CONFERENCE #10

BUILDING A QUALITY CULTURE FOR PHARMACISTS: FROM PHARMA STANDARDS TO FRONTLINE EXCELLENCE

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Disclosure to Learners

Danister Quinones, PhD, faculty for this CE activity, has no relevant financial relationship(s) with ineligible companies to disclose.

“The Colegio de Farmacéuticos de Puerto Rico is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.”

Provider Number: 0151

OBJETIVOS

At the end of the CPE activity the pharmacist (P) and pharmacy technicians (PT) will be able to:

- Describe the elements of a quality culture and how it applies to the different areas of pharmacy practice.
- Define the layers of culture and their influence in the behavior of individuals in the organization.
- Recognize how an objective/goal approach is critical to identify misalignment between current business strategy and the organizational culture that affects pharmacy service expansion results.
- Describe best practices in the development of pharmacy services or industry performance scorecard program that promotes a positive atmosphere in which decisions drive measurable improvements in pharmacist engagement, employee motivation, and operational efficiency.

What is Culture?

- HOSPITAL
- COMUNITY
- SPECIALTY PHARMACY
- MANUFACTURING
- DISTRIBUTION
- COMMERCIAL SALES
- PBM
- TELE-PHARMACY
- REMOTE

PHARMACY PROFESSION QUALITY CULTURE

What is Organizational Culture

Different areas of Practice, Regulations, Policies and Standards

Quality Culture

Re-defining Quality Culture for the Pharmacy profession

Measuring Organizational and Quality Culture

Multi-Focus Model & Qualitative Assessment Tips

Transformational vs Transactional Leadership

Leader behaviors that make a difference

How to Measure Progress

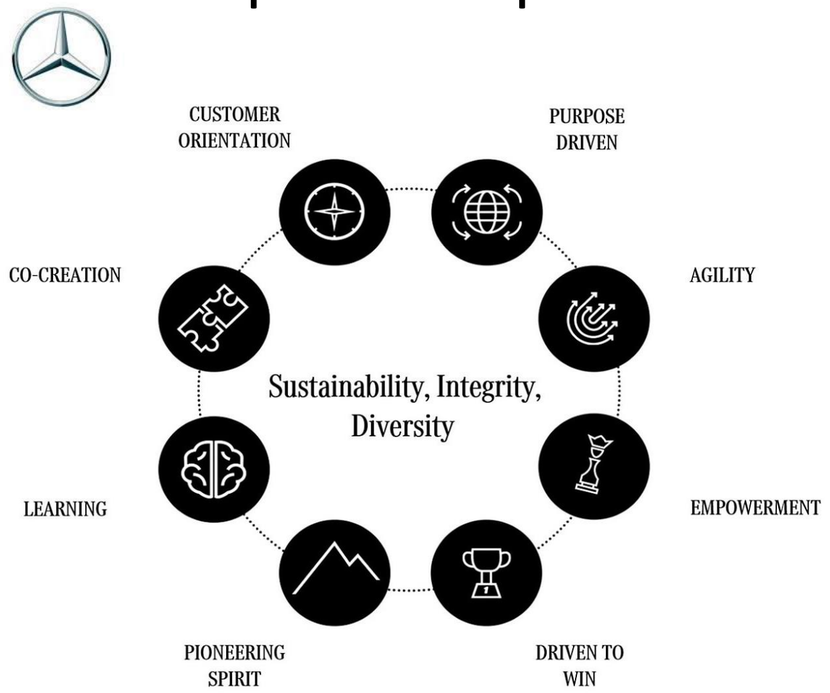
Metrics that drive the right bahaviors

Puerto Rico

BUSSINESS

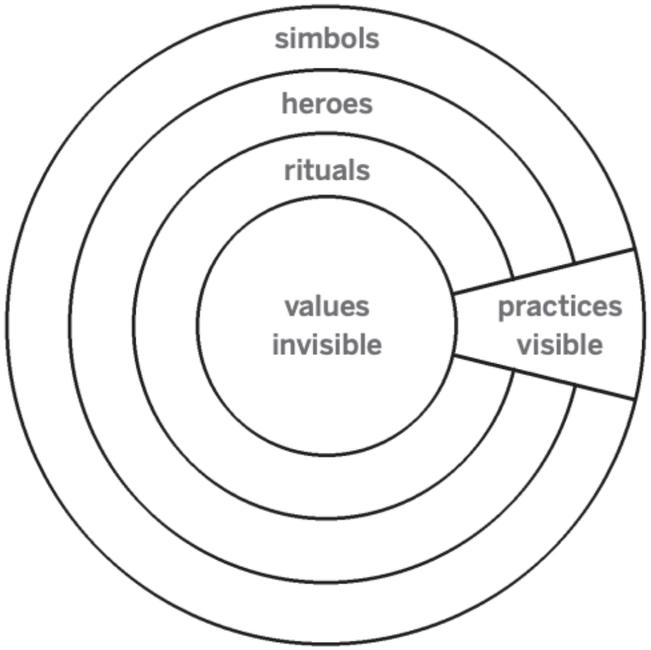
“Profesionalismo, compromiso, garantía y el servicio que te mereces”.

People Principles



PROGRAMMING OF THE MIND

Figure 1: Layers of mental programming



Culture as Mental Programming

"Every person carries patterns of thinking, feelings, and potential acting learned throughout the person's lifetime"

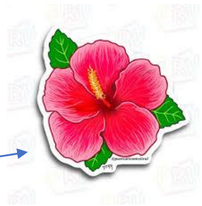
Mental Programming or Software of the Mind that influences reactions, based on each person's past experiences

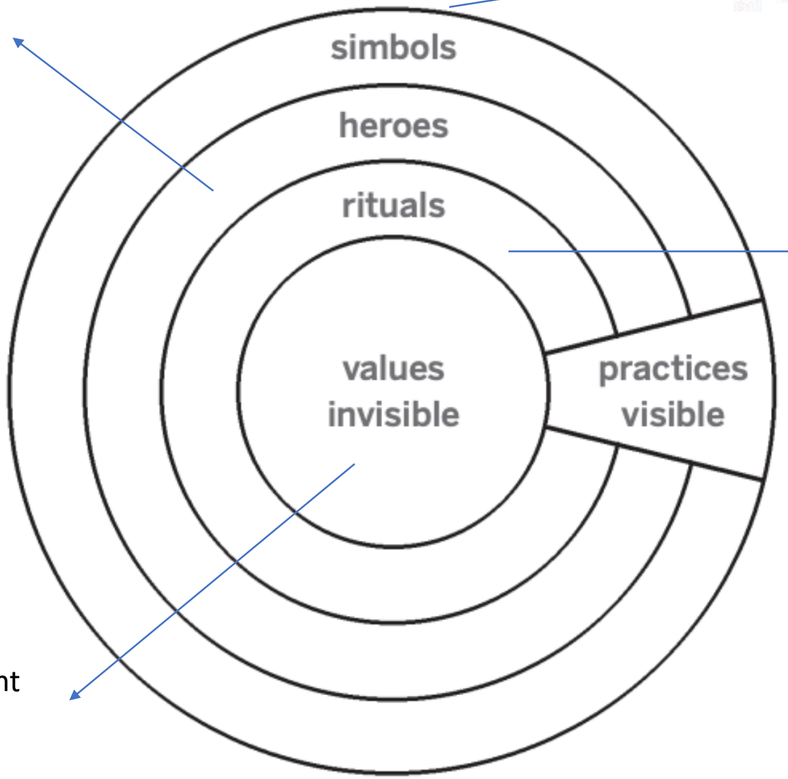
Hofstede,Hofstede, Minkov 2010

PUERTO RICO



Figure 1: Layers of mental programming





Visible Values

Trust
Committment
Fear
Safety



The Culture Factor, 2026
Hofstede,Hofstede, Minkov 2010

Organizational Culture

Geert Hofstede (2010):

"Patterns of feeling, thinking and acting mental programs…. Unwritten rules…."

"Collective programming of the mind that distinguishes the members of one group or category of people from others"

The country (national culture), the company (organizational culture) and the site (local culture) all determine the behavior of individuals within a particular organization, be it a department, a pharmacy, a hospital, a manufacturing plant, etc.

