

National Survey of Pharmacy Leadership at Ministry of Health in Saudi Arabia: Problem-solving and Decision-making

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Received: 13 December 2017;

Accepted: 28 February 2018

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Abstract

Objective: To explore the national survey of pharmacy leadership at the Ministry of Health with emphasis on pharmacy Problem solving and decision making. **Methods:** It is a ninety days cross-sectional national survey of pharmacy leadership practice at Ministry of Health. The survey modified from self-assessment of 360 leadership and with pharmacy leadership literature. It consisted of a demographic section, leadership pathway, and fifty-three leadership questions. It contained selected eighteen leadership skills of 360 leadership self-assessment. The leadership skills included Achievement, Goals, Flexibility, Feedback, Excellence, Empowering Others, Emotional Intelligence, Decision Making, Developing Others, Cultural Awareness, Continual Improvement, Communication Skills, Coworker Development, Leading the Change Needed, Attitude, Analytical, Administrative Skill, and Action. The electronic format of the survey through survey monkey system and distributed through emails. A reminder e-mail containing a link to the website forwarded two weeks after. All analysis is done through survey monkey system. The survey divided into for several parts for analysis, and discussion. Part one: practice management, part two: planning and organizations, part three: communications strategies, part four: problem-solving and decision making, part five: performances management, part six; working environment, and part seven: professional development. The study explored the part number four; National Survey of Pharmacy leadership: Problem-solving and decision-making. **Results:** The survey distributed to one hundred hospitals, the response rate, was forty-two hospitals (42%) with seventy-pharmacy leaders. The gender distribution of responders was Male 43 (63.24%) and female 25 (36.76%) while the nationality was Saudi 69 (98.57%) and non-Saudi one (1.43%). The majority of responders were in age range (25-34) years 30 (55.12%) and (35-44 years) 26 (38.24%). The average score decision-making skills were 2.53 (84.32%) with the highest score was Uses data from different sources to confirm information 2.7 (89.99%), and the lowest score was Make sound and timely decisions under pressure 2.25 (74.99 %). While average score Feedback skills were 2.6 (86.99 %) with the highest score was open to the suggestions of others 2.71 (91.32%), and the lowest score looked to others for input 2.46 (81.99%). The Emotional Intelligence skills average score was 2.63 (87.65%) with the highest score was Helps employees to resolve conflicts, communicate clearly, and work together to solve problems 2.69 (89.65%) and lowest score can express themselves 2.45 (81.65%). **Conclusion:** The problem solving and decision making of Pharmacy leaders in acceptable at Ministry of Health organization. Targeting of improving the particle skills through established the Advance training in the pharmacy management is necessary at Ministry of Health institutions in the Kingdom of Saudi Arabia.

Key word: Pharmacy leadership, Problem-solving, Decision making, Ministry of health, Saudi arabia.

INTRODUCTION

The hospital pharmacies need several leaders to manage and lead all pharmacy-related services. It consisted of pharmacy doctors, pharmacy supervisor of pharmacy sections for inpatient, outpatient pharmacy, drug information centers, satellite pharmacies, pharmacy store, and clinical pharmacy services. All previous developments face the daily bases problem that is needs analysis and action taken should take place to improve Pharmacy performance and improve pharmacy services offered to the patients. Most of the pharmacy leadership many not had skills to problems solving or decision-making. There were some textbooks and review publications discussed general problem solving and action taken skills and the importance

of those skills.^[1-4] It seldom investigation conducted to explore pharmacy leadership with emphasis on the Decision Making silks problems solving.^[5] It is tough to find this topic published in Saudi Arabia or Gulf and Middle East counties. The objective of the study to explore the actual level performance of problems solving and decision-making skills for pharmacist leadership at a healthcare organization in Kingdom of Saudi Arabia.

