The Role of Leadership and Supervision in Pharmacy Safety

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Leading the Pharmacy to Safety

Though every business could make the same claim, it is particularly true for pharmacy that the work can become quite mechanistic. Though there are always new medicines to learn about and new insurance plans to wade through, the process of pharmacy remains roughly the same — the order comes in, the order is filled, and the order is distributed. Not surprisingly, therefore, pharmacy managers “lead” their staff by providing oversight to this process and handling the core functions necessary to keep the business moving, such as staffing schedules, hiring and firing, inventory, etc. Also, pharmacy managers are often involved in the script checking process, which is their point of contact in the quality control sequence.

But, though these tasks are important, is that really leadership? Is there untapped potential for dynamic leadership in pharmacy management that is being overlooked? More interestingly, is there leadership potential within our staff members that we are ignoring? In this article, the first goal is to inform the reader about what leadership is — how it is defined, measured and related to performance at work. The article will culminate with ideas about how leadership could be used to improve pharmacy practice and safety.

Leadership in the Pharmacy Literature

A quick search of Internet databases ten years ago on "leadership and safety" would yield hundreds of results. However, when one sifted through them, disappointment was the most likely reaction. There were a few studies that touched directly on leadership to some degree, but most of the articles were not research-based. Instead, they were more
philosophical in nature, content with debating the idea and practice of leadership (many times tangentially) rather than studying how it might be a useful construct. The few articles that did describe solid research were from non-medical journals. There was evidence to show that the medical community realizes this dearth of research-based studies exists as well, and no clearer sign of this can be seen than when the keyword “pharmacy” was added to the search. Only a handful of articles survived.

Despite the lack of scientific evidence at that time, the emphasis on leadership as an integral component of patient safety was certainly found in other places, and now ten years later, leadership is a central pillar of patient safety dialogue, making it all the more important to understand what science has revealed about what leadership is and how it works. The National Patient Safety Agency (NPSA) in the UK places leadership as their second step of Seven Steps to Patient Safety. The American Society of Health-System Pharmacists (ASHP) has been vocal about leadership for some time and even has an entire section of their site devoted to “practice managers,” as they call them. ASHP also sponsors a leadership conference in cooperation with Boston University that is indeed a step in the right direction. The approach to leadership taken in this conference appears to be centered on individual training of the leader, which is certainly important information. The case will be made that this perspective on leadership is only one of several and that real progress in pharmacy leadership must be done in pharmacies through field-based action research, not exclusively through the use of conferences.

**Leadership: What Is It?**

Definitions of leadership have been offered for decades now. However, the more recent attempts all seem to see leadership as a sort of influence process, where an individual influences and motivates others to contribute toward the organization’s success. Beyond this general statement, however, psychologists must admit that there is still some disagreement about leadership. It is not the goal of this article to air those disagreements. Instead, we will take the basic definition above and attempt to apply it to the broad objective of patient safety. This can be done by examining core principles of leadership as well as studies that have been done in other industries where safety was of primary
concern. Drawing from these sources, we should be able to develop some promising avenues for research and practice in pharmacy leadership.

**Understanding Leadership**

One of the earliest studies of leadership was completed at Ohio State University in the 1950's. With the intention to catalog and categorize effective leader behaviors, researchers reported that leaders could be classified along two dimensions that they called *consideration* (degree of friendliness, support, concern toward subordinates) and *initiating structure* (degree to which the leader is “hands-on” in defining roles, tasks and standards). Roughly, one might think of these dimensions as “person-focused” and “task-focused.” Generally, the conclusion was that leaders should aspire to be relatively high on both measures — that is, focused on goal completion and efficiency while at the same time showing concern and support for employees. Though the research does seem to suggest that leaders who show consideration-based behaviors tend to have more satisfied employees, the effect of structured leaders is less clear.

