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Thought and action

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Document Version

Publisher's PDF, also known as Version of record

Publication date:
1999

[Link to publication in University of Groningen/UMCG research database](#)

Citation for published version (APA):

Mobach, M. P. (1999). *Thought and action: change to the customer in community pharmacy practice*. [Thesis fully internal (DIV), University of Groningen]. s.n.

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Thought and Action

*Change to the Customer
in Community Pharmacy Practice*

Mark P. Mobach

Rijksuniversiteit Groningen

Thought and Action

*Change to the Customer
in Community Pharmacy Practice*

Proefschrift

ter verkrijging van het doctoraat in de
Bedrijfskunde
aan de Rijksuniversiteit Groningen
op gezag van de
Rector Magnificus, dr. D.F.J. Bosscher,
in het openbaar te verdedigen op
donderdag 23 september 1999
om 16.00 uur

door

Mark Pieter Mobach

geboren op 12 juli 1966
te Doornspijk

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ter nagedachtenis aan opa Eelke

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Dr. J.J.H. Rogier

Labyrint Publication
Postbus 662
2900 AR Capelle a/d IJssel

Drukwerk:

ISBN 90-72591-70-4

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Prologue

My grandfather was a great storyteller, but also a man of hard work and a respectable perseverance. At the age of 18, he was a teacher at the school of Ulrum in the province of Groningen during the first World War. At that age, he had started with the gymnasium in order to prepare himself for his ultimate aim: a study of theology. When we were little kids, one of the stories he used to tell my sister, brother and me, was that, if he was tired during his study in the night time, he would put his feet in a tub with cold water and continue his study. We realized that a study of such nature would never be achievable for us, being ordinary mortals. By telling this story he provided us with a lively and enduring image of what hard work could involve. Later, I started to realize that hard work, like working on a thesis, in itself is not enough to achieve an end. Involvement of other people is an essential constituent of working on a thesis at a Faculty of Management and Organization, and also is great fun. Without this involvement I would never have been able to realize this thesis in its present form and quality.

My supervisors Jos van der Werf and Dick Tromp were committed to this study in a special way. As with other studies, it was common to debate relevant issues in all phases of the study, and, whenever necessary, they never hesitated to put my feet in the cold water. However, while other students usually feel some kind of loneliness while they are working on a thesis, it was rather special that I felt teamwork. I could always rely on them. To both I owe my greatest respect and gratitude since their contribution made this study a good learning experience. The promotion commission shed some new light on my thesis. This was very helpful in aiding me to become aware of where I stood (and where I now stand, with this final version). My roommates, in succession Jaco Rogier, Frans Weijdener and Jeroen Singels, were always a good mirror. I tested many working hypotheses on them. Even at the most inconvenient moments of the day, they were ready to respond and give help. A reliable office was manned by Jeannette Middelbos-Jager, Rita de Boer-Zeeman, and Trudeke Sanders. Prue Gargano helped me to improve the quality of my English. Alet van de Belt and Erwin Haan provided great support in the carrying out of the pilot study and the survey, and in the subsequent data processing. Moreover, the statistical processing was well guided by Derkjan Kiewiet and Herbert Hoytink; their insight has been very helpful. Additional statistical support was provided by Dirk Akkermans, Gwenny Ruël, Patrick Hagendijk and Eric Molleman. At the Faculty of Management and Organization, the Department of Design of Management and Organization and the Sector Studies group gave interesting and useful comments on my presentations, as did the 'dRUGs' group at the University Centre for Pharmacy.

In the pharmaceutical field, the organizations stichting Verenigde Nederlandse Apotheken (stichting VNA) and Stichting Apothekers in Loondienst Apotheken (SAL Apotheken) took the initiative to finance this study without any guarantee of positive

