Table of Contents

CHAPTER 3: METHODOLOGY	2
3.1 Introduction	2
3.2 Research Paradigm	2
3.3 Research Approach	2
3.4 Type of Investigation	2
3.5 Research Design	3
3.6 Research Strategy	3
3.7 Data Collection Method	4
3.8 Research Instrument	4
3.9 Sampling Method and Sample Size	5
3.10 Data Analysis Technique	5
3.11 Accessibility Issues	6
3.12 Ethical Considerations	6
References	9
Appendix	16
Questionnaire	16
Facilitating Self-awareness	17
Raising Profile of Pharmacists	17
Interview Questions	18

CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter discusses various methodological choices made in the research process. The basic purpose is to justify various choices related to research approach and design, data collection and analysis methods, and sampling strategy among others. The readers can use this chapter to assess overall validity and reliability of the conclusions drawn in this study.

3.2 Research Paradigm

Research paradigm can be defined as the philosophical assumptions of researcher undertaken to gain acceptable knowledge about social phenomena. There are two epistemological positions, namely, positivism (methods and ethos of natural sciences are applicable to pursue acceptable knowledge related to social phenomena); and interpretivism (researchers must develop separate research strategy to conduct research related to social phenomena to pursue knowledge) (Bryman, 2015).

This study is based on interpretivism because the researcher believes that there should be a separate research strategy to understand the perception of pharmacy professionals regarding value of leadership training programmes.

3.3 Research Approach

According to Bernard and Bernard, (2012) Social researchers can either use inductive or deductive approach to study phenomenon under consideration. Following an inductive approach, the study needs to collect specific observations and identify patterns and then continue to broaden the scope of approach and ultimately design a generally applicable theory. In contrast, deductive approach based study sets out to test general theories within specific circumstances by collecting general observations and then continuing to develop specific hypothesis to test the theories within chosen circumstances.

This study is based on inductive approach. Therefore the study begins with collecting and analysing specific observations and patterns from pharmacy trainees and aims to develop generalised conclusions regarding all pharmacy professionals.

3.4 Type of Investigation

According to Taylor, Bogdan, and DeVault, (2015) Social researchers may choose to conduct descriptive or explanatory, or exploratory investigation. Descriptive investigation is followed to describe a phenomenon providing in-depth details about research phenomenon.

Explanatory study is conducted to explain how a social phenomenon exists. Exploratory investigation is conducted to find new avenues by conducting detailed investigation into an existing phenomenon within specific circumstances.

This study is based on descriptive approach through which the main aim of the study i.e. to understand and report the perception about leadership training programmes among pharmacy professionals is to be described and explored.

3.5 Research Design

According to Ritchie, et al. (2013) research designs are categorised as qualitative, quantitative, and mixed. The most commonly cited advantage of quantitative research in social research is that quantitative results are highly verifiable because underlying data is numeric and objective and are derived from ethos and methods of natural sciences. In contrast, qualitative design is considered to have relatively low verifiability because underlying data is subjective and non-numeric. Qualitative design are particularly useful and effective when the aim is to study experiences, feelings, and opinions of participants.

This study is based on mixed design, in which both qualitative and quantitative data has been triangulated to overcome weaknesses in mono-design. The aim is to increase reliability and validity of the results and conclusions drawn in this study. Mixed design allows this study to have both qualitative and quantitative evidence to support conclusions.

3.6 Research Strategy

Matthews and Ross, (2014) argue that researchers have used numerous research strategies to conduct research in social phenomena. One of the most popular strategies is survey strategy, along with case study strategy, ethnographic studies, etc. in this study the research strategy is survey. Researchers use survey strategy because of the fact that survey is known for high level of cost and time efficiency when compared to ethnographic studies or case studies. In addition, survey strategy also is more beneficial as compared to case study because the resuts of the former are more generalizable as compared to the results of the later. Typically surveys are conducted by obtaining a sample from target population and conduct entire research process using data from sample, assuming that it is applicable on entire population.

For both qualitative and quantitative data collection, this study has used survey strategy. Since this study is using questionnaire survey and interviews as data collection

method, therefore it is important to have a time efficient research strategy. Thus, survey is the most suitable strategy for this strategy.

3.7 Data Collection Method

Rubin and Babbie, (2016) argue that data collection are categorised as primary data collection methods and secondary data collection methods. In this study, both secondary and primary data has been used. The main source of secondary data collection is digital libraries and search engines that have been used to collect literature. In this study, the most relevant sources of information are considered to be articles published in academic journal and academic books.