METHODS

It is a ninety days cross-sectional national survey of pharmacy leadership practice at MOH hospitals. The survey modified from self-assessment of 360 leadership and with pharmacy leadership literature. It consisted

of a demographic section, leadership pathway, and fifty-three leadership questions. It contained selected eighteen leadership skills of 360 leadership self-assessment.^[6] Of The leadership skills included Achievement, Goals, Flexibility, Feedback, Excellence, Empowering Others, Emotional Intelligence, Decision Making, Developing Others, Cultural Awareness, Continual Improvement, Communication Skills, Coworker Development, Leading the Change Needed, Attitude, Analytical, Administrative Skill, and Action. The questions consisted of open and closed questions. The 5-points or 3-point Likert response scale system used. This survey distributed to all leadership at MOH hospital pharmacies in Kingdom of Saudi Arabia. It included general director of pharmacy at MOH and regions, the directors of pharmacy and supervisor at MOH hospital pharmacies. The electronic format of the survey through the survey monkey system and distributed through emails. A reminder e-mail containing a link to the website forwarded two weeks after. All analysis is done through the survey monkey system. The survey divided into for several parts for analysis, and discussion. Part one: practice management, part two: planning and organizations, part

three: communications strategies, part four: problem-solving and decision making, part five: performances management, part six; working environment, and part seven: professional development. The study explored the part number four; National Survey of Pharmacy leadership: Problem-solving and decision-making.

RESULTS

The survey distributed to one hundred hospitals, the response rate, was forty-two hospitals (42%) with seventy-pharmacy leaders. Most of the hospitals bed size (200-299) was 16 (24.24%) followed by nine (13.64%) bed size (300-399) and eight (12.12%) more than bed size (= or > 600). The number of hospitals accredited by the Saudi Central Board of Hospitals Accreditation (CIBAHI) was 36 (76.60%) while 22 hospitals (46.81%) accredited by USA International Joint Commission and CIBAHI and 11 (23.40%) accredited by the Saudi Commission of Healthcare specialties. The gender distribution of responders was Male 43 (63.24%) and female 25 (36.76%) while the nationality was Saudi 69 (98.57%) and non-Saudi

Table 1: Demographic information of pharmacy leaders.

Gender	Response N	Response %	Complete pharmacy residency	Response N	Response %
Male	43	63.24%	Yes	10	14.93%
Female	25	36.76%	No	57	85.07%
Answered question	68		Answered question	67	
Skipped question	2		Skipped question	3	
Nationality	Response N	Response %	Do you have Board of Pharmaceutical Specialty	Response N	Response %
Saudi	69	98.57%	Board Certified Ambulatory Care Pharmacist	1	1.54%
Non- Saudi	1	1.43%	Board Certified Critical Care Pharmacist	1	1.54%
Answered question	70		Board Certified Pharmacotherapy Specialists	2	3.08%
Skipped question	0		Non	62	95.38%
Academic Qualification (s)			Answered question	65	
18 to 24	0	0.00%	Skipped question	5	
25 to 34	30	44.12%	Total years of current position	Response N	Response %
35 to 44	26	38.24%	General Manager of Pharmaceutical care	5	7.58%
45 to 54	10	14.71%	Manager of Pharmaceutical care at region	1	1.52%
55 to 64	1	1.47%	Director of Hospital pharmacy	24	36.36%
65 to 74	1	1.47%	Supervisor of pharmacy units	33	50.00%
75 or older	0	0.00%	Director of Primary care center pharmacy	3	4.55%
Answered question	68		Answered question	66	
Skipped question	2		Skipped question	4	
Academic Qualification (s)			Total years worked as a Pharmacist	Response N	Response %
Diploma Pharmacy	7	10.29%	<3	9	13.24%
Bsc. Pharm	44	64.71%	3-5	13	19.12%
M.S	9	13.24%	6-10	13	19.12%
Msc. Clinical Pharmacy	4	5.88%	11-15	14	20.59%
Pharm.D.	11	16.18%	> 15	19	27.94%
Ph.D	0	0.00%	Answered question	68	
MBA	4	5.88%	Skipped question	2	
Pharmacy Residency (R1)	2	2.94%	Years of experience in administrative work	Response N	Response %
Pharmacy Residency (R2)	2	2.94%	Less than one year	10	14.29%
Fellowship	1	1.47%	1 - 3 years	18	25.71%
Other (please specify)	6	8.82%	4 - 5 years	13	18.57%
Answered question	68		6-10	14	20.00%
Skipped question	2		More than ten years	15	21.43%
			Answered question	70	14.29%
			Skipped question	0	