or usable results. That took courage, especially in these turbulent days for the community pharmacy sector. At the stichting VNA, we will always remember the courage and inspiration of the late Marius Bous. Ton Kelder of SAL Apotheken and Arnold van Oort and Cees Schaap of stichting VNA also provided us with useful discussions of the material. The support of the pharmaceutical field was overwhelming. Both the design and implementation of this thesis were possible thanks to the help of many pharmacy managers, and also of second pharmacists and assistant pharmacists. A special thanks is given to the pharmacy managers of the participating groups of stichting VNA and SAL Apotheken, and to other interviewed pharmacy managers for their openness. Lars Nilsson helped us with the first research proposal of this study. Moreover, Marja Coelewij of Farmac stimulated the pharmacy managers of stichting VNA to cooperate in this project. Drs A. Knapen of PharmaPartners, drs S. Rozema of Zorgverzekeraars Nederland and mw drs J.M.M. Hansen of Hoofdinspectie voor de Geneesmiddelen made comments on the questionnaires before the carrying out of the pilot study. Furthermore, I would like to thank all the people who were involved at the Royal Dutch Association for the Advancement of Pharmacy (KNMP), the Stichting Farmaceutische Kengetallen (SFK) and the Stichting Pensioenfonds Medewerkers Apotheken (SPMA) for their information and cooperation in the survey.

Words of thanks also for both my parents. They have always given me the freedom to make my own choices, even at a very early age, and have respected the choices I made. Finally, and most importantly, I thank Ettelies, my best friend and wife for the support she gave. Her support was not always about content, all the more about context. She provided me with a lot of distraction from my work and created an indispensable context for this piece of work.

Since all these people have participated, it would be complacent to use the personal pronoun singular *I* in this study. Therefore, I have decided to use the personal pronoun plural *we* in this thesis in order to indicate that others were involved in all stages.

A Guide through the Material

It is hard to predict the exact composition of the target group of a thesis, and it is even harder to predict how these people will read the material. At the risk of sounding too categorical, we do not actually expect that everyone will read the whole thesis, since it covers such a large variety of subjects. The subjects relate to classical survey research, action research, community pharmacy practice research, and health care policy. Consequently, one can expect at least four different groups of readers here: organization sociologists, action researchers, pharmacists, and policy makers. In order to help all these different readers, it was decided to include a guide through the material of this thesis. We present the results per chapter to give all readers an idea of the 'Leitmotif' of this study. This guide should enable you to read the chapters in which you are specifically interested without having to read the others. If you still intend to read all the material, you are of course very welcome. But it was inevitable that there be some repetition of description throughout this thesis. Specialist texts have been marked with a smaller character size and margin, and have been printed in italics. It needs no saying that if you are interested in a special background and/or according decisions, you only have to 'dive' into these text blocks. These blocks are only used in the empirical chapters 4, 5 and 6. In chapters 4 and 5 the blocks relate to statistical discussions, in chapter 6 it relates to empirical illustrations. In chapters 4 and 5, you should be able to read the thesis without these text blocks.

Chapter 1 *Introduction* is recommended for all readers. In this chapter the genesis of this study is described. The special cooperation between the Faculty of Management and Organization and the University Centre for Pharmacy is illuminated. We also describe our relationship with the financiers and customers of this project, stichting VNA and SAL Apotheken, and the influence they had on this thesis. The financiers, who own and support community pharmacies in the Netherlands, were interested in improving their knowledge of organizational change. This change consisted in an improvement of the customer orientation of community pharmacies in general, and their pharmacies in particular. It was decided to study problems of pharmacy managers in their 'travel' to the customer. Furthermore, the role of support in this 'travel' was studied. It was expected that this study would unravel problems, which, in turn, would enable the pharmacy managers, as well as the financiers, to improve their grip on this process of change. As a consequence some basic research questions were introduced: 'What problems does a pharmacy manager face if he/she 'travels' to the customer?' and 'What is the role of the support in this process of change?'

Chapter 2 *Design of the Study* can be read by scientists with various backgrounds; managerial as well as pharmaceutical. First of all, we reflected on a dispute between scientists, preferring either 'hard' or 'soft' data. Then, the methodological base was

presented and the design of the study was determined based on the refined research questions. Since organizational change was at stake in this study, it would seem appropriate to involve some literature on management science in such a design. Furthermore, it would be convenient for us to define a point of departure and a possible destination for the pharmacy organization, based on literature from pharmacy practice research. In order to refine our analytical descriptions in practice, in *phase one* a survey was planned, but not before testing some different methods. Finally, in *phase two*, the organizational change to the customer and the role of support in this process of change would be studied in detail.

