Adoption of a biometric screening service in community pharmacies: A qualitative study
Benjamin S. Teeter, Kimberly Braxton-Lloyd, Achilles A. Armenakis, Brent I. Fox, and Salisa C. Westrick

Abstract

Objective: To explore differences in perceived attributes of biometric screening services and organization characteristics among community pharmacies that adopt, outsource, or do not adopt biometric screening services that assess patients’ blood pressure, blood glucose, serum cholesterol, and body mass index.

Design: Qualitative, comparative analysis.

Setting: Independently owned community pharmacies in Alabama.

Participants: 25 key informants from community pharmacies were classified as adopters, outsourced adopters, and nonadopters of biometric screening services. Pharmacies using in-house staff to conduct screenings are referred to as adopters; those using external staff are referred to as outsourced adopters.

Main outcome measures: Perceived attributes of the screening service and organizational characteristics identified through emergent theme analysis based on the Diffusion of Innovations Model and Model of Innovation As- similation.

Results: The screening service was perceived differently by adopters, outsourced adopters, and nonadopters. Adopters saw the opportunity to increase revenue and expand the role of the pharmacist in health care by offering the service. Adopters also perceived the service to be compatible with their pharmacy layout and organizational identity; simple to implement; modifiable in terms of experimentation with models of service delivery; and visible by external constituencies (which positively affects pharmacy image). In contrast, nonadopters felt the amount of time, investment, and lack of potential patients associated with the service influenced their decision not to adopt it. Adopters and nonadopters differed in regard to their innovativeness in patient care services, their connectedness in professional networks, and how they make sense of and deal with the uncertainty of new programs. Outsourced adopters were similar to adopters but were more cautious in their decision making.

Conclusion: Perceived attributes of the screening service and organizational characteristics differed among adopters, outsourced adopters, and nonadopters.

Keywords: Adoption, implementation, innovation attributes, organization characteristics, biometric health screenings, qualitative analysis.

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Preventable diseases have a severe impact on mortality and overall health care expenditures in the United States. The Centers for Disease Control and Prevention (CDC) reports that heart disease, cerebrovascular disease (stroke), and diabetes mellitus are among the top 10 leading causes of death in the United States. When combined, these three conditions account for nearly 34% of all deaths in the United States every year. Heart disease alone is estimated to cost more than $500 billion annually. Early detection of such risk factors as high blood pressure, high blood sugar, high cholesterol, and high body mass index (BMI) is vital to reducing the impact of these diseases.

Recognizing the importance of early detection, the U.S. Department of Health and Human Services suggests regular screenings for the above risk factors in its new 10-year goals and objectives for health promotion and disease prevention, which can be found in Healthy People 2020. In this way, such conditions can be detected early on and individuals with these conditions can receive appropriate treatment or make any necessary lifestyle changes. Although identification of elevated risk factors can greatly reduce the threat of a catastrophic event, many adults do not regularly partake in health screenings. One reason for this underuse is a lack of primary care providers—73% of Americans aged 18–64 years report not having a regular primary care provider.

At a Glance
Synopsis: As pharmacies continue to expand their role in health care, those factors influencing adoption of new advanced patient care services need to be understood. Applying organizational theory to the decision-making processes of 25 key informants from independently owned community pharmacies in Alabama, this study explored the differences in perception among adopters, outsourced adopters, and nonadopters regarding the attributes of the Health Watch biometric screening service.

Analysis: Those pharmacy organizations adopting the Health Watch service tended to embrace the service as an extension of their perceived responsibility as members of the health care team. Comparatively, outsourced adopters were generally receptive to the potential benefits of the service but were more cautious in fully embracing it; while nonadopters remained skeptical about the service and continued to primarily identify as medication dispensers. The study authors suggest consideration of the findings may help the pharmacy profession expand its role in health care and achieve more positive patient outcomes.

In Alabama, the State Employees’ Insurance Board (SEIB), which has 80,000 individual enrollees, designed a biometric screening service known as Health Watch. The service consists of blood pressure, blood glucose, serum cholesterol, and BMI screenings. Since 2009, Health Watch has been offered to all primary SEIB insurance plan enrollees in the form of free workplace screenings. Because of the success of the service, SEIB decided to extend the offering to insured dependents and retired employees. This has created the need for a new setting outside of the workplace in which to provide the Health Watch service.