The study also collected primary data. Primary data is also further categorised into quantitative and qualitative data. This study has collected both qualitative and quantitative design therefore qualitative. Research instrument used to collect data is explained in the next section.

3.8 Research Instrument

According to Smith, (2015) Research instrument is defined as the tool used by researcher to gather data from sample members. There are several instruments to collect qualitative data which include interviews, focused groups, observations, etc. This study used individual interviews to collect data because there is high level of confidentiality and anonymity as compared to other methods such as focus group. Confidentiality and anonymity is important in this study.

According to De Vaus, (2013), individual interviews can be classified into structured, unstructured, and semi-structured interviews. This study conducted semi-structured interviews as they overcome weaknesses of both structured (inflexible no follow up questions) and unstructured (time consuming) and exploit strengths of both structured (time efficiency) and unstructured (high flexibility).

The researcher developed a set of themes based on secondary research conducted in this study. Using these themes, a number of interview questions were designed so that the researcher can gather opinions and experience of participants relevant to research aims and objectives while providing flexibility as well as controlling the focus of discussion towards research phenomenon.

For quantitative data, this study has used questionnaires. The main benefit of using questionnaire in this study is that they are the most time and cost efficient method for data

collection. However, questionnaires are considered to be inefficient in case researcher wants to understand feeling, experience, and perception of participants. This weakness has been overcome by using individual interviews described above.

The study used a self-administered questionnaire containing closed ended questions with Likert scale. The main benefit of using this questionnaire is that it collects most relevant data such specifically tailored to meet the aims and objectives of this study. Since questionnaires are able to collect large amount of data in relatively less time, therefore it is extremely important that the data collected through questionnaire is specifically relevant to research aims and objectives otherwise the results will fail to meet research objectives. All questions in the questionnaire are based on themes and variables identified in literature review.

3.9 Sampling Method and Sample Size

According to Clarke and Charmaz, (2014) a sampling technique is either probability based or non-probability based technique. This study used non-probability sampling technique called convenience sampling. Convenience sampling enables investigator to recruit participants in research sample on ease of proximity i.e. nearest accessible participant as well as on personal convenience to recruit participants. Since, there is only limited budget and time available for this study therefore, the researcher used convenience sampling.

This study started sampling process by recruiting participants in the nearest vicinity of researcher. The researcher approach managers and workers in nearest pharmacy and invited them to participate in the study. The researcher approached a total of ten pharmacies, having a total of 13 managers and 80 workers. For questionnaire survey, researcher asked pharmacy professionals at non-managerial level to fill in questionnaires. Total number of questionnaires distributed was 80. The researcher received 76 completely filled questionnaires along with signed consent form. Only complete questionnaires were used in this study. The researcher conducted interviews of managerial staff in pharmacies. Due to limited time only ten interviews were conducted.

3.10 Data Analysis Technique

According to Eriksson and Kovalainen, (2015) Data analysis techniques refer to methods that convert raw data collected to through primary data collection instrument into meaningful results and information which is further used to draw conclusions of the study.

For data collected through interviews there are various data analysis techniques that can be used to analyse text(s) for example, grounded theory, thematic analysis, and content analysis, among others.

This study used thematic analysis to analyse interview transcripts. The main benefit of thematic analysis is that it examines large pieces of text and identifies patterns and categories called themes. These themes are then used to examine information about the research phenomena and to achieve aims and objectives of the study. The analysis begins with searching texts to identify themes, followed by critical review of themes within the context of research phenomena. Finally the themes are finalised and presented in the final result.

For questionnaire surveys, this study used statistical analyses. The main benefit of using statistical analyses is that they are considered to be most authentic and verifiable techniques, however, they are not efficient in analysing texts. This study used correlation, regression and descriptive techniques to analyse quantitative data and derive meaningful results.

3.11 Accessibility Issues

The main accessibility issue during the course of research emerged due to limited time and budget available for the study. The researcher could not afford extensive and costly travelling as well as could not conduct more interviews. Furthermore, the researcher could not access those research studies are require purchasing.