Chapter 3 *Theoretical background* may be quite interesting for action researchers and other management scientists, and, in addition, for pharmacists. A theoretical starting point is defined for management science (3.2.) and for pharmacy practice (3.3.). With respect to management science, it is argued that a difference between intention and realization, respectively labelled as *thought* and *action* later in this study, can be expected, as well as the emergence of strategies ‘along the way’. Obviously, we would expect some time to pass from intention to realization. Consequently, the methods applied should be able to visualize this process of change over time. For the organizational process of change, it was decided to use Soft Systems Methodology (SSM). SSM is a methodology which could enable us to unravel ‘knots’ related to subjectivity and complexity. Based on our theoretical description, we also would expect many problems with the formulation and usability of aims and criteria, the latter comprising norms and monitor instruments. With respect to pharmacy practice research, three pharmacy mixes of activities were analytically postulated: the product mix (pharmaceutical activities), the process mix (financial activities), and the customer mix (customer activities). Whereas the term ‘activity’ relates to the modelled world or is the neutral term for the carrying out of an act, the term ‘action’ relates to the observed real-world action. It was assumed that the pharmacy manager would prefer to stress one set of activities rather than another. In addition, it was assumed that the Dutch community pharmacy manager generally seeks to structure the organization in accordance with the customer mix.

Chapter 4 *Validating our Methods* is recommended for organization sociologists. Above it was argued that, it would be convenient for us to have some point of departure before the ‘travel’ to the customer mix. In *phase one* this point of departure was elaborated. Some methods were tested in chapter 4, the first part of *phase one*, since no validated methods were available with respect to this specific issue. In chapter 5, the second and next part of *phase one*, the analytical point of departure, distilled from management science and pharmacy practice research, would be refined in community pharmacy practice by means of a survey. In chapter 4, eight methods were tested for the purpose of this survey. Ideally, the selected methods

ought to enable us to describe intention and realization in a large sample of Dutch community pharmacy managers, in the context of the three analytically defined pharmacy mixes of activities. Moreover, the selected methods ought to enable us to describe the general features of the studied pharmacies for the purpose of generalization. A total of three methods was selected for the survey. In the method selected for *thought*, or intention of the pharmacy manager, which of the three pharmacy mixes was perceived as being the most important was studied. In the method selected for *action*, or realization of the pharmacy manager, which of the three pharmacy mixes was actually performed most was studied. The method for *profile* ought to provide us with a general description of the pharmacy. The decisions for selection were based on significance, reliability, usability, and correspondence of the results for *thought* and *action*. With these three selected methods the pharmaceutical sector could be studied in a survey.

Chapter 5 *Survey* is also recommended for organization sociologists who are interested in the classical survey method. This second part of *phase one* comprised of application of the selected methods from above in a large sample. The response to the random sample was reasonable: 47% (142). This sample appeared to be a good representation of the population of Dutch community pharmacy managers. Consequently, generalization to the population was made. The results for *thought* show that product and customer actions were perceived as being most important. The results for *action* show that most of the performed actions related to product and process. As could be expected, the results of *thought* and *action* of most pharmacy managers did not correspond. Most pharmacy managers managing *inconsistently* (the situation in which *thought* and *action* did not correspond), managed in the customer mix. In contrast, most pharmacy managers who did manage consistently, managed in the product mix.

The study thus showed that most consistent positions were found within the product mix; most *inconsistencies* were found within the customer mix and the process mix. A possible explanation for the consistency in the product mix is that the pharmaceutical actions in both *thought* and *action* relate to the product-oriented tradition of the profession. The product mix relates to the field in which pharmacy managers are well-educated and trained. It appears to be their main purpose. The traditional conception of pharmaceutical tasks of the community pharmacist is still of great importance in education, work and mind of these managers. However, the observed differences between *thought* and *action* appeared to be special. Within this study, a contrast between customer and process actions was observed. Normally, in a profit-oriented organization, customer activities are expected to lead to an improved financial position. In contrast, the results of this study showed other perceptions of importance. Customer and process were not related in perceived importance. A

relation between product and customer was found. The professional quality of the pharmacy manager was perceived as being the most important issue here, and not profit. Now that we have determined our point of departure, in the following *phase two*, the ‘travel’ to the customer mix will be studied.