SEIB currently owns and operates a clinic in Montgomery, AL, where pharmacists provide Health Watch screenings to enrollees, but those who do not live nearby require an alternative screening location. With the expansion of benefits to dependents and retired employees, community pharmacies are in a unique position to help address this accessibility concern. SEIB recognizes the role that pharmacists can play and has given them the opportunity to engage in biometric screenings and offer this service as part of their patient care delivery.

To be recognized as screening providers, community pharmacists must receive training and credentialing. By providing these services, pharmacists have the opportunity to gain additional revenue through reimbursement, expand their role in health care, and improve public health. Despite these potential benefits, uptake of Health Watch among community pharmacies has been slow—only 20 pharmacists from 11 unique pharmacies had been credentialled in the first 2 years following Health Watch’s launch.

To encourage adoption of similar programs and services by community pharmacies, factors that influence pharmacies to adopt or not adopt screening services need to be understood. Using interviews of community pharmacy informants, we sought to identify themes that emerged as important to key decision makers in community pharmacies when considering adoption of patient screenings.

Objectives
The purpose of this study was to explore perceived attributes of the innovation and organizational characteristics related to decisions to adopt, outsource, or not adopt the Health Watch service using Rogers’s Diffusion of Innovations Model and Meyer and Goes’s Model of Innovation Assimilation as frameworks to guide the classification of themes.

Methods
Study population and participant recruitment
An organization-level analysis was determined to be most appropriate for this study since owners or representatives of independently owned community pharmacies, rather than individual pharmacists, decide
whether or not to offer the Health Watch service. To study the reasons for adoption, community pharmacies in Alabama were classified as adopters, outsourced adopters, or nonadopters. Adopters were community pharmacies that invested in training and certification of their staff pharmacists and used in-house staff to conduct the screenings. Outsourced adopters were community pharmacies that allowed SEIB outreach staff to provide the Health Watch service in their pharmacies. Nonadopters were pharmacies that chose not to participate in Health Watch services.

A list of pharmacists who completed the Health Watch training program was used to identify those pharmacies employing trained pharmacists. From the list of 20 trained pharmacists, 11 unique pharmacies that adopted Health Watch were identified and subsequently invited to participate in the study. For the outsourced pharmacy group, 7 pharmacies were identified and invited to participate. All of the 18 pharmacies included in the adopter and outsourced adopter groups were independently owned pharmacies. It was determined that nonadopters should also consist of independently owned community pharmacies because of their similarities in terms of decision-making authority. The researchers chose to randomly select nonadopting community pharmacies from the four Alabama counties with the highest SEIB enrollee populations. These pharmacies were selected because they had the highest potential patient populations yet chose not to provide the service. The saturation point for recruiting nonadopters was reached after 22 pharmacies were contacted. Analysis of interviews was concurrent with data collection; the saturation point was determined as the point at which no new information would be gained by conducting additional interviews. Those pharmacy managers and owners who decided whether or not to offer Health Watch served as key informants during data collection.

**Interview guide**

Qualitative in-depth interviews using open-ended questions were conducted with key community pharmacy informants between February and June 2012. This approach allowed the informants to answer general questions without being primed by specific questions that could influence their responses. Interviews were conducted by this article’s first author and followed common interview procedures. The Institutional Review Board at Auburn University approved this study with expedited status.

An interview guide was used to help establish trustworthiness of the data collected. This guide ensured that each interview was conducted systematically and repeatedly over varying conditions, as is suggested of qualitative research. The guide consisted of open-ended, non-leading questions that would result in honest responses from participants. Table 1 includes the complete set of interview questions. Depending on the adoption status of the key informant, some questions were slightly modified for clarity. For example, “How do you feel about the amount you have invested in order to provide the screening service?” was modified for nonadopters to “How do you feel about the amount you would have to invest in order to provide the screening service?” The key informants were asked to reflect on perceived attributes of the innovation and organizational characteristics, as these factors were guided by the frameworks of Rogers and Meyer and Goes.