SCHEIN MODEL OF CULTURE

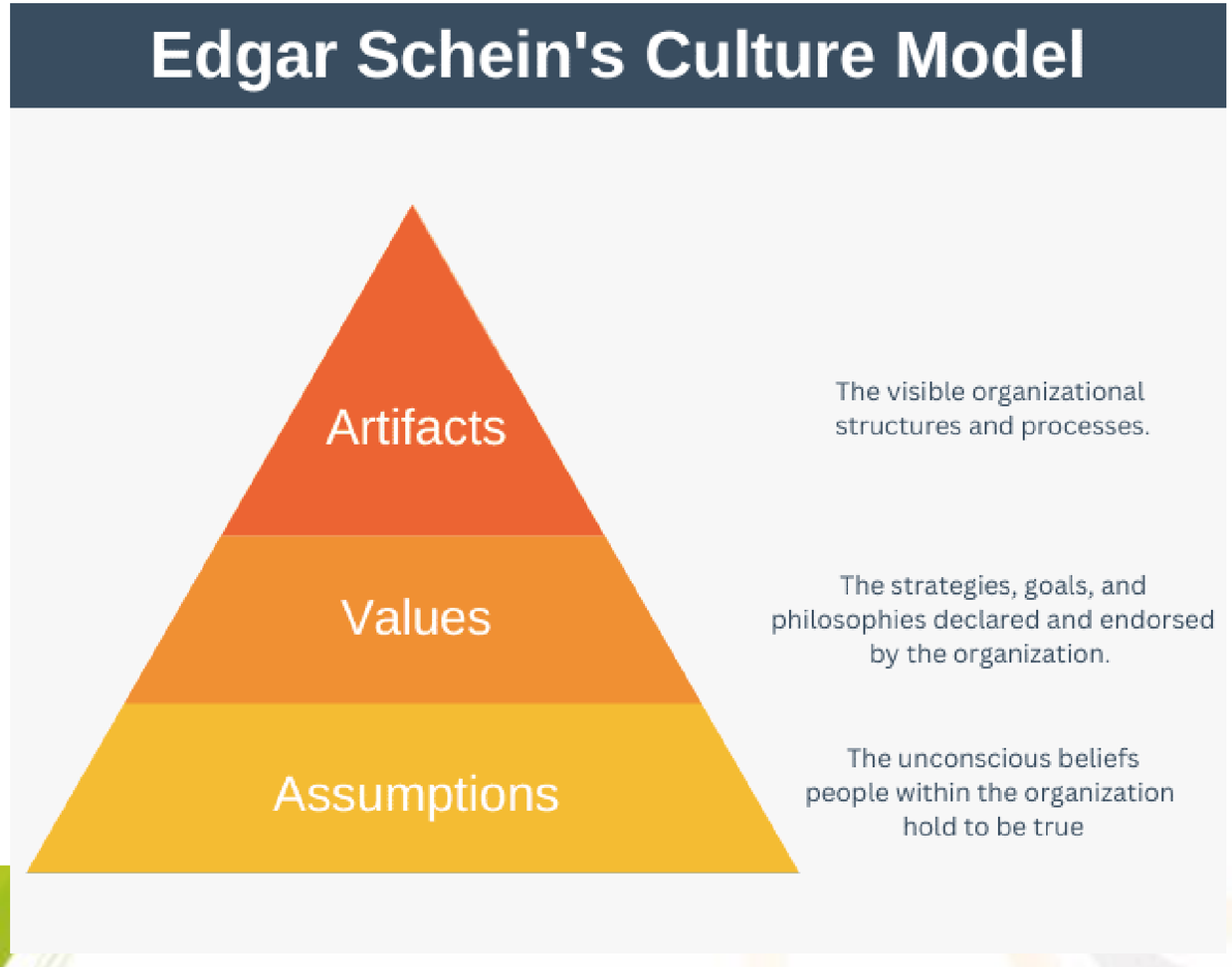


Figure 2.1 The Three Levels of Culture

1. **Artifacts**
   - Visible and feelable structures and processes
   - Observed behavior
     - Difficult to decipher
2. **Espoused Beliefs and Values**
   - Ideals, goals, values, aspirations
   - Ideologies
   - Rationalizations
     - May or may not be congruent with behavior and other artifacts
3. **Basic Underlying Assumptions**
   - Unconscious, taken-for-granted beliefs and values
     - Determine behavior, perception, thought, and feeling

Schein, 2017

Organizational Culture

- Edgar Schein:

  “ The culture of a group is the accumulated shared learning as it solves its problems of external adaptation and internal integration….

  Taught to members as the correct way to perceive, think, feel and behave….a pattern of systems of beliefs, values and behavioral norms that … taken for granted as basic assumptions….”

  Implicit norms that drives what is accepted, what is tolerated, allowed…

Organizational Culture

“They way we do things here”

Edgar Schein Field Trip in 1960

Digital Equipment Corporation

- US based with branches in the world
- >10k employees
- $14 B sales
- In 1980, second largest computer manufacturer (mini-computers)

Ciba-Geigy

- Swiss multinational, multidivisional. – pharmaceuticals, agricultural, industrial & photographic chemicals, dyestuffs, and more
- Merged with Sandoz and eventually became Novartis

Edgar Schein Field Trip in 1960

Digital Equipment Corporation

- Informal lobby and atmosphere
- Open-office architecture
- Informality in dress and manners
- Very Dynamic environment, sense of fast pace
- High interactions with enthusiasm, energy, intensity and impatience

Ciba-Geigy

- Company run by a BoD that made most of the decisions
- Each memeber of the BoD had very defined division, function, geographic área responsibility
- The company still had Ciba people and Geigy people

Edgar Schein Field Trip in 1960

Digital Equipment Corporation

- Few doors
- Food and coffee seemed to be part of meetings
- Layout and interactions could not identify ranks
- No assigned parking
- No offices with special views
- Informal casual clothing

Ciba-Geigy

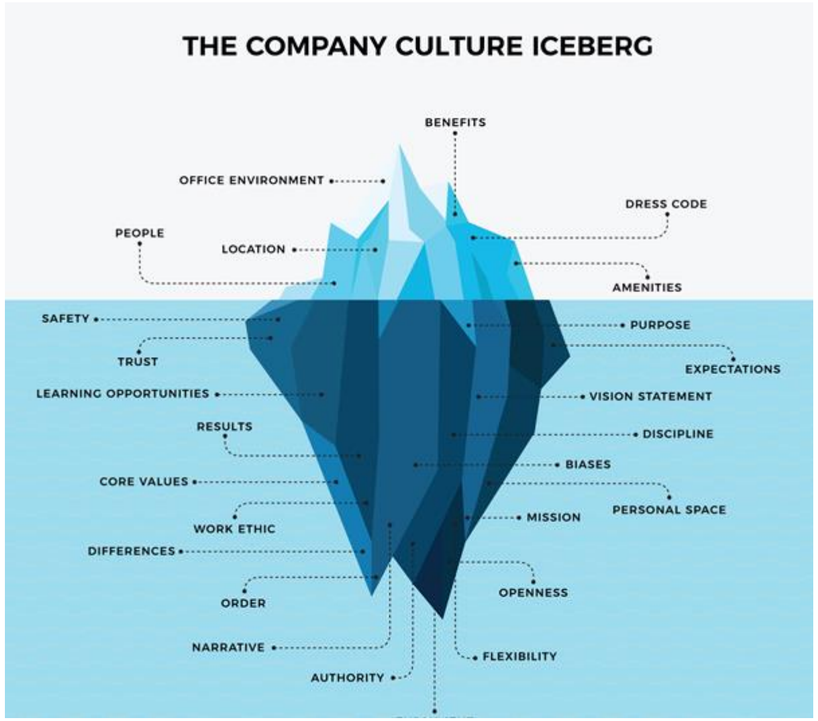
- Large gray stone buildings
- Heavy doors, always closed
- Spaciuos, opulent, empty lobby
- Two guards to check-in visitors
- Long corridor of closed offices
- Each office had a tiny nameplate
- Red light, person busy, green light, person available
- Coffee/tea in large, formal tray
- Formal dining room, formal lunch
- Formal behaviors from managers

Organizational Culture

Invisible, learned framework of communication, unspoken rules, and core values

Surface Level: Visible behaviors, dress codes, office setup, and spoken language. Rewards system plays also a role.