1 (1.43%). The majority of responders were in the age range (25-34) years 30 (55.12%) and (35-44 years) 26 (38.24%). The academic qualifications of responders were BSc. Pharm 44 (64.71%) followed by Mater degree 9 (13.24%) and Diploma Pharmacy 7 (10.29%). Of those, only 10 (14.93%) completed a residency program in pharmacy administrations, and four (4.16%) had completed board of pharmaceutical specialties. The majority of responders worked as a supervisor of the unit at hospital pharmacy 33 (50 %) or director of pharmacy 24 (36.36%). Of those they had experienced as pharmacist more than ten years 33 (47.14%) and had administrative work one to three years' experience 18 (25.71%) and more than ten years were 15 (21.43%) as explored in Table 1 and Table 2. The average score decision-making skills were 2.53 (84.32%) with the highest score was Uses data from different sources to confirm information 2.7 (89.99%), and the lowest score was Make sound and timely decisions under pressure 2.25 (74.99 %). While average score Feedback skills were 2.6 (86.99 %)

with the highest score was Open to the suggestions of others 2.71 (91.32%), and the lowest score was Looks to others for input 2.46 (81.99%) as explored in Table 3 and Table 4. The average score Empowering other skills was 2.6 (86.65%) with the highest score was Sets clear goals for others to accomplish 2.63 (87.65%), and the lowest score was Allows individuals to be responsible for their decisions was 2.58 (85.99%). While the Emotional Intelligence skills average score was 2.63 (87.65%) with the highest score was Helps employees to resolve conflicts, communicate clearly, and work together to solve problems 2.69 (89.65%) and lowest score can express themselves 2.45 (81.65%) as explored in Table 5.

DISCUSSION

During any changes and implementation of healthcare services, the pharmacy leaders will find problems and challenges. The pharmacy strategic planning faces much resistance to several types of resistance. It involved the personal resistance, psychological resistance, knowledge resistance, and social resistance. This is a typical situation for any new pharmacy or healthcare services need to the establishment. The pharmacy administration at MOH dissolved and sobered all those resistance and problems by made task forces for each new program or services of pharmacy practice.^[3-4] The team's membership consisted of different regions and met regularly. The Taskforce discusses all services related problems and solved with actions made either urgently or in the future. There were several methods of problems shoveling and utilized skills for action taken for instance fishbone analysis and questions objectives to analyze the problems. The pharmacy administration provided several courses for pharmacy administration and management skills for old or new leaders including skills for decisive action and problem analysis and solving in the pharmacy practice. The investigator tried to explore the national survey of pharmacy leadership with emphasis on problems solving and decision making. The findings showed the average of decision making with problem-solving is acceptable. The results were lower than what reported by Kolawole O *et al.* because our leaders younger than what reported in the studies with lower experiences in the pharmacy leadership.^[5] The leaders had a good score of gathering information to take action while the make efficient or timely decision lower than what expected that has related to the pharmacy not taking enough skills for problems solving and take action. The results of feedback skills are good enough receiving the suggestion and ideas to solve the problems and make the appropriate action. The leaders were open-minded to get the suggestions from the others, but the feedback of action taken not followed up by the leaders. That is the point, so crucial for any decision taken place for the complications and decision-related problem later on. The finding of empowering the staff of solving problems and decision-making was acceptable. The leaders encouraged the staff to solve the problems, but not allow all the times to be responsible

Table 2: Demographic hospital information.

Number of beds at hospital	Response N	Response %
<50	6	9.09%
50-99	5	7.58%
100-199	7	10.61%
200-299	16	24.24%
300-399	9	13.64%
400-599	4	6.06%
More than or equal 600	8	12.12%
Medical City	7	10.61%
Regional Drug Information Centers at (General Health Affairs Directorate)	4	6.06%
Answered question: 70 and skipped : 0		
The hospital accreditation	Response Count	Response Percent
CIBAH	36	76.60%
Saudi Commission of Healthcare specialties	11	23.40%
JCI	22	46.81%
Canada	2	4.26%
ASHP	0	0.0%
ACCP	1	5.0%
Non	4	20.0%
Answered question: 47 and skipped question 23		

Table 3: Decision Making.