**Data collection and analysis**

One-hour interview appointments were made with key informants to take place either in person or by telephone. All interviews were recorded and transcribed verbatim by the first author. Transcribed interviews were analyzed using a modified form of emergent

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<tr>
<th>Table 1. Questions used in face-to-face and telephone interviews of key informants of Alabama community pharmacies</th>
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<tbody>
<tr>
<td>1. Could you tell me a little about your pharmacy and your position at the pharmacy?</td>
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<td>2. How did you first hear about the Health Watch screening service?</td>
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<td>3. Who made the decision to offer (not offer) the Health Watch screening service?</td>
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<td>4. What kinds of things did you think about when making that decision?</td>
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<td>5. What do you hope to gain from offering the Health Watch screening service?</td>
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<td>6. What other patient care services are provided in your pharmacy?</td>
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<td>7. In your opinion, would you find offering the Health Watch screening more difficult than the other services you provide?</td>
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<tr>
<td>8. How do you feel about the amount you have invested in order to provide the screening service?</td>
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<td>9. How do you think the offering of the Health Watch service will impact your pharmacy’s image?</td>
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<td>10. What are your plans for how you are going to offer the service? (walk-in, appointment, etc.)</td>
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<td>11. Who will be providing the service in your pharmacy?</td>
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<td>12. How often will you provide the service?</td>
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<td>13. How do you and your pharmacists feel about offering the service? And how do the other employees feel about offering the service (whether it be positive or negative)?</td>
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<td>14. What is your plan for offering incentives to the pharmacists who are providing the service?</td>
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<td>15. What adjustments will you have to make to your normal operation to be able to provide the service?</td>
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<td>16. What kind of feedback have you received from health care providers in the community? Positive or negative?</td>
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<td>17. What kind of feedback have you received from members of the community?</td>
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<td>18. What do you think about the possibilities to expand this service? To other large self-insured employers or organizations?</td>
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<tr>
<td>19. Please share any additional comments about the training or thoughts about the program.</td>
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theme analysis. This method is used to initially identify broad themes and then identify specific themes embedded within.8 By first identifying and indexing similar ideas and concepts, broad themes emerged from the data. These broad themes were then analyzed further to identify specific themes, which were categorized according to factors proposed by Rogers’s6 Diffusion of Innovations Model and Meyer and Goes’s7 Model of Innovation Assimilation.

All recordings and transcribed interviews were also provided to the last author for interpretation and comparison, with any discrepancies resolved through discussion. The remaining three authors reviewed the interpretations and agreed with the emerging themes.

Results
Of the 40 contacted pharmacies, 9 of the 11 adopters, 6 of the 7 outsourced adopters, and 10 of the 22 nonadopters agreed to participate. Transcription of the interviews resulted in 119 pages of text. Factors influencing adoption decisions were classified into perceived innovation attributes and organizational characteristics guided by Rogers’s Diffusion of Innovations Model and Meyer and Goes’s Model of Innovation Assimilation.

Perceived attributes of innovation
Consistent with Rogers’s framework, themes that emerged from the data were classified into five overarching attributes: relative advantage, compatibility, complexity, trialability, and observability. Excerpts from interviews with adopters, outsourced adopters, and nonadopters demonstrating these attributes can be found in Table 2.

Relative advantage. Relative advantage of the innovation is the benefit that an organization perceives can be attained by adoption.6 Adopters felt that there was an opportunity to increase revenue as well as expand their role in health care. Adopters repeatedly mentioned the current decline in reimbursement for prescription medications and the need to supplement revenue.

In contrast, outsourced adopters did not feel that the reimbursement for Health Watch was high enough to result in increased revenues and therefore only saw the relative advantage of the innovation as a way to increase visibility of their pharmacies. Nonadopters only mentioned indirect benefits of Health Watch (i.e., new customers brought about by Health Watch may end up using their pharmacies for prescriptions, further supporting their core business).

Compatibility. Adopters seemed to find Health Watch compatible with their pharmacies. Specifically, adopters felt their current pharmacy layout and the fact that they were already providing other patient care services made offering another service a good fit. In fact, adopters were already providers of at least two other patient care services, such as immunizations, medication therapy management, and smoking cessation programs.

Outsourced adopters also offered other patient care services, though some were offered by providers from other organizations who were brought in on a limited basis. Outsourced adopters mentioned providing such services with their own personnel as “community outreach” and “prescription delivery services.” This shows a large discrepancy between the type of patient care services offered by outsourced adopters and adopters.

Nonadopters departed greatly from the other groups, feeling that Health Watch was not at all compatible with their pharmacies, which generally focused on dispensing services.

Complexity. The majority of adopters and outsourced adopters described the difficulty of providing Health Watch as “low.” Specifically, adopters explained that experiences with other patient care services made them confident in their ability to provide Health Watch.

