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School of Public Health

Role Negotiation: A facilitator to Implementing Polypharmacy Initiatives

Jennifer Lake, PharmD, PhD
@jendlake

Institute of Health Policy, Management and Evaluation
UNIVERSITY OF TORONTO

Objectives

- Describe how Goffman's theory of impression management helps to describe the daily tasks delivered by a pharmacist in primary care teams

- Apply Goffman's theories to support implementation of WHO polypharmacy initiatives

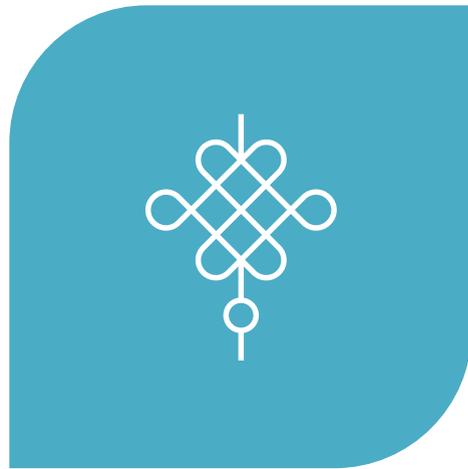# Why study Role Negotiation

Variable responsibilities for pharmacist

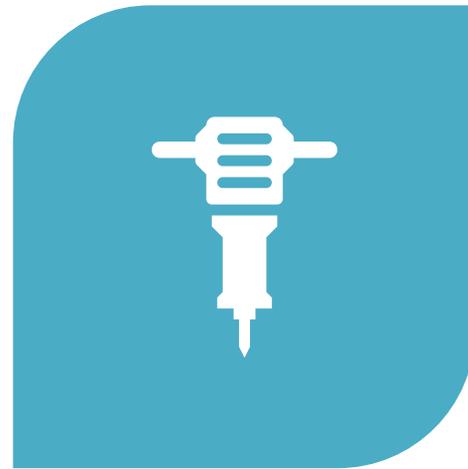Role includes both tasks & delivery

Influences patient outcomes

Known best practices aren't implemented

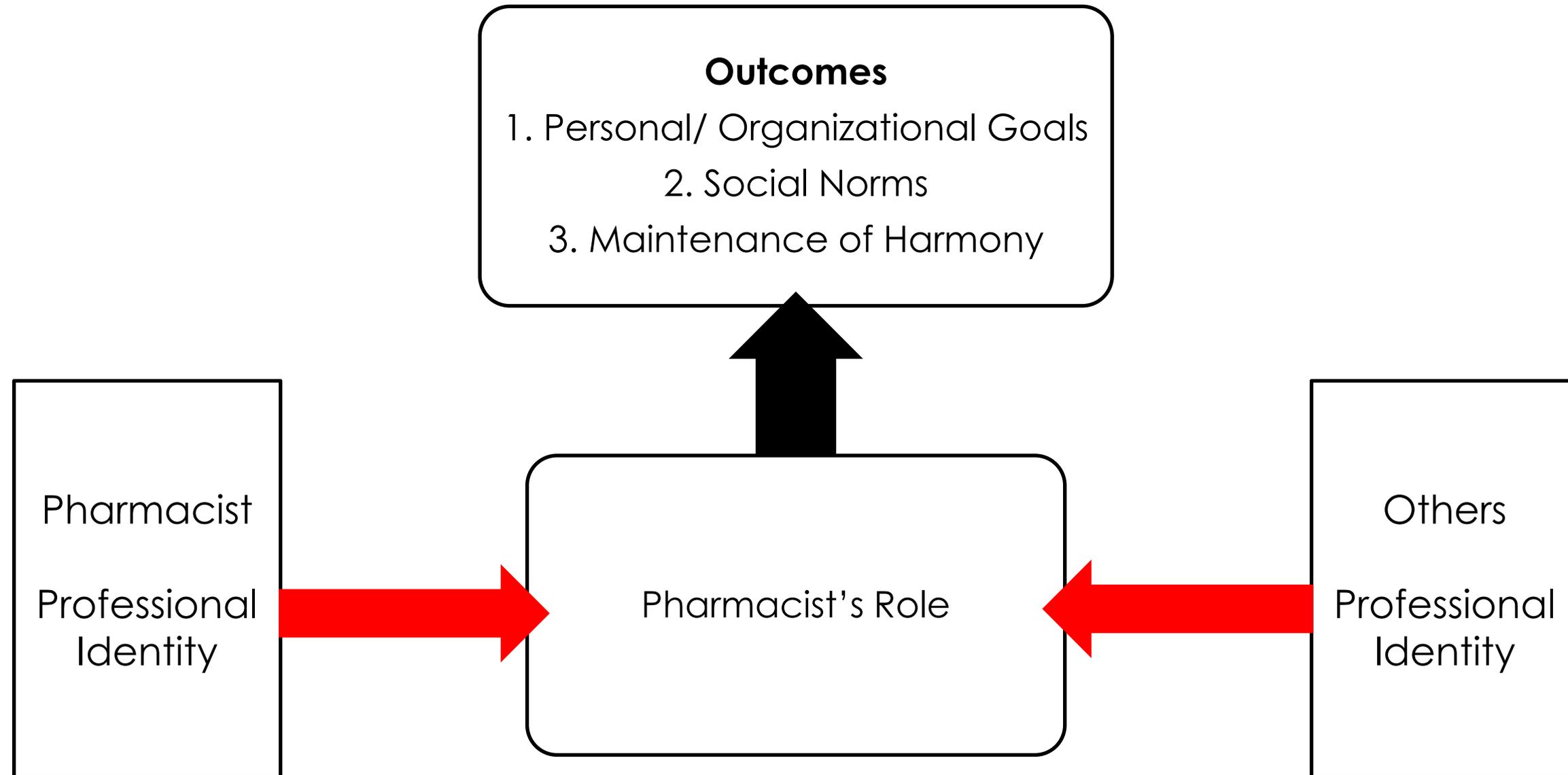# Professional Identity

MULTIPLE IDENTITIES

SOCIALLY CONSTRUCTED

NOW ONLY WAT YOU THINK OF YOURSELF BUT WHAT OTHERS ASCRIBE TO YOU

Goffman's Impression Management

Goffman, E. (1959). *The presentation of self in everyday life* (First ed.). New York, NY: Anchor Books.
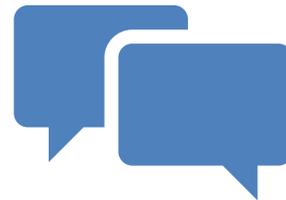
Methods

Multiple case study in primary care teams in Ontario, Canada

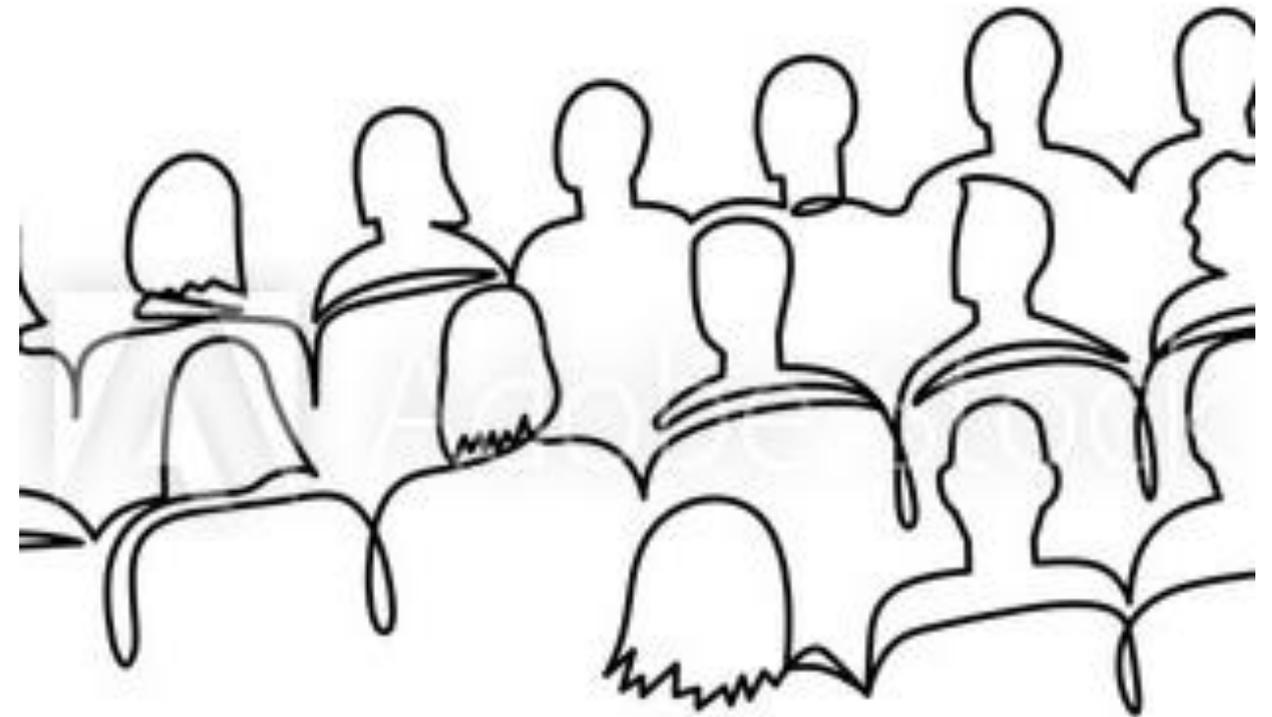Data collection: Interviews and documents

