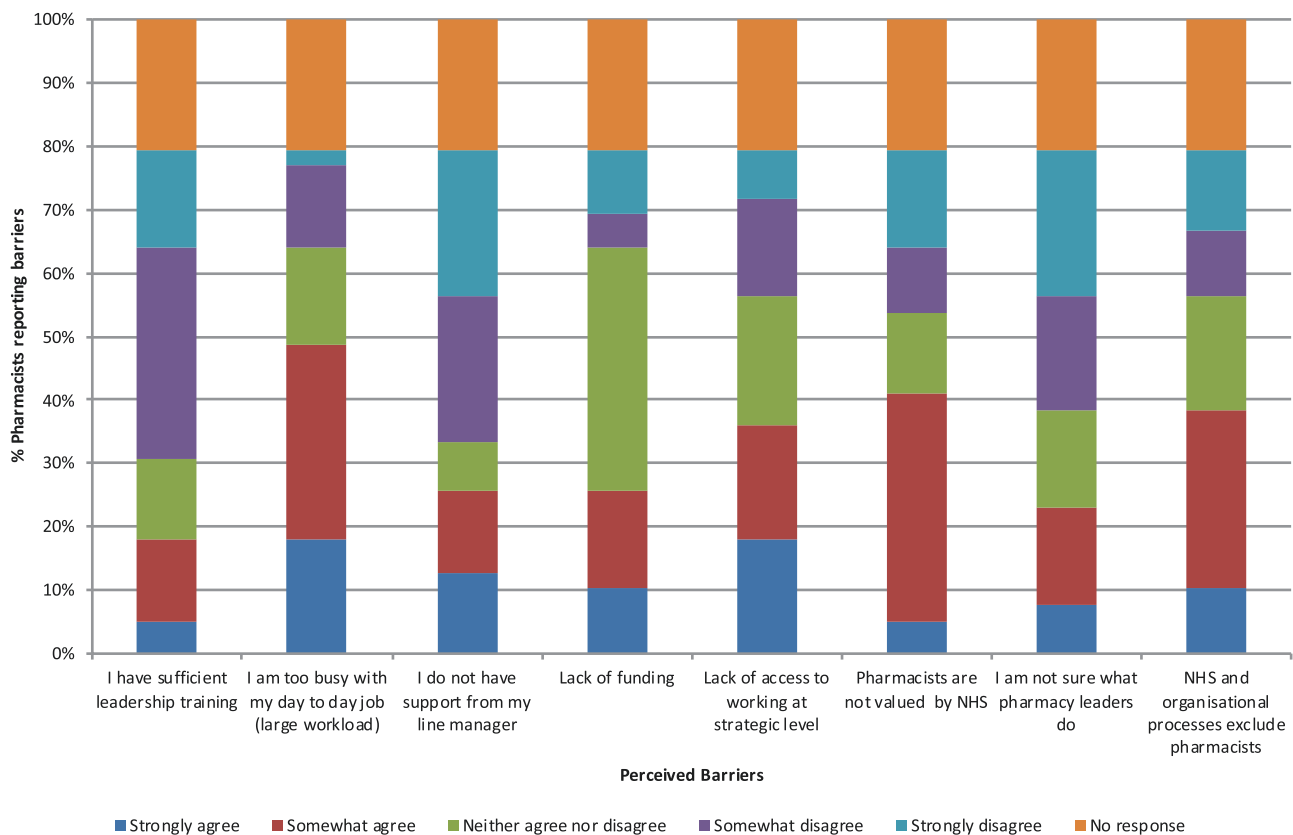
Although there is growing recognition of the importance of pharmacist leadership nationally [9] and internationally [10], our findings indicate low uptake in leadership training amongst pharmacists. All pharmacists who had accessed training programs had undergone a credentialing process via RPS or UK Clinical Pharmacy Association. The low uptake in leadership training amongst pharmacists suggests that the mere existence of leadership training courses may not be enough; mechanisms to increase the uptake of leadership training amongst pharmacists are required. Supporting pharmacists with advanced practice credentialing could be one such mechanism.

Improving performance in a current role, career development, and support from line managers and work colleagues were identified as key drivers for leadership development. This emphasizes the role of employers, professional bodies, and higher education institutions in embedding leadership development, and senior leadership as a legitimate and valued career path for pharmacists. Indeed, consultant pharmacists and chief pharmacists are examples of such leadership careers.

Lack of time and access or opportunities to work at strategic levels were identified as key barriers. This is consistent with reports from other healthcare professional groups, such as doctors [4], nurses [5], and physiotherapists [6]. Amongst junior doctors, it was recognized that employers must overcome the conflict faced by clinicians between leadership roles/development and their clinical responsibilities. The provision of time away from direct patient care, like that offered to consultant (medical) clinicians through dedicated supporting professional activity time, should be considered essential.

## Conclusion

Most pharmacists from a single organization in a UK hospital setting reported a lack of formal leadership training. Improving performance in the current role and career development were identified as key drivers for pharmacist leadership development. Workload and lack of access or opportunity to work at strategic levels were identified as key



**Figure 1.** Proportion of pharmacist reporting barriers.

barriers. Further research is required to confirm generalizability of these findings in the pharmacy profession.

## Acknowledgements

The authors would like to thank all the pharmacists who contributed to the survey providing important data on the status of leadership development of UK pharmacists at a single centre.

## Author contributions

Both authors contributed to the development of the research question, designing the study, analysing results, and writing the article.

## Conflict of interest

None declared.

## Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

## Data accessibility

Both authors had ongoing complete access to the study data, that is, the ability to download surveys and analyse results.

## References

- Hill JD, Fenn NE III. The future of pharmacy leadership: investing in students and new practitioners. *Am J Health Syst Pharm*; 2019;76:1904–6. <https://doi.org/10.1093/ajhp/zxz224>
- rps---leadership-development-framework-january-2015.pdf. <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Development/rps---leadership-development-framework-january-2015.pdf> (10 December 2021, date last accessed).
- Advanced Pharmacy Framework (APF). <https://www.rpharms.com/resources/frameworks/advanced-pharmacy-framework-apf> (16 December 2021, date last accessed).
- Till A. Junior doctors: tapping into leadership talent. *BMJ*. 2015, 351. <https://www.bmj.com/content/351/bmj.h5612>
- Hughes V. What are the barriers to effective nurse leadership? A review. *Athens J Health*; 2018;5:7–20. <https://doi.org/10.30958/ajh.5-1-1>
- McGowan E, Stokes E. Leadership and leadership development within the profession of physiotherapy in Ireland. *Physiother Theory Pract* 2017;33:62–71. <https://doi.org/10.1080/09593985.2016.1230659>
- Barriers and enablers for clinicians moving into senior leadership roles*. Faculty of Medical Leadership and Management, 2018. [https://assets.publishing.service.gov.uk/media/5bed5ac940f0b667b363e298/Clinical\\_leadership\\_report\\_f.pdf](https://assets.publishing.service.gov.uk/media/5bed5ac940f0b667b363e298/Clinical_leadership_report_f.pdf) (16 December 2021, date last accessed).
- Is my study research?. <https://hra-decisiontools.org.uk/research/> (cited 9 May 2023).
- NHS England » NHS People Plan.. <https://www.england.nhs.uk/ournhspeople/>. (cited 16 December 2022).
- Leadership Development. FIP Development Goals. <https://developmentgoals.fip.org/dg6/>. (cited 18 May 2022).