The only negative theme that emerged regarding adopters’ views of the complexity of the service related to the amount of time and paperwork required to become a certified and credentialled pharmacy. The amount of time was described as ranging from a few weeks to more than a month depending on the availability of inspectors necessary to certify the pharmacy. Interestingly, nonadopters also said they felt the service would not be difficult to provide.

Trialability. Trialability is the degree to which a new, innovative service can be tested or experimented with before fully adopting it.6 In the case of Health Watch, pharmacies are able to implement the service on a small scale to obtain an understanding of the service and its demands before pursuing expansion.

Adopters of Health Watch consistently mentioned several factors as important contributors to their adoption decision: the ability to experiment with multiple models of service provision, only needing to have one pharmacist trained and credentialled, and being able to use the purchased equipment at multiple locations.

By providing Health Watch in their pharmacies on an experimental basis with outreach personnel, outsourced adopters were essentially the definition of trialability. They described trialability as a way to see how the service would function in their pharmacies before making any monetary or workforce commitments.

In contrast, nonadopters perceived the ability to experiment with the service as “low.” These key informants felt that the only way Health Watch could be beneficial was if the pharmacy offering the service was fully committed to the innovation; however, they also felt that such commitment would detract from other necessary pharmacy functions, namely dispensing services. Ultimately, they felt that experimenting with the service would waste time and not be worth the effort.
Observability. If an innovation and its benefits are highly observable, adoption of the service is more likely.6

In the case of Health Watch, both adopters and outsourced adopters felt that providing the service would have a positive impact on their pharmacy’s image. Key informants in both groups mentioned that Health Watch had the potential to improve the image of the pharmacist in the community by demonstrating engagement in activities beyond medication dispensing. Additionally, adopters and outsourced adopters felt that providing the service could potentially promote their pharmacies to members of the community who were previously unaware of their existence.

In contrast, very few nonadopters mentioned the service’s visibility. The infancy of Health Watch may have resulted in nonadopters’ inability to comment on this attribute.

Organizational characteristics

Adopters, outsourced adopters, and nonadopters demonstrated differences in three distinct organizational characteristics, including organizational innovativeness, organizational connectedness, and new program sense-making. Excerpts from interviews with adopters, outsourced adopters, and nonadopters illustrating each theme are provided in Table 3.

Organizational innovativeness. Organizational innovativeness refers to actively seeking new innovations for implementation in one’s organization.6

Adopters were more innovative in patient care activities than either outsourced adopters or nonadopters. Key informants from the adopter group described the importance of being on the forefront of new innovations and felt that being the first to adopt new innovative patient care activities helped give them a competitive advantage.

Outsourced adopters felt that although offering patient care services was important, they were not willing...
to fully commit without first experimenting with the service using outreach personnel.

Nonadopters were the least innovative in patient care services and seemed primarily focused on improving dispensing services. Key informants admitted that they would need to change their entire mindset before providing such services and that implementation would take too much time away from their dispensing activities.

Organizational connectedness. Connectedness refers to the level of activity an organization has in professional associations, as well as other professional network relationships that may influence business decisions.6

In this study, adopters were very active in professional associations and tended to have professional relationships with individuals involved in the development of the Health Watch service. Key informants demonstrated their engagement and interest in innovative ideas introduced by peers and professional associations by specifically recalling instances in which the service was discussed at professional meetings.

Outsourced adopters also reported being active in professional associations, but they could not easily re-

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<td><strong>Organizational characteristic</strong></td>
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<tr>
<td>Innovativeness: The level of the active seeking of new innovations to implement in their practices</td>
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<tr>
<td>Outsourced adopter</td>
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<td>Nonadopter</td>
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<tr>
<td>Connectedness: The level of activity in professional associations and other relationships that have the ability to influence business decisions</td>
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<td>Outsourced adopter</td>
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<td>Nonadopter</td>
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<tr>
<td>Outsourced adopter</td>
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<tr>
<td>Nonadopter</td>
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<tr>
<td>New program sense-making: The level of skepticism and the way new programs and innovations are interpreted</td>
</tr>
<tr>
<td>Outsourced adopter</td>
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<tr>
<td>Nonadopter</td>
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Abbreviations used: APA, Alabama Pharmacy Association; CE, continuing education.
call meetings at which the service was presented. Key informants reported being connected with individuals involved in the development of Health Watch and that this heavily influenced their decision to offer the service. In contrast, nonadopters were more disconnected from the professional association or network in which Health Watch was introduced and discussed. While nonadopters described themselves as being active in the same state pharmacist association, none of them could recall the presentation given at the association’s annual meeting about the Health Watch service. All nonadopters provided different responses regarding how they first heard about the program, demonstrating that they were not receiving information from the same channels as adopters and outsourced adopters.