Inductive & Deductive Thematic Analysis

Examples of Physicians as Audience

There was a committee for proposals and the physician was never available to have any meetings. Refused to meet with us so nothing got started
C01, Pharmacist

That's why I try to get physician discussion first before we put too much work into it. Because for the most part they're going to be referring. If we know from the get-go that we're not going to get uptake, we definitely try to work through it. **B02, Executive Director**

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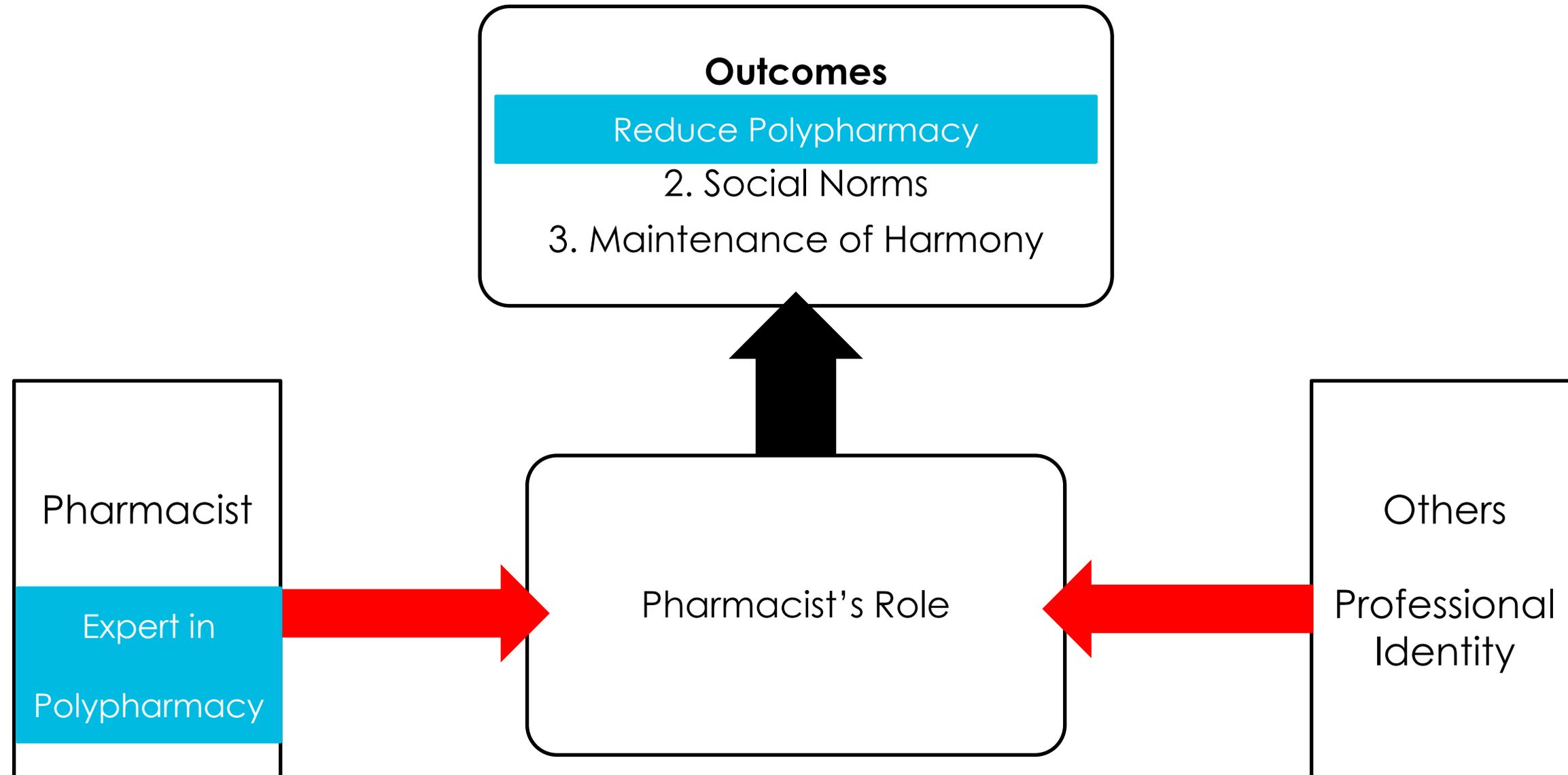
Patient safety