Hidden/Deep Level: Unspoken core values, underlying assumptions, and unwritten rules



E. Hall

Visible:
Behaviors, Actions

Decisions

Impact

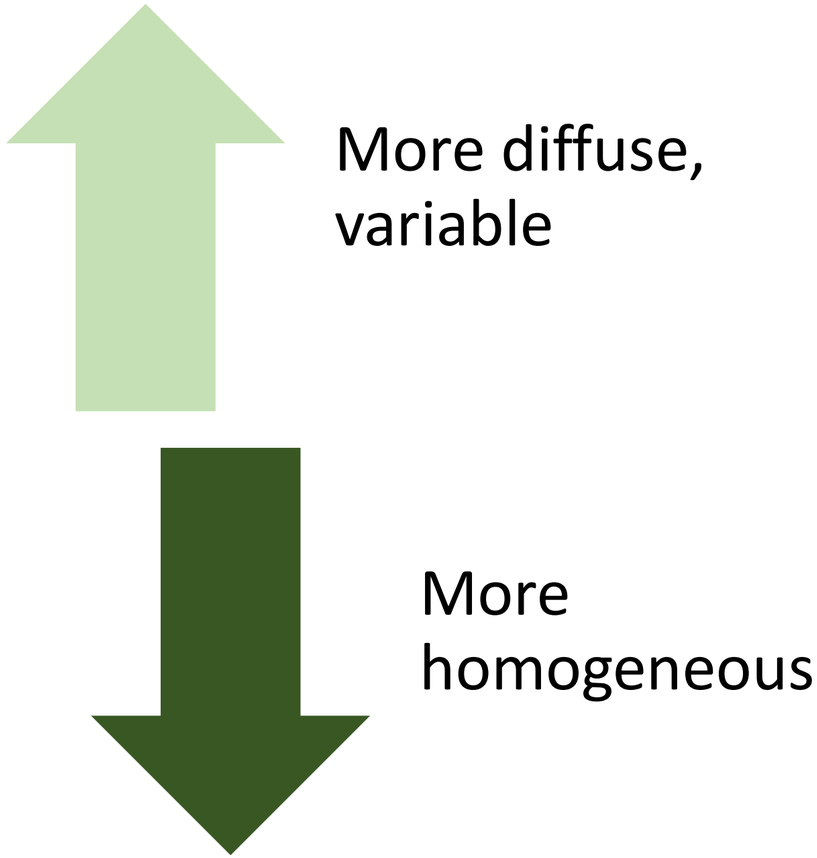
Regulatory
Business Results
Climate

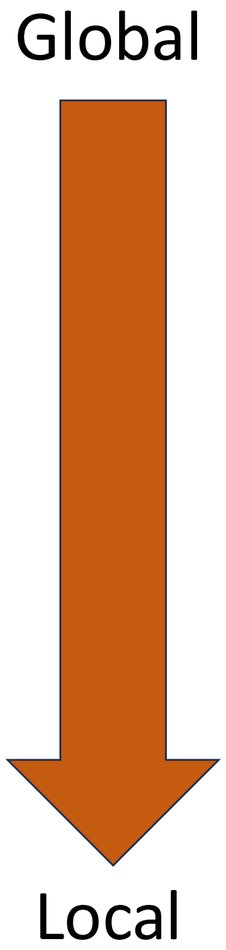
Not Visible:
Beliefs
Values
Norms
Attitudes
Assumptions

50- 96% of patient safety incidents in the United States (US) are not reported, due to fear of adverse consequences, overcomplicated reporting processes , nature of the incidents. Negative Rewards.

Aniebonam et al., 2023

Organizational Culture





Knowledge Check #1

Which of the following elements are determinants in the organizational culture of a pharmaceutical services organization

a. The national culture, as individuals share some values and beliefs that determine their expectations and behaviors
b. The rewards system tied to the organizational or departmental metrics, as this may influence the behavior of individuals to achieve such metrics
c. The country particularities, as tropical countries are under an annual threat of hurricanes and storms
d. Alternatives a and b are correct

D is the Correct answer

Knowledge Check #2

Identify the layers of organizational culture, according to The Culture Factor® model

a. National culture, Organizational Culture and Site Culture
b. Organizational Culture, home culture and internal culture
c. Cultural Biases, neighborhood culture and personal culture
d. None of the above are considered layers of culture

Alternative a. is correct
The country (national culture), the company (organizational culture) and the site (local culture) all determine the behavior of individuals within a particular organization, be it a department, a pharmacy, a hospital, a manufacturing plant, etc.

QUALITY CULTURE

WHY IS THIS RELEVANT

- Conflicting or mis-informed research
  - Community pharmacy culture has been studied as profesional, business or medication safety culture (Jacobs, Ashcroft, Hassell, 2011; Machen et al, 2019) or outcomes, such as MTM (Rosenthall & Holmes, 2018)
  - Quality Culture is mis-interpreted with a patient safety culture or quality management

Policy and Organizations

APhA search for quality culture on publications from 2021 to 2026

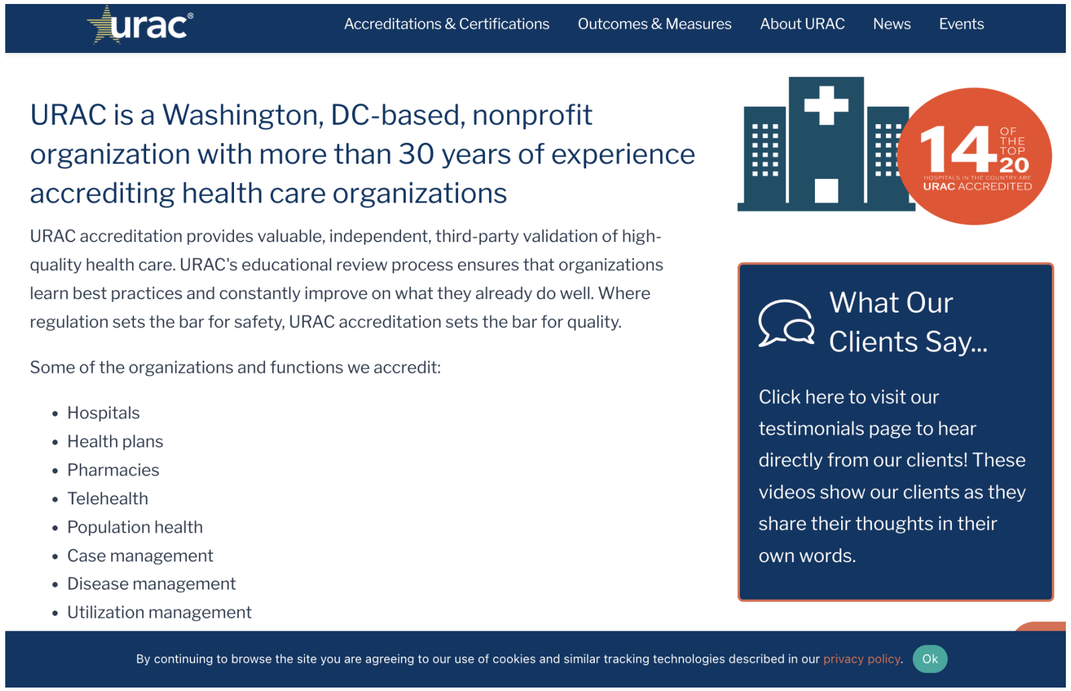
- Cultural Awareness
- Cultural Competence
- Cultural Diversity
- Cultural Sensitivity

PHARMACY PRACTICE

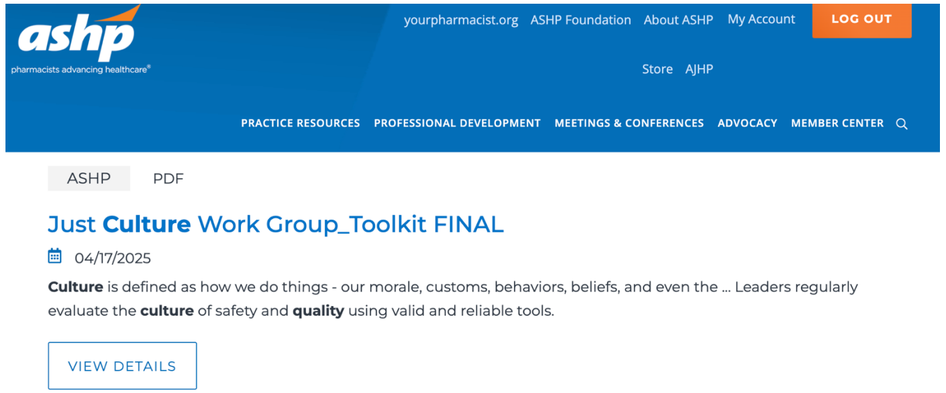
Behind *the URAC Gold Star* is a health care organization committed to quality. …. shows a commitment to ensuring a safe and effective environment for those you serve…framework for continuous improvement…

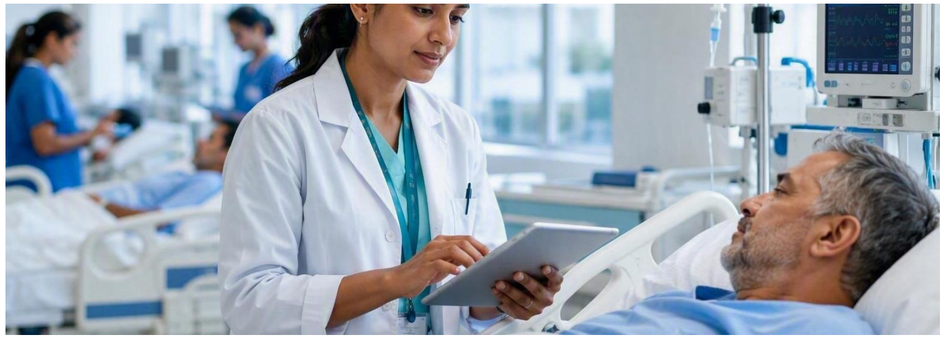
A quality culture under URAC means an organization-wide commitment to continuous improvement, ethical business practices, and high standards of patient care that go beyond basic regulatory compliance.