Chapter 6 *Managing Organizational Change* may be interesting for action researchers and other management scientists. Here, the main questions of this thesis were studied: ‘What problems does a pharmacy manager face if he/she ‘travels’ to the customer?’ and ‘What is the role of the support of stichting VNA and SAL Apotheken in this process of change?’. It was argued that in such a process of change, a pharmacy manager would be in need of an aim, for instance, ‘improve customer relations’, and a mechanism in order to evaluate whether the intended activities were successful in the light of this aim. These instruments are necessary in order to survive, and to be able to judge if the modelled activities and/or the performed actions made a contribution to the process of change, or were a waste of effort. Generally, criteria are involved in evaluation, which comprise norms and monitor instruments. In this thesis it was decided that norms would be the measures of performance by which a certain activity, set of activities or model could be judged. Measurements are instruments which visualize or monitor to what extent the norm has been achieved.

Pharmacy managers experienced problems with the formulation and use of aim, norms and monitor activities and problems linking aim and customer activities. We argued that it is not easy for pharmacy managers to define a usable aim and, accordingly, criteria which ‘cover’ the modelled customer activities. In the pharmaceutical sector most aims, norms and measurements, in order to monitor or exert control, related to the product mix and process mix. However, in the customer mix, some aims were rather abstract, vague and defined for a meso level. In this situation it was hard to find proper criteria. In terms of customer activities, and related criteria for efficacy, to monitor if these customer means worked, we argued that many managers evaluated their modelled activities in a quite correct way. Criteria for efficacy were modelled and actually used in the control process, which sometimes led to control action. However, a main problem was: What to do with the result if a measurement for efficacy was made without having a usable norm? Not all managers performed control action in managing such situations. Another problem was that some pharmacy managers did not monitor their modelled activities at all. Regarding the customer mix, a lot has to be learned. The managers were in need of aims and evaluation for their individual pharmacy practice. We also noted that support in the pharmaceutical sector was poor with respect to these problems. Although many organizations (like the KNMP) which operate in the sector are a good source of new ideas, they fail to give proper support to the individual pharmacy

manager in the formulation and measurement of aims to do with the ‘travel’ to the customer mix. Pharmacy managers are not helped by meso goals and evaluation, especially if they do not know how to translate this to their pharmacy practice. They are in need of micro-instrumentalization: aims, norms and monitor instruments for customer activities, applicable to their own pharmacy.

Furthermore, the support of stichting VNA and SAL Apotheken for their pharmacy managers was analyzed with quantitative and qualitative methods. The quantitative survey of 1996 and 1997 of 63 pharmacy managers suggested that no striking or ‘alarming’ differences were observed between supported and non-supported pharmacy managers. But we did find some subtle differences in our qualitative data. Many of the ideas for modelled customer activities came from the support structure of stichting VNA and SAL Apotheken, as did some monitor activities. In fact, many inventive and fresh customer activities, also usable in organizations other than those within health care, were modelled at pharmacies of stichting VNA and SAL Apotheken (VNA/SAL pharmacies). However, with respect to most of their modelled activities, the meetings with the colleagues were not of a great help to most supported pharmacy managers. We therefore concluded that the difference between supported and non-supported pharmacy managers was minimal in the modelled change to the customer mix. Then, having described empirically *phase one*, the point of departure, and *phase two*, the problems in the change to the customer mix, some conclusions were drawn.

Chapter 7 *Conclusion* is recommended for all readers, but was mainly directed at policy makers within health care. In chapter 3, three pharmacy mixes of activities were postulated analytically. These pharmacy mixes were refined empirically in *phase one*, which showed that product and customer were perceived as being the most important actions, although most of the performed actions related to product and process. The results of *thought* and *action* of most pharmacy managers did not correspond. With this point of departure, the ‘travel’ to the customer mix was studied in *phase two*. In this phase, it was argued that pharmacy managers experienced problems with micro-instrumentalization in the change to the customer mix. They were in need of properly defined and linked aims, norms and monitor instruments, applicable at their individual pharmacy. Moreover, it was concluded that the difference between supported and non-supported pharmacy managers was minimal in the modelled change to the customer mix. Based on these results, the pharmaceutical and organizational news of this thesis were discussed.