3.12 Ethical Considerations

According to Banks and Zeitlyn, (2015) ethical considerations can be defined as set of moral principles, norms, and values that are adopted by researchers in order to show integrity with research participants and research community. Firstly, it is important to pay credit and appreciation to authors of existing literature. This study provides in-text citations with corresponding list of references using Harvard referencing style with at the end of the study. Furthermore, in order to show integrity with the research participants, this study obtained consent oral from all participants before conducting the interview. The interviewees were clearly communicated that the participation in the study is voluntary, without any monetary benefits and for academic purpose only. The participants were informed that they may quit research process any time without any obligation. Furthermore, this study adhered to strict

confidentiality and anonymity of all participants. There is no data in this study that could lead to tracing the identity of participants.

References

- Antonakis, J. and House, R.J., 2013. The full-range leadership theory: The way forward. In *Transformational and Charismatic Leadership: The Road Ahead 10th Anniversary Edition* (pp. 3-33). Emerald Group Publishing Limited.
- Aspden, T., Butler, R., Heinrich, F., Harwood, M. and Sheridan, J., 2017. Identifying key elements of cultural competence to incorporate into a New Zealand undergraduate pharmacy curriculum. *Pharmacy Education*, 17.
- Banks, M., & Zeitlyn, D. (2015). Visual methods in social research. Sage.
- Bartelme, K.M., Bzowyckyj, A., Frueh, J., Speedie, M., Jacobson, G. and Sorenson, T.D., 2014. Experience and outcomes of a pharmaceutical care leadership residency program. *INNOVATIONS in pharmacy*, *5*(3), p.8.
- Bernard, H. R., & Bernard, H. R. (2012). Social research methods: Qualitative and quantitative approaches. Sage.
- Borkowski, N., 2015. Organizational behavior in health care. Jones & Bartlett Publishers.
- Brock, D., Abu-Rish, E., Chiu, C.R., Hammer, D., Wilson, S., Vorvick, L., Blondon, K., Schaad, D., Liner, D. and Zierler, B., 2013. Interprofessional education in team communication: working together to improve patient safety. *BMJ Qual Saf*, 22(5), pp.414-423.
- Brown, K., Poppe, A., Kaminetzky, C., Wipf, J. and Woods, N.F., 2015. Recommendations for nurse practitioner residency programs. *Nurse educator*, 40(3), pp.148-151.
- Bryman, A. (2015). Social research methods. Oxford university press.
- Capewell, S., Stewart, K., Bowie, P. and Kelly, M., 2014. Trainees' experiences of a four-year programme for specialty training in general practice. *Education for Primary Care*, 25(1), pp.18-25.
- Chahine, E.B., El-Lababidi, R.M. and Sourial, M., 2015. Engaging pharmacy students, residents, and fellows in antimicrobial stewardship. *Journal of pharmacy practice*, 28(6), pp.585-591.
- Charani, E., Castro-Sanchez, E., Sevdalis, N., Kyratsis, Y., Drumright, L., Shah, N. and Holmes, A., 2013. Understanding the determinants of antimicrobial prescribing within hospitals: the role of "prescribing etiquette". *Clinical Infectious Diseases*, 57(2), pp.188-196.
- Chesnut, R. and Tran-Johnson, J., 2013. 'Impact of a Student Leadership Development Program', *American Journal of Pharmaceutical Education*, vol. 77, no. 10, pp. 1-9.

- Chisholm-Burns, M. A., 2012. *Pharmacy management, leadership, marketing, and finance.*Jones and Bartlett Publishers.
- Clarke, A. E., & Charmaz, K. (Eds.). (2014). Grounded Theory and Situational Analysis:

 Sage Benchmarks in Social Research Methods: History, Essentials and Debates in

 Grounded Theory. Sage.
- Cohen, L., Manion, L., & Morrison, K. (2013). Research methods in education. Routledge.
- Davis, K.C., 2013. Orientation: Looking at Strategies Utilized by Other Health Professions for Increasing Diversity. *Navigating Diversity and Inclusion in Veterinary Medicine*, p.31.
- De Vaus, D. (2013). Surveys in social research. Routledge.
- Dongen, M.A., 2014. Toward a standardized model for leadership development in international organizations. *Global Business and Organizational Excellence*, 33(4), pp.6-17.
- Dow, A.W., DiazGranados, D., Mazmanian, P.E. and Retchin, S.M., 2013. Applying organizational science to health care: a framework for collaborative practice. *Academic medicine: journal of the Association of American Medical Colleges*, 88(7), p.952.
- Eich, D., 2008. 'A grounded theory of high-quality leadership programs: Perspectives from student leadership development programs in higher education', *Journal of Leadership and Organizational Studies*, vol. 15, no. 2, pp. 176-187.
- Ellard, D.R., Chimwaza, W., Davies, D., O'Hare, J.P., Kamwendo, F., Quenby, S. and Griffiths, F., 2014. Can training in advanced clinical skills in obstetrics, neonatal care and leadership, of non-physician clinicians in Malawi impact on clinical services improvements (the ETATMBA project): a process evaluation. *BMJ open*, 4(8), p.e005751.
- Ellard, D.R., Shemdoe, A., Mazuguni, F., Mbaruku, G., Davies, D., Kihaile, P., Pemba, S., Bergström, S., Nyamtema, A., Mohamed, H.M. and O'Hare, J.P., 2016. Can training non-physician clinicians/associate clinicians (NPCs/ACs) in emergency obstetric, neonatal care and clinical leadership make a difference to practice and help towards reductions in maternal and neonatal mortality in rural Tanzania? The ETATMBA project. *BMJ open*.
- Elvey, R., Schafheutle, E. I., Jacobs, S., Jee, S. D., Hassell, K., and Noyce, P. R., 2013.

 Revalidation arrangements for pharmacy professionals in industry and academia in

- Great Britain: a qualitative study. *Research in Social and Administrative Pharmacy*, 9(2), 178-187.
- Eriksson, P., & Kovalainen, A. (2015). *Qualitative Methods in Business Research: A Practical Guide to Social Research*. Sage.
- Fuller, P. D., 2012. Program for developing leadership in pharmacy residents. *American Journal of Health-System Pharmacy*, 69(14).
- George, A.E., Frush, K. and Michener, J.L., 2013. Developing physicians as catalysts for change. *Academic Medicine*, 88(11), pp.1603-1605.
- GPhc., May 2011. Future pharmacists Standards for the initial education and training of pharmacists [Online], The General Pharmaceutical Council, Available from: https://www.pharmacyregulation.org/sites/default/files/Standards for the initial education and training of pharmacists.pdf (Accessed: 23/02).
- Greco, A.J., Ferreri, S.P., Persky, A.M. and Marciniak, M.W., 2013. Characteristics of postgraduate year two pharmacy residency programs with a secondary emphasis on academia. *American journal of pharmaceutical education*, 77(7), p.143.
- Grethlein, S.J. and Azar, J., 2016. 13 Application of Foundational Skills to Health Systems. *Health Systems Science E-Book*, p.174.
- Grindrod, K., Forgione, A., Tsuyuki, R. T., Gavura, S., and Giustini, D., 2014. Pharmacy 2.0: a scoping review of social media use in pharmacy. *Research in Social and Administrative Pharmacy*, 10(1), 256-270.
- Group, P. E. T. A., 2011. Transforming health professionals' education. *The Lancet*, *377*(9773), 1236-1237.
- Heffernan, L., Kalvaitis, D., Segaran, P. and Fisher, E., 2013. The cross-cultural field excursion initiative: An educational approach to promote cultural competency in student pharmacists. *Currents in Pharmacy Teaching and Learning*, 5(3), pp.155-166.
- Heflin, M.T., Pinheiro, S.O., Konrad, T.R., Egerton, E.O., Thornlow, D.K., White, H.K. and McConnell, E.J., 2014. Design and evaluation of a prelicensure interprofessional course on improving care transitions. *Gerontology & geriatrics education*, 35(1), pp.41-63.
- Helling, D.K. and Johnson, S.G., 2014. Defining and advancing ambulatory care pharmacy practice: It is time to lengthen our stride. *American Journal of Health-System Pharmacy*, 71(16), pp.1348-1356.