Utiization Review Accreditation Commission



ASHP





Core Concepts

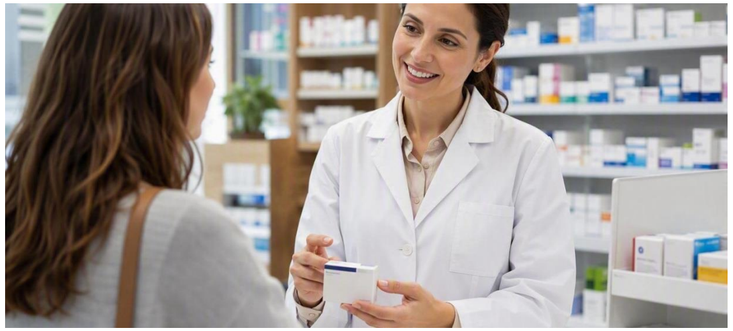
Culture is defined as how we do things - our morale, customs, behaviors, beliefs, and even the way we develop trust. As it pertains to medication safety, culture also affects the way we respond to potential errors and approach the problem-solving process.[5]

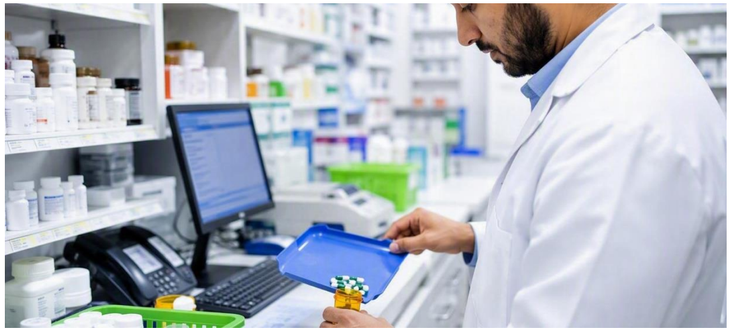
A Just Culture governs our response to errors within the healthcare setting. Below, we review the core concepts that lay the foundation for a fair and just culture.

I. **LEARNING SYSTEMS**
   a. Creating a culture of reporting is essential. To understand how best to construct a system, first we must be able to recognize and acknowledge its flaws.
      i. In a reporting/learning system, staff want to report errors, and leaders engage staff to develop process improvements.
   b. Learning systems acknowledge that many errors stem from both active and latent failures[6]; approach to errors should focus on opportunities for improvement rather than 'fixing' the singular occurrence.
   c. Just Culture strives to create a learning environment in which staff and administrators focus on the "holes" in the system – a concept dubbed the "Swiss Cheese Model" (see Figure 1)[6,7].

COMMUNITY PHARMACY

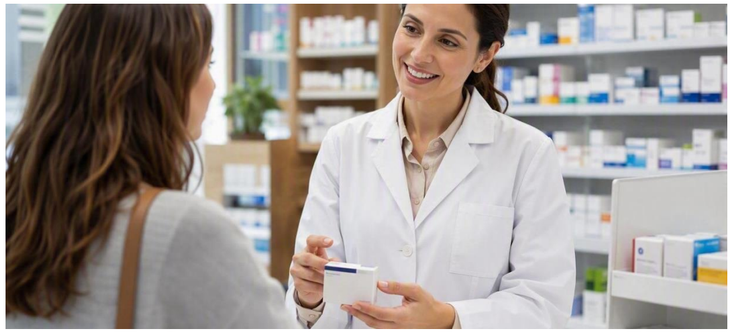
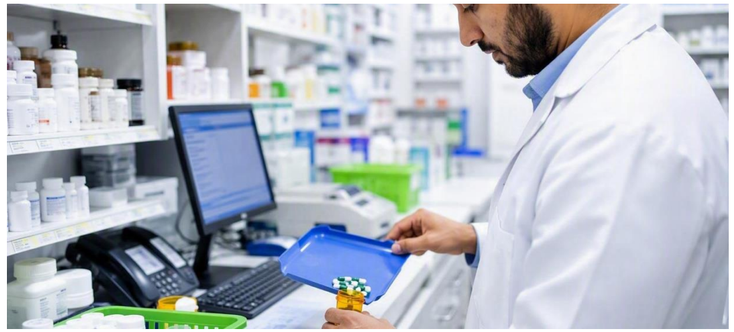
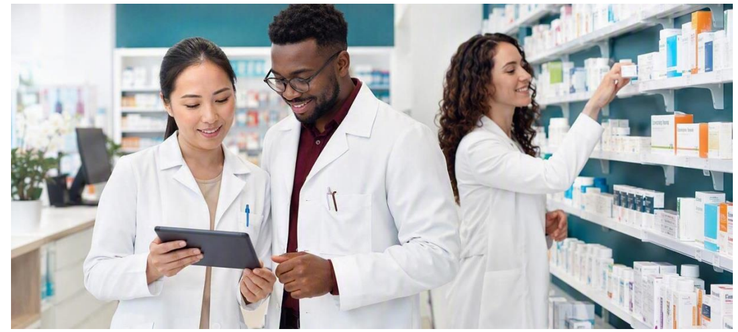
- Medication errors are common in community pharmacies. Safety culture is considered a factor for medication safety (Chui, et al (2017)
- Quality was defined as having timely and physical access to personalised care in a suitable environment that is safe and effective.... pharmacy professionals possessing clinical knowledge and diagnostic skills to assess and advise patients …Hindy et al (2014)





COMMUNITY PHARMACY

- Comprehensive analysis, but still presents organizational culture and quality management as interrelated but distinct constructs (Palumbo & Douglas, 2024)
- Most of the reviewed literature presents the perspective of the pharmacist and not the perceptions of technicians or the organizational environment level (Jacobs, et al, 2011)

MANUFACTURING PRACTICE

ISPE® | SHAPE THE FUTURE OF PHARMA™

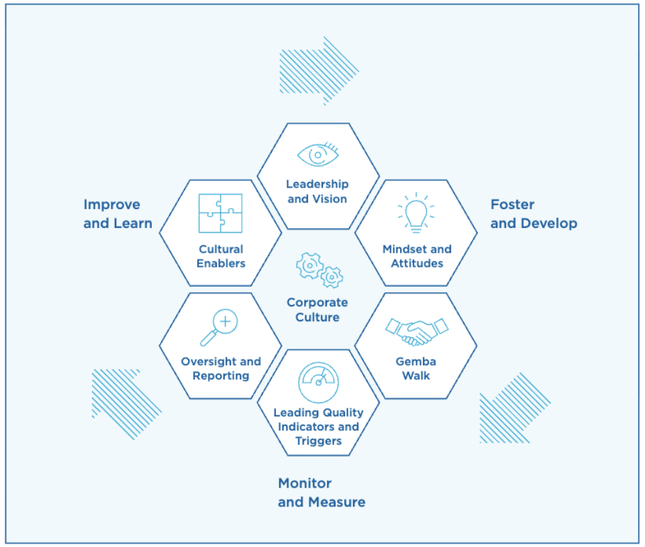
“A culture of excellene is one that fosters cross functional ownership of quality. It treats quality not as a hindrance for success, but as a necessity that allows the company to make decisions that best benefit patients”

Six Dimensions of Cultural Excellence

The ISPE Quality Culture Subteam, sponsored by the ISPE Quality Metrics Team and co-led by Dr. Nuala Calnan of the Dublin Institute of Technology and Matt Pearson of Genentech, are pleased to publish this comprehensive report on cultural excellence, based on the subteam's work over the last 24 months.

The report focuses on the six dimensions of cultural excellence, a framework introduced at the ISPE Quality Metrics Summit in April 2015 (Figure 1) that facilitates a holistic assessment of those elements required to foster, develop, monitor, measure, learn, and ultimately improve an organization's quality culture.

Figure 1: Six dimensions of cultural excellence framework



Moreover, the tool is intended to provide ongoing utility for continuous improvement. Cultural excellence is a journey that takes time to cultivate and achieve the desired state. Companies and organizations that can shift maturity toward levels 6 and 7 on all dimensions should expect to see significant improvement in quality outcomes and employee engagement. Table B lists the 21 desired behaviors that are assessed across the six dimensions.

Table B: Cultural excellence: Desired states

	DESIRED BEHAVIORAL STATE
1	Leadership and vision
1.1	We regularly hear from management an emphasis on quality topics and the importance of quality.
1.2	When we have quality issues in conflict with business issues, both aspects are always considered by management before making a decision.
1.3	Leaders regularly provide sufficient support and coaching to line workers to help them improve quality.
1.4	Leaders always model the desired behavior of "doing the right thing" on issues of quality.
2	Mindset and attitudes
2.1	All employees consistently see quality and compliance as a personal responsibility.
2.2	Employees have sufficient authority to make decisions and feel trusted to do their jobs well.
2.3	Employees regularly identify issues and proactively intervene to minimize any potential negative impact on quality and compliance.
2.4	Employees are not afraid to speak up, identify quality issues, or challenge the status quo for improved quality; they believe management will act on their suggestions.
3	Gemba and shop floor engagement
3.1	There are both formal and informal processes in place to ensure management regularly visits the shop floor to observe, assess, listen, and coach the employees, such as Gemba walks.
3.2	There is evidence to confirm that the desired quality behaviors are routinely practiced on a day-to-day basis, for example, through Gemba walks. Opportunities for continuous improvements are routinely identified and implemented, as appropriate.
4	Monitoring and measurement
4.1	Quality metrics and goals are consistently designed and selected to promote/motivate desired quality behaviors.
4.2	Up-to-date quality metrics (right first time figures, excellence targets on defects, rejects) are regularly posted and easily visible near each production/work area.
4.3	All workers can routinely explain what quality information is tracked and why and outline their role in the achievement of quality goals.