Applied to pharmacy, this recommendation would translate into a pharmacy manager who is actively involved in attaining a patient safety benchmark, but is also sensitive to the needs of her staff and is able to support them in their work. It is tempting for the pharmacy manager to be as involved as possible in patient safety because any breakdowns in this area will usually trigger sanctions that the manager will have to endure. However, pharmacies are filled with employees who are highly trained professionals and who are more likely to prefer that managers maintain a low profile in the workplace. If supervision becomes too “close,” they are more likely to become dissatisfied. So, we must find a balance between the monitoring of safety goals and the needs of employees to feel as independent as possible. This leads to some recommendations:

- Consider a stronger emphasis on structured leadership with *less-experienced staff, like new technicians.*
- Consider a stronger emphasis on consideration-based behaviors *when working with more experienced staff.*
Participation as a Leadership Behavior

While the folks at Ohio State were doing their work, similar studies were being done at the University of Michigan. These researchers found that, in addition to task-focused and person-focused behaviors, a third category could be defined. In this category were behaviors intended to facilitate subordinate participation in decision making, communication, and conflict resolution, among other things. They called this category participative leadership, and reported that leaders who used this strategy tended to have more satisfied employees and work groups. However, they were quick to point out that allowing participation in these functions did not absolve the leader of the responsibility for those decisions and their consequences. The bottom line here is simple: let the employee feel as if they are working with you, not for you. Companies all across the US and the world are using this strategy in various ways, such as Wal-Mart, Sears, and Best Buy.

Why would participation be beneficial? Research shows that in certain contexts, allowing participation in decision making can improve the quality of decisions, enhance the likelihood that the majority of the organization will accept the decision, and help to develop the decision making skills of employees who would not otherwise have the opportunity for such development. While it is true that in some circumstances it is impractical to encourage participation, this does not mean that pharmacy leaders should treat autocratic styles of leadership as the default mode of operation.

When this idea is applied to the pharmacy, it suggests that pharmacy leadership would do well to incorporate the input of the staff as they approach the goal of improved patient safety. The mechanisms for this participation are varied, but the point is always to encourage upward communication, bring more diverse perspectives to the table, and to facilitate the work team in its own maintenance (i.e., resolving employee conflicts, etc.). Specifically as related to patient safety, this leadership behavior seems crucial, since leaders cannot possibly be present to experience all errors and other mishaps firsthand. In addition, because of the overarching supervisory duties that leaders tend to have, they simply cannot focus on minute details of the patient safety process and depend on staff input to assist in identifying and analyzing adverse events. This line of thinking leads to the following recommendations:
Make time in the work week to focus exclusively on providing opportunities for staff to participate in the decisions and strategies that are intended to improve and maintain patient safety.

Develop ways to make it clear to the staff that their participation is positively affecting the way in which the organization is approaching its patient safety goals.

The Importance of Relationships

One of the most difficult tasks for pharmacy leaders when safety is involved is correcting subordinates when they are acting in ways that may jeopardize patient health. For example, what do you do when you know that employees are underreporting incidents? How do you handle it when employees are bypassing safety protocols? As hard as we try to incorporate preventative measures that are failsafe, events will occur that will require corrective action on the part of the pharmacy leader. In this section, some guidelines for staff correction will be outlined and applied to the pharmacy after detailing the reasons why leader-subordinate relationships can be critical.

First, it is important to break down a myth that can be pervasive in some organizations. The myth has to do with the relationship(s) between the leader and the subordinates. The myth and its correction are below:

MYTH: It is important for leaders to treat all employees the same.
CORRECTION: Leaders cannot possibly treat all employees the same, nor should they.

With today’s emphasis in society on “equality,” this may seem somewhat sacrilegious. The intent, however, is not to imply that some employees are treated differently as a matter of purposeful discrimination. Instead, it reflects knowledge available in leadership theory for some time under the heading of “leader-member exchange,” or LMX. In LMX theory, it is recognized that the leader and the follower work together to construct mutual expectations and roles for one another. Furthermore, the leader does this for every subordinate separately, so that one relationship definition does not fit all. A
moment of consideration on this idea should bring some examples to mind. For instance, any leader knows that some employees can handle delegation better than others, or that other employees need more concrete direction. To treat all of these people similarly would be problematic, so the leader adjusts her relationship with these people to match her expectations of them (and theirs of her).

There are two essential types of relationships: low-exchange and high-exchange. In the low-exchange relationship, the only requirements of the employee involve adhering to organizational rules, following protocols — basically just “doing what they are told.” In a high-exchange relationship, by contrast, the leader and subordinate develop a mutual trust such that the leader is more comfortable with delegating to that employee, more interested in that employee’s input, and more supportive of the employee’s career. In other words, it becomes a communal relationship rather than just an economic one (you work, I'll pay you). Of course, there are costs to the high-exchange relationship: more is expected of the parties involved and violations of those expectations are more damaging.