- Collaboration is meant to improve outcomes/ experiences

- Potential & unintended outcome

- Pharmacists did not challenge inappropriate prescribing

The drugs [being prescribed] don't match with guidelines. The prescribers couldn't tell the difference. They couldn't tell which inhaler combination to prescribe. And I'm like stuck because they won't listen, they say no. **B01, Pharmacist**

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How does this influence Polypharmacy initiatives?

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Framework for Polypharmacy initiatives

Goffman, E. (1959). *The presentation of self in everyday life* (First ed.). New York, NY: Anchor Books.

Professional Identity of Pharmacist

- **Pharmacist & Societal knowledge that they are polypharmacy expert**

- **Redesign existing health care delivery models to ensure the pharmacist plays a key role within a multidisciplinary team**

- **Individual accountability for polypharmacy**

- **Institutional support for pharmacists taking responsibility**

Change the Pharmacists' Audience

- Patient-centredness

- Prioritizing high risk patients

- Patients & their safety

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WHO Implementing Polypharmacy Initiatives

- Organizational dynamics are complex
  - Include values, beliefs and assumptions

- In my research, pharmacists were directed in their role (i.e., "top-down") versus leading their own role negotiation

- Organizations had legitimate power to change a pharmacists' role including direct access to patients

- Organizations with strong visions, goals & reporting structures tended had PROACTIVE pharmacist roles & patient access

Organizations Lead Role Negotiation

- **Organizational Leadership can use their legitimate power**
  - **Advocate for pharmacists' expertise**
  - **Set an organizational goal of reducing polypharmacy**
    - **Best evidence**
    - **Care algorithms**
    - **Programs from similar organizations**
    - **Use World Health Organization definition to monitor planned intervention**
      - **Numerator: Patients with polypharmacy (10+ meds or high-risk with 4-9meds)**
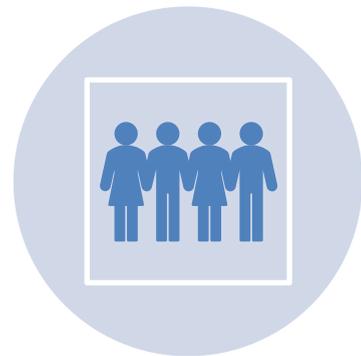   - **Denominator: Total number of patients in group**

Conclusion

Teams negotiate which team members will be responsible for certain tasks & how those tasks are delivered every day

Polypharmacy is a safety concern that pharmacists are UNIQUELY qualified to manage

Centering patients as the valued audience & setting polypharmacy initiatives as high value goals can change the way teams negotiate

Using consistent measures helps to spread successful implementation to other settings/ jurisdictions