MANUFACTURING PRACTICE

Parenteral Drug Association

Connecting People, Science and Regulation ®

- The underlying quality culture – beliefs, values, and behaviors of employees – is the key to establishing and maintaining an operation which reliably produces high-quality products with minimal regulatory oversight and meaningful quality metrics.
- Unhealthy quality culture is a root cause of many quality or compliance issues seen by sites and organizations.

MANUFACTURING PRACTICE

Parenteral Drug Association

Connecting People, Science and Regulation ®

- PDA Survey (2015): top five quality attributes that can serve as surrogates for quality culture were
  - Management communication that quality is everyone's responsibility
  - Site has formal quality improvement objectives and targets
  - Clear performance criteria for feedback and coaching
  - Quality topics included in at least half of all-hands meetings
  - Collecting error prevention metrics

CLINICAL RESEARCH

- ICH E(8)R(1) calls for:
  - A quality culture that ” “values and rewards *critical thinking and open, proactive dialogue* about what is critical to quality…. and proactively building quality into trial design starting in the early planning stages and spanning both operational and quality groups.”
  - Dependence on human behaviors (Torok, Sam, Hebert, 2024)

ICH
harmonisation for better health

MANUFACTURING PRACTICE

- European Medicines Agency
  - Expects a quality culture through the management of the pharmaceutical quality system indicated in ICHQ10 with great weight in senior management and staff and relying in a robust quality system and risk management

CLINICAL PRACTICE

(Torok, Sam, Hebert, 2024)

MANUFACTURING PRACTICE

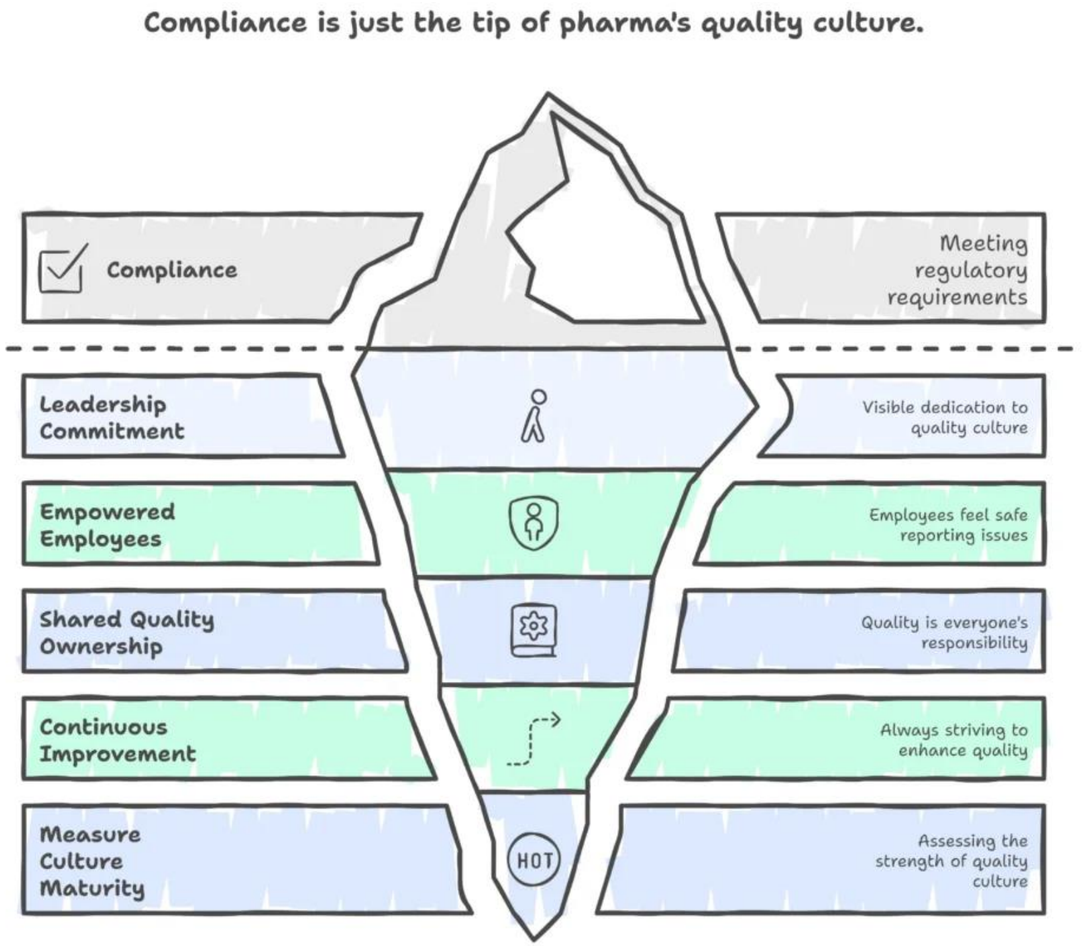
"A culture of quality meets regulatory requirements through a set of *behaviors*, *attitudes*, *activities* and *processes*"

US FDA, Federal Register Public Inspection, May 29, 2026

Expands the concept beyond management ownership (responsibilities)

Describes the observable attributes of a quality culture

MANUFACTURING



https://pharmacores.com/beyond-compliance-building-a-true-quality-culture/

Mental Break

QUALITY CULTURE DIAGNOSTICS

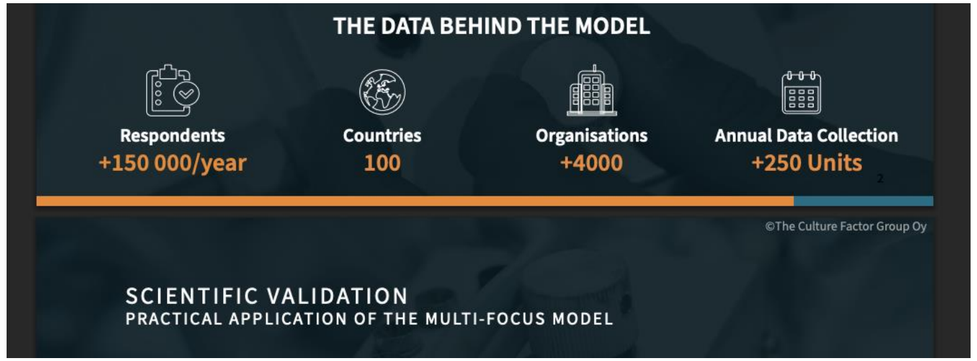
The Culture Factor® - Organizational Culture

- The way in which members of an organization relate
  - to each other
  - to their work
  - to the outside world

  that distinguishes them from other organizations.
- **Applied to Quality Culture,**
  - Interact – how departments get aligned, interact, behave
  - Do their job – how decisions are taken
  - Relate to the outside world – Customer Focus (internal and external)

Diagnosis - 6 Dimensions of Culture

1



2

Consult Stakeholders

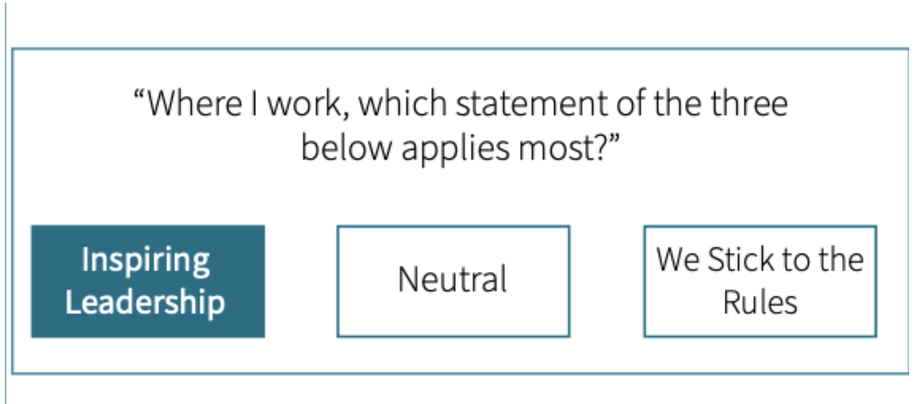
Via semi-structured interviews and focus groups

Gauge how staff view quality expectations and “ walk the talk”

WHAT IT IS

The Multi-Focus Model is a scientifically validated tool designed to assess, understand, and optimise corporate culture. It moves companies from the unknown to the known, transforming vague cultural challenges into clear, actionable insights.