- Hodgson, J.L., Pelzer, J.M. and Inzana, K.D., 2013. Beyond NAVMEC: competency-based veterinary education and assessment of the professional competencies. *Journal of veterinary medical education*, 40(2), pp.102-118.
- Irwin, A. and Weidmann, A.E., 2015. A mixed methods investigation into the use of non-technical skills by community and hospital pharmacists. *Research in Social and Administrative Pharmacy*, 11(5), pp.675-685.
- Janke, K. K., Traynor, A. P., and Boyle, C. J., 2013. Competencies for student leadership development in doctor of pharmacy curricula to assist curriculum committees and leadership instructors. *American journal of pharmaceutical education*, 77(10), 222.
- Janke, K.K., Nelson, M.H., Bzowyckyj, A.S., Fuentes, D.G., Rosenberg, E. and DiCenzo, R., 2016. 'Deliberate integration of student leadership development in doctor of pharmacy programs', *American Journal of Pharmaceutical Education*, vol. 80, no. 1, p. 16p.
- Jardine, D., Correa, R., Schultz, H., Nobis, A., Lanser, B.J., Ahmad, I., Crowder, A., Kim, M.B. and Hinds, B., 2015. The need for a leadership curriculum for residents.
- Kamarudin, G., Penm, J., Chaar, B. and Moles, R., 2013. Preparing hospital pharmacists to prescribe: Stakeholders' views of postgraduate courses. *International Journal of Pharmacy Practice*, 21(4), pp.243-251.
- Kern, K.A., Kalus, J.S., Bush, C., Chen, D., Szandzik, E.G. and Haque, N.Z., 2014. Variations in pharmacy-based transition-of-care activities in the United States: A national survey. *American Journal of Health-System Pharmacy*, 71(8).
- Kerr, R.A.B., Beck, D.E., Doss, J., Draugalis, J.R., Huang, E., Irwin, A., Patel, A., Raehl,
 C.L., Reed, B., Speedie, M.K., Maine, L.L. and Athay, J., 2009. 'Building a
 Sustainable System of Leadership Development for Pharmacy: Report of the 2008-09
 Argus Commission', *American Journal of Pharmaceutical Education*, vol. 73, no. 8,
 pp. 1-12.
- Kheir, N., and Fahey, M., 2011. Pharmacy practice in Qatar: challenges and opportunities. *Southern med review*, 4(2), 92.
- Kitzmiller, J.P., Phelps, M.A., Neidecker, M.V. and Apseloff, G., 2014. Establishing a clinical pharmacology fellowship program for physicians, pharmacists, and pharmacologists: a newly accredited interdisciplinary training program at the Ohio State University. *Advances in medical education and practice*, 5, p.191.
- Kris-Etherton, P.M., Akabas, S.R., Bales, C.W., Bistrian, B., Braun, L., Edwards, M.S., Laur, C., Lenders, C.M., Levy, M.D., Palmer, C.A. and Pratt, C.A., 2014. The need to advance nutrition education in the training of health care professionals and

- recommended research to evaluate implementation and effectiveness. *The American journal of clinical nutrition*.
- Kyle, G., Firipis, M. and Tietze, K.J., 2015. *Skills for Pharmacists eBook: A Patient-Focused Approach ANZ*. Elsevier Health Sciences.
- Lähdevuori, M., 2014. Market orientation in Finnish pharmacies.
- Lancaster, J.W., Stein, S.M., MacLean, L.G., Van Amburgh, J. and Persky, A.M., 2014. Faculty development program models to advance teaching and learning within health science programs. *American journal of pharmaceutical education*, 78(5), p.99.
- Lee, G., 2017. Leadership coaching: From personal insight to organisational performance. Kogan Page Publishers.
- Long, P.W., Spurgeon, P.C. and Veronica, W., 2013. The challenge of leadership education in primary care in the UK. *Education for Primary Care*, 24(1), pp.11-14.
- Long, T., Dann, S., Wolff, M.L. and Brienza, R.S., 2014. Moving from silos to teamwork: Integration of interprofessional trainees into a medical home model. *Journal of interprofessional care*, 28(5), pp.473-474.
- Maddalena, V., 2016. 'Leadership training for undergraduate medical students', *Leadership In Health Services (Bradford, England)*, vol. 29, no. 3, pp. 348-351.
- Mannix, J., Wilkes, L. and Daly, J., 2013. Attributes of clinical leadership in contemporary nursing: an integrative review. *Contemporary nurse*, 45(1), pp.10-21.
- Mathews, M.F., 2013. An Examination Of The Park Doctrine And Pharmaceutical Executive Accountability For Regulatory Compliance.
- Matthews, B., & Ross, L. (2014). Research methods. Pearson Higher Ed.
- Mehdi, Z., Roots, A., Ernst, T., Birns, J., Ross, A., Reedy, G. and Jaye, P., 2014. Simulation training for geriatric medicine. *The clinical teacher*, 11(5), pp.387-392.
- Mills, E., Blenkinsopp, A. and Black, P., 2013. Quality management in medical foundation training: Lessons for Pharmacy. *Pharmacy Education*, *13*.
- Mort JR, S.J., Helgelan DL,Seefeldt TM., 2014. Perceived Impact of a Longitudinal Leadership Program for All Pharmacy Students, *INNOVATIONS in pharmacy*, vol., no. 3, [Online]. Available from: http://pubs.lib.umn.edu/innovations/vol5/iss3/7
- Nambudiri, V.E., Adler, D.S., Wright, S.C., Lee Jr, T.H. and Katz, J.T., 2013. Training the physician executives of the future: the medical management leadership track at Brigham and Women's Hospital Department of Medicine. *Physician Executive*, 39(3), p.96.