	Answer Options	Never		Sometimes		Always		Average	Response N
1	Asks for additional information when making critical decisions, rather than operate blindly.	1	1.56%	18	28.13%	45	70.31%	2.69	64
2	Assesses the risks, benefits, and potential impact of a number of options when deciding a course of action.	2	3.13%	22	34.38%	40	62.50%	2.59	64
3	Uses data from different sources to confirm information.	0	0.00%	19	29.69%	45	70.31%	2.7	64
4	Encourages team to provide input on branch decisions when appropriate.	1	1.56%	26	40.63%	37	57.81%	2.56	64
5	Make sound and timely decisions under pressure.	8	12.50%	32	50.00%	24	37.50%	2.25	64
6	Makes effective, practical decisions based on information.	3	4.69%	32	50.00%	29	45.31%	2.41	64
7	Responds quickly to tough "people issues" when dealing with internal or external customers.	3	4.69%	26	40.63%	35	54.69%	2.5	64
answered the question 64 and Skipped question 6									

Table 4: Feedback.

	Answer Options	Never		Sometimes		Always		Average	Response N
1	Accepts the views of others.	1	1.54%	23	35.38%	41	63.08%	2.62	65
2	Asks others for their ideas and opinions.	1	1.54%	18	27.69%	46	70.77%	2.69	65
3	Considers other's opinion and suggestions.	0	0.00%	28	43.08%	37	56.92%	2.57	65
4	Looks to others for input.	1	1.54%	33	50.77%	31	47.69%	2.46	65
5	Open to the suggestions of others.	1	1.54%	17	26.15%	47	72.31%	2.71	65
6	Seeks and utilizes data from several sources.	1	1.54%	29	44.62%	35	53.85%	2.52	65
#Answered question 65, skipped question 5									

Table 5: Empowering Others.

	Answer Options	Never		Sometimes		Always		Average	Response N
1	Encourages employees to solve problems on their own.	1	1.54%	24	36.92%	40	61.54%	2.6	65
2	Allows individuals to be responsible for their decisions.	1	1.54%	25	38.46%	39	60.00%	2.58	65
3	Sets clear goals for others to accomplish.	2	3.08%	20	30.77%	43	66.15%	2.63	65
answered the question: 65 and skipped question 5									
Emotional Intelligence									
	Answer Options	Never		Sometimes		Always		Average	Response N
1	Helps employees to resolve conflicts, communicate clearly, and work together to solve problems.	2	3.08%	16	24.62%	47	72.31%	2.69	65
2	Able to understand others' points of view.	2	3.08%	20	30.77%	43	66.15%	2.63	65
3	Helps to make decisions and solve problems using knowledge about how others will react in certain situations.	1	1.54%	23	35.38%	41	63.08%	2.62	65
4	Is able to express themselves clearly.	2	3.23%	30	48.39%	30	48.39%	2.45	62
answered question 65 and skipped question 5									

for their decision. That complicates the staff, and they will not action or solve problems in the future. The finding of emotional intelligence was acceptable with competent assistance and communicated effectively with the pharmacy staff to solve the problems. However, it not clears all the time to able to express them self because something the leadership wishes to express all the time on behalf of them-self or the leaders not giving be them the full responsibility of action taken, and they cannot express very well for any problem situation. Majority of the findings were difficult to compare with other studies, because of the investigation did not discuss the 350 self-assessment skills in the pharmacy practice. The pharmacy leaders had right started with problem-solving and decision making, but the not good ending with of those skills and may lead to ineffective action in the short or long term of the strategic future in the pharmacy practice at MOH organization in Kingdom of Saudi Arabia.

CONCLUSION

The pharmacy leaders had acceptable skills of problem-solving and decision skills. They had right starting and not accepted ending. Targeting of education and training program in the pharmacy management is highly recommended. The national survey of pharmacy leadership on a regular basis is required at MOH and non-MOH Institution in Kingdom of Saudi Arabia.

ACKNOWLEDGEMENT

None

CONFLICT OF INTEREST

None

SOURCE OF SUPPORT

None

ABBREVIATION USED

KSA: Kingdom of Saudi Arabia, MOH: Ministry of Health.

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Cite this article as: Alomi YA, Albaz MA, AlMuhraj WF, AlKharji MY, Alshuraym NR. National Survey of Pharmacy Leadership at Ministry of Health in Saudi Arabia: Problem-solving and Decision-making. J Pharm Pract Community Med. 2018;4(1s):S79-S82.