- Designed to minimize bias
- Captures both desired and actual culture
- Accounts for external constraints (regulations)
- Takes into consideration external pressures and subcultures (inside and outside)
- Measure practices more than values (aligned to FDA definition of culture)
- Measures psychological safety, or how comfortable people feel raising concerns (speak-up, errors, etc.)



Multi-Focus Model™ of Organisational Culture

D1 EFECTIVENESS
Means vs. goal oriented

D2 CUSTOMER ORIENTATION
Internally vs. externally driven

D3 CONTROL
Easy-going vs. strict work control

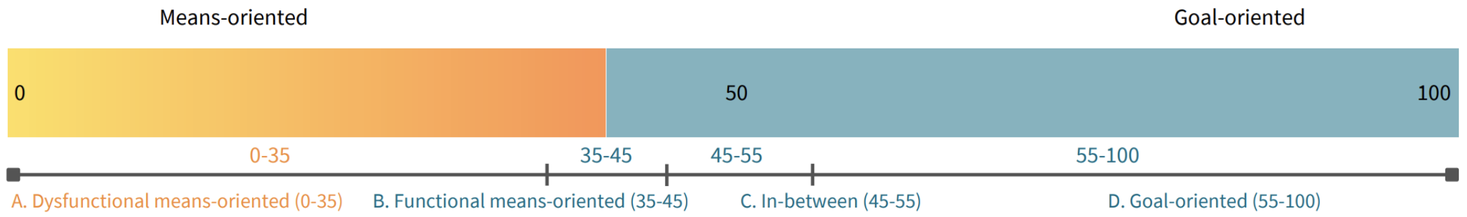
D4 FOCUS/SOCIAL CONTROL
Local vs. professional

D5 APPROACHABILITY
Open vs. closed system

D6 MANAGEMENT PHILOSOPHY
Employee vs. work oriented

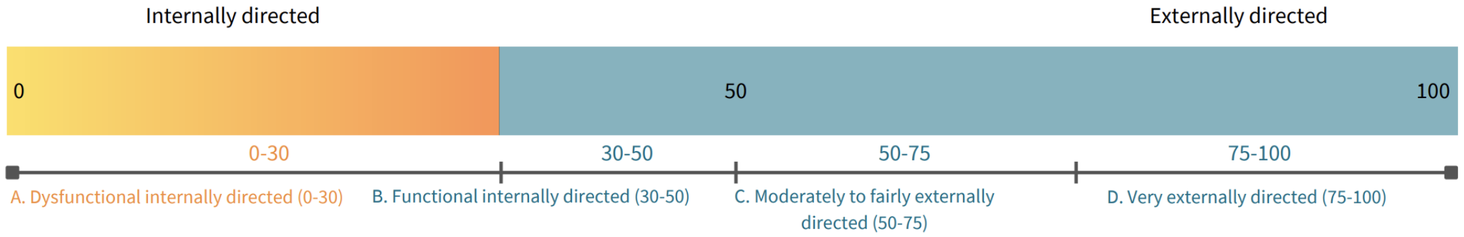
6 Dimensions Assessment

D1 Organisational Effectiveness



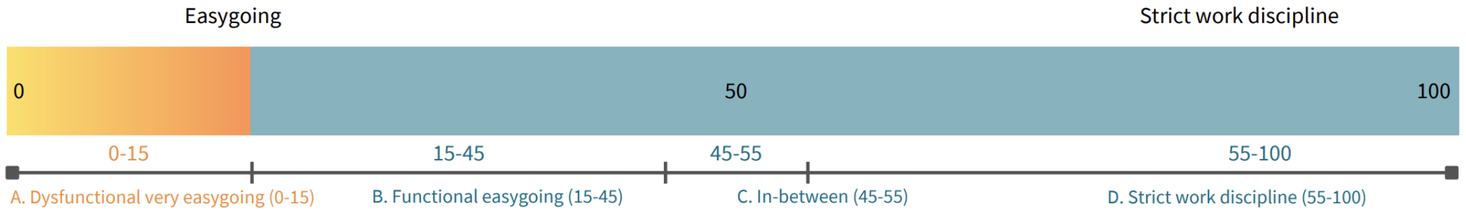
Focus on the process of on the outcomes

D2 Customer Orientation



Follow procedures or please the customer no matter what

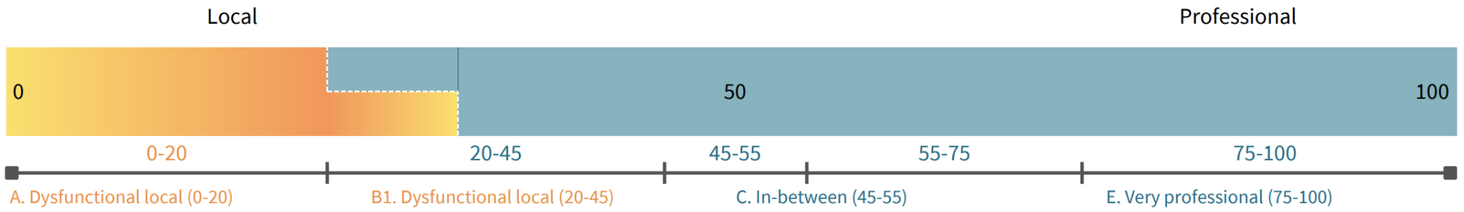
D3 Control



Too much informal to extremely strict

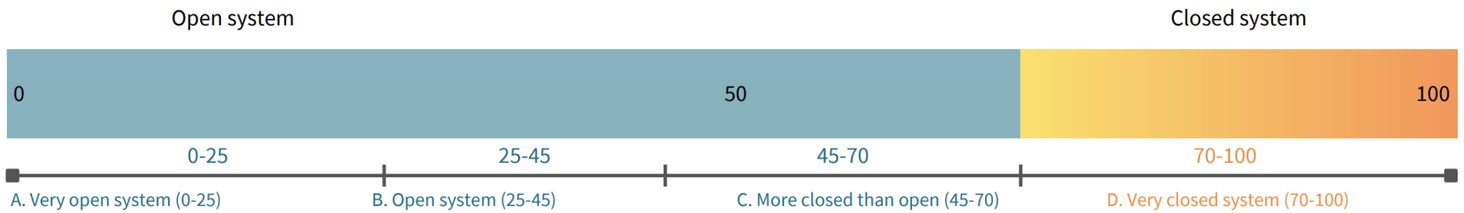
Elements

D4 Focus & Social Control



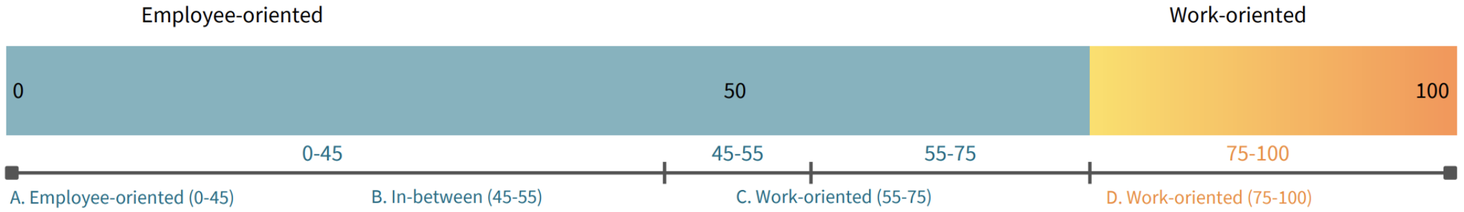
Inward looking, newcomers rejected if different to outward looking, diverse, high critical thinking, long term

D5 Open vs Closed System



Welcoming, sharing, no secrets to newcomers need to prove, never tell the boss what really happens

D6 Management Philosophy



Management cares about the people of about the work

How Elements Relate to Quality Culture

Means vs Goals	•Process vs Compliance Discipline
Internal vs External	•Patient Focus
Easy Going vs Strict	•GMP Compliance
Local vs Professional	•Quality Ownership & Professionalism
Open vs Closed	•Speak Up/Psychological Safety
Employee vs Work	•Engagement and Empowerment

Sub-Elements Related to Quality Culture

- Anxiety/Fear
- Bureaucracy /Fear to Change
- Willingness to change
- Lack of Open Communication
- Keep secrets
- Complacency
- Cover Up Conflicts
- Feeling Out of Control
- Innovation
- Inneficient cooperation and coordination
- Silos
- Trust / Distrust
- Proactiveness/Response time
- Fraudulent/Unethical behavior
- Not sufficient rules/procedures
- Results/Process Driven
- Too many mistakes
- Supportive Management
- Playing political games
- Decision making

Knowledge Check #3,4,5
True / False

3. Organizational Effectiveness refers to whether the organization works toward the goal or following the procedures.
4. Control has to do with whether people are focused on following the procedures or on meeting customer expectations.
5. Management Focus is related to the degree to which management cares about the employees' wellbeing.