- Owusu-Obeng, A., Weitzel, K.W., Hatton, R.C., Staley, B.J., Ashton, J., Cooper-Dehoff, R.M. and Johnson, J.A., 2014. Emerging roles for pharmacists in clinical implementation of pharmacogenomics. *Pharmacotherapy: The Journal of Human Pharmacology and Drug Therapy*, 34(10), pp.1102-1112.
- Paradis, J. and Gauthier, J.B., 2016. Theoretical Foundations Of Hospital Pharmacy Management.
- Patterson, B.J., Garza, O.W., Witry, M.J., Chang, E.H., Letendre, D.E. and Trewet, C.B., 2013. A leadership elective course developed and taught by graduate students. *American journal of pharmaceutical education*, 77(10), p.223.
- Pittenger, A.L., Chapman, S.A., Frail, C.K., Moon, J.Y., Undeberg, M.R. and Orzoff, J.H., 2016. Entrustable professional activities for pharmacy practice. *American journal of pharmaceutical education*, 80(4), p.57.
- Ritchie, J., Lewis, J., Nicholls, C. M., & Ormston, R. (Eds.). (2013). *Qualitative research practice: A guide for social science students and researchers*. Sage.
- Rosado, H., John, C., Puaar, D. and Bates, I., 2015. An analysis of the initial education and training standards for pharmacy technicians and views on their fitness for purpose. *A report to the General Pharmaceutical Council*.
- Rowitz, L., 2013. Public health leadership. Jones & Bartlett Publishers.
- Rubin, A., & Babbie, E. R. (2016). *Empowerment Series: Research Methods for Social Work*. Cengage Learning.
- Rubino, L. G., Esparza, S. J., and Chassiakos, Y. S. R., 2013. *New leadership for today's health care professionals*. Jones and Bartlett Learning.
- Shane, P.A. and Vogt, E., 2013. The future of clinical pharmacy: developing a holistic model. *Pharmacy*, *I*(2), pp.228-236.
- Shannon, S. B., Bradley-Baker, L. R., and Truong, H. A., 2012. Pharmacy residencies and dual degrees as complementary or competitive advanced training opportunities. *American journal of pharmaceutical education*, 76(8), 145.
- Silverman, D. (Ed.). (2016). Qualitative research. Sage.
- Skledar, S.J., Doedyns, A. and Yourich, B., 2015. Building an outpatient cancer center pharmacy program across a tristate region. *American Journal of Health-System Pharmacy*, 72(2).
- Smith, J. A. (Ed.). (2015). *Qualitative psychology: A practical guide to research methods*. Sage.

- Sorensen, T.D., Traynor, A.P. and Janke, K.K., 2009. 'A Pharmacy Course on Leadership and Leading Change', *American Journal of Pharmaceutical Education*, vol. 73, no. 2, pp. 1-10.
- Swann, G., Chessum, P., Fisher, J. and Cooke, M., 2013. An autonomous role in emergency departments: Garry Swann and colleagues consider how the introduction of advanced clinical practitioners can shift professional boundaries in urgent care settings. *Emergency Nurse*, 21(3), pp.12-15.
- Taylor, S. J., Bogdan, R., & DeVault, M. (2015). *Introduction to qualitative research methods: A guidebook and resource*. John Wiley & Sons.
- Temple, M.E., Jakubecz, M.A. and Link, N.A., 2013. Implementation of a training program to improve pharmacy services for high-risk neonatal and maternal populations. *American Journal of Health-System Pharmacy*, 70(2).
- Traynor, A. P., Boyle, C. J., and Janke, K. K., 2013. Guiding principles for student leadership development in the doctor of pharmacy program to assist administrators and faculty members in implementing or refining curricula. *American journal of pharmaceutical education*, 77(10), 221.
- Tregunno, D., Ginsburg, L., Clarke, B. and Norton, P., 2014. Integrating patient safety into health professionals' curricula: a qualitative study of medical, nursing and pharmacy faculty perspectives. *BMJ Qual Saf*, 23(3), pp.257-264.
- Van Schaik, S., Plant, J. and O'Brien, B., 2015. Challenges of interprofessional team training: a qualitative analysis of residents' perceptions. *Education for Health*, 28(1), p.52.
- Wanat, M.A. and Garey, K.W., 2013. A blueprint for transitioning pharmacy residents into successful clinical faculty members in colleges and schools of pharmacy. *American journal of pharmaceutical education*, 77(9), p.200.
- Weide, J.L., 2014. The role of regulatory focus in determining career-development training program effectiveness (Doctoral dissertation, Walden University).
- Zadbuke, N., Shahi, S., Gulecha, B., Padalkar, A. and Thube, M., 2013. Recent trends and future of pharmaceutical packaging technology. *Journal of pharmacy & bioallied sciences*, 5(2), p.98.
- Zapatka, S.A., Conelius, J., Edwards, J., Meyer, E. and Brienza, R., 2014. Pioneering a primary care adult nurse practitioner interprofessional fellowship. *The Journal for Nurse Practitioners*, 10(6), pp.378-386.