**New program sense-making.** Sense-making is defined as the ability of organizations to deal with abstractions and the uncertainty of outcomes, and how they make sense of new innovations with the information they have. All new innovations come with some degree of uncertainty, but how organizations deal with this uncertainty varies. 

Adopters overlooked the uncertainty associated with Health Watch and found their decision to adopt the service a generally easy one to make. Key adopter informants reported that the service presented an opportunity to expand their role in health care; they were rarely worried about the potential failure of the service. Outsourced adopters expressed some level of skepticism about Health Watch. They described the ability to provide the service in their pharmacies with outreach personnel as a way to manage their uncertainty and observe how successful or unsuccessful the service could be. After offering the service, the level of skepticism associated with Health Watch was lowered for some outsourced adopters.

Nonadopters were skeptical about Health Watch. One of the main reasons for this skepticism was their negative experience with failed patient care services, which led them to be apprehensive about taking another chance on a new service. Additionally, nonadopters were skeptical about having the patient population necessary to keep the service from failing, even though their pharmacies were located in areas with high potential patient populations. Nonadopters also expressed a lack of trust regarding service reimbursement.

**Discussion**

This study built on theories proposed by Rogers and Meyer and Goes. It employed a qualitative method, which is sparse among adoption research. This method allowed the researchers to explore complex phenomena such as decision making in implementing patient care services. Using this method, the researchers identified descriptions of perceived innovation attributes and organizational characteristics. Elaborated upon below are how these pharmacies view themselves and Health Watch, and how the professional environment in which they position themselves contributes to pharmacy decision making.

Professional identity differed greatly between adopters and nonadopters. Adopters viewed themselves as providers of health care and felt it was their responsibility to provide Health Watch and other patient care services. Conversely, nonadopters saw their primary role in health care as dispensers of medication. At a time when pharmacies are attempting to generate additional revenue to supplement decreased reimbursement for prescription dispensing, adopters actively seek out innovative patient care services. Nonadopters look for ways to increase prescription volumes.

Identifying as providers of health care may lead adopters to recognize a need to challenge the status quo and move away from traditional dispensing practices. Nonadopters, identifying as dispensers of medications, see no problem with their current practice and are content with current routines.

Rogers explains that when an organization has no recognized need for a new innovation, it perceives the innovation as irrelevant and avoids messages related to it. This may relate to our finding that although nonadopters had heard of Health Watch, they could not recall when or from whom. In other words, because they were satisfied with their current business, they saw no reason to pay attention to information regarding the new patient care service. Until nonadopters are dissatisfied with the status quo (i.e., their dispensing role), they will continue to focus on dispensing medications and resist adoption of patient care innovations.

A second finding that differentiated adopters from nonadopters related to how they perceive Health Watch attributes. Previous research suggests that, among the five attributes affecting adoption decisions, relative advantage is the most significant and consistent. This could be because knowledge of the innovation’s benefits is the first step in the innovation decision process and must occur before an organization conducts an active search for additional information.

Adopters viewed Health Watch as an opportunity to expand the role of the pharmacist and gain additional revenue, while outsourced adopters saw Health Watch as an opportunity to provide a needed service to their patients. Nonadopters projected that offering Health Watch would take away from their ability to dispense medications quickly and would reduce pharmacy profit. Nonadopters formed this opinion based on limited exposure to the information available to them.

Since the benefits of Health Watch were not attractive to nonadopters, they did not attempt to obtain additional information about the service. Not having accurate and comprehensive information about Health Watch likely will continue to make nonadopters resis-
tant to the service. This study finding is consistent with previous research that the perceived advantage of an innovation ignites the innovation decision process.

Adopters also viewed the relative advantage of the innovation as including both the potential to help their patients and the community and the potential to increase profits. This is important because the decision to adopt innovations in community pharmacies may differ from innovation decisions made by non-health care organizations. Community pharmacy is a business, but community pharmacists are health care professionals. As such, pharmacy decision makers constantly struggle between investing in services that have the potential to increase revenue and fulfilling their responsibility to provide care for their patients and community.

