
CONFERENCE ABSTRACT

Exploring how focus on physicians impacts pharmacists' role negotiation: Case study of primary care teams.

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Introduction

Primary Care Teams deliver healthcare services and the way that professionals work together is the result of multiple daily interactions. Using Goffman's theories of self and impression management, negotiation of the pharmacist's role was explored. Goffman's theory outlines how individuals (e.g., actors) interact for the people they value (e.g., audience) to achieve outcomes. The aim of this research was to explore how the role of a pharmacist was negotiated in a primary care team. This presentation discusses how the audience of the pharmacist's role influenced role negotiation.

Aims Objectives Theory or Methods

Using a multiple case study design as per Yin's approach, five cases were recruited. Both interview data and documents were collected. Recruitment for each team was four or more participants including Executive Director, pharmacist, physician, and at least one other team member. Data was analysed both deductively and inductively using the Qualitative Analysis of Leuven to create themes. Themes related to the negotiation of the pharmacists' role, the enablers, the actors' relationships, and the influence of the context.

Highlights or Results or Key Findings

Three cases completed participant recruitment and were analysed fully. One of the important factors that influenced role negotiation was the audience for the pharmacists and their role. The audience is a powerful concept in Goffmanian theory because it influenced all interactions including what outcomes are valued during role negotiation. Participants discussed that the pharmacists' role should support physicians and do whatever the physicians valued within the team. Data suggested that participants conferred the power onto physicians versus it being demanded. This likely led pharmacists to negotiate less often; consider how to obtain validation from physicians; maximize behaviours that maintained harmony within the organization; and minimize behaviours that may have embarrassed physicians. Few participants discussed how this focus may negatively impact the patient experience or equity. Additionally, it likely reinforced medical hierarchy in the team which influenced future role negotiation.

Conclusions

Participants envisioned the physicians as leaders and the manager of the relationship with pharmacists. This contributed to a lack of active negotiation by the pharmacist. This may put additional burden on the physicians to “keep the pharmacist busy” and unintentionally reinforced medical hierarchy.

Implications for applicability/transferability sustainability and limitations

Although the results and conclusions presented are specific to the cases, interprofessional teams may focus on physicians instead of patients or larger healthcare needs. This may unintentionally influence delivery of services or oppose efforts to maximize scope within teams.