Appendix

Questionnaire

This questionnaire is specifically prepared for an academic research. For the purpose of this
research, the researcher has to investigate how pharmacy professionals perceive the value of
leadership training programmes. Kindly give your responses by (✓) an appropriate option for
each of following question:
Name

Name			
Contact Number		Email	id:
Gender: Male □ Female □			
Age: 21-30 □ 31-40 □ 41-50 □	51 and above □		
Organization:			
Level of Education			
☐ Bachelor Student			
☐ Master Student			
Doctoral Student			
Post-Doctoral Training			
Your occupational experience:			
☐ Below 1 year			
\Box 1 year – 3 years			
\Box 3 – 8 years			
☐ 9-12 years			
☐ 12 years and above			

Please rate your responses by ✓ the value that you think is more appropriate:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
0	1	2	3	4

Perceptions of pharmacy professionals		2	3	4	5
Student Leadership Development					
Student leadership development is the main dimension of					
leadership training program in pharmacy.					
It is responsibility of pharmacy institutes to provide					
valuable experiences to its students in order to					
successfully integrate leadership development program.					
Continuous Professional Development					
Pharmacists are aware of the benefits of continuous					
professional development					
CPD helps pharmacist in developing new competencies					
which are related to leadership.					
Higher management support and access to the resources					
that facilitate the learning needs builds confidence and					
empower the pharmacy professionals, in the process of					
CPD					

	T	
Facilitating Self-awareness		
Pharmacy leaders are willing to apply all their existing		
and new knowledge, abilities, talents and skills for		
addressing latent health care needs of patients.		
The experience based learning tactics enable the young		
pharmacists to become self-aware of their potential		
strengths and weaknesses		
Intentional and Visible Institutional Commitment		
Pharmacy institutions should have commitment to		
practice leadership skills for the students		
Faculty members and administrators can equally		
contribute and flourish the environment in pharmacy		
schools to foster leadership		
Raising Profile of Pharmacists		
Thursday Trojuce of Trust macrosis		
The pharmacy leaders have been expressing their		
commitment towards the best pharmaceutical practices		
Future pharmacists with the vision of leadership and		
persistent commitment can lead change in the		
pharmaceutical industry		
Value of leadership training programs		
Leadership training programs are important for		
establishing leadership skills in pharmacist.		
It helps in providing personal reflection to the		
pharmacists.		
Pharmacy residents provide the incorporation of the		
leadership training program for helping the students and		
young professionals for meeting the needs to leadership in		
the profession.		
Leadership training programs provide value to the		
development of leadership mechanisms in the pharmacy		
students.		

Thank You ©

Interview Questions

- Q1. In your opinion, what is the significance of leadership programs for the pharmacists?
- Q2. To what extent, pharmacy trainees show interest in leadership training and understand the importance of developing leadership skills?
- Q3. Which leadership positions in a pharmacy organization you find effective for the student's learning?
- Q4. Do you think that the leading pharmacists are considered to be the influencers stewarding medication to the patients?
- Q5. What are your perception regarding Leadership Training Programmes in terms of continuous professional development and enhancing the pharmacist profiles?
- Q6. Please suggest some recommendations regarding leadership for the pharmacists.