In spite of this, the high-exchange relationship is preferred because its benefits usually outweigh its costs. Returning to our initial example above, leaders recognize this when they are faced with the prospect of delivering negative feedback to employees. High-exchange relationships make this easier because the receiving party trusts in and respects the feedback provider. The criticism is more likely to be attributed to genuine concern for the employee’s career and to be offered in a helpful spirit. In a low-exchange relationship, explanations for the criticism are likely to focus on more nefarious hypotheses (“she hates me,” “she’s incompetent and blaming it on me,” “she’s drunk with power,” etc.). Ideally, leaders want to be able to openly communicate with subordinates about their performance and know that they understand the reasons for the criticisms and appreciate why it needed to be delivered.

Health care does not always provide positive environments for the development of high-exchange relationships due to its hierarchical nature of authority. But as far as the system will allow, some suggestions are provided below to improve the quality of feedback interactions about patient safety issues. Open and honest communication about the factors involved in patient care is a critical line of defense against the errors that can occur.
1) **Make sure you have the facts.** Before offering critical feedback, consider some important questions. First, how often has the behavior occurred? Second, what is the magnitude of these events and what were the consequences? Have other employees displayed similar behavior or are these incidents specific to one person? Are there any obvious precursors to the behavior in question? A leader cannot offer useful feedback if they cannot show that they factually understand the behavior in its proper context.

2) **Know your biases and work to avoid them.** Some leaders mistakenly attribute employee behavior to unobservable factors: poor motivation, incompetence, apathy, etc. Remember that our human tendency is to blame the person before we blame the situation. Actively search for situational forces that could have affected the employee’s behavior and do not fail to discuss those openly.

3) **Be prompt.** Memory for incidents can become corrupt or can fade over time. The more immediate the feedback is, the more likely the employee will have a vivid memory of the event and can learn from it. However, if the behavior in question is a habit that has developed, this step becomes less important.

4) **Be brief but specific — describe the behavior and its consequences.** The general rule here is to be “maximally observable.” Feedback about behavior should be such that anyone who was observing the work of the employee would have seen what you saw. Additionally, a calm and unemotional demeanor can soften these communications as well.

5) **Mutually identify the root causes for the behavior.** This step is critical because, between the two parties involved, the combined perspective on the event(s) is likely to be more complete and useful. Note that this sort of participative investigation is not likely to occur in low-exchange relationships because the trust and respect required has not developed.

6) **Express confidence in the employee by asking for suggestions about how to fix the problem.** Employees often believe that they have answers to organizational problems but no one ever bothers to ask them. Leaders should be open to ideas coming from subordinates who may have information or
perceptions that the leader does not have. Furthermore, the act of working together on solutions builds the high-exchange relationship further.

7) **Reach agreement of specific steps to remedy the problem.** Don’t let the meeting end without overt agreement about what is to be done *instead of* what the employee is currently doing. If adverse events are being underreported and causes of this behavior have been identified, it should be easy to brainstorm about how to alter behavior to improve this reporting. But the employee must agree that the remedies are worth attempting; autocratic remedies can easily be disregarded or circumvented.

To summarize, solid exchange relationships between leaders and subordinates make all the tasks of leadership easier to accomplish, even with the added responsibility and risk involved in such relationships.

**What about the Followers?**

It is not enough to devote this entire article to those in leadership positions. The majority of pharmacy employees are not in such positions, but understanding leadership and the role that followers play in it can be just as critical.

Unfortunately, one of the by-products of the society that we have constructed in the West is the mythology that followers are passive, relatively weak and destined to conform to others’ wishes. This does not have to be the case. Every organizational issue, including safety in the pharmacy, directly involves the experiences and the insight of non-leaders. Organizations that possess employees who comprehend how to use their role to benefit their supervisors are valuable and can contribute well to organizational goals.

Researchers note that effective followers tend to exhibit certain qualities. Some of the more important ones are:

- **Courage.** This is defined as the ability and willingness to resist improper leadership and to stand on principles. Remember all the times in your work career where you felt that what the supervisor or the organization was doing
was wrong. Effective followers parlay those intuitions into action. Of course, an organizational culture that is tolerant of courageous followers is essential.