In the case of Health Watch, profit was not the only consideration in deciding to invest in the service. As long as pharmacies felt Health Watch was financially self-sufficient, adopters were willing to invest to ensure that their patients had access to the service.

Both adopters and outsourced adopters also tended to be active in professional networks that resulted in connection with change agents. A change agent is a person who is responsible for organizing and coordinating the overall change effort. This finding supports Rogers’s generalization that early adopters have more contact with change agents than do later adopters.

This is also consistent with other research findings that professional networks have a positive effect on adoption decisions. Being in the same network as the change agent allowed adopters to obtain information about the innovation earlier than those who were not.

Further, a professional relationship with a change agent allowed adopters to be less skeptical regarding the service’s potential because they received information directly from a trusted source. This information was provided at professional association meetings attended by a majority of adopter and outsourced adopter pharmacies. Nonadopters did not recall these professional association meetings and reported that they received information about Health Watch from a variety of sources that were not closely associated with the program. Therefore, the information they received was often incomplete and sometimes inaccurate. A lack of clear information about the service may have contributed to nonadopters’ high level of skepticism regarding the potential success of Health Watch.

Based on our analysis of the findings from this study, we recommend the following strategies for program developers or professional associations that facilitate adoption of patient care services among community pharmacies. First, opinion leaders who are well integrated and respected in professional networks should be included in describing the benefits of the service.

This is important in situations where developers are seen as different from potential adopters (e.g., being in an academic setting as opposed to being a practitioner). When opinion leaders who are considered peers are used as early adopters, they can serve as intermediaries to spread the information about new services to resistant pharmacy managers/owners. This may help encourage the early majority to adopt new services, as they are typically the individuals who are involved in professional associations and interact with peers but take longer to make adoption decisions. This could also help reduce skepticism associated with new services, as well as deliver messages in a way that addresses the concerns of dispensing-focused pharmacies.

Second, messages should be delivered to such pharmacies that help them recognize the need to challenge the status quo and see the potential benefit of patient care services. Pharmacies that identify as dispensers do not feel that patient care services are compatible with current workflow because of time constraint issues. Demonstrations addressing such concerns could help create a desire and need for services. Adoption is less likely to happen when failing to see a need to change from the current status and not realizing the relevant benefit to the adopting unit.

This study was conducted at the early stage of diffusion of services such as Health Watch. Factors important to adoption decisions during the early stage may differ from those of later stages. During the early stage of diffusion, active participation in pharmacy associations and professional networks is crucial. Research guided by Rogers’s Diffusion of Innovations Model consistently shows that early adopters and the early majority typically have ongoing communication with their peers, while the late majority has less professional interaction. We recommend that pharmacists regularly participate in professional networking with peers to ensure competitiveness.

Limitations
The limitations of this study are consistent with limitations of other qualitative studies.

The presence of the interviewer during data collection is a limitation that must be considered. To reduce this limitation, participants were ensured that their responses would not be linked to their name or pharmacy; confidentiality was ensured.

The subjective nature of qualitative research must also be considered. To reduce this limitation, multiple researchers evaluated statements made by key informants to determine the themes that emerged. This ensured that one researcher’s opinion could not sway or mislead analysis of the data.

Lastly, as this study looked at one service being introduced in independently owned community pharmacies in Alabama, generalizability of the results to other services in different states, stages of diffusion, and types of pharmacies may be limited.
Conclusion
This study contributes to research in pharmacy based on organizational theory. Previous studies have identified factors associated with organizational change and adoption decisions.24,25 This study approaches the topic in a novel way by using qualitative analyses to identify themes in pharmacy organizations. Our study found that innovation attributes and organizational characteristics influence pharmacies’ adoption decisions.

Specifically, key informants of nonadopting independent community pharmacies in Alabama commonly reported negative perceptions of innovation attributes and perception of the role of the pharmacist as a dispenser. Outsourced pharmacy informants had positive perceptions of innovation attributes but needed to experiment with the service before making a monetary investment. Informants from adopting pharmacies, possibly because of their professional networks, had positive perceptions of the innovation’s attributes and identified as health care providers. Pharmacies can use this information to better understand how their organizational perceptions may affect their ability to advance practice. Professional associations and program designers can use this information to identify pharmacies that may perceive barriers to the adoption of new services and give these pharmacies tools to overcome these barriers.

References

RESEARCH  PHARMACY ADOPTION OF BIOMETRIC SCREENINGS