3. T
4. F – Control has to do with too informal or too strict
5. T

HOW TO ASSESS YOUR CULTURE

- *In addition to surveys, Pharmacists can conduct semi-structured open questions interviews to get the whole picture along with survey results*
  - *How do you see the organization living our principles, slogan, etc?*
  - *What do you think about the process to handle errors?*
  - *What are your thoughts on people speaking up?*
  - *What can motivate people to work smarter?*
  - *How can customer satisfaction be improved?*
  - *How do you see the actual situation here?*
  - *What things are enablers and obstacles?*
  - *What do you think about the quality decisions taken?*
  - *What are the best practices you see in quality around here?*

ASSESS YOUR CULTURE

- THE LANGUAGE OF OUR EMPLOYEES
  - TONE
  - WORDS SELECTION
  - MESSAGE DELIVERED

KNOW YOUR CULTURE

- INCONSISTENCIES WITH
  - MISSION
  - VISION
  - STRATEGIC OBJECTIVES

KNOW YOUR CULTURE

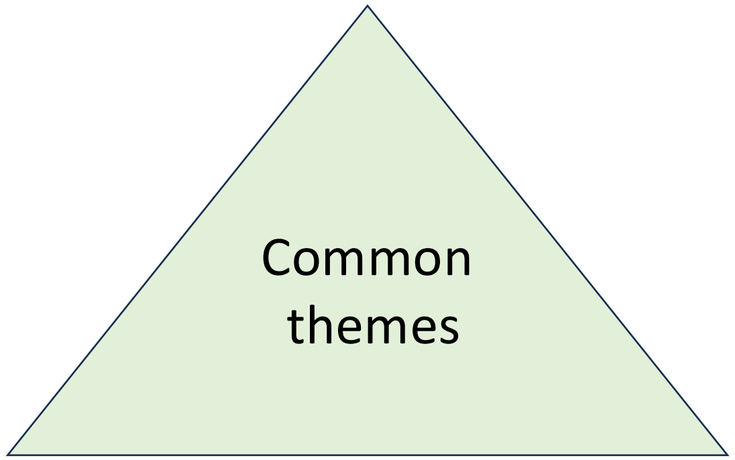
- INCONSISTENCIES WITH VISIBLE SYMBOLS
  - SLOGANS
  - LOGO
  - SERVICE PROMISE

KNOW YOUR CULTURE

- ALIGNMENT WITH BUSINESS PRACTICES
  - THE CUSTOMER IS ALWAYS RIGHT, EVEN IF NOT RIGHT
  - HOW ERRORS ARE HANDLED
  - HOW THE CLIENT IS DELIGHTED

ASSESS YOUR CULTURE

Assess the results



Get input from personnel on how to

- START
- STOP
- CONTINUE

Develop tracking/metrics system

Review Vision, Mission, Objectives periodically

ASSESS YOUR CULTURE

- HOW DO WE ADD VALUE TO THE CUSTOMER
  - DEMOGRAPHICS – LOOK AROUND YOU
  - WHAT TYPE OF PATIENTS DO WE SERVE?
  - WHAT CAN WE DO TO ADD VALUE WITH EMPATHY?
  - UNEXPECTED SERVICES THAT ALLEVIATE PATIENT OR CAREGIVER’S LOAD

REDIRECT YOUR CULTURE

- SMART MEASURABLE OBJECTIVES TO DRIVE PERFORMANCE
- ALIGNED TO STRATEGY
- HOW DO WE REACT WHEN METRICS DON’T GO AS PLANNED
- HOW DO WE CELEBRATE SMALL WINS?

REDIRECT YOUR CULTURE

- DO YOU HAVE A SCORECARD
  - METRICS THAT MATTER
  - METRICS THAT DRIVE THE RIGHT BEHAVIORS

Objectives Aligned to Strategy

	Site Wide	Department Focus	Individual
Objective	Patient Centric Approach	Achieve Customer Service Level 95%	Train 1st and 2nd shift resources
Goal	Achieve Customer Service Level 95%	Redistribute resources for 2 shifts	Coaching for 2 months
Strategy	Start Second Shift in QA and Warehouse	Train and Onboard resources	Independent performance
Measure	95% on time shipping	On time shipping 98%	No shipping delay errors in 6 months

TRACK YOUR METRICS

Metric	Target (Positive Terms)	Jan	Feb	Mar	Category
Metric 1	Attendance at 98%				C&I
Metric 2	Reports Closed on Time 96%				Monitor
Metric 3	Product/Rx delivered on time 99%				C&I
Metric 4	Procedures revised on time (97%)				C&M

- Identify your priorities
  - Control and Improve
    - Require significant efforts to get to target
  - Control and Maintain
    - On target, but need to keep an eye
  - Track or Monitor
    - Historically on track

REDIRECT YOUR CULTURE

- LEAD BY EXAMPLE
  - DIRECT CHANGE – WHAT YOU DO SPEAKS LOUDER THAN WHAT YOU SAY
  - INDIRECT CHANGE – ACTIVITIES, SLOGANS, RESTRUCTURING, ENVIRONMENT, ETC.

REDIRECT YOUR CULTURE

- LEADERSHIP
  - TRANSACTIONAL
  - TRANSFORMATIONAL

REDIRECT YOUR CULTURE

TRANSFORMATIONAL

- Leader rewards followers for achieving goals, mainly salary and/or recognition (Alqarni 2026)
- Does not result in innovation or exceeding expectations

TRANSFORMATIONAL

- Shifts focus from individual to team and results in better outcomes

Fig. 1. The four behavioural dimensions of transformational leadership. [This figure illustrates the four components of Transformational Leadership (TFL) that drive follower performance and development: Idealized Influence, Inspirational Motivation, Intellectual Stimulation, and Individualized Consideration. These behaviours' promotes employees to transition from focusing on self-interest to group interest, skills which validates pharmacists as decision makers].

LEADERSHIP THAT TRANSFORMS

- TRANSFORMATIONAL LEADERSHIP ASSOCIATED TO:
  - Stimulates and inspires to change
  - Focus on extraordinary outcomes
  - Charisma or idealized influence
  - Personal and Individual attention
  - Inspirational motivation
  - Intellectual stimulation
  - Mentors

- TRANSFORMATIONAL LEADERSHIP ASSOCIATED TO:
  - Learning
  - Success
  - Personal growth
  - Create context
  - Role model
  - Arouse feelings
  - Promote an environment of trust

Aniebonam et al., 2023

LEADERSHIP THAT TRANSFORMS

Inspire followers to perform above and beyond expectations:

- Articulating a vision
- Act as role model
- Affirmation of group goals
- Individualized support and encouragement
- Displaying high-performance standards

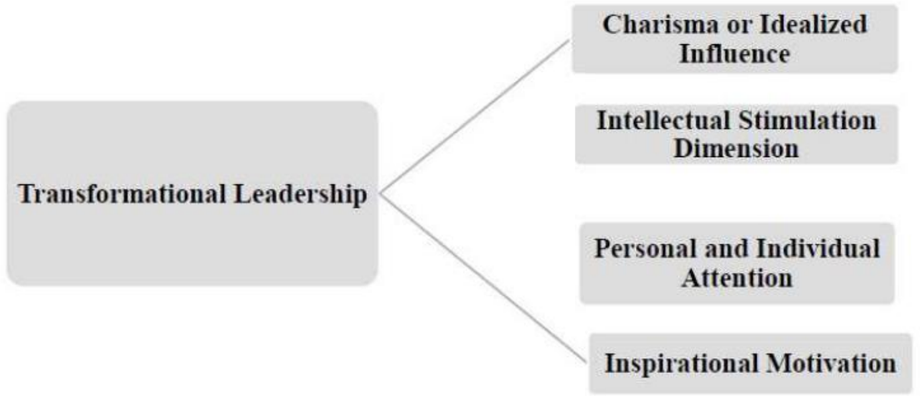


Figure 2: The transformational leadership components

Followers feel encouraged to challenge the status quo their assumptions, think creatively, take risks, and participate intellectually (Aniebonam et al., 2023)

LEADERSHIP IN PHARMACY

Systematic Review of global competencies and behaviors by Aman, et al (2025)

- Most studies related to academia or students
- Found no significant frameworks with leadership competencies in pharmacy
- Search of articles, gray literature and policies including professional organizations worldwide
- 8 themes with 34 competencies
- 155 behaviors associated to leadership identified

Table 1
Shows the emergent themes and corresponding description.