- **Responsibility.** At one time in Western business culture, the employee was perceived as lacking initiative and lazy, requiring prodding and cajoling to do any work at all. Those conceptions have changed and so the burden of responsibility is not squarely on the shoulders of employees. Many leaders expect them to perform and to take the blame when they do not perform effectively. Effective followers gladly accept this burden.

- **Proactivity.** The most effective followers are those who do not wait for a supervisor to tell them what to do, step by step. They are able to perceive an issue that needs attention and work to correct that issue before a manager delegates it to them. Of course, followers should also keep their supervisors informed of their activities, but they should not necessarily always have to ask permission to act. This allows the organization to adapt and behave more quickly, an essential skill in today’s highly competitive business environment.

With those traits in mind, let’s consider some concrete ideas for how to become better followers in support of those who are leading. Keep in mind that the suggestions that follow are not the only ones that could be made, and some of them may not work as well in certain organizational contexts.

1) **Clarify what is expected of you.**
   a. *Followers:* Don’t be afraid to ask questions about your tasks, what outcomes are required, and other aspects of your roles.
   b. *Leaders:* Resist the tendency to assume that an employee that asks these questions either wasn’t listening or is incompetent. Remember that they are just trying to “get it right.”

2) **Keep your supervisor accurately informed of your work.**
   a. *Followers:* Always make it a point to double-check and verify the information you are feeding back to your leader. Remember that they have delegated (or you have initiated) this task and the leader is
depending on you to provide data of the same quality as they would generate for themselves.

b. *Leaders:* Give your followers the necessary tools to reach the level of accuracy you command, and then trust them to use them. Remember — if you spend all your time redoing what they've done, what's the point of delegation or initiative?

3) **Remind your supervisor that honest feedback is OK.**
   a. *Followers:* Supervisors are human, too, and when the feedback they must deliver is bad, they experience the same hesitations that anyone would about delivering it. Effective followers are capable of creating the climate necessary for leaders to feel comfortable doling out the “honest truth” without fear of reprisal or grudges.
   b. *Leaders:* I know that often times it can be a trick of sorts when employees tell you that “It's OK; you can tell me the truth.” Give the follower a chance to demonstrate that they can handle the truth, so to speak; don’t automatically assume the worst.

4) **Support the leader’s efforts to make changes and improve the organization.**
   a. *Followers:* Effective followers understand that the myth of the “heroic leader” is just that—a myth. Organizations are notoriously resistant to change, and when a leader steps forward to champion a cause, make sure that they know you are behind them in their quest.
   b. *Leaders:* Followers will be unable to accomplish this suggestion if you have not worked to build a level of trust, confidence, and faith in your values, goals, and purposes. In other words, loyal followers are those with whom you share a high-exchange relationship. If those are few and far between, don’t expect a great deal of support.

5) **Challenge flawed plans and proposals.**
   a. *Followers:* Just like partners are not always in agreement, neither will leaders nor followers be. Effective followers will tactfully question plans and ideas that they believe are poor. How this is done is critical. First, communicate respect, then emphasize your concerns in a specific and
clear manner. If the reaction you are having is more of a “gut feeling,” it may not be possible to be clear and specific. In this case, suggest that the idea be passed to other credible people for their reactions, in a sense, getting a “second opinion.”

b. Leaders: The more autocratic you are in your leadership style, the more that this behavior by followers will be seen as threatening. If this is a problem for you, consider naming one or two trusted employees to be the voice for the group in situations like this. As you become more comfortable with this kind of upward feedback, dissolve these roles and allow all followers the same behavior.

**Summing Up**

Leadership is an ongoing, dynamic negotiation between the leader and her followers. Each party has responsibilities to fulfill and must devote time to relationship-building and trust. In this article, we have provided an overview of some basic theoretical principles in leadership and how they might apply in your business. Because leadership is usually at the so-called “blunt end” of patient safety, there are admittedly not as many concrete examples of how leadership and patient safety interact. This is more due to the quantity of those interactions rather than the inability to conceive of any; there are innumerable ways that leadership can affect the delivery of patient services. Your challenge is to determine those ways for your facility and work to establish better practices and procedures in support of patient care.