In the section *pharmaceutical news* of chapter 7, the results were discussed in the context of current developments in the community pharmacy sector. We argued here that, although some of the observed problems could be solved, some special

problems would remain within the community pharmacy practice. We aim at the tension between money and care. A possible explanation for this tension can be threefold: pharmacy managers do need profit in order to enable survival, making profit by selling medicine to ill people is perceived to be not very ethical, and the authorities are in need of a reduction of public spending on health care. Within other lines of business (McDonald's, for instance), a usual aim would be something like 'maximize profit', 'minimize cost', or 'increase shareholders' value'. In fact, the aim 'maximize profit' would 'manage' the consistency between the other activities. In the community pharmacy, things are different: the pharmacy operates within a politicized line of business. However a pharmacy, as any organization, has to make profit in order to survive. This profit is problematic and under major pressure. The authorities contends that pharmacy managers concentrate on (negative) process activities and make too much money. On the macro level, it has to be acknowledged that for the authorities, increased public spending on health care is problematic. In order to solve the health-care expenditure problem of the authorities, some money has been 'pressed' out of the sector. Consequently, the income of the pharmacy organization, among many other organizations in the field, is under major pressure. In one sense, it could be argued that the authorities have been quite successful in cost containment of the pharmaceutical sector. In another sense, it could just as well be argued that this has evolved in a rather unstable regulation. We can expect the pharmacy managers to improve their financial grip on the pharmacy, reduce their costs, or even look for alternatives, which in fact might have stimulated the occurrence of the observed process-mix actions. We then argue that the reaction of the pharmacy managers is systemic and cannot be solved by further cut-backs, since this will again stimulate the money orientation of the community pharmacy. However, we doubt if that latter effect is intended. Ideally, from an organizational point of view, the activities within the community pharmacy would have to serve both profit and care in order to enable survival; or, in other words, making the Hippocratic oath profitable. But this is precisely where the main part of the pain in the discussion lies: maximizing profit by selling medicine to ill people is perceived not to be very ethical. We would argue that this problem will not be resolved within the current context of the Dutch community pharmacy system. It is assumed here that this particular complication of money and care will remain for the community pharmacy manager, as well as for other managers in the health-care chain where money and care are entwined. These managers will have to learn how to deal with this specific problem in order to improve their grip on the organization.

We consider there to be two options relevant in dealing with this problem. First, we can expect the tension between money and care to always be present; it is a systemic feature in the line of business. Based on the results so far, we suggest that it is not possible for the pharmacy manager to solve this problem alone; there has to be a

support structure showing how to deal with the tension between care and money. Preferably, the support should be on an individualized basis and should be aimed at micro-instrumentalization of aims, activities, norms, and measurements. Second, we can try and eliminate financial incentives for pharmacy managers. In this situation, if the authorities took caring for the community pharmacy seriously, we would expect them to pull the financial incentives out of the market. Such a measure would for example be the cooperative purchase of medicine organized by the Department of Public Health. If this happened, the pharmacy manager could improve the attention given to pharmaceutical and customer activities at the pharmacy. It has to be admitted though, even in this situation there would still be a tension between money and care.

Within the section *organizational news* of chapter 7, we discuss how both the quantitative and qualitative studies provide a relevant and new view of this pharmaceutical matter. The quantitative study helped us in the definition of a starting point. As could be expected, no pure types of the product mix, process mix, or customer mix were observed. It also became clear that by using theories (even classical ones) we were able to constate new facts relevant to particular lines of business. We found that the seemingly evident link between the customer mix and the process mix, was missing, and that the product mix was still the pivot within pharmacy practice. The qualitative study was made with SSM; a powerful methodology for improving our knowledge of ‘messy’ problematic situations. We used the general shape of SSM in order to model. Furthermore, we showed that the definition of ‘emergent properties’ gave a powerful frame of reference by which we can judge the consistency within the modelled world and the real world, and between both worlds. With this frame of reference we could say something about the sensibility of the modelled activities and, in addition, of the real-world action. It is amazing to see that we just need a model, some flavour of real-world action, added with an explanation of the manager, in order to say something about the sensibility of the real-world action of pharmacy managers. Activities, actions and explanations have to form a purposeful whole, separately and together. The degrees of freedom in producing, interpreting and explaining models and real world are high. Although these degrees of freedom are apparently very high, practice showed that it is hard for managers to create consistency between their model, their action, and their ex-post explanation all together. In this study, the main aim was to find managerial problems in organizational change. We in fact found and described many of the problems faced by pharmacy managers with the use of SSM. We expect this thesis to have improved knowledge of organizational change to the customer mix within community pharmacy practice. However, the key to the solution of these problems is still out in the field. Pharmacy managers themselves will have to improve micro-instrumentalization of aims, norms and monitor instruments for customer activities, and, in addition, they

will have to learn how to deal with the tension between money and care. Hopefully, in future new research will improve our knowledge about these evolved new subjects.

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