Theme	Description
Emotional Intelligence	Emotional intelligence refers to the ability to understand and regulate one's own emotions as well as the emotions of others, with the purpose of establishing constructive relationships as well as handling challenging circumstances. Includes self-awareness, motivation, self-regulation*, and empathy.
Communication	The ability to use effective verbal, non-verbal, listening, and written communication skills to communicate clearly, precisely, and appropriately.
Culture & Governance	A range of abilities required to effectively lead, manage, and coordinate teams, projects, and processes within an organisation.
Personal and workforce development	A range of abilities to establish a supportive atmosphere that promotes and encourages both individuals and the organization development as a whole.
Resources Management	A range of competencies such as talent management, training and development, performance evaluation, and implementing strategies to continually enhance the quality of services offered and utilizing the talents of employees to enhance the organisations performance and service delivery.
Collaboration and Teamwork	Leadership skills that promote efficient teamwork and increase collaboration within an organisation are emphasised. Open communication, diverse viewpoints, cooperation and coordination, and a sense of trust and mutual support are all part of this domain's remits.
Setting Direction	A range of competencies that involves providing a clear vision, and guiding individuals and organisations towards strategic goals and objectives. It includes articulating a compelling vision, establishing strategic priorities, and offering guidance and support to individuals to align their efforts with the overall direction.
Professional and Social ethics	This theme explores the crucial competencies driving ethical decision-making, patient confidentiality, and social responsibility that define pharmacist's leaders as both dedicated professionals and ethical citizens.

From the 155, behaviors, those associated to transformational leadership:

- Motivating their teams and provide constructive feedback
- Communicate strategic vision and enthusiasm
- Innovation
- Influence
- Energize stakeholders
- Develop talent and team’s skills, knowledge and skills
- Mentorship and Coaching
- Flexibility and Adaptability

Aman, et al (2025)

Knowledge Check #6 – True / False

6. When managers are setting objectives and their measurements (metrics), they need to ensure these can be met following the right procedures and the right behaviors.

True – setting unachievable objectives in an unreasonable way may cause individuals to not follow the procedures and exhibit mean behaviors to meet the metrics and get rewarded.


REACTIONS
What's your take on this topic?
What resonates with you?
QUESTIONS
What are you curious about?
What would you like to know more about?
REFLECTIONS
What insights or lessons can we take away?
How can we apply this to make an impact?
SHARE YOUR PERSPECTIVE.
TOGETHER, WE CREATE BETTER SOLUTIONS.

APHA RESOURCES FOR WELLNESS

APhA statement on commitment to the well-being and resiliency of pharmacists and pharmacy personnel

Founded in 1852, APhA is the largest association of pharmacists in the United States and is the only organization supporting the entire profession, including pharmacists, pharmaceutical scientists, student pharmacists, and pharmacy technicians as members. APhA is the organization whose members are recognized in society as essential in all patient care settings for optimal medication use that improves health, wellness, and quality of life. Through information, education, and advocacy, APhA empowers its members to improve medication use and advance patient care. To this end, APhA is committed to promoting and maintaining the well-being and resilience of all pharmacists, student pharmacists, pharmacy technicians, and pharmaceutical scientists in all practice settings to preserve pharmacy's efforts in optimizing health outcomes.

APhA recognizes that the well-being and resiliency of pharmacists and pharmacy personnel are preserved, and the delivery of their services is optimized when …

- They are enabled to be effective health care providers who are valued, respected, and supported by payers, patients, policymakers, employers, and members of the health care team.
- They can fully utilize their education, knowledge and training to positively impact patients' lives and the effectiveness of the health care team.
- Administrative burdens are decreased and/or manageable by appropriate support from management/employers.
- They can practice in supportive environments with adequate resources (including sufficient staff) to perform their patient care services.
- Coverage for the medication use process supports and encourages the provision of quality patient care services.

Pharmacists Well-being and Resiliency

https://www.pharmacist.com/Career/Well-being-and-Workplace

Knowledge Check #1

Which of the following elements are determinants in the organizational culture of a pharmaceutical services organization

a. The national culture, as individuals share some values and beliefs that determine their expectations and behaviors
b. The rewards system tied to the organizational or departmental metrics, as this may influence the behavior of individuals to achieve such metrics
c. The country particularities, as tropical countries are under an annual threat of hurricanes and storms
d. Alternatives a and b are correct

D is the Correct answer

Knowledge Check #2

Identify the layers of organizational culture, according to The Culture Factor® model

a. National culture, Organizational Culture and Site Culture
b. Organizational Culture, home culture and internal culture
c. Cultural Biases, neighborhood culture and personal culture
d. None of the above are considered layers of culture

Alternative a. is correct
The country (national culture), the company (organizational culture) and the site (local culture) all determine the behavior of individuals within a particular organization, be it a department, a pharmacy, a hospital, a manufacturing plant, etc.

Knowledge Check #3,4,5
True / False

3. Organizational Effectiveness refers to whether the organization works toward the goal or following the procedures.
4. Control has to do with whether people are focused on following the procedures or on meeting customer expectations.
5. Management Focus is related to the degree to which management cares about the employees' wellbeing.

3. T
4. F – Control has to do with too informal or too strict
5. T

Knowledge Check #6 – True / False

6. When managers are setting objectives and their measurements (metrics), they need to ensure these can be met following the right procedures and the right behaviors.

True – setting unachievable objectives in an unreasonable way may cause individuals to not follow the procedures and exhibit mean behaviors to meet the metrics and get rewarded.

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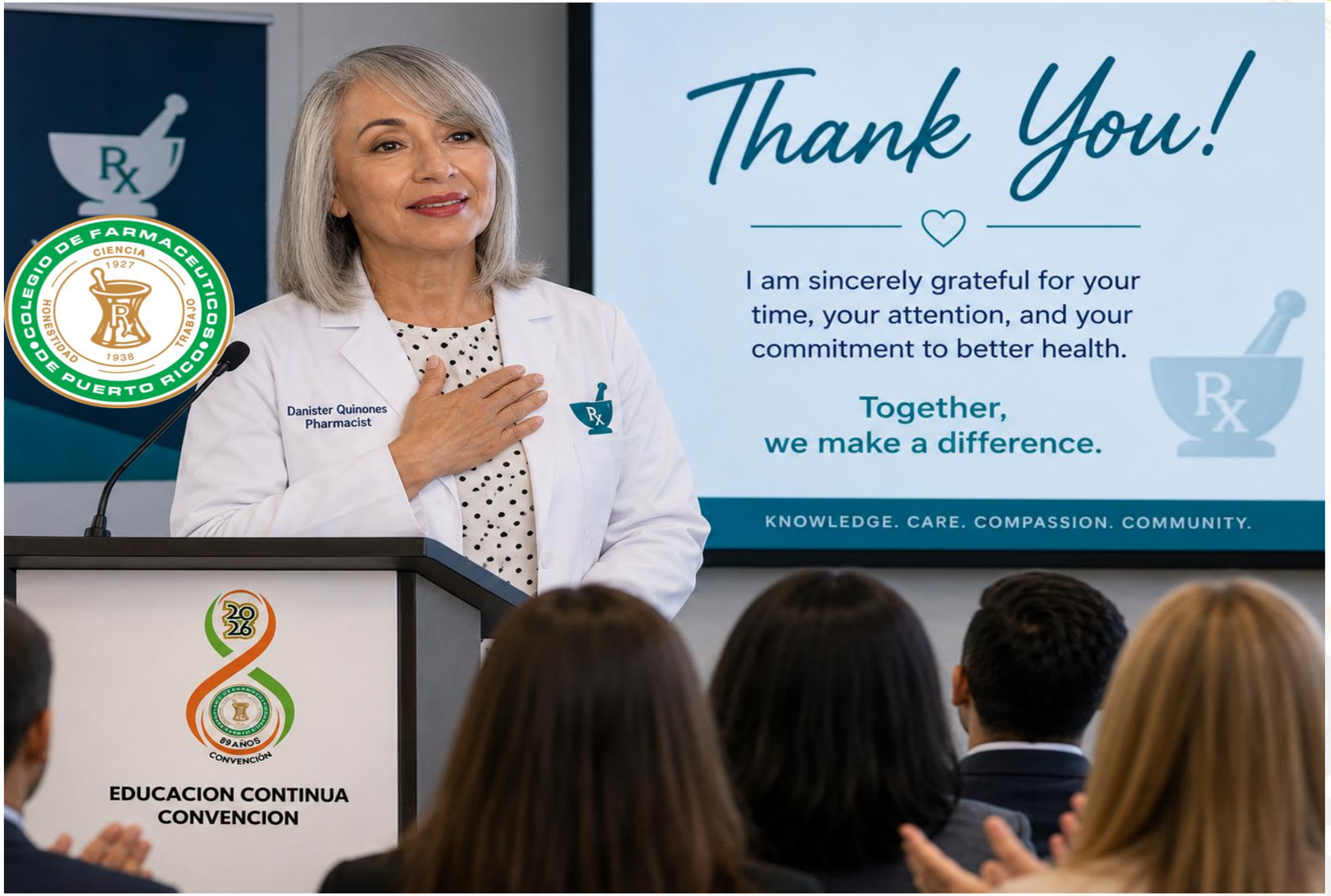

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